# Chronic disease: prevention and management - the potential contribution of CAM in Healthy Ageing

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## Biomedical and holistic models of healthcare

- Western medicine is based on a specific biomedical model which is so deeply interwoven within our society and healthcare system that it may be forgotten that it is but one way of thinking; one of many perspectives.
- ❖ A comparison of Western medicine and Complementary medicine (CAM) could give a misleading impression that there are just differences in the technology and instruments used.
- The essential difference however lies in the underlying paradigms, the basic concepts of and philosophical perspectives on health and disease/illness.

#### Western biomedical model

- Mind and body are separated; body as an object, a complex machine.
- Illness results from biochemical or localised tissue disruption or specific pathogen; disease is a mechanical fault in the human machine, an abnormal entity in the body.
- Treatment: combating disease by repairing, neutralising, or intervening in pathological process with the aid of chemical substances (prescription drugs) or surgery.
- Treatment as much standardised as possible (treatment protocols and guidelines).
- Physician primarily responsible, patient as a passive recipient of treatment.

## Successes of the biomedical model

- trauma medicine, intensive care
- antisepsis
- blood transfusions
- surgery
- transplantations
- treatment of life-threatening diseases (antibiotics, cortisone, chemotherapy)
- treatment of serious psychiatric conditions (psychotropic prescription drugs)
- vaccination

## Limits to the biomedical model

- ❖ Conventional Western medicine usually manages symptoms of chronic diseases and does not restore patients to health and autonomy.
- ❖ WHO: morbidity and mortality caused by prescription drugs is one of the greatest health problems. EMA: 197,000 European citizens die annually from the effects of conventional prescription drugs, leading to a total cost to society in the EU of €79 billion.
- ❖ WHO: More than 25,000 people die every year in the EU of bacterial infections that cannot be beaten by antibiotics. WHO fears the problem has now reached crisis level.

## Limits to the biomedical model

- Use of prescription drugs may lead to long-term dependency including 'adverse' effects.
- ❖ Because in biomedicine every medical condition is seen as a separate pathology and needs to be addressed accordingly, there is a great risk of polypharmacy, i.e. the use of multiple medications, especially in the elderly.
- ❖ Polypharmacy is associated with a decline in physical and instrumental activities of daily living, with negative consequences, such as increased risk of morbidity and mortality. In addition, it increases medical costs.

## What is Complementary Medicine (CAM)?

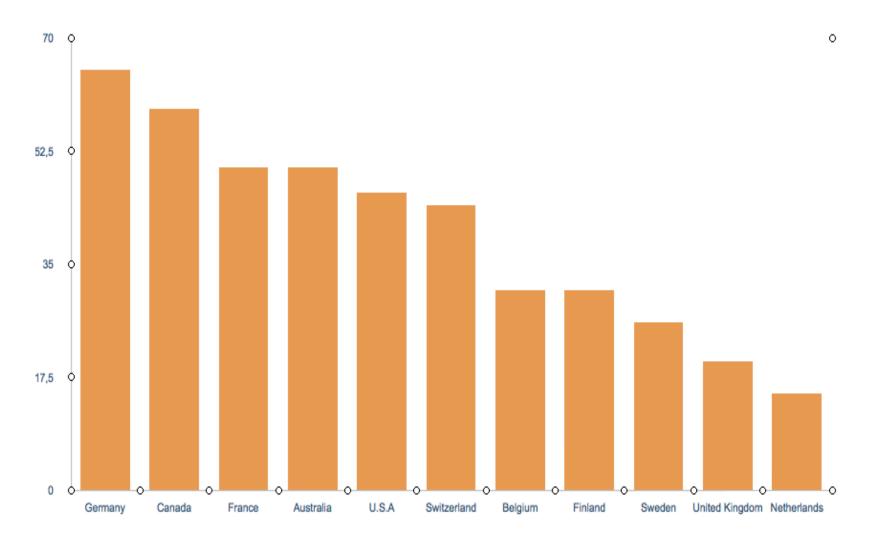
- ❖ WHO: It includes diverse health practices, approaches, knowledge and beliefs incorporating plant, animal, and/or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness.
- Other terms: Holistic Medicine, Natural Medicine

## CAM use by the population

#### Extrapolation of some national surveys show that

- ❖ 20-60% of the European population has used some form of CAM within the year before the survey
- ❖ 10-20% of the European population has seen a CAM physician/ practitioner within the year before the survey
- Chronically ill people are reported to use CAM two to five times more often than non-chronically ill people

## CAM use by the population (% per year)



From: Dutch Council of Public Health, Medical Diagnosis, background studies, 2005

# CAM use by the population push factors from conventional medicine

- Seeking relief from chronic illness, because orthodox treatment has turned out to be ineffective or because its long-term – or even lifelong – use is undesired.
- Seeking less toxic alternatives to regular prescription drugs
- ❖ Having increased sense of personal responsibility for health and health care, seeking solutions to their problems independently from the opinion of conventional physician.

# CAM use by the population pull factors from CAM

- ❖ Desire for 'natural' or 'non-invasive' treatments.
- Qualities of complementary therapy consultations: holistic approach, concept of health and disease, listening and time.
- Personal commitment to 'alternative' philosophies and world views of health.
- Experiences of effectiveness of complementary therapies.

