

POSITION STATEMENT

COMPLEMENTARY & ALTERNATIVE THERAPIES

Summary statement

The terms “complementary and alternative therapies” refer to a diverse group of practices and products not considered part of evidence based, conventional medicine. Many cancer patients use complementary therapies as an adjunct to mainstream cancer treatments, usually for the management of symptoms and to improve quality of life. A smaller proportion of patients use alternative therapies instead of conventional treatments in an attempt to cure the disease. The most popular complementary and alternative therapies used by cancer patients are dietary treatments (special diets, herbal remedies, megavitamins) and mind-body techniques (hypnotherapy, imagery, meditation, relaxation and spiritual healing). There is much controversy and debate about the use of complementary and alternative therapies primarily due to the substantial gap between cancer patients’ beliefs about and use of these treatments and the lack of scientific evidence about their safety and effectiveness. While there is evidence to support the use of some complementary therapies, alternative therapies are typically unproven or have been proven to be ineffective. In some cases, complementary and alternative therapies can be harmful, particularly when combined with other treatments and without clinical consultation. Complementary and alternative medicines are a significant issue in cancer management due to their rapidly increasing use, availability, variety and potentially high financial costs.

Recommendations

The Cancer Council Australia

1. supports the use of cancer treatments and symptom relief that have been scientifically tested and proven to be safe and effective.
2. supports the right of individuals to seek information about complementary and alternative therapies, and respects their decision to use them.
3. encourages people with cancer who are considering using non-conventional therapies to make an informed choice. This includes asking questions about the efficacy of the therapy for cancer, the risks and contraindications of the therapy, the cost, and the qualifications and/or experience of the practitioner.
4. encourages people with cancer to discuss any complementary or alternative therapies they are currently using or considering using with their healthcare providers (eg. oncologist, general practitioner, care coordinator), in order to minimise risk.
5. encourages health care providers to routinely discuss the use of complementary and alternative therapies with all cancer patients, in an open and non-judgemental manner.
6. believes that the Therapeutic Goods Association has an obligation to take a more active role in warning consumers about false claims made in relation to the benefits of complementary and alternative medicines.
7. recommends that the National Health & Medical Research Council funds scientific studies to examine the safety and effectiveness of promising and commonly used complementary and alternative cancer medicines, so that people with cancer and healthcare providers can differentiate between those that are not beneficial or are dangerous and those that are helpful.

Definitions

Complementary therapies

Complementary therapies are used **together with** evidence-based, conventional treatments. They do not cure cancer but may help to relieve symptoms or side-effects and improve well-being. Some examples of complementary therapies are acupuncture, aromatherapy, art therapy, massage therapy, meditation, visualisation and yoga (NCCAM, 2004). Complementary therapies are sometimes referred to as supportive care.

Alternative therapies

Alternative therapies are used **instead of** conventional therapies to treat cancer. Most of these have not been scientifically tested or, have little evidence supporting their safety and effectiveness. Some examples of alternative therapies are laetrile, shark cartilage, special diets (eg. Gerson, macrobiotic) and herbal treatments (eg. mistletoe) (NCCAM, 2004). Alternative therapies are sometimes called unproven or “disproven” treatments.

Conventional treatments

Conventional therapies are evidence-based treatments that have been tested following scientific guidelines and proven to be safe and effective at curing cancer, slowing its growth or providing relief from symptoms. The main conventional treatments are surgery, radiotherapy, chemotherapy and immunotherapy. Conventional treatments are sometimes referred to as mainstream, medical or orthodox treatments.

Prevalence

The vast majority of research exploring the use of complementary and alternative therapies by people with cancer has been conducted in the United States, and there is little information about their use among people with cancer in Australia. An important shortcoming of the literature is that most studies fail to distinguish between “complementary” and “alternative” therapies.

A systematic review suggests that between 7% and 64% of adults with cancer use some form of non-conventional therapy. The therapies most commonly used by people with cancer are dietary approaches such as special diets or food supplements and mind-body techniques such as meditation and relaxation (Ernst & Cassileth, 1998). Studies generally indicate that people with cancer who use complementary and alternative therapies tend to be younger, female, better educated and with more advanced disease (Begbie et al, 1996; Downer et al, 1994; Miller et al, 1998; Paltiel et al, 2001).

In the largest Australian study published to date, 22% of 319 people with cancer reported using non-conventional therapies, with meditation/relaxation, diet and megavitamins the most prevalent. Furthermore, three quarters of them reported using more than one non-conventional therapy (Begbie et al, 1996). A more recent study found that 52% of 156 cancer patients at one Australian hospital reported using at least one non-conventional therapy since their cancer diagnosis and more than one quarter used three or more. Meditation/relaxation, change in diet and multivitamins were the most commonly used therapies (Miller et al, 1998).

Economic impact

It is estimated that \$2.3 billion was spent on complementary and alternative therapies in Australia in 2000. This represents nearly four times the public contribution to all pharmaceuticals and a 62% increase in expenditure on complementary and alternative therapies since 1993 (MacLennan et al, 2002).

Reasons for use

People with cancer are motivated to use complementary and alternative therapies for a variety of reasons including (Begbie et al, 1996; Downer et al, 1994; Miller et al, 1998):

- believing that it will cure their disease or prolong their life;
- being willing to try anything and leave no option untried;
- searching for a new source of hope;
- wanting to feel more in control of their disease management;
- believing that complementary and alternative therapies are natural and non-toxic; and
- seeking a more supportive, personal and holistic approach to care.

