



SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Unità Sanitaria Locale di Bologna

Istituto delle Scienze Neurologiche
Istituto di Ricovero e Cura a Carattere Scientifico

La medicina integrata nel percorso di salute
delle donne operate al seno

7 novembre 2014 Bologna

Evidence Informed Integrative Care

*Models of integration of non-conventional
therapy/treatment into health care:
from policy to mixed-methods*

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Director, I C – the Integrative Care Science Centre, Sweden



I C - THE INTEGRATIVE CARE SCIENCE CENTER
RESEARCH • DEVELOPMENT • EDUCATION • COMMUNICATION





Content of presentation

- World Health Organisation
- Models of integration of non conventional therapy/treatment into health care
- Mixed-methods research
- Conclusions





Department of Neurobiology, Care Sciences and Society

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Integrative Care

Integrative Care

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About us



The Unit is involved in research, development and education related to traditional, complementary, alternative and integrative therapy utilisation and provision.

Research project members often include a wide range of medical, traditional, alternative and complementary professionals and researchers from various disciplines including nursing, midwifery, medicine, medical anthropology, etc as well as (when relevant) health care planners and decision makers nationally and internationally.

Our aim is to contribute to integrative health care development based on a broad and multidisciplinary 'evidence house' where research methods are triangulated to form the basis for evidence based health sector reform and best practice development.

Such rigorous and evidence based integrative health care programmes should at the same time be sensitive to the patients' freedom of choice and safety and acknowledge health and wellness of the whole person including biological, psychological, social and spiritual aspects, whenever relevant.

Please see "Research" for a brief description of our research projects.

[Research](#)

Welcome to a Unique Forum
for Complementary,
Alternative and Integrative Care.
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Science update

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Johanna Hök

Startsida

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I C - The Integrative Care Science Center

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Hälsa/Medicinsk/Läkemedel

I C is a forum on complementary, alternative (CAM) and integrative care. We do research, training, education and communication activities. Our website features policy and research news, and critical analysis of CAM news in media.

Om



Foton

[Gillar](#) 375

Gillar

The cover features a dark green background with a central teal circle containing a globe. A large orange arrow points from left to right across the center, with the years '2014-2023' written in white. The title 'WHO Traditional Medicine Strategy' is in bold black text above the arrow. At the bottom, the WHO logo and name are visible.

**WHO Traditional
Medicine Strategy**

2014-2023



World Health
Organization

HIGHLIGHT

China President Xi Jin-ping Met with Dr. Margaret Chan, Director-General of the World Health Organization, and Addressed to Promote Integrative Medicine and Chinese Medicine to Develop in Oversea Countries

China President Xi Jin-ping met with Dr. Margaret Chan, Director-General of the World Health Organization (WHO), at the Great Hall of the People in Beijing, capital of China, Aug. 20, 2013. Xi Jin-ping said that China will continue to improve public health and enhance cooperation with the WHO. The Chinese government always prioritizes its people's health and will make unremitting efforts to further implement reform of its public



Foreword by Director General Margaret Chan

- ❖ T&CM is an important and underestimated part of health care and is found in almost every country and the demand for its services is increasing.
- ❖ Many countries now recognize the need to develop an integrative approach to health care that allows governments, health care practitioners and, most importantly, those who use health care services, to access T&CM in a safe, respectful, cost-efficient and effective manner.
- ❖ Much has changed since the previous global strategy was published in 2002.
- ❖ More countries have gradually come to accept the contribution that T&CM can make to the health and well-being of individuals and to the comprehensiveness of their health-care systems.
- ❖ The *WHO Traditional Medicine Strategy 2014-2023* will help health care leaders to develop solutions that contribute to a broader vision of improved health and patient autonomy.
- ❖ Updating and enhancing the strategy has allowed WHO to acquire a better understanding of ***how to boost the global integration of T&CM into health systems.***

Goals of the Strategy

The *WHO Traditional Medicine (TM) Strategy 2014–2023* was developed in response to the World Health Assembly resolution on traditional medicine (WHA62.13) with the to support Member States in:

- ❖ Harnessing the potential contribution of T&CM to health, wellness and people- centred health care and;
- ❖ Promoting the safe and effective use of T&CM by regulating, researching and integrating T&CM products, practitioners and practice into health systems, where appropriate.
- The strategy aims to support Member States in developing proactive policies and implementing action plans that will strengthen the role T&CM plays in keeping populations healthy.

What needs to be done?





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European Journal of
**INTEGRATIVE
MEDICINE**

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Opinion article

Evidence-informed integrative care systems—The way forward

Tobias Sundberg^{a,b}, Johanna Hök^{a,b,c}, David Finer^a, Maria Arman^{a,b},
Jackie Swartz^{a,d}, Torkel Falkenberg^{a,b,*}

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Received 25 March 2013; received in revised form 12 September 2013; accepted 13 September 2013

