

When alternative becomes mainstream

→ Pat Healy

Evidence base or no evidence base, complementary and alternative medicine use in Europe is edging closer to the rates reported in the US. Can Europe's doctors learn anything from their American colleagues about how to respond?

More than one third of Europe's cancer patients are using some form of complementary or alternative medicine (CAM), yet fewer than one in five of these patients have received advice from their doctor about the therapy they use, with the vast majority acting on the basis of information from friends and family. These are among the key findings of the first Europe-wide study into CAM use specifically in cancer patients, which was published this February in the *Annals of Oncology* (16: 655–663).

Fourteen countries participated in the survey, covering a total of 956 patients. In most countries, usage was around 30–40%. Two of the highest rates were reported in Switzerland (48.6%) and the Czech Republic (58.8%), consistent with previously documented high levels of CAM use in neighbouring Germany, which was not included in the study. The highest use of all was recorded for Italy, at 73.1%, but as the authors point out, the results may be skewed because the data came from a palliative care unit. At the opposite end of the scale, only 14.8% of patients in Greece reported using

CAM. The authors speculate that a combination of lack of availability, high compliance with traditional medicines, cultural norms and underreporting for fear of being 'found out' by their doctors may partly explain why this figure is so low.

Though CAM use in Europe still has some way to go to catch up with the US, where rates well above 40% are consistently reported, a comparison with earlier studies shows that European patients are turning to CAM in increasing numbers – indeed CAM is now Europe's second fastest growing industry.

The term CAM covers a wide variety of therapies. The most popular forms of CAM reported in the survey are herbal medicines and remedies, with homeopathy, vitamins and minerals, medicinal teas, spiritual therapies and relaxation techniques also widely used. A particularly significant finding is that most patients using CAM were taking biologically based therapies (as classified by the US National Center for Complementary and Alternative Medicine), and that the use of herbal medicines tripled after a cancer diagnosis. Interestingly, the type of herbs used varies considerably by country: mistletoe in Switzerland, olive leaf paste in



Nazira Visram, a volunteer with the UK patient and carer group Cancer Voices, believes a change of attitudes is needed so that patients can feel able to talk to their doctors about any CAMs they use

Greece, nettle leaves/tea in Turkey, aloe vera in Serbia and Spain, Ovosan in the Czech Republic. Also reported were green tea, essiac tincture, Chinese herbs, sage tablets, Echinacea, cod liver oil, fresh juice and vegetables, vitamin E, glucosamine, chamomile, peppermint, selenium, yeast extract, multi-vitamins, Ayurveda herbs, vitamin C, soya drinks, dry thyme, ginseng, mulberry molasses, shark cartilage, fish oil, ginkgo biloba, milk thistle, minerals (zinc, calcium, magnesium), papaya tea, beet and carrot juice, a mixture of aloe, honey, rhaki and wine, and angelica herb.

The survey notes that improvements in physical and psychosocial well-being and increasing hope are the main reason for patients turning to CAM. But it also finds that “dissatisfaction with some aspects of conventional health care, poor doctor-patient relationship, accessibility, perceived effectiveness and desperation may also be key motivating factors.” So it is not surprising that patients are turning to CAM on the word of family and friends or the media rather than information and advice offered by physicians and nurses.

Some of these patients spend a lot of money

on CAM – 123 euros on average, with the highest reported amount being 4,140 euros a month. But more than half of all patients spend nothing, because they use herbs that come free.

Like many cancer patients, Nazira Visram, from Cancer Voices in the UK, is willing to try anything to improve her quality of life. But she is careful to do so only in consultation with her physicians. She has lived with a breast cancer diagnosis for three years. Her conventional treatment was a lumpectomy, followed by six weeks of radiotherapy and then tamoxifen. But her reaction to the drug was so severe that she stopped taking it after 6 months.

PAIN AND PANIC CONTROL

Nazira was experiencing severe pain and found immediate help when she started using reflexology. She describes it as “absolutely amazing”, helping with pain control and calming her enough to give her time to reflect and “to get out of panic mode.” She also tried yoga, which taught her to breathe correctly, which has become part of her normal routine. She says: “There is a lot to cancer. The psychological part is not understood. You are taken care of clinically, but then you need signposting throughout the cancer journey.”

