NHS
East and North Hertfordshire
Clinical Commissioning Group

Priorities Forum Statement

Number	**48**
Subject	**Complementary and Alternative Medicine (CAM)**
Date of decision	**August 2016**
Date refreshed	**March 2017**
Date of review	**August 2018**

GUIDANCE

Recommendations

Interventions will only be funded if they are supported by evidence that demonstrates clinical and cost effectiveness. At this time, there is insufficient high quality evidence to demonstrate the clinical and cost effectiveness of CAM (group 1b, 2 and 3 above) due to the methodological difficulties in studies of CAM therapies and placebo effects. The list of CAM therapies reviewed by the Cochrane Collaboration and NICE stated in Appendix 1 is not exhaustive. There is a lack of evidence for CAM therapies not yet reviewed by these organisations such as crystal therapy and faith healing, this policy applies to all CAM therapies and not just those stated in Appendix 1. CAM therapies are therefore low priority and not normally funded unless there are exceptional circumstances or where they are commissioned as part of wider treatment provided within an integrated package of care. Any new CAM therapies would need to demonstrate evidence of clinical and cost effectiveness to be funded.

Introduction

Complementary and alternative therapies comprise a wide range of disciplines which are not considered to be part of mainstream medical care. The therapies can be provided by complementary and alternative medicine practitioners either as an addition to conventional medicine or may be viewed as a substitute for it. There is no national policy on the use of these therapies.

The House of Lords Select Committee[i] divides these therapies into three groups:

- Group 1 - those which are regarded as the principle disciplines:
    - 1a - with statutory regulatory control - osteopathy, chiropractic (these are excluded from this guidance, except cranial osteopathy)
    - 1b - acupuncture, herbal medicine and homeopathy.
- Group 2 - therapies used to complement conventional medicine without embracing diagnostic skills, e.g. massage, aromatherapy, hypnotherapy, reflexology and the Alexander Technique.
- Group 3 – those which offer diagnostic information as well as treatment:
    - 3a - therapies which are long established and traditional in certain cultures (e.g. Ayurvedic medicine and Traditional Chinese medicine)

- 3b - others with no credible evidence such as crystal therapy and dowsing.

In the UK, osteopaths and chiropractors are currently the only CAM practitioners regulated by specific legislation: the Osteopaths Act 1993 and the Chiropractors Act 1994. In 2011, statutory regulation was agreed for herbal medicine practitioners and traditional Chinese medicine practitioners but not for acupuncture practitioners due to the robust voluntary regulation measures already in place. Acupuncturists, however, are required to register with their local authority who have powers to regulate the hygiene of the practice of acupuncture.

If defined as a medicine under the Medicines Act 1968, CAM products also require a marketing authorisation (or 'product licence') before entering the market. Herbal remedies are exempt from licensing requirements if they meet certain conditions set out in Section 12 of the Act.

Need and Demand

There is limited data available on CAM usage, however, studies have estimated that around 10 per cent of adults in Great Britain use these therapies each year[ii], and in England spend around £450 million on these therapies each year[iii]. It has also been estimated that up to one third of patients with cancer use CAM at some point in time. Some NHS professionals use a selection of these therapies in their practice, e.g. physiotherapists using manipulation or acupuncture, or GPs using homeopathy with effective regulatory mechanisms in place for individual professionals and under NHS clinical governance arrangements. Despite this, the demand is mainly public driven and not on evidence based practice.

Evidence of clinical effectiveness:

The evidence base for complementary and alternative medicine is generally perceived to be poor. Despite numerous reviews there is still a shortage of strong evidence on the safety and efficacy of many CAM treatments. The reason for this lack of high-quality evidence is mainly the difficulties of applying standard medical research methods to some forms of CAM treatments.