Different research approaches
towards *evidence informed health sector reform*



Exploring Integrative Medicine for Back and Neck Pain

On the integration of manual and complementary
therapies in Swedish primary care

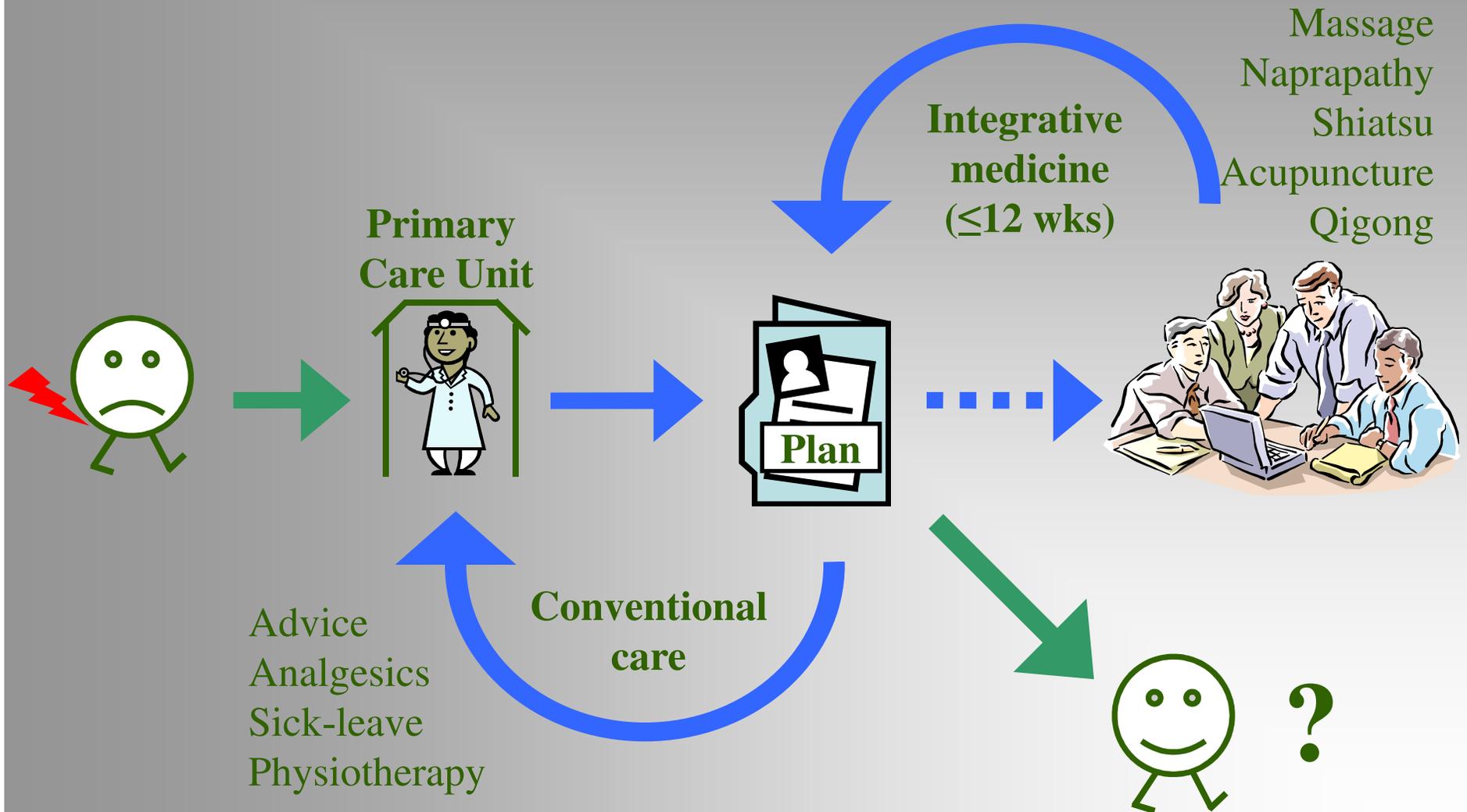
Tobias Sundberg
PT, DO, MMedSc

Feb 12, 2010

Torkel Falkenberg
Associate professor
Main supervisor

Per Wändell
Associate professor
Supervisor

Integrative medicine as part of primary health care



Health Technology Assessment & Evidence Based Decision Making

“Hierarchies of evidence should be replaced by accepting - indeed embracing - a diversity of approaches.”

Sir Henry Rawlins, president NICE, UK



Triangulation of research methods



Study 1

Towards a model for integrative medicine in Swedish primary care

Sundberg T, Halpin J, Warenmark A, Falkenberg T
BMC Health Services Research 2007, 7:107

*“Developing the IM model – what is an appropriate
IM model for Swedish primary care?”*

Barriers and Opportunities”

Study 2

Exploring Integrative Medicine for Back and Neck Pain – a pragmatic randomised clinical pilot trial

Sundberg T, Petzold M, Wandell P, Rydén A, Falkenberg T
BMC Complementary and Alternative Medicine 2009, 9:33

“Implementing and testing the model.”

Study 3

Patients' experiences and perceptions
of integrative care for
back and neck pain

*Altern Ther Health Med. 2012 May-Jun;18(3):25-32.
Andersson S, Sundberg T, Johansson E, Falkenberg T.*

Study 4

Integrative medicine for back and neck pain
– exploring cost-effectiveness alongside a
randomised clinical pilot trial

To explore the cost-effectiveness of IM from a healthcare perspective comparing conventional care to a comprehensive IM model in the management of 80 patients with non-specific back/neck pain.

T Sundberg^{*a,b}, L Hagberg^c, N Zethraeus^d, P Wändell^e, T Falkenberg^{a,b}
Accepted - European Journal of Integrative Medicine

Take home messages:

Results: The IM model, on average integrating 7 CT sessions with conventional primary care over 10 weeks, resulted in:

- Less use of analgesics compared to conventional primary care
- Quality Adjusted Life Years (QALY) increased
- The costs/QALY ranged between euro 24 000 and 41 000

Conclusion:

- ✓ Given the threshold value of euro 50 000 per QALY gained, and a remaining effect of one year, it is indicated that IM might be cost-effective compared with conventional primary care.
- ✓ Future cost-effectiveness studies of IM should be carried out from a societal perspective and should be based on large scale randomised clinical trials.



