

**AMERICAN COLLEGE OF RHEUMATOLOGY
POSITION STATEMENT**

SUBJECT: Complementary and Integrative Medicine for Rheumatic Diseases

PRESENTED BY: Committee on Rheumatologic Care

FOR DISTRIBUTION TO: Members of the American College of Rheumatology
Medical Societies
Allied Health Professional Societies
Arthritis Patients
Managed Care Organizations/Third Party Carriers
National Center for Complementary and Integrative Health
NIAMS
National Council Against Health Fraud
Arthritis Foundation

POSITIONS:

1. The American College of Rheumatology (ACR) recognizes the interest in complementary and alternative medicine (CAM) by persons with arthritis and rheumatic disease.
2. The ACR supports the adoption into clinical practice of modalities proven to be safe and effective by scientifically rigorous clinical trials. In the absence of rigorous clinical trials, the ACR recommends advising patients that potential harm can occur from unproven therapeutic modalities.
3. The ACR supports rigorous scientific evaluation of all modalities that can improve outcomes for patients with rheumatic diseases and recommends continued support of the National Center for Complementary and Integrative Health.
4. The ACR recommends practitioners be proactive in inquiring about patients' interest in and use of complementary, alternative, and integrative modalities and should be willing and able to discuss potential risks and benefits of different modalities openly with patients.
5. Pediatric rheumatology professionals should be aware of complementary health approaches used in their patient populations. Alternative health approaches in pediatric patients can represent neglect when used in place of conventional therapies, especially in cases of high disease activity in a serious or life-threatening condition.

Background:

Complementary and Alternative Medicine, or CAM, refers to a group of medicinal practices, products, and accompanying theories that are not presently used in conventional medicine (1).

While the terms complementary and alternative are used interchangeably, they differ in how they relate to conventional, or standard, medicine. Complementary medicine refers to treatment that is used in conjunction with conventional medicine, while alternative medicine refers to treatment that is used in place of conventional medicine (2). Given the wide usage and understanding of the term “CAM,” this acronym is used to broadly refer to both complementary and/or alternative approaches.

Integrative medicine combines conventional medicine with complementary modalities that have been shown to be safe and effective (3). The concept of integrative medicine emphasizes whole-person health, targeting physical, emotional, social, spiritual, and environmental factors that affect health and wellbeing, as opposed to treating a single organ system or disease (4). Integrative health aims for well-coordinated care among different providers and institutions by bringing conventional and complementary approaches together to care for the whole person (5).

The ACR recognizes patients' interest in CAM approaches. Complementary and/or integrative methods may be adopted in practice while maintaining an open dialogue about their use, risks, and potential benefits.

Use in Rheumatology Care:

The use of CAM modalities by patients with rheumatic and musculoskeletal conditions is common, with reports indicating that 28% - 90% of rheumatoid arthritis patients use some form of CAM therapy (6). Effective arthritis treatment is individualized, considering patient-specific factors such as disease severity, comorbidities, lifestyle factors, and the duration spent living with the disease. Treatment goals include stopping active inflammation, preventing further joint and organ damage, and relieving symptoms of the disease to improve physical health and well-being (7). Limiting features of conventional therapies for many conditions in the spectrum of rheumatic and musculoskeletal diseases include partial efficacy, side effects, and expense. Patients may feel helpless in the face of unpredictable, progressive, and disabling diseases and therefore seek therapies that offer more control over their illness.

Pain associated with arthritis is among one of the most common reasons patients seek out CAM therapy (8). In a 2021 Arthritis Foundation survey of 40,000 arthritis patients, 100% of respondents reported experiencing pain within the past week, with over half of the respondents reporting a pain level of moderate or higher (9). Painful symptoms of arthritis prevent patients from participating fully in daily activities, reduce mobility, and detract from quality of life. CAM is usually sought in addition to standard medical treatment to ease pain symptoms of rheumatic disease and reduce any side effects of drug therapy.

