



CAM Conference

“Complementary and Alternative Medicine –
Innovation and Added Value for European Healthcare”

Complementary and Alternative Medicine for innovative partnerships

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Department of Anesthesiology
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Germany



Trigeminal Neuralgia 30 years	TTH 15 years	Migraine 25 years	Low Back Pain 3 years	Neck Shoulder Pain 8 years	Low Back Pain 5 years
	Fibromyalgia 8 years	Post Herpetic Neuralgia 2 years	Neck Pain 5 years	Fibromyalgia 12 years	



Low back pain since 2007, now severe episode for 6 weeks

Pain

Intensity: 9/10 (max)

Quality: Stabbing, oppressive pain

CT Scan/ MRI Scan:

small herniation of disc,
facet arthrosis, chondrosis

Previous treatments:

Physiotherapy, NSAID, Relaxants,
Injections (frequently)
3 weeks rehabilitation programm

Feels that herniated vertebral disc is the problem

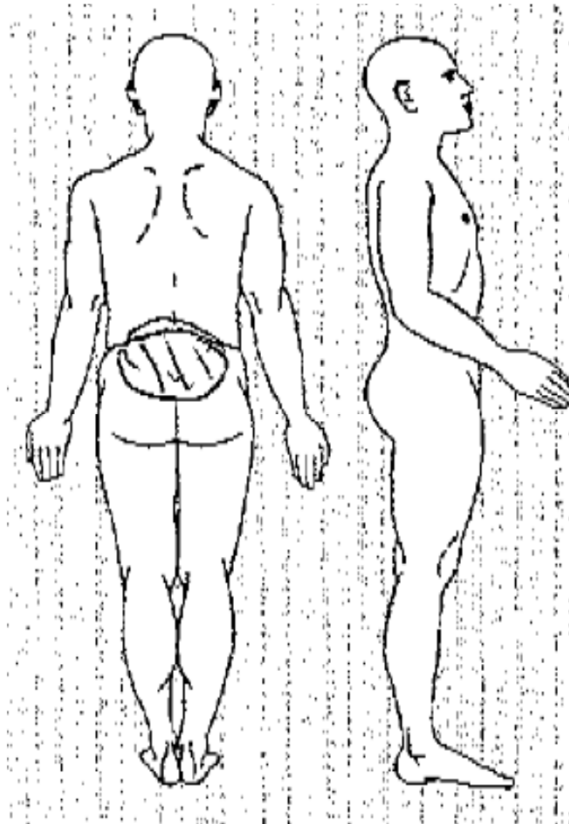
Denies psychological aspects

Happy marriage, 3 daughters, working as a bus driver

Wife ill: very nervous about her health
problems with passengers

- anxious about his work (pain while sitting)

- worried whether he will be able to manage the family



Chronic pain disorder (low back pain) with somatic, psychological and social factors

Somatic: low back pain

- with myofascial triggerpoints *M. gluteus medius*, *M. quadratus lumborum*
M. piriformis right/left
- with hypomobility of sacro iliac joint
- without neurological symptoms

Psycho: fear, anger

Social: labour unrest

Resistent to conventional treatment

Highest degree of chronicity (acc. to MPSS)



The problem



Chronic, moderate-to-severe, non-cancer pain affected almost **one in five** (19%) adults surveyed across Europe (n=46,394)

Prevalence was highest in Norway (30%, n=2,018), Poland (27%, n=3,812) and Italy (26%, n=3,849), where just over **one in four** adults reported suffering from chronic pain

The median time during which people had been experiencing chronic pain was **seven years**, with one-fifth of respondents experiencing pain for 20 years or more (21%, n=4,839)

Nearly **one in five** chronic pain sufferers had lost a job as a result of their pain

Over **40%** of people with chronic pain reported feelings of helplessness or inability to think or function normally



The problem



In a German survey (N=11.000) 38% of patients
had experienced an operation **without** longterm pain relieve



Original papers

‘Doctors can’t help much’: the search for an alternative

Paterson and Britten, Br J Gen Pract 1999

 **CAM?**

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Acupuncture works !