AIMS

Anthroposophic Integrative Medicine

A research project in three phases

T Sundberg^{1,2}, M Petzold³, N Kohls^{4,5}, T Falkenberg^{1,2}

¹Karolinska Institutet, Sweden; ²The Integrative Care Science Centre, Sweden; ³Centre for Applied Biostatistics, University of Gothenburg, Sweden; ⁴Generation Research Program, University of Munich, Germany; ⁵Samueli Institute, USA

IC

www.integrativecare.se

Välkommen till en unik mötesplats om komplementär, alternativ och integrativ vård för hälso- och sjukvården. Läs mer

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 INTEGRATION • DEVELOPMENT • EDUCATION • COLLABORATION

Forskning
 Utbildning
 Uppdrag
 Om oss

Aktuellt
 Hägglund vill se utbildning och information om KAM
 Betsworth granskar med Ockl i utgåvalaget Sverige
 Här löser du locken om integrativ vård

Forskningsnytt
 Integrativ vård behövs behov av smittskydd
 Mindfulness har följat sin själ
 Så vill vi bli kostade

Medicinalya (KritiKAM)
 Reflektioner Tills ökad alternativt lagat alternativ
 "Aktiviteterna ska testa spänns med ledit"
 "Slipp ryggraden med lösnings alternativ"

Integrativarkiv
 Böcker Integrativ vård
 Publikationer
 Länkar

European Journal of INTEGRATIVE MEDICINE
 ICCMR 2013
 Research in Complementary Medicine
 Integrative Medicine
 INTEGRATIVE MEDICINE

Aktuella Forskningsartiklar
 Mindfulness based stress reduction for breast cancer
 Studie från Bäckings: Nöjespar effektivare och billigare än stress

European Journal of INTEGRATIVE MEDICINE
 ICCMR 2013
 Research in Complementary Medicine
 Integrative Medicine
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ki.se Student Medarbetare Alumn Press Nyheter

Den 26 april klubbades det nya strategidokumentet "Strategi 2018" i konsistoriet.

UTBILDNING FORSKARUTBILDNING FORSKNING

UTBILDNING FORSKARUTBILDNING FORSKNING

Den 26 april klubbades det nya strategidokumentet "Strategi 2018" i konsistoriet.



Three Logical Research Phases

1. Internal benchmarking of Vidarkliniken (VK)
 - ∅ Is it effective?
2. External benchmarking
 - ∅ Is VK more effective compared to standard care?
3. Explanatory clinical trial
 - ∅ What is effective?

- Vidarkliniken – largest integrative care hospital in Scandinavia (anthroposophic medicine)
- Founded 1985, 173 employees, 74 beds
- Physicians, nurses and therapists
- Integrate conventional and anthroposophic therapies
- Rehabilitation of chronic pain and stress disorders
- Contracts with major Swedish county councils
- Lack of scientific evaluations based on registry data



Patients whose GP knows complementary medicine tend to have lower costs and live longer

Peter Kooreman · Erik W. Baars

Received: 15 November 2010 / Accepted: 27 May 2011 / Published online: 22 June 2011
© The Author(s) 2011. This article is published with open access at Springerlink.com

Abstract

Background Health economists have largely ignored complementary and alternative medicine (CAM) as an area of research, although both clinical experiences and several empirical studies suggest cost-effectiveness of CAM.

Objective To explore the cost-effectiveness of CAM compared with conventional medicine.

Methods A dataset from a Dutch health insurer was used containing quarterly information on healthcare costs (care by general practitioner (GP), hospital care, pharmaceutical care, and paramedic care), dates of birth and death, gender and 6-digit postcode of all approximately 150,000 insureds, for the years 2006–2009. Data from 1913 conventional GPs were compared with data from 79 GPs with additional CAM training in acupuncture (25), homeopathy (28), and anthroposophic medicine (26).

Results Patients whose GP has additional CAM training have 0–30% lower healthcare costs and mortality rates, depending on age groups and type of CAM. The lower costs result from fewer hospital stays and fewer prescription drugs.

Discussion Since the differences are obtained while controlling for confounders including neighborhood specific fixed effects at a highly detailed level, the lower costs

and longer lives are unlikely to be related to differences in socioeconomic status. Possible explanations include selection (e.g. people with a low taste for medical interventions might be more likely to choose CAM) and better practices (e.g. less overtreatment, more focus on preventive and curative health promotion) by GPs with knowledge of complementary medicine. More controlled studies (replication studies, research based on more comprehensive data, cost-effectiveness studies on CAM for specific diagnostic categories) are indicated.

Keywords Healthcare costs · Life expectancy · Complementary medicine

JEL Classification I11 · I12

Introduction

Complementary and alternative medicine (CAM) has been largely ignored by health economists as an area of research. That fact is possibly related to the low esteem of CAM in the medical profession.

Defining CAM is difficult, because the field is very broad and constantly changing. According to the National Center for Complementary and Alternative Medicine (NCCAM), CAM is a group of diverse medical and healthcare systems, practices, and products that are not generally considered part of conventional medicine [1]. The Cochrane Collaboration definition of complementary medicine is that it includes all such practices and ideas that are outside the domain of conventional medicine in several countries and defined by its users as preventing or treating illness, or promoting health and well-being. These practices complement mainstream medicine by satisfying a

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Healthcare costs and mortality rates, depending on age groups and type of CAM. The lower costs result from fewer hospital stays and fewer prescription drugs. Discussion Since the differences are obtained while controlling for confounders including neighborhood specific fixed effects at a highly detailed level, the lower costs and longer lives are unlikely to be related to differences in socioeconomic status. Possible explanations include selection (e.g. people with a low taste for medical interventions might be more likely to choose CAM) and better practices (e.g. less overtreatment, more focus on preventive and curative health promotion) by GPs with knowledge of complementary medicine. More controlled studies (replication studies, research based on more comprehensive data, cost-effectiveness studies on CAM for specific diagnostic categories) are indicated.

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"Patients whose GP has additional CAM training have 0-30% lower healthcare costs and mortality rates."