While some complementary treatments may give health benefits it has been difficult to quantify these benefits. A placebo effect can lead people (both patients and therapists) to conclude that a treatment is effective when it is not. There is some evidence of effectiveness for therapies in Group 1 but still the clinical and cost effectiveness of the majority of these therapies have not been proved with strong evidence. The Cochrane Database of Systematic Reviews[iv] contains over 500 systematic reviews on CAM and the conclusions of many of these have been either insufficient or inconclusive evidence or further research required. A list of Cochrane Systematic Reviews of CAM therapies is included in Appendix 1. The National Institute for Health and Clinical Excellence (NICE) 'do not do' recommendations database contains a list of clinical practices that NICE recommends should be discontinued completely or should not be used routinely. A table of CAM therapies included in this database are also included in Appendix 1.

The House of Commons Select Committee published a report on the evidence for homeopathy in February 2010[v]. The report included a thorough review of the evidence base for homeopathy and concluded that homeopathic products perform no better than placebos and that the NHS should not fund homeopathy.

NICE clinical guideline 88 (May 2009)[vi] on the early management of persistent non-specific low back pain (lasting for more than 6 weeks, but less than 12 months) recommends offering the following as treatment options:

- A course of acupuncture needling comprising up to a maximum of 10 sessions over a period of up to 12 weeks.
- A course of manual therapy (spinal manipulation, spinal mobilisation and massage) comprising up to a maximum of nine sessions over a period of up to 12 weeks.

Nice clinical guideline 150 (September 2012)[vii] on diagnosis and management of headaches in young people and adults recommended that acupuncture could be considered as prophylactic treatment with a course of up to 10 sessions over 5-8 weeks for:

- Chronic tension-type headache
- Migraine with or without aura, acupuncture if both topiramate and propanolol are unsuitable or ineffective.

Risks

In general the reported risks for most of the CAM treatments are low. However, one of the main risks is that patients miss out on conventional diagnosis and treatment due to consulting a CAM practitioner. Another risk is that patients do not inform their GP when they are receiving CAM treatment and there may be a risk of drug interactions.

Appendix 1

Table 1: Systematic reviews by Cochrane Collaboration on CAM [iv]

Therapy/Condition	Date Assessed	Effectiveness
Acupuncture:		
Epilepsy	Jul-11	No evidence
Acute stroke	Nov-04	
ADHD	Oct-10	
Assisted conception	Oct-07	
Autism spectrum disorders	Mar-11	
Bell's palsy	May-10	
Cancer pain in adults	Nov-10	
Chronic asthma	Aug-08	
Cocaine dependence (auricular acupuncture)	Oct-05	
Depression	Nov-08	
Dysphagia in acute stroke	Feb-08	
Glaucoma	Mar-10	Insufficient evidence/
Induction of labour	Jan-08	Need for further research.
Insomnia	Oct-11	
Irritable bowel syndrome	Nov-11	
Lateral elbow pain	Nov-01	
Mumps in children	May-12	
Pain in endometriosis	Jul-10	
Polycystic ovarian syndrome	Mar-11	
Restless legs syndrome	May-08	
Rheumatoid arthritis	Aug-05	
Schizophrenia	Jul-05	
Shoulder pain	Feb-05	

Smoking cessation	Nov-10	
Stroke rehabilitation	Mar-06	
Traumatic brain injury	Dec-09	
Uterine fibroids	May-09	
Vascular dementia	Apr-11	
Low back pain	Jun-03	May be useful adjuncts to other therapies for chronic low back pain. Further research needed.
Migraine prophylaxis	Apr-08	Consistent evidence of additional benefit. Should be considered as a treatment option for patients willing to undergo treatment.
Neck disorders	May-06	Moderate evidence
Pain management in labour	Feb-11	May have a role. Further research needed.
Peripheral joint osteoarthritis	Apr-08	Some evidence but may be due to placebo effects
Post operative nausea and vomiting	Nov-08	Can reduce risk but risks similar to antiemetic drugs
Primary dysmenorrhea	Aug-10	May reduce period pain. Need for further trials
Tension type headache	Apr-08	Could be valuable option for patients with frequent or chronic tension type headaches
Alexander technique		
Chronic asthma	Jun-12	No trials found. Further research needed.
Aromatherapy		
Dementia	Jul-08	Lack of trials. Further research needed
Pain management in labour	Apr-11	

