

Chapter 3

CAM Recommended by Standard Guidelines for Chronic Illnesses

Annalisa Casarin

The NIHR Research Design Service East of England, UK

ABSTRACT

This chapter will focus on guidelines for clinical practice that mention a range of Complementary and Alternative Medicine (CAM) techniques. After exploring the definition and grading of clinical practice guidelines as a decision-making tool, the CAM methods included in the review will be described. A definition of chronic diseases will be provided and an overview of the current clinical practice guidelines on a number of prevalent conditions will be presented. Guidelines released by several international regulatory organisations will be compared in order to detect which CAM techniques have been or not been recommended for chronic illnesses in different countries. The challenges in implementing and appraising guidelines will be finally discussed.

INTRODUCTION

Decision making in medicine is the process of selecting actions in order to make diagnosis and plan treatment. Clinical judgement based upon experience and knowledge was fundamental to decision making for a long time until the scientific revolution had an impact on the healthcare sector. In the late 1960s, acknowledgement of bias within clinical reasoning came to light, after which a call for the introduction of evidence based medicine was made. Since then, healthcare professionals should be applying research findings into practice in a systematic way (Feinstein, 1967). The amount of research output is continuously growing and it is almost impossible for a clinician to keep abreast of this new knowledge. Knowledge translation into practice needs to be quick and effective when a healthcare practitioner needs to manage a disease. Guidelines can offer easily accessible information on which interventions have been properly tested and can be safely adopted in managing patients. Moreover, the interest in quality regulation in medical practice and the efforts to standardise clinical practice, relies mainly upon guidelines (Weisz

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et al., 2007). Specialist associations and medical societies are usually the creators of guiding principles and typically investigate management of a single disease. Recently, several Complementary and Alternative Medicine (CAM) techniques have been included in guidelines. This is due to conventional medicine experts having to take into account the patients' decision of looking for other solutions when their conventional treatment fails or it not holistic enough to cover all of their concerns. It is the duty of healthcare professionals to know, and provide, information on all possible treatments available to their patients (Catto et al., 2014) even if complementary or alternative. It is important to understand what it is considered CAM as opposed to conventional or western medicine as its definition may differ among countries. A guideline published in the West may identify CAM as a technique that is considered conventional in the East. In this chapter these CAM definition discrepancies will be explored and several common chronic disease guidelines will be presented. For each illness, the recommendations of different international organisations on the use of CAM will be summarised.

BACKGROUND

The Quality of Clinical Practice Guidelines

The main definition of guidelines was proposed by the American Institute of Medicine in 1990. Clinical Practice Guidelines (CPG) are “statements systematically developed in order to assist practitioners and the public to make decisions, to determine a course of action.” (American Institute of Medicine, 1990, p.38). Therefore, CPGs are commonly used to support the implementation of best practice and should assist providers and patients to make informed decisions. Although the first mention of CPG was in 1947, they flourished in the 1980s with three main purposes: to evaluate the cost-effectiveness of interventions, to offer protection to the medical population, and to assure regulation. From diagnosis to treatment, all of the steps of patients' care have been since put under scrutiny by expert clinicians in order to recommend the best available practice based on evidence. Lack of good quality research can make this process difficult, and professionals may not trust a guiding principle based on weak evidence. Critical appraisal of guidelines is supported by a grading system of the strength of recommendations and the quality of evidence supporting the guideline. Giving a grade highlights the strengths and weaknesses of the guideline. Stakeholders are then able to decide if the guideline is worth following or whether further research is needed. The most commonly used system of grading recommendations is called GRADE: Grading of Recommendations Assessment, Development and Evaluation (Guyatt, et al., 2008). In GRADE, recommendations are divided into two categories, strong and weak, based on the balance between risks, benefits, and costs. The quality of the supporting evidence is defined as high, moderate or low according to the design of the research studies underpinning the guideline (Table 1).

Other organisations, such as the Oxford Centre of Evidence Based Medicine (OCEBM), propose additional tools to evaluate the level of evidence. The OCEBM system provides a hierarchy for studies from 1 to 5 (where 1 is the best and 5 is the weakest kind of evidence) in order to grade recommendations from A (derived from level 1 studies) to D (using level 5 studies). When the grade is available, clinicians can recognise which kind of studies were used to create the guideline and can decide whether

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