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FILE: ■ CAM: End-of-life Care
■ Terminal Illness
■ CAM Use

HC 120541-271

Date: December 31, 2004

RE: Survey on Prevalence of CAM Use in Terminally Ill Non-hospitalized Patients

Tilden VP, Drach LL, Tolle SW. Complementary and alternative therapy use at end-of-life in community settings. *J Altern Complement Med.* 2004;10(5):811–817.

Complementary and alternative medicine (CAM) encompasses diverse philosophies and treatments. The National Institute of Health (NIH) includes a wide range of therapies in the definition of CAM, including homeopathy, naturopathy, traditional Chinese medicine, meditation, prayer, botanical medicine, osteopathic manipulation, massage, reiki, and therapeutic touch. Previous studies have determined that the use of CAM in the general population is greater than 40%¹, while in certain subpopulations, such as children with cancer, use of CAM can exceed 80%². This study sought to determine the prevalence of CAM during end-of-life care in non-hospitalized, terminally ill patients.

Telephone interviews were conducted with 423 family caregivers whose relatives died 2-5 months earlier. All deaths occurred in Oregon and were the result of "natural causes outside of a hospital," including personal homes, nursing homes, inpatient hospice, foster care, or assisted living facilities. This survey was part of a larger end-of-life survey reported elsewhere³ that queried respondents about CAM by asking about care "not generally provided by most medical doctors." The researchers provided a list of CAM therapies from which respondents could choose. These therapies included massage, acupuncture, relaxation techniques, megavitamin therapy, "or other therapies not mentioned." Motives for using CAM and demographic data were also collected.

Overall CAM was used by 53.7% of patients. CAM treatments were used significantly more often by people under 65 years old. In this age group 72.1% of respondents utilized CAM compared to 27.9% who did not ($p < 0.005$). Similarly, 68.1% of CAM users were college graduates compared to 31.9% of non-CAM users ($p < 0.005$). People who earned more than \$30,000 a year were more likely to utilize CAM treatments compared to those who did not use CAM (63.0% vs. 27%, respectively; $p < 0.05$). When a life-sustaining treatment, such as cardiopulmonary resuscitation (CPR), ventilator, or tube feeding, was used, patients were

more than twice as likely to use CAM (67.6% vs. 32.4%; $p < 0.05$); however, only 5% of patients used CAM with the expectation of a cure. The most frequent modality used was massage (56.9%), followed by herbal medicine (35.1%), diets (26.2%), relaxation techniques (22.6%), megavitamins (19.6%), and acupuncture (6.6%).

This study reveals a high rate of usage of CAM therapies in general, and herbal medicine in particular, in outpatient, end-of-life care. The major reason for utilizing CAM modalities was for palliative care; however, this survey does not determine whether or not the modalities employed were effective. Additionally, since this survey was conducted only in Oregon, it is not possible to generalize the results to the rest of the country where knowledge, access and interest in CAM modalities may be different. Additional research is needed to determine the effectiveness of palliative CAM therapies and to quantify the utilization of CAM modalities nationwide.

—John Neustadt, ND4

References

¹Richardson MA. Biopharmacologic and herbal therapies for cancer: research update from NCCAM. *J Nutr.* Nov 2001;131(11 Suppl):3037S-3040S.

²Kelly KM. Complementary and alternative medical therapies for children with cancer. *Eur J Cancer.* Sep 2004;40(14):2041-2046.

³Tilden VP, Tolle SW, Drach LL, Perrin NA. Out-of-hospital death: advance care planning, decedent symptoms, and caregiver burden. *J Am Geriatr Soc.* Apr 2004;52(4):532-539.

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