



Musculoskeletal disorders as a major cause of disability and the role of lifestyle and CAM in their management



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DECLARATION: CONFLICT OF INTEREST

- President of the German Medical Acupuncture Association (DÄGfA, non-profit organization)
- Board member ICMART
- Board member Hufeland
- Received honoraria for lecturing at Universities, physician chambers and medical associations
- No contract for counseling industries
- No associations with commercial entities



MUSCULOSKELETAL DISORDER



Suffering

Depression



Job loss

Maladaptive
Behavior

Sensitisation

Fear

Isolation



Immobility



THE GLOBAL BURDEN OF DISEASE

	Mean rank 2010 (95% CI)	Average increase since 1990 (%)
1 Low back pain	1.1 (1-2)	43% (38 to 48)
2 Major depressive disorder	1.9 (1-3)	37% (25 to 49)
3 Iron-deficiency anemia	3.3 (2-6)	-1% (-3 to 2)
4 Neck pain	4.5 (3-8)	41% (37 to 46)
5 COPD	5.7 (3-10)	46% (31 to 62)
6 Other musculoskeletal	5.9 (4-8)	45% (38 to 51)
7 Anxiety disorders	6.4 (4-9)	37% (24 to 50)
8 Migraine	8.9 (6-14)	40% (31 to 51)
9 Diabetes	9.0 (5-13)	67% (56 to 81)

Buchbinder et al. Placing the global burden of low back pain in context. Best Practice Research Clinical Rheumatology, 2013, 27(5)

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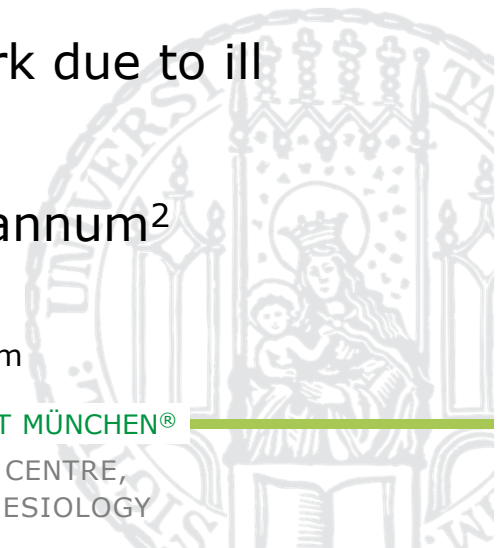
MUSCULOSKELETAL DISORDERS (MSD)

- > 150 diseases and syndromes classified as MSD
- overall prevalence of MSD 35.7% (28.8-31.7)¹
- EU: most common cause of severe long-term pain and disability²
- MSDs account for nearly half (49%) of all absences from work and 60% of permanent work incapacity in the EU²
- > 44 million (one in six) members of the EU workforce now have a long-standing health problem or disability that affects their ability to work²
- 1/3 of people who had symptoms of arthritis left work due to ill health³
- estimated cost to the EU of around €240 billion per annum²

¹ Eur J Pain. 2018 Feb;22(2):333-345.

² http://ec.europa.eu/health/major_chronic_diseases/diseases/musculoskeletal/index_en.htm

³ Oxford Economics, 2010



PROBLEMS AND PITFALLS OF CONVENTIONAL MEDICINE

- Lack of effective long term treatments (single approaches including surgical treatments)¹
- spiraling costs spent on largely ineffective treatments for chronic pain²
- Gold standard: arthroscopy in osteoarthritis ineffective¹
- Drug abuse (analgetics!) and serious adverse effects
- Treatment of symptoms, but not dysfunctional behavior
- No prevention neither emphasis on the need for beneficial lifestyle in most conventional treatments

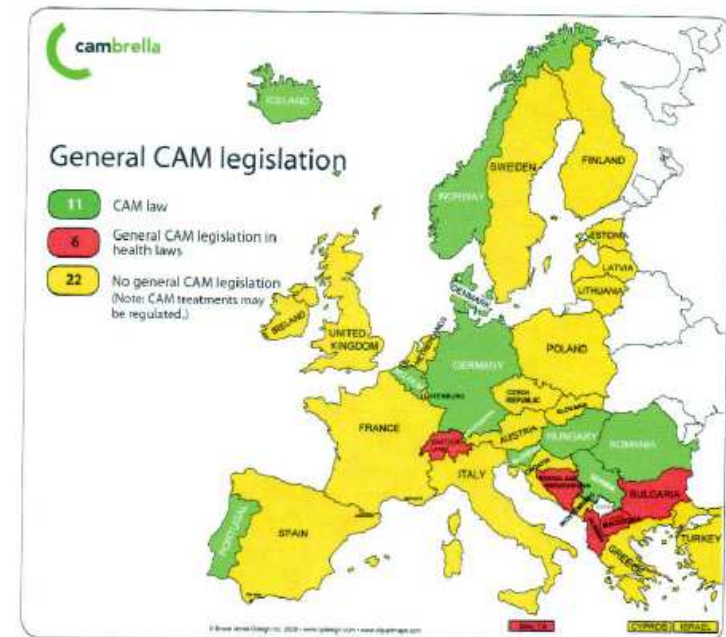
1 Cochrane Database Syst Rev

2 Pain Proposal - Improving the current and future management of chronic pain, published by European Pain Federation EFIC, available at http://www.efic.org/userfiles/file/pain_proposal.pdf. Accessed 24/4/16.



