Evidence-Based Integrative Approaches In Palliative Care: Challenges And Opportunities

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Third Annual Palliative Care Institute Conference
I will talk about:

1) What is integrative care?
2) Implementation across hospital-based, hospice and LTC
3) Evidence and uses in palliative care populations
4) Integrative Palliative Care at the VA
5) Delivery models: creating sustainable IPC services
6) Challenges and opportunities
7) Questions
1. What is integrative care
Alternative vs complementary vs integrative

* Alternative therapies
  * instead of, or at the exclusion of, conventional (currently for non-evidence based approaches)

* Complementary therapies
  * alongside with, or as an adjunct to, conventional (collaborative)

* Integrative therapies
  * Combining complementary and conventional therapies in synergy
    ➢ complementary therapies within medical environments
Evolution & NIH perspective

- OAM (Office of Alternative Medicine) 1995
- CAM (Complementary & Alternative Medicine) - during 1990’s-2000’s
- Current: Integrative or Complementary & Integrative
- NCCAM is now NCCIH since 2015 National Center for Complementary and Integrative Health
  - Preferred term for CTs in hospital environment is “CIM” (Complementary & Integrative Medicine) or “IH/IC” (Integrative Health/Care)
Beyond Complementary Therapies: IC as Multi-Dimensional Care

Transforming the culture of care

Care that integrates all human dimensions
Physical, Emotional, Psycho-social, Mental, Spiritual
Whole Health Care

Whole Health: Caring for patients and caregivers
Caring for the family caregiver
Caring for the health care provider

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Integrative Care as Cross-Cultural Phenomenon

- Retirement village in Australia with Tai Chi taught by a 90 y.o. woman
- Inner-city hospital in Buenos Aires has yoga, massage & art therapy program
- PC wards in Japan: hand & foot massage, acupuncture, art, music
- UK day hospice with day-long stay and menu of integrative therapies
- Multi-million facilities with state of the art building and full menu of integrative therapies (Dana-Farber, MD Anderson, etc.)
- Training staff to deliver integrative therapies across all services (i.e. UCLA)
2. Implementation in HOSPICE Settings

* National surveys:
  * 60% of hospices in US (Demmer, 2004) and Canada (Oneschuk et al., 2007)

* State-wide surveys:
  * 86% in WA (Kozak et al., 2009)
  * 90% in IL (Van Hyfte, Kozak & Lepore, 2013)
  * 57% in TX (Olotu et al, 2014)
Most common integrative therapies in HOSPICE

- Touch Therapies & Massage
  - Benevolent Touch, Massage Therapy, Namaste Care, Reflexology, etc.
- Mind-Body & Contemplative Practices: Guided Imagery, Hypnosis, Meditation
- Biofield Therapies: Healing Touch & Reiki
- Aromatherapy
- Animal-Assisted Therapy
- Expressive arts: visual arts, writing, legacy interventions, music, thanatology.
- Tai Chi/Qi Gong, Yoga/Seated Yoga
- Acupuncture
Implementation in LTC Settings

* Anecdotal data showing increasingly offered
* At the VA: Whole Health
  * Touch Therapies & Massage Therapy: caring touch by CNAs or volunteers (hand/foot, scalp, “touch with presence”)
  * Aromatherapy, Music, Healing Touch and Reiki
  * Tai chi, Shibachi, seated yoga, dance
  * Animal-assisted therapies and animal residents

* EXAMPLE VA Community Living Center, DC: https://www.youtube.com/watch?v=LcPcle1Clpw&list=PLp2unjw6823VkWUcgICuhGbAOj2BiSByh&index=11
Implementation in HOSPITAL Settings

Increasing number of hospitals & cancer centers offer integrative care

- As part of Patient-Centered Care and focus on patient experience
- Growing number of Integrative Oncology (IO) services
- Inpatient and outpatient models
- Mixed funding and delivery models

Common IO services:

