

**AMERICAN COLLEGE OF RHEUMATOLOGY
POSITION STATEMENT**

SUBJECT: Complementary and Alternative Medicine for Rheumatic Diseases

PRESENTED BY: Committee on Rheumatologic Care

FOR DISTRIBUTION TO: ACR Members
Medical Societies
Allied Health Professional Societies
Arthritis Patients
Managed Care Organizations/Third Party Carriers
National Center for Complementary and Alternative Medicine – NIH
NIAMS
National Council Against Health Fraud
Arthritis Foundation

1 **BACKGROUND:**

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3 Complementary and alternative medicine (CAM) is a group of diverse medical and healthcare
4 systems, practices, and products that are not presently considered to be part of conventional
5 medicine ⁽¹⁾. The use of these modalities, by patients with musculoskeletal and rheumatic
6 conditions, is extremely common.

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8 Conventional therapies for many conditions in the spectrum of the rheumatic and
9 musculoskeletal diseases are not completely effective, have side effects, and can be expensive.
10 Patients desire less expensive, safe, simple, and effective alternatives. They may feel helpless in
11 the face of unpredictable, progressive, and disabling disease, and therefore seek therapies that
12 offer them control of their illness ⁽²⁾.

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14 Surveys show that approximately 30% of Americans will at sometime try complementary or
15 alternative medicine regardless of their disease, education, background, or socioeconomic status ^(3, 6).

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17 **WHAT IS COMPLEMENTARY AND ALTERNATIVE MEDICINE?**

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19 Complementary medicine is used together with conventional medicine, while alternative
20 medicine is used in place of conventional medicine. An integrative approach combines
21 conventional medical therapies and CAM modalities for which there is some high-quality
22 scientific evidence of safety and effectiveness ⁽¹⁾.

23

24 There are many ways to categorize CAM modalities. Broadly defined, CAM is a wide domain of
25 resources that encompasses health systems, modalities, and practices and their accompanying
26 theories and beliefs. CAM includes such resources perceived by their users as associated with
27 positive health outcomes ⁽⁴⁾.

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29 Scientific inquiry into little understood or unproven ideas, no matter whether they are from CAM

30 or conventional medical sources, can lead to new information that in turn can lead to
31 improvements in care for patients with rheumatic and musculoskeletal diseases.

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33 **RATIONALE:**

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35 The American College of Rheumatology (ACR) recognizes that interest in CAM is widespread
36 and is committed to **scientific study of potential therapies**. Patients with rheumatic or
37 musculoskeletal diseases seeking CAM, as well as practitioners, need care and guidance, and the
38 practices themselves need assessment.

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40 The ACR believes that a **scientific** approach to health care delivery can bring opportunities for
41 the incorporation of the best options from all sources of care, be it conventional medicine or
42 CAM. The challenge is to avoid bias and to approach each possibility with an appropriate degree
43 of skepticism or belief.

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45 Analysis of safety and risk-to-benefit ratios should be applied to CAM as it is to conventional
46 medicine. Treatment with CAM must include a discussion of safety, risks and benefits.

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48 **POSITION:**

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50 The ACR recognizes the interest in CAM modalities. The ACR supports rigorous scientific
51 evaluation of all modalities that improve the treatment of rheumatic diseases. The ACR
52 understands that certain characteristics of some CAMs and some conventional medical
53 interventions make it difficult or impossible to conduct standard randomized controlled trials.
54 For these modalities, innovative methods of evaluation are needed, as are measures and
55 standards for the generation and interpretation of evidence ⁽⁴⁾.

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57 The ACR supports the integration of those modalities proven to be safe and effective by
58 scientifically rigorous clinical trials published in the biomedical peer review literature. The ACR
59 advises caution for those not studied scientifically. The ACR believes healthcare providers
60 should be informed about the more common CAM modalities, based upon appropriate scientific
61 evaluation as described above, and should be able to discuss them knowledgeably with patients.

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63 **REFERENCES:**

- 64
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80 Approved by Committee on Rheumatologic Care: 07/01 06/05 06/08

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82 Approved by Board of Directors: 10/02 08/05 08/08