Integrated medicine at UCLH: The Royal London Homoeopathic Hospital

Dr Peter Fisher
Clinical Director
History of Royal London Homoeopathic Hospital

- 1849: founded
- 1947: ‘Royal’
- 1948: joined NHS
- 2003: joined UCLH
- 2005: complete refurbishment
- 2009: Approx 30,000 patient appointments/year
- Range of integrated complementary and alternative medicine (CAM)
RLHH: NHS innovation

• 1950’s 1st NHS Complementary Cancer Service
• 1977 1st NHS Acupuncture Service
• 1995 1st NHS Musculoskeletal medicine service
• 2005 1st NHS High volume acupuncture service
• 2005 1st UK course on Integrating CM for doctors
• 2006 1st NHS Integrated antenatal service
• 2007 1st Integrated allergy service
• 2008 1st NHS Herbal clinic
• 2009 1st Integrated weight loss service
• 2010 1st Integrated insomnia service
Patient choice is integrative

- Improved outcomes
- Empowerment & self-management
- Holistic, patient centred
- Avoids conflicting advice
- Colocation of services
- 100% of patients ‘would recommend to a friend’ (NHS Choices)

The Royal London Homoeopathic Hospital
A centre of excellence for integrated medicine
Integrated/ive medicine: an international movement


“The Institute of Medicine (IOM) and The Bravewell Collaborative partnered to convene a summit that explored the science and practice of integrative medicine - health care that addresses together the mental, emotional, and physical aspects of the healing process”

The Division for Research and Education in Complementary and Integrative Medical Therapies Harvard Medical School

“1) research evaluation of complementary and integrative medical therapies, 2) delivery of educational programs to the medical community and the public, and 3) the investigation of the design of sustainable models of complementary and integrative care delivery.”

Charité University Medical Center, Berlin
CHAMP – Charité Ambulanz für Prävention und Integrative Medizin

Osher Center for Integrative Medicine, Karolinska Institute, Stockholm

“Integrative medicine aims to promote health and to counteract disease through the development and integration of evidence-based knowledge from different disciplines and traditions to complement established medicine.”
Dimensions of integration

Integrated medicine = best of conventional and CM combined in a way which meets patients’ needs

• System
  • Normal NHS system
  • Common electronic patient records

• Clinical Governance
  • professionals trained in CM, subject to professional discipline

• Guidelines
  • eg National Institute for Health and Clinical Excellence (NICE) guidelines for low back pain recommend acupuncture and manipulation
Dimensions of integration: information and education

- Education and training: integrated medicine and ‘hands-on’.
- Specialist advice
- National Institute for Health and Clinical Excellence (NICE) NHS Evidence – complementary and alternative medicine
  - NHS’s official CAM knowledge website
- Complementary and Alternative Medicine Library and Information Service (CAMLIS)
  - Physical and online
Models of integration

• **Unique services:** Allergy and Chronic Fatigue Syndrome
  • UCLH’s only services for under-provided conditions: all treatments guideline recommended treatments & CM.

• **Joint services:**
  • integrated Pain Service with neurological and dental hospitals
  • integrated antenatal service with UCLH midwives
Models of integration 2

- **Colocated services**: in UCLH’s main centres
  - cancer
  - children
- **Cost effective services for ‘effectiveness gap’ conditions**:
  - high volume acupuncture
  - OA knee, low back, headache, facial pain
- **Informal**: Contacts, ad-hoc referrals etc
HVAC knee: *patient global assessment*

Proportion of patients with significant improvement 71%
HVAC results 2

Responder rate
- Patients with VAS improvement $\geq 40\%$
- $21/49 = 43\%$

WOMAC
- Mean total WOMAC $^1 = 48.6$ (range 19-71)
- Mean WOMAC $^8 = 38.1$ (6-60)
- Mean improvement = 10.4 ($-16$ to $31$, SD $13.6$)
1.4 Manual therapy
   1.4.1 Consider offering a course of manual therapy, including spinal manipulation, maximum of 9 sessions over up to 12 weeks

1.5 Other non-pharmacological therapies
   1.5.1 Do not offer laser therapy
   1.5.2 Do not offer interferential therapy
   1.5.3 Do not offer therapeutic ultrasound
   1.5.4 Do not offer transcutaneous electrical nerve simulation (TENS)
   1.5.5 Do not offer lumbar supports
   1.5.6 Do not offer traction