- acupuncture, massage, aromatherapy, music, yoga, tai chi, expressive arts, meditation, hypnosis, guided imagery, Healing Touch, Reiki, animal-assisted therapies
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- Radiation Oncology, Medical Oncology, Surgical Oncology, Breast Health/Breast Surgery, Cancer Screening & Diagnostics, Clinical Trials & Research, Genetic Counseling, Oncology Rehab.
- Outpatient Palliative Care
- Psychosocial Oncology, Wellness & Resource Center, Survivorship

- Integrative Oncology, incl. Nutrition
- On-site complementary services such as PT, naturopathy, acupuncture, support groups and other services

- Centralized treatment spaces
- Comfortable consultation rooms
- Healing environment with welcoming spaces and natural light

Example – new cancer center
Dana-Farber Cancer Center Video

Zakim Center for Integrative Oncology – VIDEO
https://www.youtube.com/watch?v=8x9sToonoAk

- funded by donor
- mixed funding (insurance, self-paid, free group classes)
- self-sustaining
- progressive academic environment (Boston)
- Integrative “menu:” acupuncture, massage, Reiki, group programs for movement, meditation, creative arts, exercise, nutrition.
What does integrative PC look like in low-income environments?

https://www.youtube.com/watch?v=Uj5HqoEAIOo&list=PLp2unjw6823VkWUCglCuhGbAOj2BiSByh

- Hospital-based, 90% volunteer and 10% staff-delivered
- Adapted to low-income population
- Yoga, expressive arts, massage, reflexology, Reiki, music
- Emphasis on training family caregivers
## 3. Integrative modalities - Evidence Summary

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Acupuncture

Uses in Palliative Care

• Pain (including neuropathic)
• Chemo-induced nausea & vomiting
• Fatigue
• Dry mouth
• Breathlessness
• Stress/anxiety, depression, QOL
Acupuncture in geriatric and EOL care

https://www.youtube.com/watch?v=ItBZ8iKonPI&index=25&list=PLp2unjw6823VkWUcgICuhGbAOj2BiSByh
Biofield Therapies

Uses in Palliative Care

• Pain
• Stress/Anxiety
• Sleep
• QOL
“Biofield” concept in Western and Eastern traditions: chi, prana, vital energy, vital force, life force.

Western Science and Medicine:
- Vital force: 1700’s “Vitalism” pre-Darwin
- “Radiation Biology:” 1900’s-2000’s, bio-electro-magnetic fields
- Consciousness research: 2000’s, intention in healing, energy vs consciousness

Modalities:
- Therapeutic Touch (Krieger and Kunz, 1970’s)
- Healing Touch (Mentgen, 1970’s)
- Reiki (Japanese)
- Pranic Healing (Hindu)
- “External” Qi Gong (TCM)
Most studies show positive impact in stress-related sx & QOL

Many observational and fewer RCTs, sometimes poorly controlled (Anderson et al., 2011)

Similar methodological issues than acupuncture

- Length of sessions, number and frequency of sessions
- Difficult to compare studies
- Similar to acupuncture: Blinding or sham control
- Wide differences in practitioners’ skill levels and great influence of interpersonal relationship between pt and practitioner
Therapeutic Touch

- Alzheimer’s Disease: agitation, pacing, and walking (Woods et al., 2005)
- Bone marrow transplant: comfort (Smith et al., 2003)
- Burn victims: anxiety (Turner et al., 1998)
- Advanced cancer: QOL (Glasson et al., 1998)
- Post-operative pain: need for medication (Meehan, 1992)
Healing Touch

* Alzheimer’s Disease: functional behaviors (Ostuni et al., 2001)
* Elderly nursing home residents: pain, tension, worry, happiness, and nervousness (Gehlhaart et al., 2000)
* Cancer patients: blood pressure, respiratory rate, heart rate, fatigue, mood disturbance, pain (Post-White et al., 2003)

Reiki

* Cancer: pain and overall QOL (Olson et al., 2003)
* HIV/AIDS: pain and anxiety (Miles et al., 2003)
Animal-Assisted Therapy (ATT)
Incorporation of trained animals (or patient’s pets) into patient’s treatment goals

- Visiting animals
- Resident animals
- Companion animals
- Pet therapy

Animals involved in AAT
Dogs, cats, horses, exotic birds, donkeys, pigs, fish, others.

