

**Uses of Unconventional (CAM) Treatments
in U.S. Mental Health Care--current trends
and a proposal for a *Treatment Research
Task Force***

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Evolution of health care toward medical pluralism

- Unconventional medical practices have played a consistent historical role in U.S. health care
- Changing consumer demands related to cultural and demographic trends (Eisenberg 1990, 1998; Astin 1998) have led to increasing openness of conventional medicine to unconventional healing practices
- Growing use of CAM reflects an increasingly consumer-driven health care environment in the context of a “postmodern acknowledgment of medical diversity.”

The average CAM user (Astin 1998)

- Is better educated than non-CAM users
- has generally poorer overall health status than non-CAM users
- has a holistic orientation to health
- expresses strong commitments to personal growth or spirituality
- probably has a history of chronic pain, *anxiety* or back problems
- *is satisfied with conventional health care and uses conventional treatments concurrently*

Trends in CAM use: overview

- In 1997, total U.S. visits to CAM providers (629 M) exceeded total visits to all primary care physicians (386 M) (Eisenberg, 1999)
- Out-of-pocket expenditures for all CAM professional services in 1997 were \$12.2 B, exceeding out-of-pocket expenditures for all U.S. hospitalizations
- Total 1997 out-of-pocket expenditures for all CAM therapies was conservatively estimated at \$27B, comparable to total out-of-pocket expenditures for all U.S. physician services

CAM use continues to grow rapidly

- Estimated use rates of CAM therapies probably *under-represent* actual utilization patterns (*many* not reported and *most* not covered)
- Use of CAM therapies increased by 25% between 1990 and 1997 (from 33.8% to 42.1%).
- Expenditures associated with CAM therapies increased by 45% between 1990 and 1997, and were estimated at \$21.2B.
- Most of this increase was due to an increase in the proportion of the population seeking CAM therapies rather than increased visits per patient. This trend is probably continuing.

Physician perceptions and use rates of CAM

- Large numbers of physicians believe that CAM therapies are valid (acupuncture 51%, chiropractic 53%, massage 48%, homeopathy 26%, herbal medicine 13%) (Ernst et al 1995; Astin et al 1998)
- 19% of conventional physicians concurrently practice chiropractic or massage, 17% practice acupuncture, 16% practice herbal medicine, and 9% practice homeopathy
- 43% of conventional physicians refer patients (for all indications) to acupuncturists; 40% refer to chiropractors and 21% refer to massage therapists

Popular CAM treatments in mental health care

- Relaxation techniques (20%) and “spiritual healing” by others (10%) are the most commonly used CAM therapies for depressive and anxiety disorders (Kessler et al 2001)
- Orally administered substances (herbs, megavitamins, homeopathy, naturopathy) are used by 7% of patients self-reporting panic attacks and 9% of patients reporting severe depression (Kessler)

Most patients who use CAM for mental health *also* use conventional treatments

- 66% of survey respondents (Kessler) who used any CAM therapy for “anxiety attacks” or “severe depression” also saw a conventional mental health professional
- 90% of individuals in the same group saw a psychiatrist while self-treating with one or more CAM therapies or seeing a CAM practitioner

Uses of CAM in mental health (1)

- Use of *any* CAM therapy is significantly greater among persons who meet criteria for *any* psychiatric disorder than the general population (Unutzer et al, 2000)
- Most patients who use CAM therapies for mental health problems also use conventional therapies (Eisenberg 1998; Unutzer et al 2000)
- Patients reporting severe depression or severe anxiety disorders use CAM therapies *most* often (Unutzer et al 2000; Davidson et al 1998)

Uses of CAM in mental health (2)

- 41% of severely depressed patients and 43% of patients reporting panic attacks used CAM therapies--compared to 28% of adults (Eisenberg 1998). These groups also use conventional treatments at higher rates than the general population (Kessler et al 2001)
- Patients with GAD, bipolar disorder or schizophrenia use CAM therapies *less often* than severely depressed or acutely anxious patients, but are as likely to use CAM therapies as the general population (Unutzer et al 2000)
- Major depression is a *strong* predictor of concurrent use of antidepressants and non-prescription supplements (Druss et al 1998)

