

A Systematic Review of Complementary Therapies within Palliative and End-of-Life Care

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Pilot Research Project: Literature Synthesis by way of Systematic Review

Research Objectives

- To collect, critically appraise and synthesize all current relevant literature regarding the utilization of Complementary Therapies within Palliative and End-of-Life Care (P/EOL).



Background

- Culturally diverse populations tend to underutilize mainstream P/EOL health services and often turn to complementary and alternative medical (CAM) therapies as an alternative to, or to augment, Western health services.
- The role of CAM within P/EOL care is unknown.
- Gaining clarity regarding the use of CAM therapies within P/EOL has proven difficult.



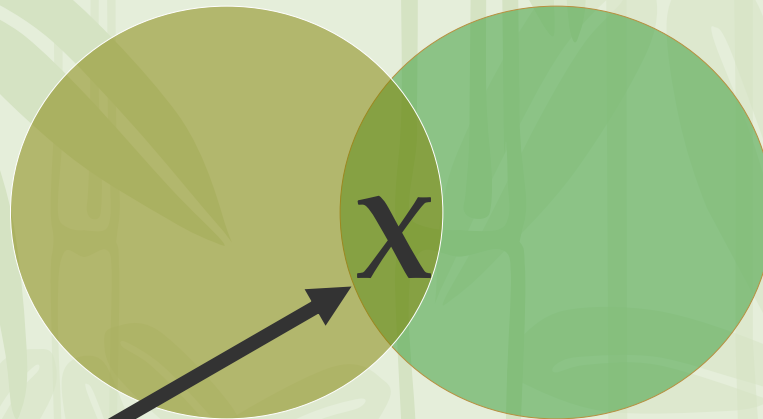
Definitions

- **CAM according to NIH National Center for Complementary and Alternative Medicine (NCCAM):**
 - Whole Medical Systems
 - Mind-Body Medicine
 - Biologically Based Practices (e.g., Herbs, Foods, Vitamins)
 - Manipulative and Body-Based Practices
 - Energy Medicine
- **P/EOL was defined under CIHR and WHO**



Search Strategy

P/EOL



CAM

Ethnically Diverse
Populations



Search Strategy(Cont'd)

Medical Subject Headings (MeSH) for CAM:

- Complementary medicine or therapies
- Alternative medicine or therapies
- Integrative medicine or therapies
- CAM
- Whole Medical Systems
- Mind Body Medicine or therapies
- Biologically based practices
- Manipulative and body-based practices
- Energy medicine or therapies
- Herbs
- Supplements
- Dietary or food therapy



Search Strategy (Cont'd)

Medical Subject Headings (MeSH) for P/EOL:

- Palliative Care
- End of Life Care
- Support Services
- Hospice Care
- Rehabilitation
- Terminal Illness
- Chronic Disease
- Death and Dying
- Comfort Care
- Pain Management
- Symptom Management



Search Strategy (Cont'd)

14 electronic databases were searched

Ageline	Anthropology Plus
CINAHL	EBM
Embase	Medline
PsychARTICLES	PsychINFO
Social Work Abstracts	SocIndex
Sociological Abstracts	Int Pharm Abstracts
EBM (Cochrane)	AMED



Phase I: Appraisal

- The electronic search identified about 2060 abstracts.
- Currently, articles are being screened for ethnically and socially diverse populations.
- Two reviewers will apply pre-determined inclusion and exclusion criteria to the abstracts.

Inclusion	Exclusion
English or French	Opinion or Editorial pieces
Concept, theory or data papers	Policy Analyses



Phase I: Appraisal (Cont'd)

- Differences will be resolved by discussion between the reviewers, and when necessary, in consultation with a 3rd reviewer, who is a NET investigator



Phase II: Additional Criteria for Articles

- Primary and secondary analysis of empirical data
- Literature and systematic reviews
- Specific to Western countries



Phase III: Data Extraction & Final Appraisal

Appraisal Template

- Publication details
 - Study purpose
- Study design and methods
- Appraisal of study relevance and quality



Appraisal of Study Relevance

When assessing the relevance of a study, we considered the following questions:

- Is the focus of the study relevant to the synthesis question?
- Is the sample of study participants relevant?
- Is the context of the study relevant?
- Are outcomes relevant – to practice, policy, theory, or literature?



Appraisal of Study Quality

Strength of design	Is research question clear? Is design appropriate for question?
Centrality of views	Do the studies aim to discover the views of members of specific cultural groups or of P/EOL Health Care providers?
Quality of reporting and analysis	Concepts not only described, but relationships between them investigated.
Transferability	Provides sufficient information to judge the “fit” between two contexts, and how research findings might be used.



Appraisal of Relevance and Quality

- ++ Strong:** majority of appraisal criteria met.
- +** **Satisfactory:** 1/3 to half of appraisal criteria met.
- Excluded:** minimal or no appraisal criteria met.



The Synthesis Process

Meta-ethnographic approach primarily (Noblit & Hare, 1988).

This includes reviewing the results of each study in detail and identifying:

- Participant descriptions
- Themes, concepts and metaphors identified by the authors



The Synthesis Process (Cont'd)

Second Order Themes are “reciprocally translated” across the studies, i.e.,:

- themes in each study are directly compared to, or “translated” into those of other studies, and
- common or recurring themes are identified.



Preliminary Results:

Factors related to greater utilization of CAM

- Younger age
- Females
- Higher household income and education
- Health insurance
- Radiation or chemotherapy
- Will to Live
- Desire to have control over treatment decisions
- Encouragement to use CAM within conventional setting
- Belief in the efficacy of CAM therapies
- Attending support groups/ counseling



Preliminary Results Cont'd:

- Majority of patients use at least one CAM therapy within their cancer trajectory (65-95%), and majority (60-79%) do not inform GPs.
- Most frequently used therapies are relaxation, exercise, diet, herbal therapy, spiritual healing.
- CAM users are significantly more optimistic
- People who report symptoms of pain, numbness, mental health issues (depression, anxiety, mood) and limitation in arm movement are more likely to utilize CAM.
- Primary reasons to utilize CAM were to boost immune system and treat cancer.



Literature Synthesis: Discussion

- Health care providers need to be aware that a majority of their patients are likely to supplement conventional care with complementary therapies.
- Providers should be knowledgeable about the safety and efficacy.
- Very beneficial to develop a system within the patient trajectory by which patients could consult on CAM and report utilization.



Literature Synthesis: Discussion

- Findings from this study will elucidate a theoretical understanding of concepts of care seeking and service provision.
- Ultimately, the findings will help facilitate the promotion of quality & equitable access to, and utilization of, culturally appropriate P/EOL Care.



Thank you

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