Zachary – ICU stay
Evidence for Animal-Assisted Therapy

Interaction between person and animal is physically & psychologically beneficial

- **Physical indicators:** Lower BP, higher survival rate from heart attack, accelerated recovery from illness & surgery.

- **Psychological indicators:** Decreased depression, anxiety and isolation, increased well being and socialization and interaction.

**In plain language...** a dog’s [or other animal] unconditional love has countless benefits for patients, family members, and caregivers.
Evidence for Animal-Assisted Therapy

- Pet-Assisted Living in nursing homes program helps preserve/enhance function of AL residents with cognitive impairments (Friedmann et al, 2015).
- AAT may delay progression of neuropsychiatric symptoms in nursing home residents with dementia (Majić et al, 2014)
- Canine-assisted ambulation may decrease hospital length of stay and thereby decrease costs of HF care (Abate et al, 2011)
- ATT improves BP and neuro-hormone levels, and decreases anxiety in patients hospitalized with heart failure (Cole et al, 2007)
• Stephanie desperately wished to see her horse Luna one last time. *Zachary’s Paws for Healing* made her wish come true.
• Luna was delivered to Juravinski Hospital in Hamilton, ON. Her visit with Stephanie was 1\textsuperscript{st} time special visit with a pet other than dog/cat.

**Zachary's Paws For Healing** is a Foundation in memory of *Zachary Noble* and his dream of providing companion pet visits to hospital patients.
Resources for family pet visitation
If you are interested in bringing AAT to your facility (consent forms, responsibility waivers, etc.)
http://www.zacharyspawsforhealing.com/resources.html

Video Pet Visitation https://youtu.be/gXps9EpDstI

Family pet hospital visiting guidelines
Expressive Art Therapies

Uses in Palliative Care
- Pain
- Anxiety & Death anxiety
- Depression
- Sleep
- Psycho-social and spiritual sx including existential (meaning, purpose), loneliness, etc.
Expressive Art Modalities

Music

- Music therapy (prescriptive music)
- Therapeutic music (live or recorded)
  - Music Thanatology, harp vigil at EOL
  - Bedside choirs, Capella singers for comfort at EOL

Expressive writing

- Journaling, narrative, story, poetry, letter writing (sent or un-sent), life review

Art therapy

- Painting, drawing, sculpture, etc.
Expressive arts evidence

* Most studies report on music therapy: benefit for pain, anxiety, depression
* Therapeutic Music (music thanatology, bedside singing, etc.) anecdotal and observational evidence only in QOL
* Expressive writing shows benefit in controlled studies for QOL and stress-related symptoms
* Painting, drawing and sculpture are difficult to study but anecdotal and observational studies suggest benefits in QOL
Expressive Art Therapies studies

Music
* Pain, stress, oxytocin, cortisol in open heart surgery (Nilsson, 2009)
* Decreased pain & opiate use (Cepeda, 2006; Nilsson, 2008; Engwalls and Duppils, 2009)
* QOL in EOL Cochrane review (Bradt and Dileo, 2010)
* Pain and guided relaxation with music (Gutgsell et al., 2013)
* Dyspnea and music therapy (Gallagher et al., 2006)
* Pain after mastectomy (Li et al., 2011; Binns-Turner et al., 2011)
* Cancer pain in hospitalized patients (Huang et al., 2010)

Expressive writing and art therapy
* Cancer patients & caregivers self-forgiveness (Toussaint et al, 2014)
* Cancer symptoms (Milbury et al., 2014)
* Depression and fatigue in chemo-pts: (Bar-Sela et al., 2007)
* Emotional expression, relaxation & QOL in advanced cancer (Lin et al., 2012)
Mind-Body Interventions

Uses in Palliative Care
- Pain
- Breathlessness
- Stress/Anxiety and Depression
- Fatigue
- Gastrointestinal problems
- Sleep
- Surgical preparation/recovery
- Psychosocial-spiritual support
Mind-Body Modalities

• Contemplative & reflective practices
  • Mindfulness
  • Meditation
  • Prayer

• Relaxation techniques, Guided Imagery & Hypnosis

• “Mindful Movement” practices
  • Yoga: Seated and bed-bound adaptations
  • Tai-chi/Qi Gong: Seated and bed-bound adaptations
Physical and psychosocial benefits of yoga in cancer patients and survivors (Buffart et al, 2012).