The NEW ENGLAND JOURNAL of MEDICINE

CLINICAL THERAPEUTICS

Acupuncture for Chronic Low Back Pain

Brian M. Berman, M.D., Helene H. Langevin, M.D.,
Claudia M. Witt, M.D., M.B.A., and Ronald Dubner, D.D.S., Ph.D.

N Engl J Med 2010;363:454-61.

The American College of Physicians and the American Pain Society have issued joint clinical practice guidelines recommending that clinicians consider acupuncture as one possible treatment option for patients with chronic low back pain



DÄGfA

Deutsche Ärztesgesellschaft für Akupunktur

German Medical Acupuncture Association

Ca. 10.000 members

500 full days courses

Educational standards

Standards for practice

140 „Qualitätszirkel“

Comprehensive understanding of disease





However, singular treatments are not proven to be effective in long term in the treatment of chronic pain



This is true for conventional and CAM treatments!

Conventional Medicine

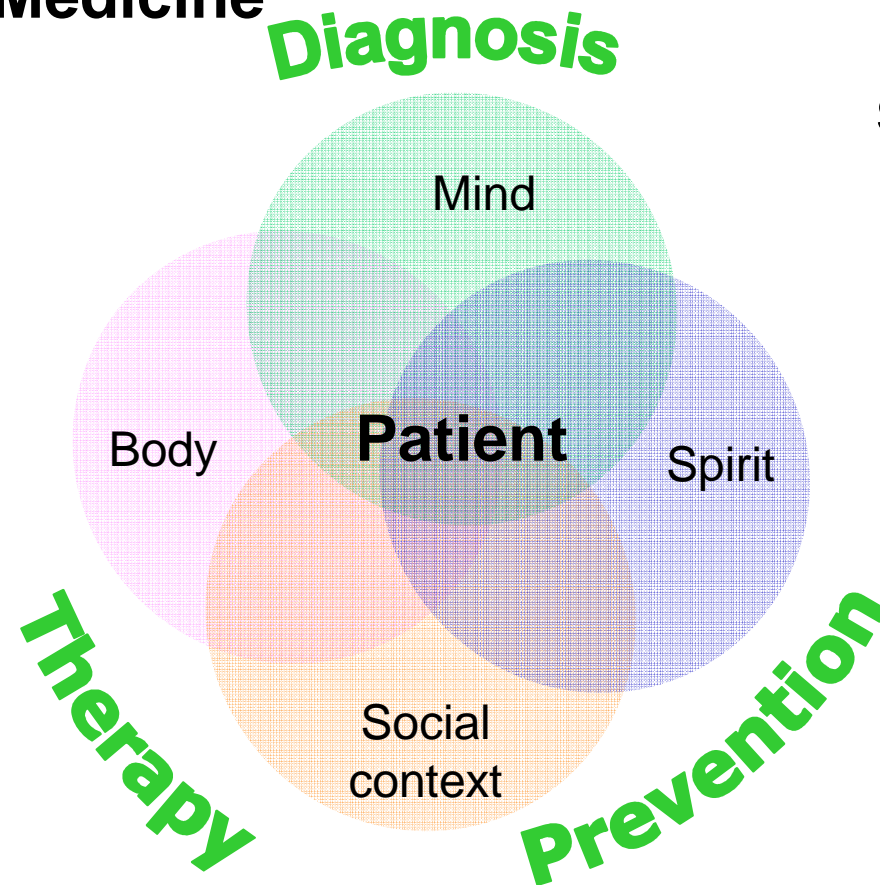
objectively

- Principle of cause and effect

CAM

subjectively

- Regulation
- Homeostasis
- Life style



Conventional Medicine

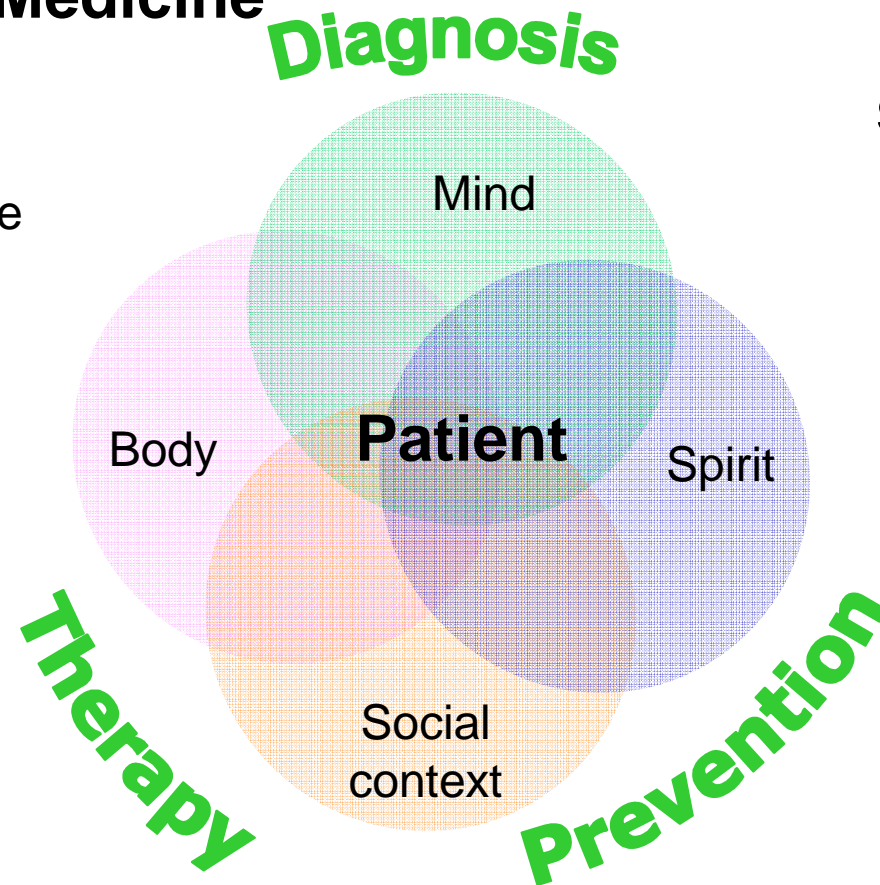
objectively

- High-tech medicine
- Classical surgery
- Pharmacology
- ...

CAM

subjectively

- Dietetics
- Meditation
- Qigong, Yoga
- Acupuncture
- Homeopathy
- Classical Natural Medicine
- ...