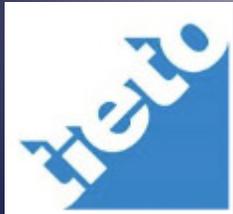
Kooremans & Baars 2012



VIDARKLINIKEN
EN UNIK KOMBINATION AV SKOLMEDICIN
OCH ANTROPOSOFISK LÄKEKONST



Stockholms läns landsting



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Försäkringskassan



Socialstyrelsen



Internal



Internal benchmarking
Hospital inpatient registry data of costs and effects

Forschende Komplementärmedizin Wissenschaft • Praxis • Perspektiven		Contents of Forthcoming Issues - Themenvorschau
Original Articles		Forsch Komplementmed 2014;21:148
Using Hospital Data and Routines to Estimate Costs and Effects of Integrative Care Programmes for Chronic Pain and Stress Disorders – a Feasibility Study		Sundberg, T.; Falkenberg, T. (JämsäHuddinge)

Accepted for publication FORSCHENDE
2014



Average programme duration and cost



PAIN (ICD-10: M79)

Duration: Days 17.8 (SD 4.7)

Cost: Euro 5,925 (95% CI 5,780–6,070)

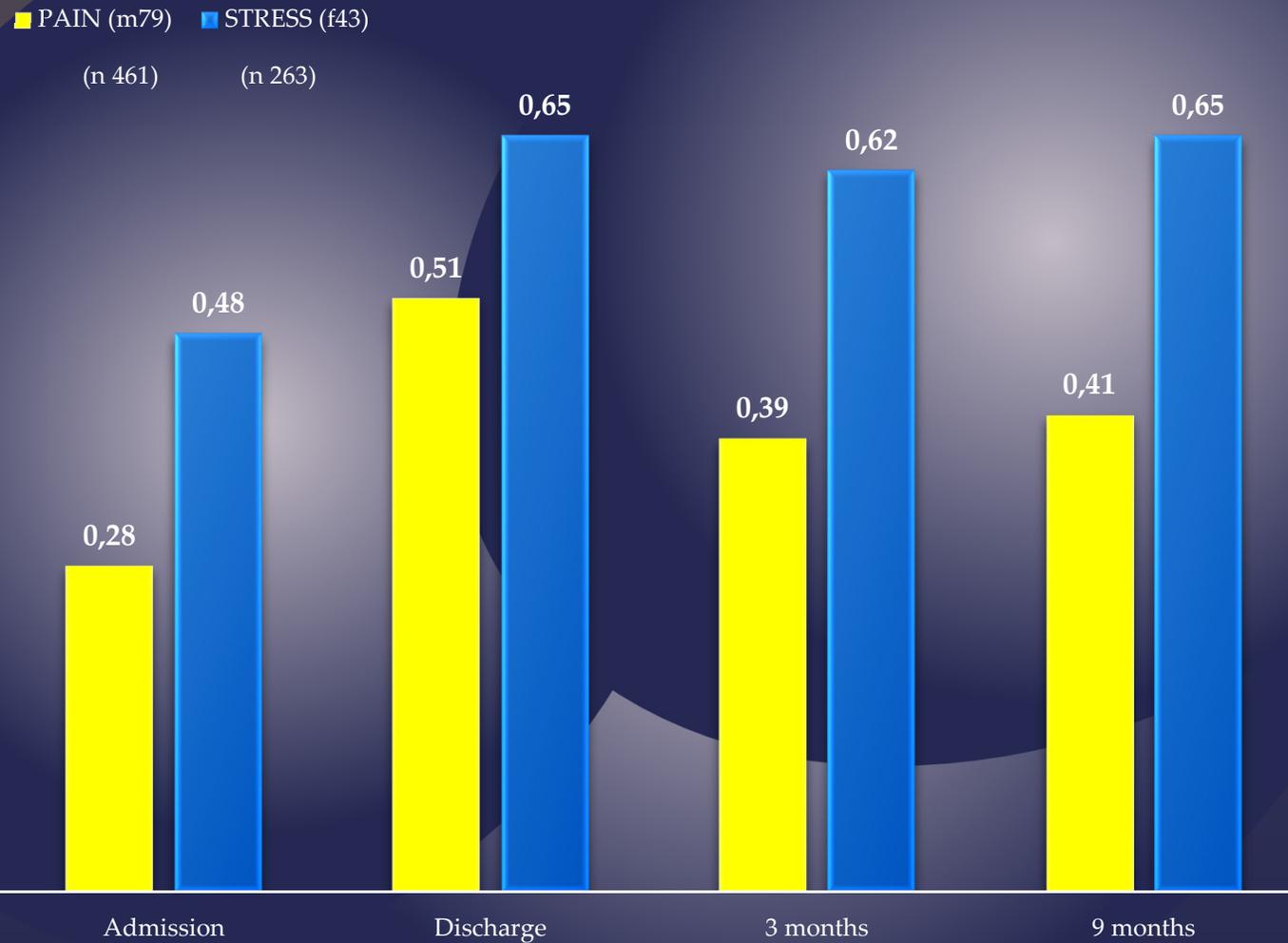
STRESS (ICD-10: F43)

Duration: Days 18.0 (SD 4.7)

Cost: Euro 5,494 (95%CI 5,318–5,671)

