

## Patients' Use of Active Self-Care Complementary and Integrative Medicine in Their Management of Chronic Pain Symptoms

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In 2011, the Institute of Medicine (IOM) report *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research* publicized the ongoing public health crisis of chronic pain, which was costing American society at least \$560–\$635 billion annually. This figure represents the monetary impact of providing health care to pain patients and the cost of this health issue in lost productivity. It does not account for the incalculable

toll in human suffering underlying these extraordinary figures. Perhaps the most significant outcome of this landmark report was the call by the authors for a “cultural transformation in the way clinicians and the public view pain and its treatment” [1]. Preceding the IOM report was the military’s own *Pain Management Task Force Final Report* (May 2010) [2], which was created during what has become the longest military conflict in American history. The PMTF noted that military medicine met and often exceeded civilian standards of pain care but was experiencing many of the same challenges as civilian medicine in dealing with chronic pain conditions, particularly an overreliance on over-the-counter and prescription pain medications. Perhaps a fundamental difference between these two landmark documents was the heightened sense of urgency expressed in the PMTF report as the country was entering its ninth year of war and the challenges of pain management in war wounded were becoming ever more apparent.

The military medical response to the recent conflict has been a historic success, with fewer than 10% of war casualties succumbing to their wounds [3]. Historically, war has been a catalyst for positive medical change, and the present conflicts have continued this tradition. Significant advancements in first-responding fellow combatant, medic and corpsman training; body armor to prevent fatal wounding; new tourniquet technology and use doctrine; improved forward-deployed surgical trauma capability; and availability of blood and blood products are just a few of the medical advances that have developed during the recent wars. Unfortunately, the standard approach to pain care, which has predominantly been focused on pain medications for management, was not optimal for casualties during rehabilitation and recovery. Especially concerning was an overreliance on opioid-based pain management plans and the potential for opioid abuse and misuse this approach has caused. The PMTF was aware of the exponential increase in prescription overdose deaths in the United States, which was running in parallel with a 300% increase in the sale of prescription pain medication from 1999 to 2008 [4]. The issue was not a failure of the “Western” medical tradition; on the contrary, more casualties were surviving horrific combat wounds than ever before due to the success of modern allopathic medicine. Rather, this was an issue of recognizing approaches to pain medicine that were still stuck in the

19th century due to an overreliance on opioid-based management. This approach was treating pain, but it was exposing patients to serious opioid-related side effects and was not facilitating conditions supportive of the rehabilitation and recovery needs of patients. At its most basic, pain has been seen historically as a symptom of some other disease or trauma, rather than a disease process of the central and peripheral nervous system, which medicine now understands chronic pain to embody. Both the IOM and PMTF reports charged the medical community to acknowledge that effective pain management requires therapies that treat the whole patient, both physically and through a holistic biopsychosocial model, while also educating the country that chronic pain is a national health problem. The PMTF and many others, including the Samueli Institute and Bravewell Collaborative, have also recognized that there is considerable opportunity to explore integrative medicine as a potentially untapped area in modern medicine that could augment present standard pain practices while improving patient safety, reducing patient medication burden, and lowering costs.

Unfortunately, the incorporation of integrative medicine has been plagued by a critical lack of quality evidence to support its use. Furthermore, many within the community of integrative medicine providers have embraced the idea that integrative modalities are “alternatives” to the modern medical approach. There is some prestige and potential economic advantage to offering something “different” for select providers, but this approach limits the benefits of integrative medicine to those privileged patients with a desire and the financial resources to seek this type of care. This idea is embodied in the title “complementary and *alternative* medicine” that many practitioners of these approaches use to describe their practices. The authors have specifically avoided language to this effect within this supplement because integrative modalities should not be *alternatives* but rather complementary to other established pain management practices as part of a 21st-century multimodal approach to pain that recognizes the whole patient.

In this supplement, the concept of active self-care complementary and integrative medicine (ACT-CIM) therapies is introduced as a category of pain management therapies that may be of value in an integrated, multimodal approach. Instead of making value judgments concerning the merits or pitfalls of Eastern or Western medical traditions based on personal philosophy and/or culture, the authors have attempted to gather the existing quality research that clinicians, those who craft health-care policy, and resource managers need to make informed decisions

concerning care modalities in the present resource-constrained medical environment. The focus on ACT-CIM therapies recognizes the important role the patient must play in maintaining his or her own health and also leverages practices that are considered to have few side effects compared to pain medications and tend to be far less resource-intensive to implement. Furthermore, this supplement provides standards for future research into ACT-CIM to improve the quality of evidence while acknowledging that these treatments are not necessarily appropriately studied with a randomized, blinded controlled trial. Some may consider the standards applied to the ACT-CIM approaches reviewed in this supplement to be somewhat stringent in their methodology in making recommendations for or against a favorite modality. Nevertheless, this is the standard that should be demanded of any therapeutic modality, whether integrative or current standard-of-care, used on patients with pain. Without similar standards of evidence, clinicians cannot make appropriate recommendations to patients on therapeutic options. The authors intend this example to become a customary approach for assessing all integrative medicine therapeutics in the future so that the benefits of these modalities are routinely and justifiably available to patients. This methodology ensures that integrative medicine approaches to pain as part of a multimodal plan are backed by evidence to support their use as equally efficacious partners in conjunction with other established allopathic traditions of care. This supplement provides the foundational information that will facilitate advancement of ACT-CIM integrative medicine into future medicine.

## References

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