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Short Communication Open Access

U.S. Veterans Increase CAM Utilization upon Completion of a Pain Education Program

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Pain is one of the most common reasons U.S. Veterans consult with their general medicine practitioners and is one of the most prevalent symptoms reported by returning Veterans [1]. In fact, almost half of patients within the Department of Veteran Affairs (VA) health care settings experience pain on a regular basis [2]. Furthermore, Veterans with chronic, non-cancer pain are often more complex in their presentation due to difficulties returning to civilian life and the influence of their past military service on their pain [3]. Past studies have shown that the pain suffered by Veterans is significantly worse than that of the general public [4]. Complementary therapies are typically used in conjunction with conventional medicine, while alternative modalities are used in place of orthodox treatments. About half of U.S. complementary and alternative medicine (CAM) users utilize these treatments for pain [5]. Thus there is a growing demand for CAM by Veterans seeking its benefits. The perception of Veterans is that the current U.S. medical care system is lacking in "holism," which is a cornerstone in chronic pain management [6]. The average rate of CAM consumption among U.S. Veterans is approximately 30-50% [6,7]. Past research has indicated that Veterans with chronic, non-cancer pain have reported that chiropractic care was the least preferred, while massage therapy was the most favored CAM modality [8]. Despite the discernment that U.S. Veterans are active consumers of CAM [8,9], they are still lower than the general population [10]. In addition, more than 75% of Veteran non-users report they would utilize these treatment options if made available [8]. Thus, Veterans may not be fully aware of the CAM options currently available to them in the current U.S. VA health care system [11].

The 2002 Healthcare Analysis and Information Group (HAIG) Study on CAM utilization in the U.S. VA health care system indicated that 84% of VA facilities provided or referred out for some form of CAM modality [12]. The most common modalities offered within the VA at that time included acupuncture, biofeedback, chiropractic care, hypnosis, music therapy, and relaxation techniques. Most CAM modalities were provided by conventionally trained practitioners and were typically integrated into treatment plans. However, there appeared to be limited oversight in training, experience, certification, and practice of CAM providers at that time. A CAM Workgroup was subsequently chartered in March 2003 to examine the appropriateness of CAM practices and processes in the VA. As a result, the workgroup recommended the VA form a Field Advisory Group to promote research, integration, and education on CAM within the VA, which was completed in 2010. The VA is committed to the dissemination of empirically-based practices to Veterans with behavioral health conditions when they are shown to be effective [13]. In fact, the VA now recommends all of their facilities to offer at least two CAM modalities. However, the CAM treatment options currently available may have not been widely promoted [11].

In response to this call for action, a Midwestern VA Medical Center developed and implemented a 12-week, "Pain Education School" program catered to Veterans who suffer from chronic, non-cancer pain [14]. "Pain Education School" is a comprehensive program that introduces patients to 23 different disciplines at the VA Medical Center that deal with chronic, non-cancer pain. The topics included information about13 different CAM modalities (including Acceptance & Commitment Therapy/mindfulness, acupuncture, aromatherapy, biofeedback/relaxation training, chiropractor, healing touch, hypnosis, massage, movement (e.g., yoga), music/art therapy, spinal manipulation, spirituality/religion, and traditional healers (e.g., Curanderos). Such an education-focused, professionally driven program assumed that if individuals were provided with adequate education, they would self-manage chronic pain [15]. The responses from 103 Veterans who elected to participate in the program on an adaptation of the Complementary and Alternative Medicine Questionnaire©, SECTION A: Use of Alternative Health Care Providers [16] were included in a recent study [17].The findings from that study indicated that U.S. Veterans with chronic, non-cancer pain will increase their utilization of CAM if additional education is provided about their availability. The findings also suggests that participation in the "Pain Education School" program increased use specifically of those modalities that have promising scientific evidence to support their use for chronic, non-cancer pain conditions, such as acupuncture, biofeedback/relaxation training, movement (yoga), and spinal manipulation [18]. The most utilized CAM modality among the U.S. Veterans polled was the chiropractor; the least utilized were hypnosis and aromatherapy. Not all health care systems or providers may have a "Pain Education School" or other type of education-focused, professionally driven program as an amenity. However, lessons can be learned from this study in terms of what pain providers may be able to accomplish in their practice. At most, providers may want to begin practicing "integrative" medicine. At the very least, pain providers should address "lifestyle imbalances" affected by chronic pain, including stress, physical activity, sleep, and nutrition, and make appropriate recommendations or referrals.

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