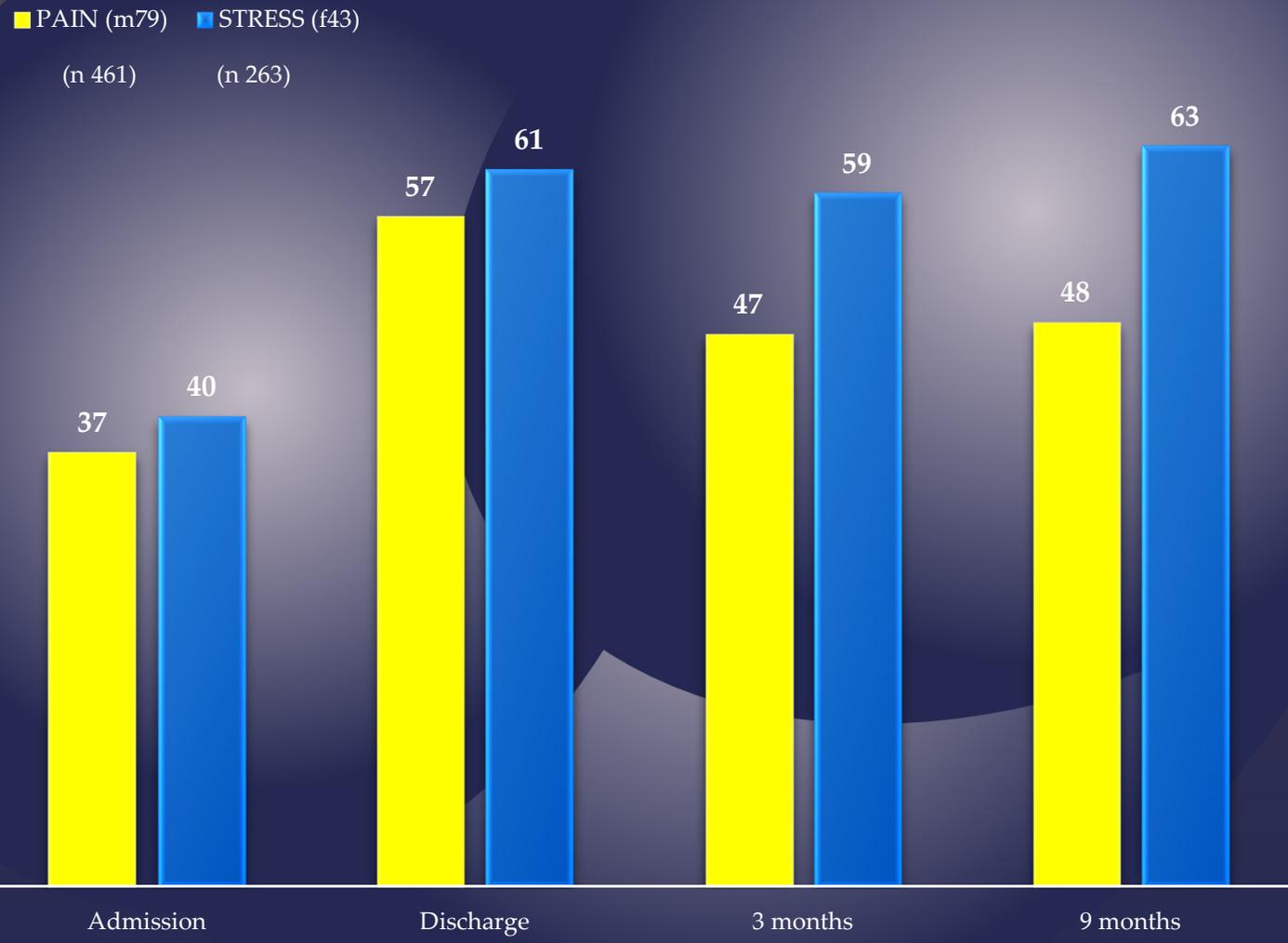


EQ-5D index (0-1), higher is better)





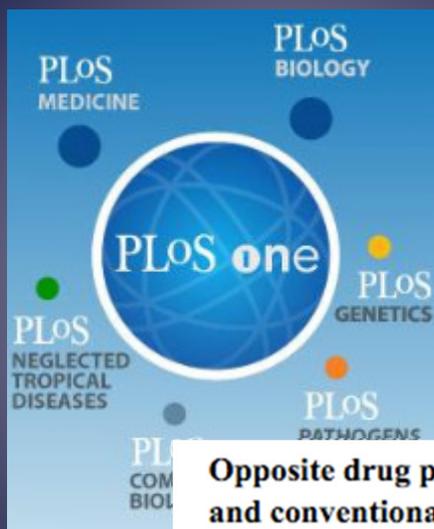
Self-rated health (0-100), higher is better





External benchmarking National registry data targeting drug prescriptions and cost

External



Opposite drug prescription and cost trajectories following integrative and conventional care for pain – a case-control study

Tobias Sundberg, Max Petzold, Niko Kohls, Torkel Falkenberg

Tobias Sundberg, Max Petzold, Niko Kohls, Torkel Falkenberg

and conventional care for pain – a case-control study

Published in PLOS ONE May 2014



- Drug prescriptions (DDD)
90/180 days after first visit (inpatient data)
- Comorbidity/disease profile
*Describe frequency of ICD-10 categories
one year pre/post first visit (inpatient data)*

Objectives & Outcomes



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- Retrospective analyses of registry data
- Case-control design
- Years 2005 to 2010
- Data collected from high-quality national/county council registries

Methods



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Target diagnoses

→ Pain disorders (ICD-10: M79)

"Other soft tissue disorders, not elsewhere classified"

Matching of cases and controls

- *ICD-10 diagnosis*
- *Age*
- *Gender*
- *Socio-demographics*

Methods



Results

Successful Matching characteristics

Table 1. Patient characteristics, matching and baseline values for the integrative care and conventional care groups.

