

Many Adults Turn to CAM For Chronic Pain Relief

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About 38% of adults and nearly 12% of children in the United States used some type of complementary or alternative medicine therapy in 2007, according to survey data released by the Centers for Disease Control and Prevention and the National Institutes of Health.

Adults primarily reported using complementary and alternative medicine (CAM) to help manage chronic pain such as back, neck, or joint pain, as well as arthritis. Among children, the most common reason for using CAM was back or neck pain. However, children had a greater variety of conditions being treated with CAM than did adults, including head and chest colds, anxiety and stress, insomnia, attention-deficit/hyperactivity disorder, and musculoskeletal complaints.

"While both children and adults are using CAM at high rates, the types of therapies they use and the conditions for which they are using these therapies vary between children and adults," Richard Nahin, Ph.D., acting director of the division of extramural research at the National Center for Complementary and Alternative Medicine, part of NIH, said at a press briefing.

The survey data come from the 2007 National Health Interview Survey and include information on the use of CAM from more than 23,000 adults and 9,400 children. Officials at CDC, which administers the survey, first collected data on CAM use in adults in 2002. This is the first time that information was collected about use by children.

The percentage of adults using CAM appears to be holding steady, said Dr. Nahin, who coauthored the report on the survey data. The rate was about 36% in 2002 and about 38% in 2007. Adults are much more likely than children to use CAM, probably because adults have more health care needs, he said.

Natural products, including herbal medicines and dietary supplements, were the most commonly used CAM therapies. For adults, some of the most common natural products were fish oil, glucosamine, echinacea, flaxseed oil or pills, and ginseng. Other popular CAM therapies used by adults were deep

breathing exercises, chiropractic manipulation, massage, and yoga. For children, the most common natural product was echinacea, followed by fish oil, combination herb pills, and flaxseed oil or pills. Other common CAM therapies used by children included chiropractic manipulation, deep breathing exercises, yoga, and homeopathic treatment. ■



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IMPORTANT TREATMENT CONSIDERATIONS

PRISTIQ 50-mg Extended-Release Tablets are indicated for the treatment of major depressive disorder in adults.

WARNING: SUICIDALITY AND ANTIDEPRESSANT DRUGS

Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of Major Depressive Disorder (MDD) and other psychiatric disorders. Anyone considering the use of PRISTIQ or any other antidepressant in a child, adolescent, or young adult must balance this risk with the clinical need. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction in risk with antidepressants compared to placebo in adults aged 65 and older. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. PRISTIQ is not approved for use in pediatric patients.

Contraindications

- PRISTIQ is contraindicated in patients with a known hypersensitivity to PRISTIQ or venlafaxine.
- PRISTIQ must not be used concomitantly with an MAOI or within 14 days of stopping an MAOI. Allow 7 days after stopping PRISTIQ before starting an MAOI.

Warnings and Precautions

- All patients treated with antidepressants should be monitored appropriately and observed closely for clinical worsening, suicidality, and unusual changes in behavior, especially during the first few months of treatment and when changing the dose. Consider changing the therapeutic regimen, including possibly discontinuing the medication, in patients whose depression is persistently worse or includes symptoms of anxiety, agitation, panic attacks, insomnia, irritability, hostility, aggressiveness, impulsivity, akathisia, hypomania, mania, or suicidality that are severe, abrupt in onset, or were not part of the patient's presenting symptoms. Families and caregivers of patients being treated with antidepressants should be alerted about the need to monitor patients.
- Development of a potentially life-threatening serotonin syndrome may occur with SNRIs and SSRIs, including PRISTIQ, particularly with concomitant use of serotonergic drugs, including triptans, and with drugs that impair the metabolism of serotonin (including MAOIs). If concomitant use is clinically warranted, careful observation of the patient is advised, particularly during treatment initiation and dose increases. Concomitant use of PRISTIQ with serotonin precursors is not recommended.
- Patients receiving PRISTIQ should have regular monitoring of blood pressure since sustained increases in blood pressure were observed in clinical studies. Pre-existing hypertension should be controlled before starting PRISTIQ. Caution should be exercised in treating patients with pre-existing hypertension or other underlying conditions that might be compromised by increases in blood pressure. Cases of elevated blood pressure requiring immediate treatment have been reported. For patients who experience a sustained increase in blood pressure, either dose reduction or discontinuation should be considered.

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Source: The Nielsen Company, Focus® Medical/Surgical June 2008 Readership Summary; Internal Medicine Specialties Section, Tables 501, 502, and 503 Projected Average Issue Readers.