Yoga for breast cancer patients and survivors: a systematic review and meta-analysis (Cramer et al, 2012)

Meditative Movement Therapies and Health-Related QOL in Adults: A Systematic Review of Meta-Analyses (Kelley & Kelley, 2015)

Effects of tai chi on renal and cardiac function in pts with chronic kidney and cardiovascular diseases (Shi et al, 2014)
Dorrie has also been sharing her love of tai chi by teaching classes to women at the Berri Cottage Homes retirement village in Riverland, SA.

"The elderly ladies need this because we're not as active normally. The beauty is you can do this standing up or sitting down, it doesn't matter. You can be in a wheelchair and still get the benefits for your body and your brain."

http://www.abc.net.au/local/stories/2012/12/14/3654468.htm
Touch Therapies and Massage Therapy

Uses in Palliative Care

- Pain
- Stress/Anxiety
- Depression
- Breathlessness
- Sleep
- QOL
- Psycho-social support
Differences between Touch Therapies and Massage Therapy

**Touch Therapies** = caring touch

- Benevolent Touch
- Soft-Touch
- Touch, Caring & Cancer

**Massage Therapy** =

caring touch + expert tissue manipulation

- Swedish, Deep Tissue, Thai, etc.
TT and MT evidence

* 1300+ clinical trials on Pubmed
* Reduce severity of wide range of sx, including pain, nausea, anxiety, depression, stress and fatigue (Collinge et al., 2013).
* Improve mood and QOL (Field, 1998; Moyer et al., 2004).
* Touch may be as effective as massage in EOL (Kutner et al, 2008)
* Systematic reviews: mixed quality of studies (Ernst, 2009).
* Methodological issues: impossible to blind, or control/sham
VA Ann Arbor Medical Center - Prospective outcome study (Mitchinson et al., 2013)

- 153 palliative care pts, diverse conditions incl. advanced cancer, COPD, end-stage KD, congestive heart failure, dementia, etc.
- 20-minute sessions MT tailored to patient’s condition
- Significant decreases in pain and other symptoms
TT and MT studies - hospice

Population-based Palliative Care Research Network (Kutner et al., 2008)
- RCT with 380 hospice pts, caring touch compared to MT
- Both groups decreased pain, and improved mood & QOL
- Massage showed greater magnitude
“Touch, Caring and Cancer” program (Collinge et al., 2013)

- RCT with 97 patient/family caregiver, multi-ethnic/multi-lingual dyads
- Instruction via 78-minute video (DVD) and manual
- 29%-44% decrease for pain, fatigue, stress/anxiety, nausea; significant gains in caregiver efficacy & comfort using touch

- Results replicated by pilot with Veterans and spouses at Seattle VA Medical Center (Kozak et al, 2014)
Synergistic Integrative Modalities: Namaste Care for advanced dementia

**Namaste Care:** The power of loving touch, music, aromatherapy and continuing meaningful activities

https://www.youtube.com/watch?v=5NWyQB2aFdM

- Increases residents’ QOL
- Decreases behavioral symptoms & anti-psychotic use
Residents involved in NC for at least 30 day showed decrease in withdrawal, delirium indicators, trend for decreased agitation pre/post NC implementation (Simard & Volicer, 2007; Volicer, 2007).