## Holistic CAM model

- Human beings as complete, adaptable, self-regulating, creative biological systems.
- Illness/disease is a disturbed life process with causes at physical, emotional, social, mental, spiritual levels.
- ❖ Patients themselves take responsibility for mental and physical health.
- ❖ Treatment: mobilising and stimulating self-regulating capacity, restoring the balance in the psychosomatic system with the eventual aim: creating and maintaining the health and wellbeing and reinforcing the autonomy and resilience of the patient.
- Care is individualised; responsibility shared between physician and patient.

## Salutogenesis – a core concept in CAM

- Antonovsky: "The real mystery is not that of understanding why people get sick and die. The pathogens are ubiquitous and endemic. The real mystery is to understand how some people, some of the time, suffer less than others, move toward health".
- ❖ Main question in case of illness/disease: what made this person susceptible to disease and how to improve his/her resilience?
- More important to focus on supporting people's resources and capacity to create health than focus on risks, ill health, and disease.

## Limits to CAM

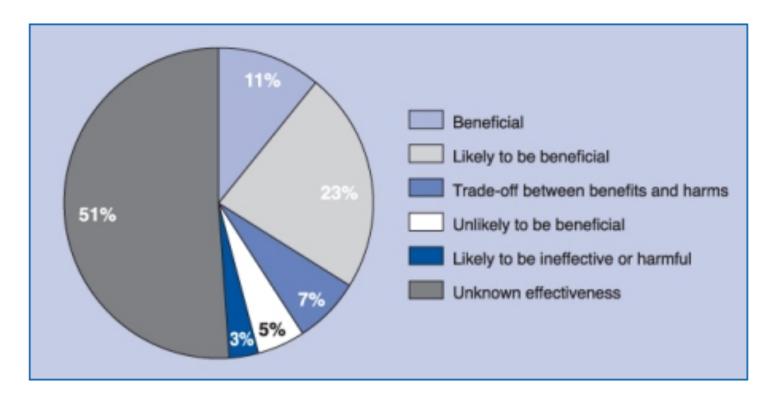
Protection of life itself always has the highest priority, so in serious, life-threatening diseases (sepsis, cancer, etc.) or if technical solutions are required (operations because of disabling anatomical abnormalities), CAM therapies are relegated to a secondary complementary role.

## Is CAM evidence-based?

"Conventional medicine is evidence-based, CAM is not".

This is a persistent misconception.

## Is conventional medicine evidence based?



"The figure suggest that the research community has a large task ahead and that most decisions about treatments still rest on the individual judgments of clinicians and patients".

[BMJ Clinical Evidence, How much do we know?]

## Is CAM evidence based?

- Growing amount of clinical evidence for the effectiveness of CAM published in peer review scientific journals.
- Review of 145 Cochrane reviews of CAM therapies: 24.8% demonstrated a positive effect, 12.4% a possibly positive effect, 4.8% no effect, 0.69% a detrimental effect, and 56.6% of the reviews were classified as insufficient evidence of an effect.
- Quality of scientific research in CAM is at least as good as in conventional medicine.

## Is CAM evidence based?

#### The patient experience

- Large study by Harvard Medical School [23,000 citizens]: significant association between CAM use and self-rated excellent health and health improvement over the prior year.
- ❖ Observational studies in thousands of patients [CH, D, NL, UK]: consistent positive results in 40-70% of the patients as regards disease symptoms, overall wellbeing and reduction of conventional medication. Most of these patients have chronic conditions, multiple pathologies and have not (well or sufficiently) responded to previous conventional treatment.

## Is CAM cost-effective?

- Quantity and quality of cost-effectiveness research in CAM has increased over the last few years.
- ❖ A number of studies have revealed promising indications for cost-savings by an extended use of CAM therapies in comparison with conventional treatment.
- A recent example is a Dutch study including 150,000 individuals, which demonstrated that patients whose GP had taken additional training in homeopathy, acupuncture or anthroposophic medicine had substantially lower health care costs and lower mortality rates. The lower costs result from fewer hospital stays and fewer prescription drugs.

## Benefits of CAM, particularly for healthy ageing

#### In summary

- Supporting and inducing the self-regenerating process of the person; if recovery can occur from this, the need for later high-impact, high-cost intervention is reduced.
- Safe treatment with hardly any adverse effects; no morbidity or mortality as from conventional prescription drugs.
- Reduced need of conventional prescription drugs and long-term dependency on them.
- \* Reduced need of antibiotics, thus reducing problem of microbial resistance.
- High patient satisfaction, increased quality of life, and reduction of absenteeism.
- Mostly low-cost treatment.

## Integrated healthcare vision in Europe

- ❖ Integrated Primary Care Health Centres focussing on salutogenesis, prevention, self-care, lifestyle modifications, use of complementary therapies where possible, conventional treatment where necessary.
- Integrated teams of conventional physicians, psychologists & psychotherapists, dual-trained CAM physicians & CAM practitioners, lifestyle coaches, nutritionists, mindfulness/yoga instructors, body work and art therapists.
- Healthcare becomes simpler, more effective, affordable and sustainable.

## CAM as a part of the European healthcare system

Complementary and Alternative Medicine integrated in the European healthcare system, I would be very happy about it!