The National Center for Complementary and Integrative Health (NCCIH) classifies complementary approaches by how the therapy is taken or delivered (10). These fall under three main umbrellas: nutritional (specialty diets, supplements, herbs, and probiotics), psychological (mindfulness exercises), and physical (massage therapy). A combination approach combines elements of therapy delivery. Examples of combined psychological and physical modalities include yoga, tai chi, or acupuncture, while a combined psychological and nutritional approach would involve mindful eating (11). Not all modalities are created equal, requiring patients to be

vigilant when choosing complementary therapies. Variations in supplement manufacturing, or in the level of training of a massage therapist or acupuncturist determines treatment outcome (12). Patients who choose to integrate complementary medicine into their conventional care plan must do so safely, with an understanding of risks, benefits, and associated costs.

Growing acceptance of complementary and integrative medicine among patients calls for open dialogue and education on these approaches. It is recommended that patients discuss any new approaches openly with their provider prior to beginning any treatment to ensure there are no contraindications with their current medications or interventions. Clinicians should encourage patients who want to try complementary modalities to monitor and document any improvement or worsening of symptoms to facilitate discussions and shared decision-making on the effectiveness of the specific intervention and its continued use. Clinicians should also advise patients when an intervention has not been proven to be beneficial and may be associated with potential harm (13). Both patients and clinicians should refer to reliable sources of information such as the National Center for Complementary and Integrative Health, ACR Clinical Guidelines, the Arthritis Foundation, or Science-Based Medicine.

Clinical guidelines offer recommendations for the use of complementary and integrative medicine in the treatment of rheumatic disease. ACR integrative RA guidelines offer recommendations to complement prescribed DMARD therapy which include exercise, rehabilitation, diet, and combined psychological and physical approaches (14). ACR osteoarthritis guidelines also discuss common forms of complementary therapy in the management of osteoarthritis (15). The conditional nature of many of these recommendations requires clinicians and patients to engage in shared decision-making that accounts for patient's values, preferences, and comorbidities.

Pediatric use of CAM is most common among children with chronic health care needs including juvenile arthritis, asthma, attention-deficit/hyperactivity disorder (ADHD), autism, cancer, cerebral palsy, cystic fibrosis, and inflammatory bowel disease (16). Keeping the best interests of the patient in mind, the pediatric health professional should advise and educate both the patient and the child's parent/guardian on the potential risks and benefits of complementary approaches. Referral to a complementary provider in pediatric populations requires careful monitoring to protect the provider from medical malpractice and professional discipline risks (17). Pediatric rheumatologists must remain vigilant when evaluating children with high disease activity to the possible use of alternative medicine by a patient or caregiver in lieu of recommended conventional medical care, and whether such deferral of care is reasonable under state abuse and neglect laws (18).

Need for Continued Research:

Scientific inquiry into little-understood or unproven ideas, whether they are from complementary or conventional medical sources, can lead to new information that in turn can lead to improvements in the care of patients with rheumatic and musculoskeletal diseases. Conversely, the same scientific inquiry can be used to protect patients from unsafe, harmful, and expensive CAMs. It is important for patients and healthcare professionals to be informed about the nature and use of complementary modalities, and for research to continue to uncover information about

their use, safety, efficacy, and mechanisms.

The ACR supports scientific study of potential new therapies by the National Center for Complementary and Integrative Health (NCCIH). Patients with rheumatic or musculoskeletal diseases as well as practitioners seeking information about CAM need guidance, and CAM practices themselves need assessment. Unique considerations in CAM research include the lack of regulation and standardization of commonly used products and practices, making treatment efficacy difficult to measure (19). Characteristics of some CAM modalities make it difficult to conduct standard randomized controlled trials (20). For these modalities, innovative methods of evaluation are needed, as are measures and standards for the generation and interpretation of evidence (21).

Approved by the Board of Directors: November 2024

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