Severity of behavioral symptoms, pain & disruptiveness significantly lower after NC implementation (Nicholls et al, 2013; Simard & Volicer, 2007; Stacpoole et al, 2015)

Decreased antipsychotics and hypnotics use over a 4-month period, discontinued utilization for some patients. (Nicholls et al, 2013; Simard & Volicer, 2007; Stacpoole et al, 2014).
4. Integrative Care the VA - Whole Health
VA’s patient-centered, personalized, integrative care model

- Office of Patient Centered Care & Cultural Transformation, VA Central Office (OPCC&CT - VACO)
- Patient-Centered & Relationship Centered Care ([www.planetree.org](http://www.planetree.org))
- Personalized Medicine approach
- Integrative Medicine:
  - Complementary therapies within hospital environments for sx management, psycho-social support, comfort & wellness
  - *Integrative care as “multi-dimensional” care*
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<tr>
<th>VA ENVIRONMENT</th>
<th>Most Common</th>
<th>Sometimes Offered</th>
<th>EB but Seldom Offered</th>
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<td>Hospice &amp; PC</td>
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<td>Increasing #</td>
<td>Biofield: HT &amp; Reiki</td>
<td>Seated Tai Chi</td>
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<td>facilities offering IC</td>
<td>Guided Imagery &amp; Hypnosis</td>
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<td>curriculum</td>
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<th>VA Community Living Center (LTC-nursing home)</th>
<th>Animal-Assisted (incl. “Resident Animals”)</th>
<th>Life Review/Legacy Interventions Tai Chi</th>
<th>Acupuncture Massage Therapy Namaste Care</th>
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GOAL:
Providing wide access to Integrative Palliative Care regardless of socio-economic level
Creating sustainable IPC services

- **Champions** - identify passionate and knowledgeable “anchors”
- **Patient & family input** - PFCs, surveys
- **Providers** - identify staff trained or train them, hire staff already trained (or combination)
- **Delivery models, space & Funding** – creative delivery models (community partnerships, combining resources, etc.)
- **Leadership support** – education based on evidence and models successfully implemented
Creating program by identifying staff with training in IC, training staff or hiring staff already trained, or a combination

Urban Zen Integrative Therapy Program  UCLA Medical Center
http://rehab.ucla.edu/body.cfm?id=49

Boulder Community Health Hospital, Boulder, CO

- 12-week training for clinical staff, but long-term objective to engage all employees
- Reiki, gentle yoga, aromatherapy and contemplative practices to help patients deal with pain, anxiety or insomnia at bedside
- Expect staff to use for own stress & strengthen mind, body and spirit

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CHALLENGES

• Funding:
  • Who is going to pay for this?
  • How do we organize services to facilitate access to all?
• Education for providers
• Many modalities may result in similar effects (decrease anxiety, pain, etc.) but we do not know which modality helps which patient most (comparative effectiveness)
**OPPORTUNITIES**

- **Funding:** Develop creative delivery models & include family and volunteers
  - Train family caregivers & lay volunteers: under-developed resource
  - Train staff: include within clinical duties
  - Increase community and academic partnerships

- **Education:** Enhance education opportunities in integrative care

- Many modalities may result in similar effects: Emphasize patient preferences
  - Which modalities helps patient most? **ones that patient prefers**
Phase I completed: multidisciplinary 51 PC providers
- High interest from providers: 158 applications within 2 weeks
- 22 Nursing, 11 physicians, 13 social work, 4 chaplaincy, 4 administrators, 2 counseling/psychology.
  - Pilot testing 3 modules: acupuncture, massage and music
- Key attitudinal outcomes showed changes in:
  - confidence regarding ability to function in EB-informed manner
  - confidence in understanding safety considerations, making EB recommendations and explaining CIM to pts/family/colleagues
  - Large gains in confidence, high satisfaction, high relevance

- Phase 2: partnering with NHPCO
THANK YOU for your attention and your work providing and transforming PC!

QUESTIONS?

* Grateful for the videos provided by SatoriSeven Productions, Sher Emerick-Safran & Rob Safran www.satoriseven.com

* For questions, comments and resources, contact me at leila.kozak@gmail.com or leila.kozak@va.gov

* To watch Integrative Palliative Care videos and download articles: www.leilakozak.org and www.integrativepalliativecare.org