



HPNA Position Statement

Complementary and Integrative Therapies for Pain and Symptom Management in Persons with Serious Illness

Seriously ill patients often struggle to manage multiple symptoms, such as pain, fatigue, nausea, anxiety, and depression, which reduces their quality of life. The Hospice and Palliative Nurses Association (HPNA) is committed to a comprehensive model of care that addresses the physical, emotional, social, and spiritual concerns of patients throughout the continuum of serious illness. It is the position of the HPNA that:

- Complementary and integrative health (CIH) approaches are valuable for managing pain and other distressing symptoms.
- Although the evidence for CIH is well-established for certain approaches, the evidence is inconclusive or still emerging for other CIH modalities. Nurses and other clinicians must use CIH therapies in alignment with evidence-based practice and each individual patient's goals, values, needs, and preferences.
- Considering that seriously ill patients face multiple related symptoms, multicomponent strategies targeting different pathways may be more effective than isolated interventions. Thus, HPNA recommends use of CIH with other therapies.
- It is important for nurses caring for seriously ill patients to provide education to patients and families about the efficacy, safety, and appropriateness of integrative therapies in palliative care.
- Because CIH therapies often are not offered as part of routine health care, most CIH therapies are part of patients' self-management of symptoms. A thorough assessment of patients' self-management strategies, including CIH approaches, should be part of a comprehensive care plan.
- Access to CIH therapies varies widely depending on factors such as location, availability of therapies and practitioners, and financial resources. Specifically, access to CIH therapies is limited by social determinants of health (SDoH) due to lack of insurance coverage, excessive out-of-pocket costs, and other barriers such as travel and transportation. It is important for nurses caring for seriously ill patients to assess SDoH factors and work with social workers and other members of the interdisciplinary care team to address access barriers.
- Integrative therapies that require certification or licensure (e.g., acupuncture) must be provided by trained and credentialed practitioners. Nurses should engage in CIH delivery approaches that are within the scope of nursing practice.
- Evidence on CIH approaches is rapidly growing. Nurses should stay up to date on this emerging body of knowledge. Educational institutions for nursing and health professions, as



well as licensure and certification bodies, should include content on CIH approaches. This will enhance holistic patient care and improve outcomes, while also minimizing potential risks such as complications or interactions with conventional treatments.

Background

Seriously ill patients often use CIH approaches. These approaches can provide patients and their caregivers with additional, nonconventional, nonpharmacological options for managing symptoms related to disease, its treatments, or both. Expanding the knowledge base about use of CIH approaches to improve symptom management is one of the top priorities for federal agencies such as the National Center for Complementary and Integrative Health (NCCIH).¹ Many federal and health professional bodies promote the idea that evidence-based complementary therapies should be seamlessly integrated alongside conventional medicine, rather than considered an “alternative” to conventional medicine. The NCCIH recently issued a statement about incorporating spiritual dimensions into patient care², underscoring efforts by the Veterans Health Administration, which has put spirituality as a prominent focus of its Whole Health patient care model.³ Please see HPNA’s value statement on spiritual care.⁴

NCCIH has provided a new classification for CIH approaches, allowing better alignment with emerging research.⁵ The previous system grouped CIH therapies into five categories: Mind-Body Practices, Body-Based Practices, Alternative Medical Systems, Energy Therapies, and Natural Products. The new framework organizes CIH modalities based on their primary therapeutic inputs (i.e., how the therapy is taken in or delivered):⁵

- **Physical:** These approaches utilize physical manipulation or movement, including body-based practices (e.g., massage therapy, spinal manipulation, qigong).
- **Psychological:** These techniques focus on mental processes and emotional well-being (e.g., meditation, mindfulness, mindfulness-based stress reduction, guided imagery, relaxation techniques, art therapy, music therapy, hypnosis).
- **Nutritional:** These approaches involve dietary or herbal supplements to aid in healing or symptom management (e.g., special diets, dietary supplements, herbs, probiotics).
- **Combination:** These techniques draw from multiple categories and may include physical, psychological, and nutritional elements (e.g., yoga, tai chi, acupuncture, mindfulness-based art therapies).