Risks and benefits

Knowledge about the risks and benefits of complementary and alternative therapies is incomplete. There is a substantial gap between consumer beliefs and use of complementary and alternative therapies, and the evidence supporting their safety and effectiveness.

Risks

One of the greatest risks associated with the use of complementary and alternative therapies is the possibility that people with cancer may avoid or abandon conventional treatments altogether, thereby diminishing the prospect of remission or cure (Cassileth et al, 1984). Furthermore, the quality and safety of some herbal remedies cannot be guaranteed, as these preparations are not subjected to the evaluation process that conventional pharmaceuticals undergo. This can result in the inadvertent use of preparations that may contain ingredients that are contaminated, substituted for those named or of the incorrect or varying dosage (Drew & Myers, 1997). Some complementary and alternative therapies have harmful side effects. For example, some herbal remedies cause dangerous interactions with other drugs, including chemotherapy regimes, and severe allergic reactions (Ernst & Cassileth, 1999). Furthermore, as complementary and alternative medicine practitioners are not regulated, people with cancer are at potential risk of injury from unqualified practitioners. The potential of harm arising from the use of complementary and alternative medicines demonstrates the importance of open discussion between patients and health care providers, yet less than 50% of cancer patients using non-conventional treatments disclose this use to their health care provider (Crystal et al, 2003).

Benefits

Patient-reported psychological benefits of complementary and alternative therapies include feeling calmer, emotionally stronger, more able to cope with the demands of the illness and feeling more hopeful about the future. Physical benefits include increased energy and reduced feelings of nausea (Miller et al, 1998; Downer et al, 1994). Evidence is mounting in support of the efficacy of various complementary therapies. For example systematic reviews have found acupuncture effective in reducing nausea, vomiting and pain (Ernst & Cassileth, 1999; Vickers, 1996) and relaxation therapy effective in reducing anxiety and pain (Ernst & Cassileth, 1999). In parallel with the expanding evidence-base, complementary therapies are increasingly being integrated into conventional cancer care centres.

Questions to ask

The World Health Organisation (2004) recommends that consumers use the following checklist to help facilitate informed use of complementary and alternative therapies:

- Is the therapy suitable for treating the condition?
- Does the therapy have the potential to prevent, alleviate and/or cure symptoms or in other ways contribute to improved health and well-being?
- Is the therapy or herbal medicines provided by a qualified (preferably registered and certified) practitioner with adequate training background, good skills and knowledge?

- Are the products or materials of assured quality and what are the contraindications and precautions?
- Are the therapies or herbal medicinal products available at a competitive price?

Links

Office of Complementary Medicines, Therapeutic Goods Administration

<http://www.tga.gov.au/cm/cm.htm>

National Centre for Complementary and Alternative Medicine, National Institute of Health

<http://nccam.nih.gov>

Quackwatch

<http://www.quackwatch.com>

CAM on PubMed

<http://www.nlm.nih.gov/nccam/camonpubmed.html>

References

Begbie S, Kerestes Z, Bell D. Patterns of alternative medicine use by cancer patients. *Med J Aust* 1996;165:545-548.

Cassileth B, Lusk E, Strouse T, et al. Contemporary unorthodox treatments in cancer medicine: A study of patients, treatments and practitioners. *Ann Intern Med* 1984;101:105-112.

Crystal K, Allan S, Forgeson G, et al. The use of complementary/alternative medicine by cancer patients in a New Zealand regional cancer treatment centre. *NZ Med J* 2003;116:1-8.

Drew A & Myers S. Safety issues in herbal medicine: implications for the health professions. *Med J Aust* 1997;166:538-541.

Downer SM, Cody MM, McCluskey P, et al. Pursuit and practice of complementary therapies by cancer patients receiving conventional treatment. *BMJ* 1994;309:86-89.

Ernst E. The current position of complementary/alternative medicine in cancer. *Eur J Cancer* 2003;39:2273-2277.

Ernst E & Cassileth B. How useful are unconventional cancer treatments? *Eur J Cancer* 1999;35:1608-1613.

Ernst E & Cassileth B. The prevalence of complementary/alternative medicine in cancer: a systematic review. *Cancer* 1998;83:777-782.

MacLennan A, Wilson D, Taylor A. The escalating cost and prevalence of alternative medicine. *Prev Med* 2002;35:166-73.

Miller M, Boyer M, Butow P, et al. The use of unproven methods of treatment by cancer patients: frequency, expectations and cost. *Support Care Cancer* 1998;6:337-347.

National Center for Complementary and Alternative Medicine. [online] Available <http://nccam.nih.gov> [11 March 2004].

Paltiel O, Avitzour M, Peretz T, et al. Determinants of the use of complementary therapies by patients with cancer. *J Clin Oncol* 2001; 19(9); 2439-2448.

Vickers A. Can acupuncture have specific effects on health? A systematic review of acupuncture antiemesis trials *J R Soc Med* 1996;89:303-11.

World Health Organisation. WHO guidelines on developing information on proper use of traditional, complementary and alternative medicine. World Health Organisation, Geneva: 2004.