COMPLEMENTARY AND ALTERNATIVE MEDICINE

- *If a non-mainstream practice is used **together with** conventional medicine, it's considered "complementary."*
- *If a non-mainstream practice is used **in place of** conventional medicine, it's considered "alternative."*



<https://nccih.nih.gov/health/integrative-health#cvsa>

<https://cambrella.eu/>

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THE USE OF CAM IN THE EU

- 6 - 86 % of European patients use CAM
- Most common CAM:
herbal medicine, homeopathy, chiropractic,
acupuncture, reflexology, massage
-> high heterogeneity
(data only from 14/39 countries)
- MSD: the most reported condition
- Why CAM ? *"disatisfaction with conventional treatment"*
"less side effects" "no time, no interest" "prevention".....



The Roadmap for
European CAM Research

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

Final Report of CAMbrella Work Package 4 (leader: George Lewith)

CAM use in Europe – The patients' perspective. Part I: A systematic literature review of CAM prevalence in the EU

Susan Eardley, Felicity L Bishop, Philip Prescott, Francesco Cardini, Benno Brinkhaus, Koldo Santos-Rey, Jorge Vas, Klaus von Ammon, Gabriella Hegyi, Simona Dragan, Bernhard Uehleke, Vinjar Fønnebo, George Lewith

This report is part of a collection of reports created as deliverables of the project CAMbrella funded by the 7th Framework Programme of the European Commission (FP7-HEALTH-2009-3.1-3, Coordination and support action, Grant-Agreement No. 241951, Jan 1, 2010 – Dec 31, 2012); Coordinator: Wolfgang Weidenhammer, Competence Centre for Complementary Medicine and Naturopathy (head: Dieter Melchart), Klinikum rechts der Isar, Techn. Univ. Munich, Germany



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PATIENTS VALUES

Germany

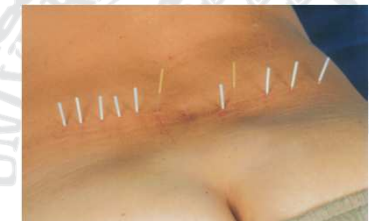
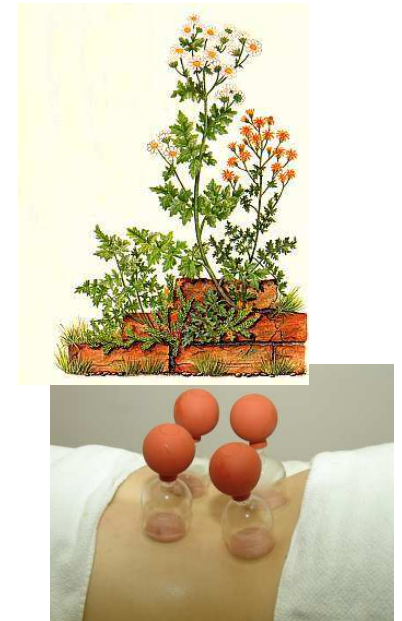
40% of all patients use CAM regularly and are convinced

34% of patients use CAM and they like it

60% of patients wants a combination of methods

80% of patients treated with acupuncture seek acupuncture again

Jung, Allensbach, ECIM, 2011



INNOVATIVE OPTIONS - SINGULAR APPROACHES



Herbal medicine

(willow bark,
grapple plant)