Patients rate CAM effectiveness comparable to conventional treatments

- 60% of respondents in a large telephone survey who self-reported “anxiety attacks” rated CAM therapies as “very helpful” in treating their condition. 68% rated conventional therapies as very helpful (Kessler et al 2001)
- 53% of respondents who reported “severe depression” rated CAM as “very helpful,” and 59% rated conventional therapies as “very helpful”

Limitations of CAM use surveys--what we don't know *yet*

- Most studies limited by design (retrospective reviews of epidemiological data; telephone surveys)
- most studies do not use DSM diagnostic criteria or trained raters to confirm psychiatric diagnosis
- most studies do not obtain specific information about CAM therapies used by major medical or psychiatric diagnosis
- most studies do not distinguish between self-use and prescribed uses of CAM

Unresolved issues in CAM (1)

- Most CAM methods in widespread use have not been validated as effective or safe
- More than than 60% of CAM therapies used by patients were *not* disclosed to their physicians in both 1990 and 1997 surveys (Eisenberg, Naples, 1999)
- Many patients use conventional medications and unknown CAM treatments concurrently. In 1997 an estimated 15 million U.S. adults took prescription medications together with herbal remedies or high-dose vitamins, resulting in unknown risks of toxicities or interactions.

Unresolved issues in CAM (2)

- Most CAM treatments lack standardization and include both relatively safe and toxic interventions
- accepted professional guidelines for M.D.s referring patients to CAM providers are lacking
- an atmosphere of mistrust and misperception is common in both the conventional and CAM communities
- liability and malpractice issues affecting CAM remain unclear

CAM in mental health care--summary and recommendations

- Significant numbers of anxious and depressed patients use CAM therapies alone or in conjunction with conventional therapies.
- Efficacy and safety of *most* CAM therapies used to self-treat or treat mental health problems are not yet established
- Psychiatrists should be educated about appropriate and safe uses of CAM therapies in order to provide accurate information to patients about those that work and are safe, and to skillfully refer patients to appropriate CAM therapies or qualified CAM providers

CAM in mental health care--some recommendations (2)

- The APA, and other professional mental health societies should take a proactive stance to identify CAM treatments that are effective and safe, to educate psychiatrists and other mental health professionals, and to promote responsible uses of CAM
- The APA should establish a *Treatment Research Task Force on Unconventional Therapies* to provide guidance to the APA and its members in the rigorous evaluation of CAM therapies in mental health care.

Some initial goals of a Research Task Force on CAM

- Systematic literature review of CAM treatments in psychiatry by major disorder (U.S. and foreign)
- Determination of CAM research methodologies most suitable for studies on mental health
- Review of on-going studies on CAM in psychiatry (NCCAM, academic, other)
- Survey APA member psychiatrists to identify beliefs, perceptions, CAM use and referral trends
- Recommend priorities for APA-endorsed outcomes studies on CAM in mental health

Some long-term goals of a Research Task Force on CAM (1)

- Develop professional and patient resources for CAM in mental health care (eg, regular columns in APA journals; regular sessions in APA meetings; medical school and residency curricula on CAM)
- Develop APA guidelines for evidence-based CAM treatments in psychiatry

Some long-term goals of a Research Task Force on CAM (2)

- Establish liaison with NCCAM and professional CAM organizations for: 1. collaboration on studies; 2. Development of referral guidelines
- Develop continuing education modules for career psychiatrists, including regional and national APA-sponsored training seminars on validated CAM practices in psychiatry
- Develop evidence-based guidelines for integrating conventional biomedical therapies with CAM therapies for all major psychiatric disorders

Some long-term goals of a Research Task Force on CAM (3)

- Create and update APA-sponsored relational database on evidence-based CAM therapies in mental health care, including critical reviews of emerging treatments, reviews of significant recent studies, commentary on legal or ethical issues, etc.
- Provide resources for consultation on legal and ethical issues involved when psychiatrists perform CAM practices or refer to CAM providers.
- Establish full *APA Committee on CAM and Integration* (ie, to achieve long-term goals)

Prospective Members of a Research Task Force on CAM

- David Spiegel, *Stanford*
- Andrew Nierenberg, *Harvard*
- Lewis Mehl-Madrone, *Univ. of Arizona*
- Eric Jensen, *U.N.C. Chapel Hill*
- Hyla Cass, *U.C.L.A.*
- Gary Vickar, private practice
- Richard Spector, private practice
- Scott Shannon, private practice
- James Lake, private practice