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The Use of Complementary and Alternative Medicine Therapies by Patients with Advanced Cancer and Pain in a Hospice Setting: A Multi-centered, Descriptive Study

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Dear Editor:

Our group recently completed the largest randomized controlled trial to date of massage therapy, the Reducing End-of-life Symptoms with Touch (REST) study. We investigated the use of massage therapy versus simple touch to reduce pain in patients with advanced cancer. (1) As part of this study, we also collected data about the use of Complementary/Alternative Medicine (CAM) by this patient population. The 2002 National Health Survey of over 31,000 US adults found 40% of patients with a current or former cancer diagnosis affirmed CAM use within the last year. (2) However, little data exist about the use of CAM in the palliative care population, though cancer and pain are two of the most commonly cited reasons for CAM use and 60% of US hospices offer CAM therapies. (3)

Nineteen member hospices of the Population-based Palliative Care Research Network (PoPCRN) enrolled 344 adults with advanced cancer experiencing moderate-severe pain. CAM use (*not* including study-related massage) was assessed at baseline and weekly for up to 4 total data collections. One hundred and fifteen participants (33%) reported use of any CAM therapy during the study period; of these patients, an average of 2.0 unique therapies per patient was reported (SD 1.3, range 1 – 7). The most commonly reported CAM therapy was spiritual counseling/prayer, used by 22% of patients. Music and pet therapies were the next most frequently used treatments (16% and 14%, respectively). Details are found in the Figure. Of the CAM therapies received, 40% were provided by a volunteer, 21% by hospice staff, 14% by family/friends, 10% by spiritual/religious counselors, 4% by community therapists, and 11% by others.

Patient characteristics associated with CAM use in this study population mirror patterns in the general public. (4) As in the general public, female sex and higher education level were associated with higher frequency of CAM use (females 38% vs males 27%, ($p=0.03$); 41% of those with at least a college level education vs 28% with a high school education or less ($p=0.01$)). Sixty-seven percent of patients receiving in-hospice care reported CAM use compared to 36% in the nursing home and 26% in home hospice ($p<0.0001$).

Limitations to our findings include reliance on patient self-report and a possible reluctance to acknowledge CAM use (in the general population, fewer than 30% of patients using CAM disclose to their physician). (4) Also, the REST study population may have been more likely than the general hospice population to use CAM than those who would not choose to enroll in a study of massage. Strengths include avoiding recall bias by surveying actual CAM use and

the multisite setting, which likely provided a broader picture of CAM use than would be possible in a single-site study.

CAM use was common among these hospice patients with late-stage cancer and pain. Most CAM services were provided by non-hospice staff. This study makes a case for hospices to consider providing education on the use of these therapies and developing volunteer-based programs to offer these services. The results of this survey may guide the choice of future effectiveness studies in CAM and palliative care.

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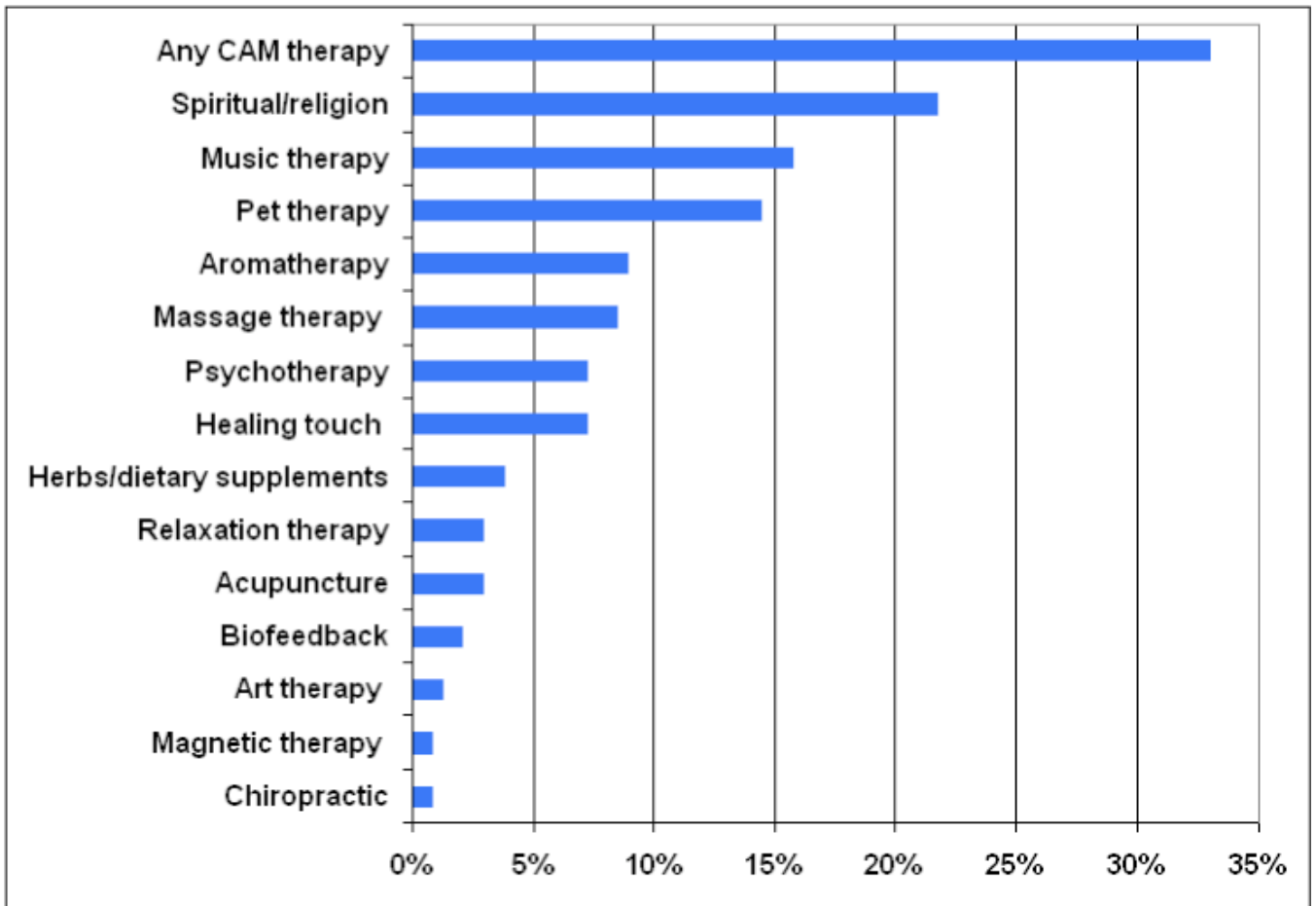


Figure 1.
Percentage of patients who reported using specific CAM therapies during the study period.