Taiji/Qigong



Meditation



Hot/cold packs



Homeopathy



Reflexology



Osteopathy



Cupping



Yoga



Acupuncture



Breathing therapy



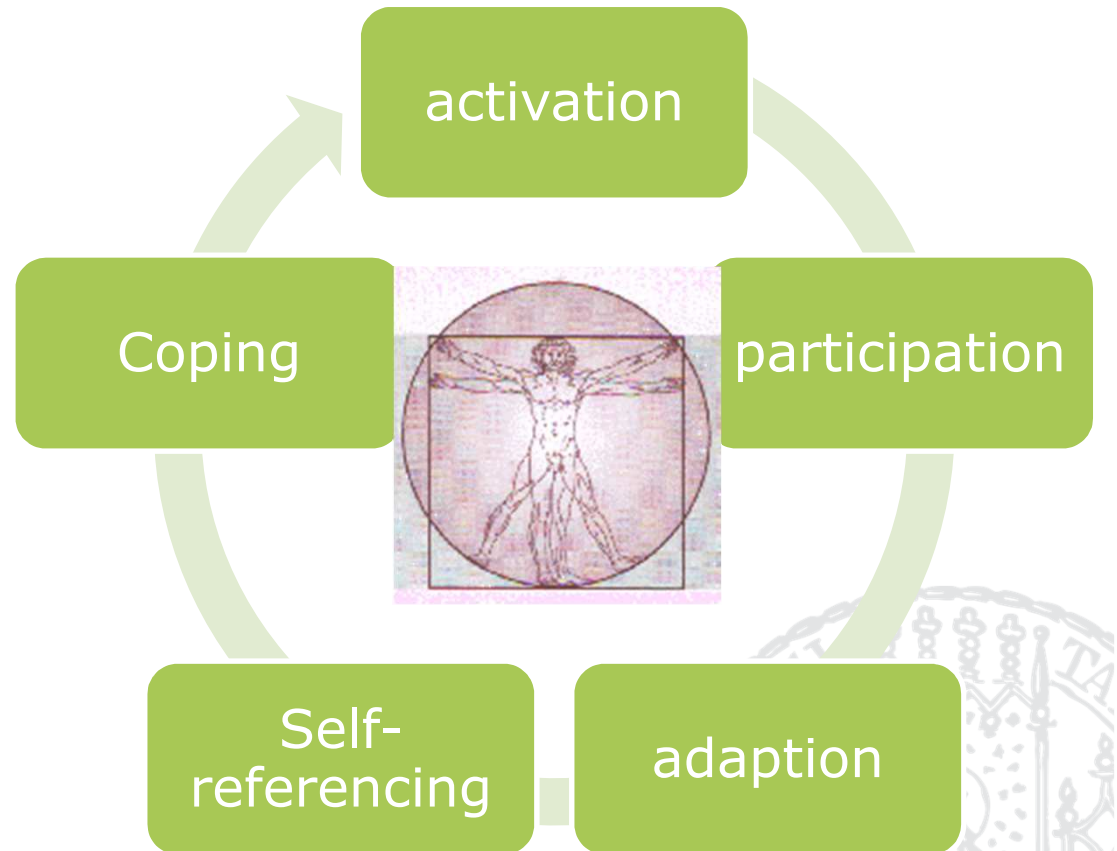
Leeches

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INNOVATIVE OPTIONS – WHOLE SYSTEM APPROACH

- Ayurvedic medicine
- Anthroposophic medicine
- Traditional chinese medicine
- Naturopathy
- Body mind/MBSR



INNOVATIVE OPTIONS

Conventional approaches

Short term symptom relief

Suppression of symptoms

Inactivity

High rate of side effects

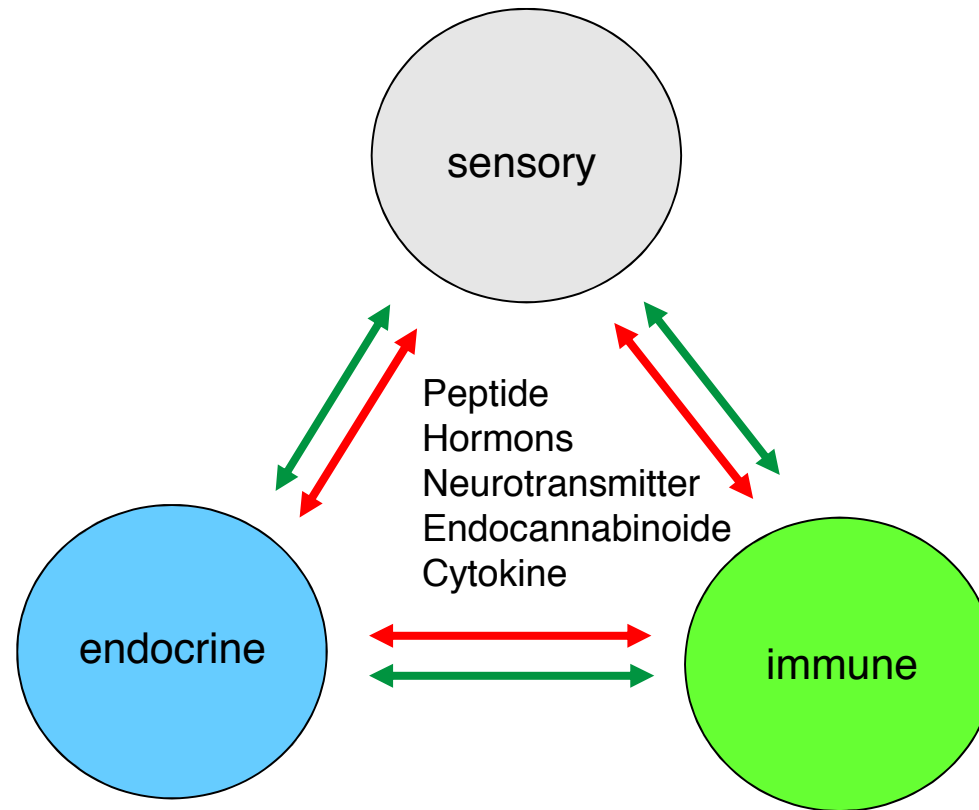
External locus of control

Dysfunctional behavior

CAM approaches

- Long term management
- Activation of endogenous systems
- Activity
- Low rate of side effects
- Internal locus of control
- Lifestyle change

SYSTEMIC VIEW - PHYSIOLOGY



A human being is an open, living, adaptive system that pursues the dual objectives of adaption to the environment and survival.

Chapman, 2008 J Pain

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