Health Care Centers linking CAM & Conventional Therapies

- Education
- Knowledge
- Scientific evaluation

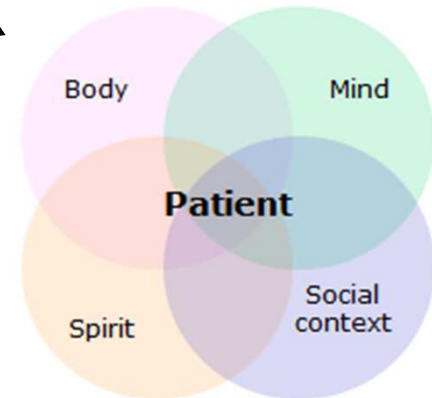


- Feasibility
- Demand
- Experience
- Data collection

- Diagnosis
- Data collection
- Trust



- Treatment
- Information
- Education

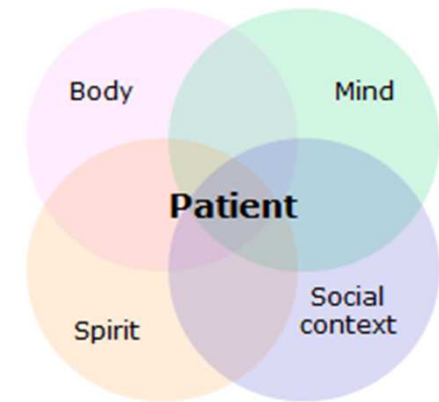
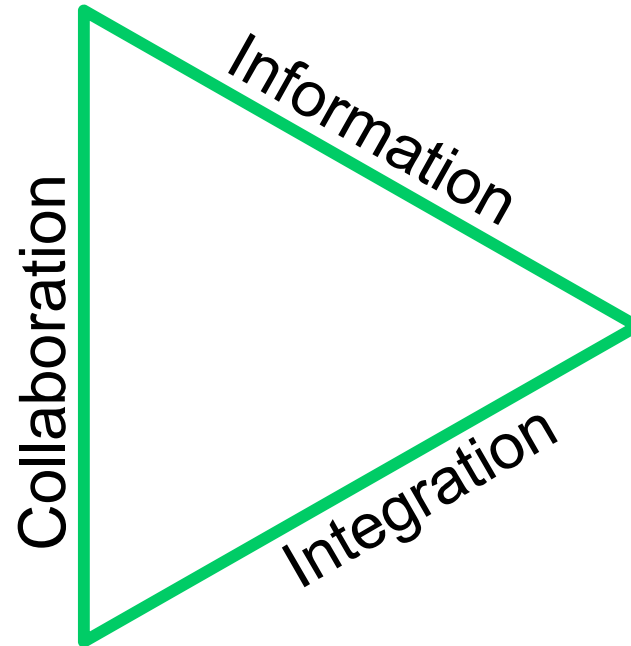


- Treatment
- Information
- Education

Primary Care linking CAM & Conventional Medicine



Health Care Centers linking CAM & Conventional Therapies



Primary Care linking CAM & Conventional Medicine

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What about Can ?





MUNICH OUTPATIENT PROGRAM IN COMPLEMENTARY AND ALTERNATIVE MEDICINE FOR CHRONIC PAIN (MOCAM)



Synergy of western and eastern
traditional methods
and
evidence based pain treatment

Conventional medicine skills
and
CAM skills in the same unit

-> *mind set*



MOCAM is practically based, not theoretically !

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MUNICH OUTPATIENT PROGRAM IN
COMPLEMENTARY AND ALTERNATIVE
MEDICINE FOR CHRONIC PAIN (MOCAM)



Schmerzintensivprogramm

LMU KLINIKUM DER UNIVERSITÄT MÜNCHEN INTERDISZIPLINÄRE SCHMERZAMBULANZ CAMPUS INNENSTADT



**Münchener
Naturheilkundliches
Schmerzintensivprogramm
MNS**

**Interdisziplinäre Schmerzambulanz
Campus Innenstadt**
Leitung: Priv.-Doz. Dr. D. Irnich – Dr. A. Winkelmann

des Klinikums der Universität München

Klinik für Anästhesiologie
Direktor: Prof. Dr. B. Zwißler
**Klinik und Poliklinik für Physikalische Medizin
und Rehabilitation**
Direktor: Prof. Dr. G. Stucki



