Complementary and alternative therapies

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Complementary and alternative therapies

1. Complementary and alternative therapies are commonly used by cancer patients.
2. There is evidence to support the effectiveness of some complementary therapies and for such therapies, clinicians should discuss their potential benefits and use alongside conventional therapies. Some therapies may interfere with conventional treatments.
3. Most alternate therapies have not been assessed for efficacy or safety. Some have been studied and found to be harmful or ineffective.
4. Clinicians should encourage discussion with their patients about complementary and alternative therapies in an open, evidence-based and patient-centred manner. The issues of effectiveness, safety and cost should be explored with all patients using such therapies.
5. NBOCC* supports ongoing scientific evaluation of complementary and alternative therapies.

Evidence

Complementary and alternative therapies

Although there is some looseness in usage of the terms, complementary therapies refer to those therapies that do not replace or preclude conventional medical therapies, whereas alternative therapies are treatment options outside the orthodox range, that may be used in place of conventional treatments.

Complementary therapies are a range of approaches to care aimed at enhancing quality of life and improving wellbeing, that are generally used in conjunction with conventional medical treatments such as surgery, radiotherapy, chemotherapy, hormonal therapies or targeted therapies. Complementary therapies may include acupuncture, relaxation therapy and meditation, gentle exercise, guided imagery, music or art therapy, massage, aromatherapy, some dietary therapies and support group programs.

Some complementary therapies have been subject to scientific evaluation and shown to be effective (Level I evidence). There is evidence for the effectiveness of cognitive and behavioural techniques, such as relaxation and guided imagery in reducing symptoms and anxiety, and for cognitive behavioural techniques and therapies such as prayer and meditation in the management of pain. However, some therapies that might be considered ‘complementary’ can in some circumstances be harmful. For example, some dietary supplements, including megadoses of vitamins and minerals may interfere with chemotherapy.

Alternative therapies are treatments which may be offered as an alternative to conventional treatments. They are outside the orthodox range of surgery, radiotherapy, chemotherapy, hormonal or targeted therapies. Approaches that may be offered as alternative therapies range from visualisation to diet and prayer, and products such as vitamin supplements, herbal and homeopathic medicines.

There is little evidence that alternative therapies are effective. Most have not been assessed for
efficacy in randomised clinical trials, though some have been examined and found to be ineffective. Ongoing studies evaluating complementary and alternative therapies are being conducted by the National Center for Complementary and Integrative Health.

There are safety issues to be considered for the use of therapies that alter diet or involve the consumption of substances, since many have not been assessed for safety. The content of some substances is uncontrolled and may be variable. They may be adulterated with other active compounds, or can be intrinsically toxic. Therapies considered potentially dangerous for women with advanced breast cancer include calcium supplementation for bone disease, iron and vitamin C supplementation by women receiving blood transfusions, diets that may be nutritionally inadequate and the frequent use of enemas. In addition, there are potentially negative psychological and financial impacts related to use of alternative therapies.

Use of complementary and alternative therapies

A recent survey of Australian women with breast cancer found that 87.5% had used complementary therapies, with many using 4 or more therapies. The most commonly used were vitamin supplements (54%), support groups (50%), massage (41%) and meditation (39%). Other studies overseas have reported that 63% - 83% of breast cancer patients use at least one type of complementary or alternative therapy. The use of complementary and alternative therapies by adult cancer patients has been reported to be 7 - 64% and 22% in Australia. Approximately 50% of ovarian cancer patients have reported using complementary or alternative therapies in some small studies.

Some patients use complementary and alternative therapies to gain a feeling of control over the treatment of their disease. Reasons given include the need for a new source of hope, preference for natural therapy and achieving a sense of greater personal involvement. One large study has found there is a significant association between the use of complementary and alternative therapies by cancer patients and needs unmet by conventional medicine, helplessness and lower scores on emotional and social functioning scales. Other reasons reported by women with breast cancer in Australia and overseas for using complementary and alternative therapies, include improving physical and emotional wellbeing and quality of life, boosting the immune system and seeking to reduce side effects.

Discussing the use of complementary and alternative therapies

It has been reported in an Australian study that 40% of patients did not discuss alternative medicine with their clinician. It is to the advantage of all concerned, if patients are able to discuss complementary and alternative therapies openly, secure in the knowledge that they will continue to receive support and understanding from their treatment team.

For many women, feeling they can assume some control of the treatment of their disease is psychologically empowering.

The issues of effectiveness, safety and cost need to be explored with all patients who use complementary and alternative therapies. It is important for the clinician to be aware of all medication the patient is taking, to avoid adverse interactions with drugs. Guidelines for clinicians to assist in discussing complementary and alternative therapies have been developed.

References


** In February 2008, National Breast Cancer Centre (NBCC), incorporating the Ovarian Cancer Program, changed its name to National Breast and Ovarian Cancer Centre (NBOCC). On 30 June 2011, NBOCC amalgamated with Cancer Australia to form a single national agency, Cancer Australia, to provide leadership in cancer control and improve outcomes for Australians affected by cancer.

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