Post operative nausea and vomiting	Aug-11	Insufficient evidence
Art therapy/Dance therapy/Drama therapy		
Schizophrenia	Jul-05/Jul-07/Nov-06	Insufficient evidence/ Need for further research
Ayurverdic treatments		
Diabetes mellitus Schizophrenia	Aug-11 Aug-07	Insufficient evidence/ Need for further research
Balneotherapy (spa therapy)		
Osteoarthritis Rheumatoind arthritis	Aug-07 Aug-07	Poor quality evidence
Biofeedback		
Faecal incontinence in adults Pain management in labour	Jan-12 Apr-11	Insufficient evidence/ Need for further research
Complementary and Alternative Medicine		
Nausea and vomiting in pregnancy Nocturnal enuresis in children Pain management in labour	Jun-10 May-11 Oct-11	Insufficient evidence/ Need for further research
Herbal medicines		
Hepatitis C infection	Jul-01	No evidence. Should not be used.
Acute bronchitis Acute cerebral infarction Acute ischaemic stroke Acute myocardial infarction Acute pancreatitis Acute stroke Adhesive small bowel obstruction Angina pectoris	Sep-11 Mar-08 Jan-08 Feb-08 Dec-08 Mar-08 Jan-12 Nov-07	

Asymptomatic carriers of Hepatitis B	Feb-01	
Atopic eczema	Aug-04	
Chemotherapy side effects in breast/colorectal cancer patients	Feb 07/ Nov-04	
Chronic asthma	Nov-07	Insufficient evidence/ Need for further research NB because of potential harmful effects
Chronic hepatitis B	Oct-00	
Chronic neck pain due to cervical degenerative disc disease	Sep-09	
Cognitive impairment and dementia	Mar-08	
Diabetic peripheral neuropathy	Jun-10	
Endometriosis	Oct-11	
Epilepsy	Nov-07	
Heart failure	Jan-09	
HIV infection and AIDS	Apr-05	
Hypercholesterolaemia	Jul-10	
Hyperthyroidism	Jul-06	
Impaired glucose tolerance/fasting blood glucose	Feb-09	
Influenza	Jan-07	
Irritable bowel syndrome	Nov-05	
Low back pain	Dec-05	
Nephrotic syndrome	Feb-08	
Osteoarthritis	Jul-00	
Premenstrual syndrome	May-08	
Primary dysmennorhea	Dec-07	
Rheumatoid arthritis	Oct-10	
Schizophrenia	Aug-05	
Severe acute respiratory syndrome	Mar-10	
Stable angina	Dec-09	
Stopping bleeding from haemorrhoids	Jul-10	

Stroke prevention Subfertile women with polycystic ovarian syndrome Threatened miscarriage Type 2 diabetes mellitus Viral myocarditis	Sep-08 Sep-08 Apr-12 Apr-04 Jan-10	
Chronic fatigue syndrome Esophagael cancer Measles Mumps Pre-eclampsia	Jan-09 Dec-08 Jun-11 Apr-12 Sep-09	Lack of trials. Further research needed NB because of potential harmful effects
Homeopathy		
ADHD	Feb-06	No evidence of effectiveness
Chronic asthma Induction of labour	Jul-07 Jan-10	Insufficient evidence. Further research needed
Dementia	Mar-09	No studies met inclusion criteria.
Hypnosis/Hypnotherapy		
Children undergoing dental treatment Schizophrenia Postnatal depression Irritable bowel syndrome Smoking cessation	Jun-10 Aug-07 Feb-12 Jul-07 Jul-10	Insufficient evidence/ Need for further research
Manual therapy		
Chronic asthma	Jan-05	Insufficient evidence/ Need for further research
Massage therapy		
Dementia HIV/AIDS	Aug-06 Nov-09	Insufficient evidence/