Part 1

Interdisciplinary 4-week
outpatient group program

Part 2

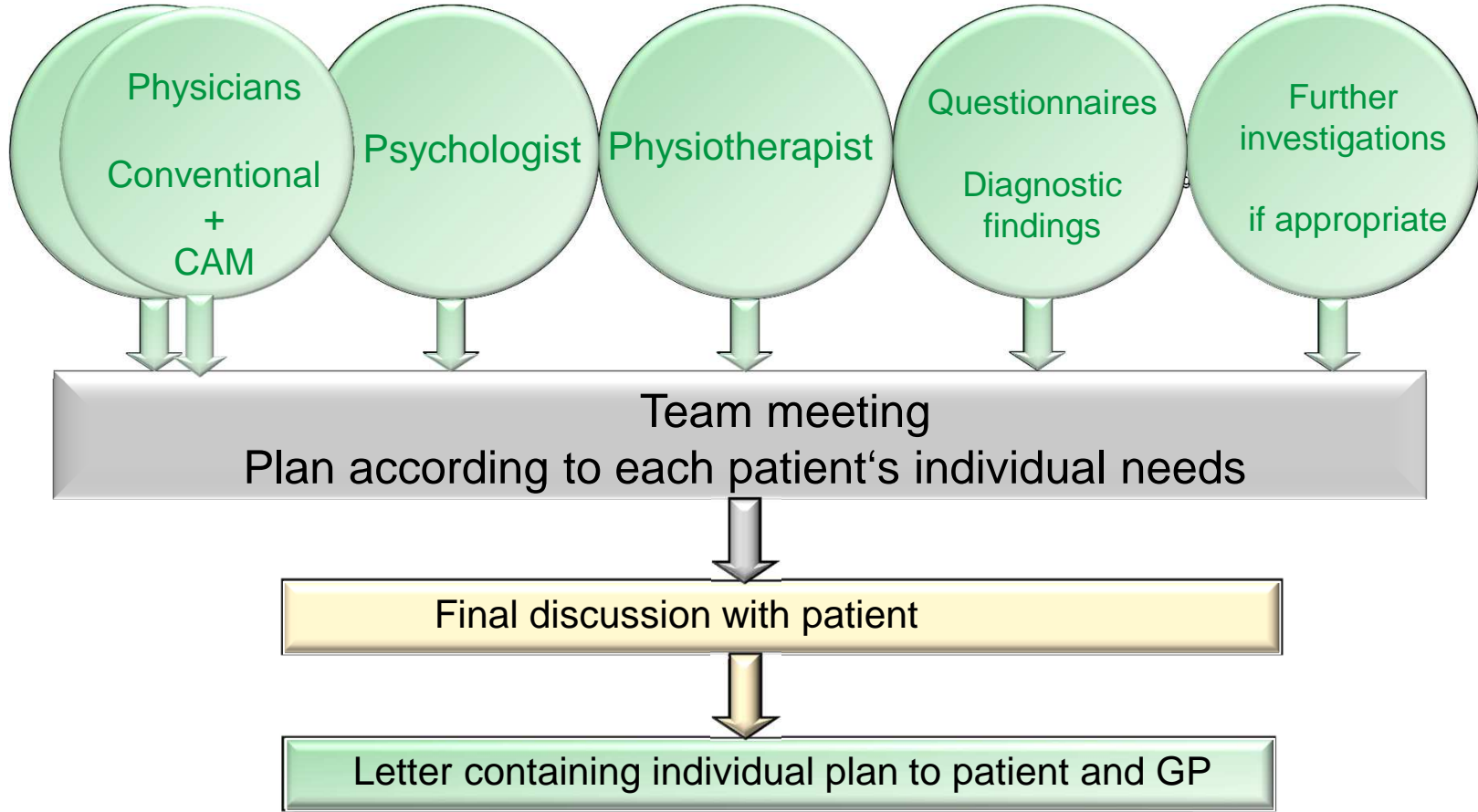
Continuous training
once weekly

Part 3

Long time support:
meetings, seminars,
lectures, media



Diagnosis by conventional methods and CAM methods





Seminars



Qigong



Meditation

Rhythmik



Breathing Therapy



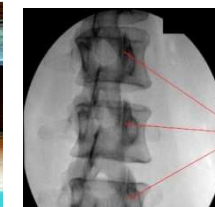
Tuina



Acupressure



Physiotherapy



Facettengelenk

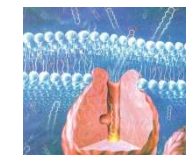
Nerve blocks



Psychotonik



Acupuncture in the group



Analgetics



Naturopathy



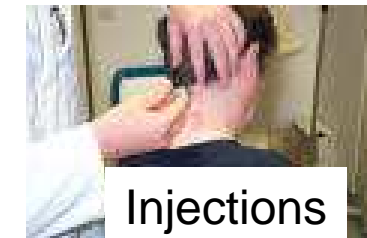
Art Therapy



Nutrition



Hydrotherapy



Injections



MOCAM – aims



Reinforce the confidence of patients

Individual identification of effective strategies for a self dependent prevention and coping with pain