	Integrative care (n 213)	Conventional care (n 1050)
Matching % (n)		
Diagnosis ICD-10: M79	100 (213/213)	100 (1050/1050)
Female	100 (213/213)	100 (1050/1050)
Age:		
0-39 years	19 (41/213)	19 (200/1050)
40-49 years	32 (68/213)	30 (320/1050)
50-59 years	36 (76/213)	37 (390/1050)
60+ years	13 (28/213)	13 (140/1050)
Socio-demographic classification (Mosaic):		
High	48 (103/213)	49 (515/1050)
Affluent	19 (41/213)	20 (205/1050)
Low	31 (66/213)	31 (330/1050)
Missing	1 (3/213)	0
Baseline values		
Prescribed drugs (DDD/patient):		
ATC-M 90 days PRE	1.2 (0.0 to 2.3)	1.7 (1.1 to 2.4)
ATC-ND2 90 days PRE	8.0 (4.4 to 11.6)	11.9 (8.3 to 15.5)
ATC-ND5 90 days PRE	19.4 (12.5 to 26.3)	20.4 (16.1 to 24.7)
ATC-M 180 days PRE	2.7 (-0.1 to 5.6)	3.9 (2.6 to 5.1)
ATC-ND2 180 days PRE	14.2 (8.1 to 20.4)	22.5 (16.0 to 28.9)
ATC-ND5 180 days PRE	34.7 (23.1 to 46.3)	38.9 (31.5 to 46.2)
Cost of drugs (euro/patient):		
ATC-M 90 days PRE	7.7 (4.4 to 10.9)	9.7 (7.5 to 11.9)
ATC-ND2 90 days PRE	24.0 (16.1 to 31.8)	25.1 (20.1 to 30.1)
ATC-ND5 90 days PRE	14.9 (2.3 to 27.5)	11.6 (8.6 to 14.5)
ATC-M 180 days PRE	15.0 (9.5 to 20.4)	19.4 (15.7 to 23.1)
ATC-ND2 180 days PRE	40.2 (28.6 to 51.8)	45.0 (36.6 to 53.4)
ATC-ND5 180 days PRE	21.9 (7.1 to 36.7)	23.0 (17.3 to 28.8)

ICD-10, International Classification of Diseases version 10. ATC, Anatomical Therapeutic Chemical Classification System: ATC-M (Musculoskeletal system, e.g. anti-inflammatories and muscle relaxants; ATC-ND2 (Analgesics); ATC-ND5 (Psycholeptics). DDD, Defined daily dose. PRE, value preceding index visit. Average (95% confidence interval) values unless otherwise stated. Analyses by t-tests (two-tailed). There were no statistically significant differences between groups at baseline.