1.6 Invasive procedures
   1.6.1 Consider offering a course of acupuncture maximum of 10 sessions over up to 12 weeks
   1.6.2 Do not offer injections of therapeutic substances

http://guidance.nice.org.uk/CG88
The Royal London Homoeopathic Hospital: clinical services

- Acupuncture
  - including high volume & training clinics
- Allergy
- Children
- Chronic Fatigue Syndrome/ME
- Complementary Cancer
- General medicine
  - Including inflammatory and functional bowel
- Homeopathic podiatry
RLHH: clinical services 2

- Musculoskeletal medicine
- Pharmacy
- Rheumatology
- Skin
- Stress & mood disorder
- Women's
The Royal London Homoeopathic Hospital: therapies

- acupuncture
  - mostly western, some TCM
- aromatherapy
- autogenic training,
- cognitive behaviour therapy
- cranio-sacral therapy
- enzyme potentiated desensitisation,
- graded exercise,
- homeopathy,
- nutritional medicine
  - exclusion, supplements, nutraceuticals
RLHH: therapies 2

- lifestyle management
- occupational therapy
- physiotherapy
- phytotherapy
  - standardised extracts and mixtures
- shiatsu
- spinal manipulation
- sublingual immunotherapy
- wet needling
Royal London Homoeopathic Hospital

16 COMPLEMENTARY CANCER CARE PATHWAY

RLHH care pathways in the Complementary Medicine and Cancer Care centre are offered to support conventional treatment strategies and palliative care.

Patient referred by GP or hospital specialist

Referral to Menopause Acupuncture Clinic

- Referral for Autogenic training
  - 8 sessions
- Referral to Dietician

- Referral for Occupational Therapy
  - 6 sessions

Referral to nursing for other supportive services:
- Aromatherapy Massage OR Reiki
  - 4 sessions of either then review with potential for 2 further sessions OR
- Shiatsu OR Reflexology
  - 6 sessions of either followed by MYMOP review with potential for further 6

GP or Consultant review / discharge
Why do patients come to us?
(925 responses from 493 patients)

- Personal preference: 22%
- Other treatment ineffective: 32%
- Other: 6%
- Adverse effects from other treatment: 14%
- Concern about adverse effects: 26%
- Safety

...and what problems do GPs face?

**Effectiveness Gaps**

- A clinical area where available treatments are not fully effective or satisfactory, for any reason.
- Never previously researched

Top 5 EGs | % GPs reporting
---|---
Musculoskeletal problems | 91
Depression | 45
Eczema | 36
Chronic pain | 32
Irritable bowel syndrome | 32

RLHH outcome study:
all patients receiving homeopathic treatment in March 2007
for top 5 conditions (n=187/797)
Change in medication in patients attending the Royal London Homoeopathic Hospital

**Cancer**

- Stopped: 0
- Reduced: 0
- Unchanged: 15
- Increased: 2

**Musculoskeletal/Rheumatology**

- Stopped: 23
- Reduced: 16
- Unchanged: 28
- Increased: 1

**Respiratory**

- Stopped: 8
- Reduced: 16
- Unchanged: 12
- Increased: 8

**Skin**

- Stopped: 10
- Reduced: 6
- Unchanged: 8
- Increased: 6
Acupuncture for OA, back, neck pain: change in primary outcome

Witt 2006
ARC Low Back Pain
(n=3093r; 11 630 total)

Witt 2006
ARC OA Hip & Knee
(n=712r; 3633 total)

Witt 2006
ARC Chronic neck Pain
(n=3766r; 14 161 total)
Acupuncture for OA knee: meta-analysis

Acupuncture: Cost per QALY

ARC headache (n=2682)
ARC low back pain (n=2388)
ARC osteoarthritis (n=421)
ARC neck pain (n=3005)
Herbal medicine and infectious disease: recent innovations

Artemisinin is a potent anti-malarial drug from *Artemisia annua* L., traditionally used in Chinese medicine.