To arouse and maintain the patients motivation for a continuous practice

Regular exchange of information with other patients

Reduction of health care system use



MOCAM – concept



Emphasis is placed upon reinforcing

- self-confidence
- self-efficacy
- self-understanding
- self-responsability
- body awareness





A prospective open observational study with a two year follow-up



Key variables:

- Intensity of pain
- Frequency of pain
- Characteristic of pain (SES)
- Quality of life (SF-36)
- General Depression Scale (ADS)
- Pain Disability Index (PDI)
- Health care system utilisation

Including criteria:

- Chronic pain
- Ability to work in a team
- Average pain intensity VAS >5

Date of Observation:

- t0: Start of Program
- t1: End of Program
- t2: After three months
- t3: After six months
- t4: After one year
- t5: After two years

Excluding criteria:

- Cancer Pain
- Personality disorder, psychosis
- judicial proceedings or claim for workers compensation or disability pension



Characteristics of Patients



N	297
Age	54 years (mean, 18-86)
Sex	79.8% female
Duration of pain	105.75 months (mean)
Chronicity	
I low degree	4.4%
II medium degree	23.6%
III high degree	65.4%
Additional symptoms	Vegetative symptoms Depression, Fear, Isolation
Comorbidities	multiple
Previous treatments	10.4 doctor visits/6 months 15.9 treatments/6 months
Absence from work	43.4 days /6 months



Effect Size – overall and by diagnosis



Effect size (Cohen)

the larger the population,
the more likely significance

$$d = \frac{\bar{x}_1 - \bar{x}_2}{\sqrt{(s_1^2 + s_2^2)/2}}$$

0.2 – 0.5 small

0.5 – 0.8 medium

> 0.8 large



Effect Size – overall and by diagnosis



Outcome measure		Overall	M/Sk	Headache	Spine	Neuropath
pain_mean	t5	0,87	0.90	1.25	0.76	0.87
pain_max	t5	0,90	0.85	1.16	0.58	1.25
PDI (Pain Disability Index)	t5	0,91	0.79	1.71	0.64	0.91
SES_Affective perception	t5	0,77	0.77	0.93	0.68	0.94

N = 297

t5 = 2 years after the program

0.2 – 0.5 small effect

0.5 – 0.8 medium effect

> 0.8 large effect



Can, the bus driver



VAS 3/10 (before 8-9/10)
Returned to work

Physiotherapy, Qigong, Meditation most useful

General aspects

- experience that suffering from pain can be improved
- feeling of more body flexibility
- significant improvement in all dimensions of psychometric tests

Details

- acupuncture/TENS was not possible -> laser acupuncture
- continuation of qigong and meditation
- first aspects of introspection -> „may be psychotherapy“



Implementation into the health care system by a health insurer



Short intervention
 information
 physiotherapy
 acupuncture
 Analgetics/herbal
 nerve blocks

Evening program
 30 hrs

2 week program
 60 hrs

4 week Program
 120 hrs

Interdisciplinary Assessment

Low Back Pain > 4 weeks

Primary care provider

health insurer



in Zusammenarbeit mit der



Münchner Naturheilkundliches Schmerzintensiv Programm-Rücken (MNS-R)



Diagnostik und Therapie für Patienten mit Rückenschmerzen

Eine Kooperation der Siemens Betriebskrankenkasse und dem Klinikum der LMU München Interdisziplinäre Schmerzambulanz Campus Innenstadt



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Conventional treatment

CAM



CAMventional treatment

Aims

reducing incidence of disease through preventive measures

integrating complementary interventions for better treatment outcomes

reducing unnecessary hospitalisations and costs of medicines and medical procedures