Her own conventional treatment carries a possible side-effect of a greater risk of osteoporosis. She takes prescribed calcium tablets to reduce the risk and has cut back on dairy products. She drinks soya milk and takes evening primrose, magnesium and zinc, “things I think will help me get a balance into my body.” She has told both her oncologist and general practitioner (GP) about her use of CAM because she feels it is important to keep her doctors on her side. She also has asthma, and acknowledges that “I need their support if I run into difficulties.”

Nazira volunteers as an educator and trainer for Cancer Voices, an umbrella group of



Roger Wilson, cancer patient and now director of Sarcoma UK, says patients are entitled to make up their own minds – hopefully in an informed way

patients' and carers' organisations, in the hope of improving communications between users and health professionals. This has brought her into contact with other cancer patients, so she is aware of people who want to try out things that have worked for others, without discussing it with their doctors. "Cancer is individual and your treatment is planned for you taking all personal factors into account. What works for one person won't necessarily work for another. It is this lack of knowledge that worries me." She thinks some patients fear that discussing CAM use with their doctors may affect their future treatment, underlining the need for better communications. Nazira wants action to change

attitudes so that patients feel able to tell their doctors about anything they introduce into their life style.

Bradley Pearl, a GP working in a UK practice serving a multi-cultural population, has a relaxed attitude to certain CAM. He sometimes recommends homeopathy, because it uses vanishingly small amounts of substances, although he admits "one never knows what is actually in it."

His initial response to a cancer patient asking about a herbal remedy they have read about would be to find out exactly what the treatment is. Just because something is herbal doesn't mean it is harmless, he says, and there is evidence of some herbs interacting with a range of prescribed medicines.

He observes: "People are often happier taking something that is called 'herbal' rather than a prescription medicine, even though we know exactly what is in it. Herbal medicines can contain anything – and most active things we know are plant derived."

Pearl says that alternative therapies are potentially a mine field, so it is important that people using them should let their doctors know.

NO EVIDENCE BASE

Why do some doctors take a more conservative view? "As doctors we are interested in treating people through evidence-based practice. We want to know what is there, what has been shown to work and what has been shown to be less beneficial. Not many alternative medicines have passed the gold standard of being properly investigated through clinical trials," he says. And he points out that cancer patients are a particularly vulnerable group of people who "are often grasping at straws and particularly open to charlatan practitioners."

COMPLEMENTARY OR ALTERNATIVE?

- Complementary medicine is used together with conventional medicine. An example is using aromatherapy to help lessen a patient's discomfort following surgery.
- Alternative medicine is used in place of conventional medicine. An example is using a special diet to treat cancer instead of undergoing surgery, radiation, or chemotherapy that has been recommended by a conventional doctor.

Source: US National Center for Complementary and Alternative Medicine, National Institutes of Health, USA

Most studies show that it is younger, better-educated and more affluent people who use CAM. Even the most highly qualified people can take risks when they become patients themselves.

Helle Viola Hangaard, a Danish GP, was diagnosed with breast cancer in 1998. She had been aware of a lump in her breast long before her diagnosis. When a mammogram confirmed she had cancer, she had a mastectomy followed by chemo- and radiotherapy.

She admits taking vitamins and antioxidants after another patient recommended them. The key motivation for trying these therapies was that it was something active she could do by herself. "Having cancer turned my world upside down and I knew I had to change something. My marriage, my children and my job were all OK, so it had to be something else," she says.

She did not discuss it with her own GP, arguing that as a qualified doctor herself, she was well equipped to make her own decisions. But she stopped taking the antioxidants after discovering that they can reduce the effectiveness of radiotherapy. Subsequently she also gave up the vitamins. She says she was taking up to 11 vitamin pills a day and stopped "because I was feeling so good."

Asked if she gets cross with her own patients if they don't comply with her advice, Helle stalls and says she works with patients with learning difficulties. But she admits that she does get cross with the patients' carers if they supply alternative medicines.