Oseltamivir (Tamiflu) is based on shikimic acid extracted from *Illicium lanceolatum* (Star anise), traditionally used in Chinese medicine.
St John’s Wort: 
Cochrane Review

- superior to placebo in patients with major depression
- similarly effective as standard antidepressants
- fewer side effects than standard antidepressants

Linde K et al. St John's wort for major depression. *Cochrane Database of Systematic Reviews* 2008, Issue 4
St John’s Wort: drug interactions

- anticonvulsants (*carbamazepine, phenobarbitone, phenytoin*)
- ciclosporin
- digoxin
- HIV protease inhibitors (*indinavir, nelfinavir, ritonavir, saquinavir*)
- HIV non-nucleoside reverse transcriptase inhibitors (*efavirenz, nevirapine*)
- oral contraceptives
- SSRIs
- theophylline
- triptans
- warfarin
Echinacea and URTI

• Echinacea reduces cold incidence
  • OR 0.42, 95% CI: 0.25-0.71

• Duration
  • WMD -1.44 days, 95% CI: -2.24 -0.64

• Publication bias
  ‘unlikely to account for results’

• Potential for preventing pulmonary complications?

Oscillococcinum® in influenza-like syndromes: Cochrane review

- Anas barbariae hepar et cordis extractum (HPUS)
  - Hearts and livers of wild ducks(!)
- 7 RCTs: 4 treatment, 3 prevention
- Reduces duration of disease
- Patients more likely to consider active treatment effective
- Not effective for prevention
- Promising results, more research required

Manipulation for neck pain: WHO Task Force

- Non-whiplash neck pain without radiculopathy
  - manual therapy and exercise more effective than alternative strategies
  - including education
  - manipulation and mobilisation comparable
- Choice between manipulation and mobilisation should depend on patient preference.

Nutraceuticals

Omega-3 polyunsaturated fatty acids for inflammatory arthropathy

- 17 RCTs, Ω-3 PUFAs for 3-4 months
  - reduces patient reported joint pain intensity (SMD: -0.26, p=0.03),
  - minutes of morning stiffness (SMD: -0.43; p=0.003),
  - number of painful and/or tender joints (SMD: -0.29; p=0.003)
  - NSAID consumption (SMD: -0.40; p=0.01).
- ‘Attractive adjunctive treatment for joint pain associated with rheumatoid arthritis’

Welcome to NHS Evidence - complementary and alternative medicine

Finding, evaluating and presenting quality information and evidence on CAM

Introduction to CAM  Updates by therapy  Updates by condition

Keep up to date - this collection was updated on 9 March 2010

NHS Evidence - complementary and alternative medicine newsletter
The March 2010 issue of the CAM specialist collection newsletter lists recent additions to the collection and highlights some of the latest reviews and upcoming events.

Non-pharmacological management of depression in adults
The Scottish Intercollegiate Guidelines Network (SIGN) has published a guideline presenting the evidence base for the effectiveness of non-pharmacological treatment, including a range of alternative and complementary treatments.

NHS Evidence - complementary and alternative medicine newsletter
The February 2010 issue of the CAM specialist collection newsletter lists recent additions to the collection and highlights some of the latest reviews and upcoming events.

Acupuncture for peripheral joint osteoarthritis
New Cochrane review from the Cochrane Database of Systematic Reviews 2010, Issue 1

Acupuncture for spinal disorders
New Cochrane review from the Cochrane Database of Systematic Reviews 2010, Issue 1

RSS  More...
About CAMLIS

CAMLIS is the Complementary and Alternative Medicine Library and Information Service, comprising the reading room at the Royal London Homoeopathic Hospital and the online portal www.cam.nhs.uk.

THE READING ROOM AT THE ROYAL LONDON HOMEOEPATHIC HOSPITAL

The reading room is based in central London at the Royal London Homoeopathic Hospital in Great Ormond Street. Here you can have instant access to over 3,600 books and over 50 on-line and 200 print periodical titles, as well as core databases. To find your way to the reading room, you can view a map with details of convenient bus and tube routes.

CAMLIS is open to the public. Anybody with an interest in CAM (Complementary and Alternative Medicine) can use the reading room, with no formal registration or

www.cam.nhs.uk
Constraints to Integration

- Scepticism
  - colleagues, particularly academic and older
- Attitudes of health care commissioners:
  - ‘a luxury we cannot afford’
  - Choose & Book
- Name
  - RLHH is not exclusively homeopathic
  - Possible name change
Our philosophy

1) Patient-centredness
2) Quality & Safety
   practitioners, medicinal products, processes
   assurance: audit, governance
3) Patient-centredness
4) Innovation
   responsive to need, guidelines etc
5) Integration
   best of complementary and conventional