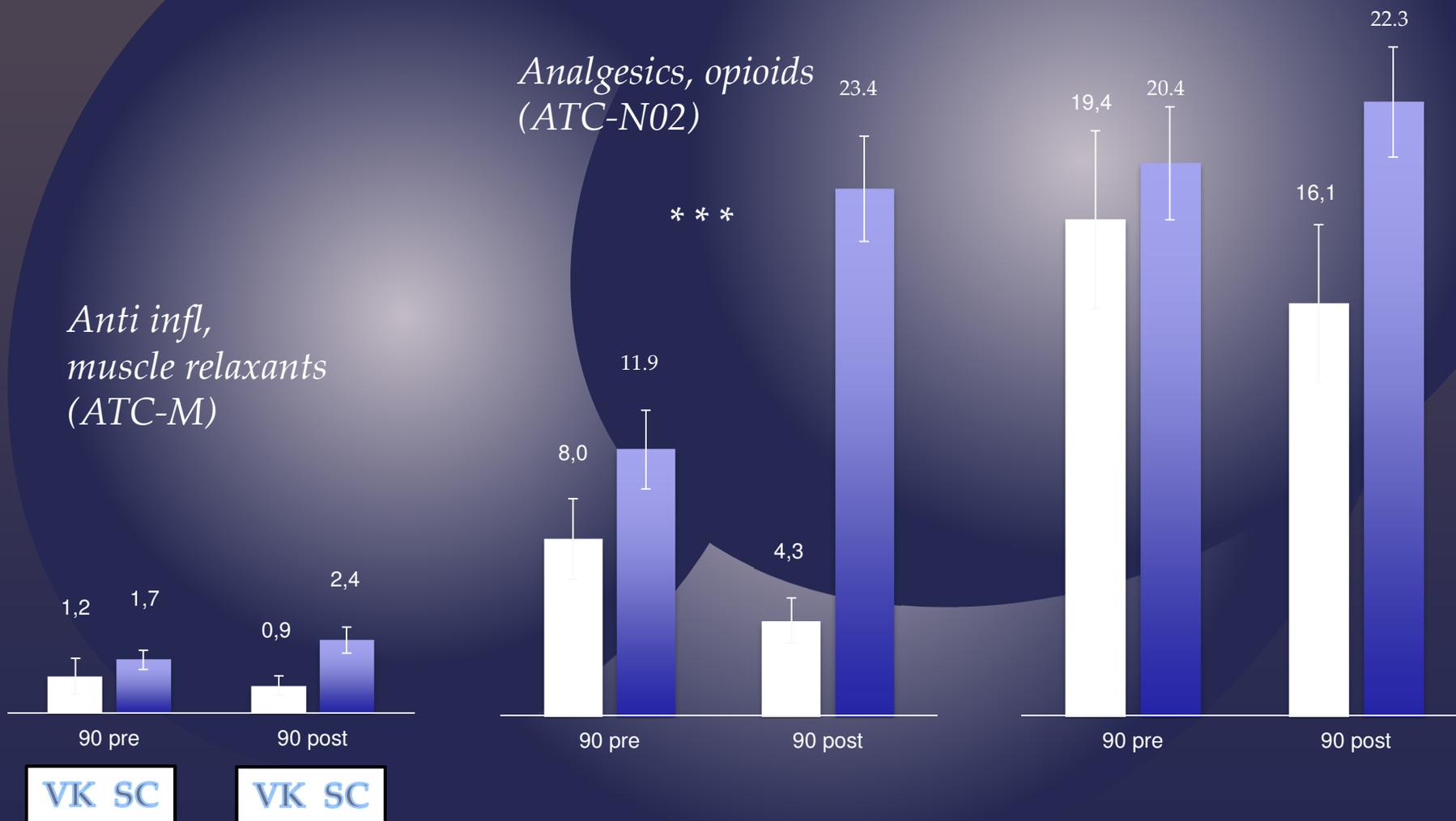
doi:10.1371/journal.pone.0096717.t001

PAIN (M79): Prescribed DDDs 90 days before/after

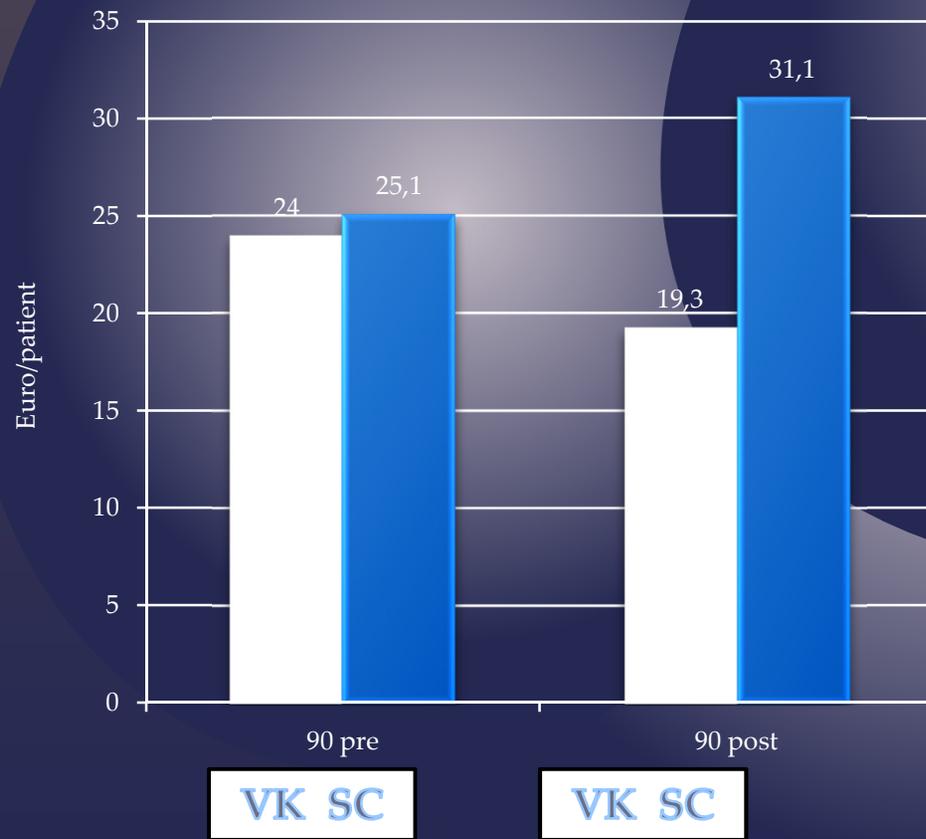
Psycholeptics, hypnotics, sedatives (ATC-N05)

Analgesics, opioids (ATC-N02)

Anti infl, muscle relaxants (ATC-M)



Costs differences over 90-days (Analgesics)

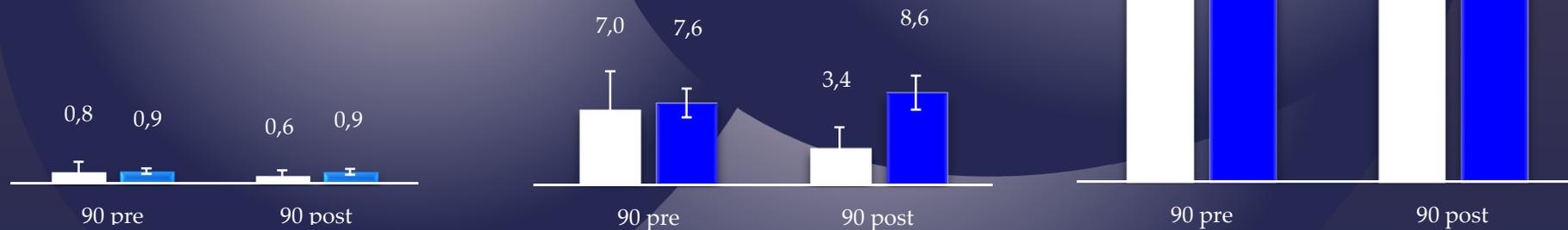


STRESS (F43): Prescribed DDDs

*Psycholeptics, hypnotics,
sedatives (ATC-N05)*

*Analgesics, opioids
(ATC-N02)*

*Anti infl,
muscle relaxants
(ATC-M)*





- Feasible to use integrative care data
- No significant differences of baseline drug prescriptions
- Opposite trajectories of drug prescription over time
- Similar comorbidity/disease profiles over time
- Limitations: retrospective, only inpatient registry data, non-causative conclusions, generating hypothesis
- Future studies to include:
 - outpatient care, specialist care and sick-leave data (phase II)
 - Prospective clinical trial (phase III)

Discussion/conclusion

Phase 3

Explanatory clinical trial
What is mediating the
effects?

Mind, Body, and Cellular Aging



Elissa Epel, PhD (Bio)
Associate Professor of
Psychiatry,
UCSF, USA

Social and Psychological influences on Gene Expression



Steven Cole, PhD (Bio)
Professor of Medicine
UCLA School of Medicine,
USA

Intensive meditation training, immune cell telomerase activity, and psychological mediators

- ⌘ Studies are now linking meditation and positive psychological change with telomerase activity and telomere length (*cellular aging*).
- ⌘ Purpose in Life is influenced by meditative practice and directly affects both perceived control and negative emotionality, affecting telomerase activity.