Roger Wilson, director of the charity Sarcoma UK, finished his conventional treatment in September 2000 when, unknown to him, his doctor believed he had only a year left to live. He does not approve of alternative therapies but supports a complementary approach "which recognises that no doctor knows everything and that patients are entitled to make up

CAM USE BY COUNTRY

Belgium	40%
Czech Republic	58.8%
Denmark	36%
England	29.4%
Greece	14.8%
Iceland	30.2%
Israel	32.4%
Italy	73.1%
Scotland	29%
Serbia	32%
Spain	29.8%
Sweden	30.5%
Switzerland	48.6%
Turkey	37%

Source: Use of complementary and alternative medicine in cancer patients: a European Survey. Annals of Oncology 16: 655-663, 2005. Reprinted with permission from ESMO

their own minds – hopefully in an informed and logical way which feels right for them."

He takes a lot of supplements and usually discusses his use with his oncologist, except when he decided to use resveratrol. "This is the active good bit in red wine, and as he had endorsed red wine, it seemed unnecessary."

Roger takes selenium, a natural trace mineral which has been lost to the western diet and may destroy cancer cells. He also takes vitaflavan and Vitamin E, both antioxidants, and beta-carotene which converts to Vitamin A in the body and is believed to inhibit tumour formation. He also takes zinc, starflower oil and folic acid.

Before taking these supplements, he was already taking multivitamins and Omega 3 fish oil. He drinks a lot of green tea and eats a diet based on organic vegetables, fresh bread, and fish rather than meat. And everything new is

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TYPES OF CAM USED IN EUROPE

Alternative medical systems:

- homeopathy
- acupuncture
- Ayurveda
- naturopathy

**Biologically based therapies/
alternative medical systems:**

- herbs

Biologically based therapies:

- medicinal teas
- vitamins/minerals

- other dietary supplements

- other

Mind-body interventions:

- spiritual therapies and healing
- relaxation therapy
- visualisation

Energy therapies

Manipulative and body-based methods:

- massage

Other manipulative

and body-based methods

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checked to ensure that it doesn't conflict with prescribed medicines.

He explains: "I have seen patients die early as a result of believing 'snake oil' merchants (in one case a sharks fin merchant). I have also seen what it does to their loved ones and it is a despicable trade. There are cases where traditional medicine cannot help, we all know that, and doctors will admit it when they are up against the buffers.

"The snake oil merchants don't. For them it's the patient's fault if they don't live, and that I can never forgive. Forget the money issues, it is immoral. I know there are people who have survived using an alternative approach, good for them, but they are exceptions just as much as I am."

COMMUNICATION GAP

The evidence that one in three patients in Europe are using CAM – most of them biologically based CAM – raises some important issues for their doctors. Not least among them is the well-documented problem that few doctors will know which of their patients are taking what.

Oncology nurse Annie Angle says patients often won't talk to their health professionals because they are scared doctors will think they are weird and will try to talk them out of it. She says communications need to be improved to encourage patients to come forward, and fore-

casts that the doctors will eventually address the CAM history of patients as a routine part of taking their medical history – a procedure that is already under discussion in the US.

Karin Schmidt, a researcher in complementary medicine at the Peninsula Medical School of the Universities of Exeter and Plymouth, argues that there is also a pressing need for health professionals to inform themselves more on the CAM their patients are using. She is working on a new website which will offer condensed summaries on CAM therapies, which is due to start in September and is financed by the European Union. The hope is that this will prove a useful resource for doctors, and also provide patients with a much-needed authoritative alternative to the many very dubious sources of information currently found on the Internet.

One suggestion put forward by the authors of the recent study is that Europe should follow the example of the US, where 64% of medical schools offer courses in CAM. They point out, however, that this doesn't deal with the fundamental problem that for most CAMs, reliable evidence-based information just doesn't exist, and without such evidence, doctors' reluctance to advise on such therapies is understandable. They conclude that "the need to increase the evidence base of CAM therapies using methodologies that are appropriate and sensitive to CAM cannot be overemphasised."