Pain management in labour Promoting growth and development in preterm/low birthweight babies	Dec-11 Jan-04	Need for further research
Low back pain	Jul-08	Beneficial when combined with exercises and education. Further research needed.
Meditation therapies		
ADHD Anxiety	April-10 Aug-05	Insufficient evidence/ Need for further research
Music therapy		
Acquired brain injury Autism spectrum disorder Dementia Depression Improving maternal and infant outcomes under caesarean section Mechanically ventilated patients Patients with cancer Psychotic disorders Stress and anxiety in CHD patients Treatment of pain	Mar-10 Jan-06 Apr-10 Nov-07 Sep-08 Nov-10 Jul-11 Jan-11 Oct-08 Feb-06	Insufficient evidence/ Need for further research
Relaxation therapies		
Depression Preterm labour Primary hypertension	Aug-08 Jun-11 Nov-07	Insufficient evidence/ Need for further research
Snoezelen (Multi-sensory stimulation)		
Dementia	Apr-08	Lack of trials. Further research needed
Tai Chi		
Rheumatoid arthritis	Apr-04	Evidence for benefits to lower

		extremity range of motion
Yoga		
Epilepsy	May-11	Insufficient evidence/ Need for further research

Table 2: NICE 'do not do' recommendations[viii]

Therapy	**Condition**
Acupuncture, acupressure and hypnosis	Pain relief in labour
Acupuncture, reflexology	Irritable bowel syndrome
Acupuncture, homeopathy, herbal supplements	Induction of labour
Biofeedback	Children and young people with idiopathic constipation
Complementary therapies	Chronic fatigue syndrome/ Myalgic encephalomyelitis
Complementary therapies	Rheumatoid arthritis
Complementary therapies	Antenatal care
Homeopathy, cranial osteopathy, acupuncture, massage	Otitis media with effusion
Homeopathy, acupuncture	Lower urinary tract symptoms in men
Relaxation therapies (examples include stress management; meditation; cognitive therapies; muscle relaxation and biofeedback)	Blood pressure
St John's Wort	Depression
Traditional Chinese medicine, acupuncture, homeopathy	Hyperbilirubinaemia

References

[i] *Complementary and Alternative Medicine. Report of the House of Lords Select committee on science and Technology Paper 1232. The Stationary Office, London 2000.*

[ii] *Thomas K and Coleman P. Use of complementary or alternative medicine in a general population in Great Britain. Results from the National Omnibus Survey. Journal of Public Health, 2004. 26(2)152-157.*

[iii] *Thomas K, Nicholl, JP, Coleman P. Use and expenditure on complementary medicine in England: a population based survey. Complementary therapies in Medicine, 2001 (9)2-11.*

[iv] *http://www.thecochranelibrary.com/view/0/index.html (Accessed 20.08.12)*

[v] *House of Commons Science and Technology Committee. Evidence check 2: Homeopathy. Fourth report of session 2009-10. February 2010. http://www.publications.parliament.uk/pa/cm200910/cmselect/cmsctech/45/45.pdf*

[vi] *National Institute for Health and Clinical Excellence. NICE clinical guideline 88. Low back pain: early management of persistent non-specific low back pain. May 2009. http://www.nice.org.uk/nicemedia/live/11887/44343/44343.pdf*

[vii] *National Institute for Health and Clinical Excellence. NICE clinical guideline 150. Headaches: diagnosis and management of headaches in young people and adults. September 2012. http://www.nice.org.uk/nicemedia/live/13901/60853/60853.pdf*

[viii] *http://www.nice.org.uk/usingguidance/donotdorecommendations/index.jsp (Accessed 12.11.12)*