It is important to note that the levels of recommendation for CIH modalities vary widely across modalities and symptoms or outcomes. For example, a systematic review of 22 trials on



aromatherapy, massage, and reflexology in palliative care found that although evidence on massage and aromatherapy's impact on anxiety, pain, and quality of life remained inconclusive, reflexology had a modest effect on reducing pain intensity compared to control conditions.⁶ Another systematic review including 30 studies of music therapy in adult patients across the continuum of cancer care found positive effects for the outcomes of anxiety and depression. The effects were greater for patients during the active cancer treatment phase. In patients beyond active cancer treatments, improvements were noted in quality of life, spiritual well-being, pain, and stress.⁷

In 2022, the Society for Integrative Oncology and American Society of Clinical Oncology released clinical guidelines for integrative medicine for pain management^{8,9} and recommended acupuncture, reflexology, or acupressure for cancer-related or musculoskeletal pain based on intermediate-level evidence. The guidelines also endorsed massage for cancer pain in patients with advanced disease and those receiving hospice care, based on intermediate levels of evidence. The guidelines were based on accumulated review of extant evidence. However, the guidelines also found that the current quality of evidence for other mind-body interventions for cancer pain or natural products was either low or inconclusive.^{8,9}

There are well-documented racial, ethnic, socioeconomic, and geographical imbalances in the utilization of and accessibility to CIH approaches.^{10,11} Although some CIH modalities are affordable, others can impose a significant financial burden due to high out-of-pocket costs and lack of insurance coverage. Certain treatments, such as yoga and acupuncture, are less accessible in communities that are both ethnically diverse and economically disadvantaged. In addition, CIH access is limited by lack of practitioners from marginalized backgrounds, which could discourage uptake within marginalized communities that are disproportionately affected by disease burden and symptoms.¹⁰⁻¹² In addition, belief systems, including skepticism about the efficacy of CIH and existing social norms, could deter acceptance. It is important to note that many clinical trials on CIH, particularly in the context of cancer pain and symptom management, suffer from underrepresentation of diverse racial and ethnic groups, limiting the generalizability of the findings.

Although CIH therapies are more researched in seriously ill cancer patients, the therapies are increasingly utilized for a range of other serious conditions. A broad overview of common CIH modalities and associated evidence is presented below.

**Mindfulness-based interventions:**

- Cancer: Moderate evidence supports the effectiveness of mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT) for improving quality of life and reducing anxiety and depression.
- Chronic pain conditions: Modestly strong evidence exists for mindfulness meditation in symptom reduction.
- Neurological disorders (e.g., multiple sclerosis): Moderate but promising evidence suggests that meditation techniques can enhance quality of life and reduce fatigue.

Acupuncture:

- Cancer: Moderate evidence supports acupuncture's effectiveness for reducing cancer-related pain.
- Heart failure: Limited but emerging evidence suggests that acupuncture may improve quality of life.

Massage therapy:

- Cancer: Limited evidence supports the use of massage therapy for reducing pain and cancer-related fatigue.
- Heart failure: Modest evidence supports relaxation techniques, which often include massage elements, for improving quality of life.

Yoga:

- Cancer: Limited evidence supports yoga for improving quality of life and reducing cancer-related fatigue.
- Chronic obstructive pulmonary disease: Limited evidence shows that tai chi, a practice similar to yoga, can improve lung function.

Dietary supplements:

- Cancer: Limited evidence supports the effectiveness of omega-3 fatty acids and vitamins for improving quality of life and reducing cancer-related fatigue.
- Heart failure: Limited evidence suggests that certain dietary supplements may improve symptoms.

**Music therapy:**

- Dementia: Moderate evidence supports music therapy for alleviating agitation and improving mood.
- Cancer: Music therapy has been found to have positive effects on anxiety and depression.

Art therapy:

- Dementia: Limited but promising evidence suggests that art therapy can help patients express emotions and improve their quality of life.
- Cancer: Moderately strong evidence suggests that mindfulness-based art therapy can improve depression and spiritual well-being, specifically peace and meaning-making.

Aromatherapy:

- Cancer: Limited but promising evidence shows that aromatherapy can help reduce anxiety and improve emotional well-being.
- Chronic pain conditions: Limited evidence suggests that aromatherapy can have a mild effect on reducing chronic pain, especially when used as a complementary treatment.
- Dementia: Modest evidence supports the use of aromatherapy, particularly lavender oil, to alleviate agitation and improve sleep quality.
- Stress/anxiety disorders: Moderate evidence suggests that aromatherapy can be effective in reducing symptoms of stress and anxiety, although more robust studies are needed.

Conclusion

CIH is a growing field of research and practice that offers potential benefits for people with serious illnesses, helping them cope with distressing symptoms, often in combination with conventional treatments. Research on these approaches is rapidly emerging to explore their efficacy and safety across various types of serious illness. Current evidence points to benefits of several CIH modalities, making it a key area of practice integration for healthcare professionals caring for seriously ill patients.



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