Existential Genomics (Exigens)

Effects of multimodal rehabilitation and integrative care on pain, quality of life, patient spiritual/existential experiences and genomic stability in patients with chronic pain



Exigence

the state of being exigent; urgency
an urgent demand; pressing requirement
an emergency

(Collins English Dictionary)

Referred pain patients will be recruited into the study upon admission to VC (n=35) or the Pain Clinic, University Hospital, Linköping (n=35).



WP 4: SOCIETAL LEVEL - Health, health care utilisation, drugs, and health economy (register analysis)

Health care utilisation

Drug utilisation

Morbidity and Mortality

Health economy

WP 2/3: PATIENT LEVEL- Existential aspects (quantitative and qualitative methods)

Stress

Life quality

Mindfulness

Coping

Personal beliefs

Perceptions

WP 1: CELLULAR LEVEL: Genomic stability (molecular analysis)

Telomere length

Telomerase activity

Conclusions

- ❖ Costs/QALY estimates for the examined models of IC likely within common financial thresholds for adopting new health technologies in Sweden
- ❖ Retrospective high quality register study of objective outcomes demonstrate that drug prescriptions and costs of analgesics and opioids for pain increased following CC and decreased following IC.
- ❖ Potential large societal cost savings considering current annual total societal cost of 32 billion Euro in Sweden for chronic pain.

Evidence Informed Integrative Care Models – The Way Forward

1.

- IC is a complex healthcare intervention
- Consider different models of integration
- Explore relevant combinations of outcomes

2.

- Perform explorative pilot and pragmatic trials
- Interpret results with some caution

3.

- Mixed methods research
- Health economic evaluation
- Consider: large variability, small to moderate effect sizes, indirect costs and longer-term follow-ups

4

- An evidence informed road map for health systems development

Integrative Medicine Opportunities

Research questions

- ✓ Reduce sick-leave?
- ✓ Reduce drug utilisation?
- ✓ Increase care giver and patient satisfaction?
- ✓ Increase patient safety?
- ✓ Improve health economy?



Thank you for listening!

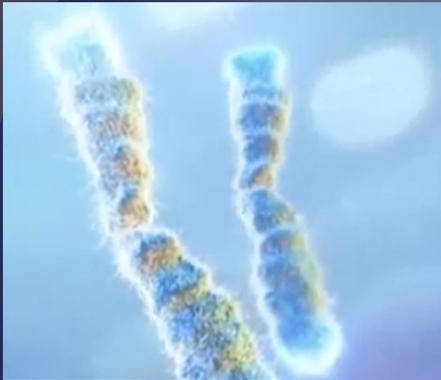


Telomere



- ⌘ The nucleus of each of your cells contains about 20,000 genes residing on 23 pairs of chromosomes
- ⌘ And at the tips of every chromosome are protective “caps” called telomeres.
- ⌘ As cells divide—which is how new cells are formed—their chromosomes are duplicated in a process called DNA replication. Every time this happens, the chromosomes get a little shorter.
- ⌘ If it weren’t for telomeres, the genes at the tail end of a chromosome would be damaged during cell division, causing cellular death or mutations that could lead to cancer and other diseases.

Telomere



- ⌘ Telomere length has emerged as a reliable marker of biological age.
- ⌘ The enzyme telomerase slow down or even reverse telomere erosion
- ⌘ Free radical damage and chronic inflammation—long known to be associated with aging at the cellular level—speed up erosion, as do smoking, heavy drinking, and obesity.
- ⌘ Conversely, adopting a healthy lifestyle can retard telomere degradation.
- ⌘ After three months on a comprehensive lifestyle program—low-fat, primarily vegetarian diet; walking and relaxation sessions six days a week; and basic nutritional supplements—telomerase activity increased by 25% in men with prostate cancer.

Comorbidity/disease profile: PAIN

Frequency distribution of ICD-10 categories 365 days BEFORE & AFTER

1 year before



1 year after



ICD-10 categories overview

A00-B99 Infectious & parasitic
 C00-D48 Neoplasms
 D50-D89 Blood & immune
 E00-E90 Endocrine, nutritional & metabolic
 F00-F99 Mental & behavioural
 G00-G99 Nervous system
 H00-H59 Eye
 H60-H95 Ear and mastoid
 I00-I99 Circulatory system
 J00-J99 Respiratory system
 K00-K93 Digestive system

L00-L99 Skin & tissue
 M00-M99 Musculoskeletal system
 N00-N99 Genitourinary system
 O00-O99 Pregnancy & childbirth
 P00-P96 Perinatal period
 Q00-Q99 Congenital malformations & chromosomal
 R00-R99 Symptoms, signs, findings not elsewhere class
 S00-T98 Injury, poisoning
 U00-U99 Codes for special purposes
 V01-Y98 External causes of morbidity and mortality
 Z00-Z99 Factors influencing health and contact with health services



CAMBrella – Publications, examples



Some examples

Forschende Komplementärmedizin

Wissenschaft • Praxis • Perspektiven

Research in Complementary Medicine

Research • Practice • Perspectives

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Insights into the Current Situation of CAM in Europe: Major Findings of the EU Project CAMbrella

Editors
Harald Walach, Frankfurt/O.
Wolfgang Weidenhammer, München



The Roadmap for
European CAM Research



The Roadmap for European CAM Research

An Explanation of the CAMbrella
Project and its Key Findings



The Roadmap for European CAM Research

A pan-European research network for Complementary and Alternative Medicine (CAM)

Final Report of CAMbrella Work Package 6 (leader: Torkel Falkenberg)

Global stakeholders view on CAM research and development: Implications for the EU roadmap

Johanna Hök, Vinjar Fønnebe, George Lewth, Koldo Santos Rey, Jorge Vas, Solveig Wisenauer, Wolfgang Weidenhammer, Torkel Falkenberg

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Towards exploring the relevance of spirituality in health care

