



EDITORIAL: MEMBERS QUESTIONNAIRE POUR LES MEMBRES

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It's hard to believe that the IN-CAM web site has been operational for almost one year now. Now that all the bugs are worked out (or at least most of them!), we are looking for your feedback. Beginning in January 2005, the first time you log-in to the web site as a member you will be prompted to answer a few short questions. This information will help us to understand who our "active" members are – that is those of you that visit the web site at least once in 2005, after joining IN-CAM in 2004 — and what your needs are. It will provide a chance for you to tell us what you like about IN-CAM (and our web site) and to provide suggestions for things we can improve. You will have the option of providing feedback "at a later time" up to 3 times, but then you must answer the questions to gain access to the membership pages. Of course we welcome your feedback at any time, but we hope this systematic collection of information will assist us in assessing IN-CAM members' interests and involvement and in making adjustments, if needed. This assessment will help us make IN-CAM even better, but will also serve to fulfill requirements to our funders to evaluate IN-CAM on a regular basis.

We hope that many – most – of you will continue to access the IN-CAM web site in 2005 and will provide us with feedback!

Il est difficile de croire que le réseau de l'IN-CAM a été mis en marche il y a près d'un an. Maintenant que nous avons résolu tous les problèmes (ou du moins la plupart d'entre eux), nous sollicitons votre rétroaction. Dès janvier 2005, la première fois où vous accéderez au site comme membre, vous serez invité à répondre à quelques questions courtes. Cette information nous aidera à mieux comprendre quels sont nos membres « actifs » - c'est-à-dire ceux d'entre vous qui retournent au réseau au moins une fois en 2005 après vous être joints à l'IN-CAM en 2004 — et quels sont leurs besoins. Vous pourrez nous faire savoir ce que vous aimez ou n'aimez pas dans le réseau de l'IN-CAM (et dans notre site web). Vous aurez aussi l'occasion de faire des suggestions pour l'améliorer. Vous aurez l'option de soumettre vos commentaires "plus tard" jusqu'à 3 fois, mais après la troisième fois vous devrez répondre aux questions pour avoir accès à la page « pour les membres ». Bien sûr, vos commentaires sont bienvenus à n'importe quel moment, mais nous espérons que ce moyen systémique de collecter l'information nous aidera à évaluer les intérêts et le niveau de participation de nos membres afin de faire les ajustements nécessaires, si besoin est. Cette évaluation nous aidera à améliorer l'IN-CAM et permettra aussi de satisfaire les conditions de nos bailleurs de fonds, entre autre celle d'évaluer le réseau régulièrement.

Nous espérons que plusieurs de nos membres (la plupart de vous) continueront à accéder au site Web de l'IN-CAM en 2005 et nous feront parvenir leurs commentaires et suggestions.

FOCUS ON: CANADIAN CAM RELATED RESEARCH NETWORKS

In the past few years many new research networks in addition to IN-CAM have emerged in Canada in the area of Complementary and Alternative Medicine (CAM). But why so many networks? And what makes one network different from the next? Following are brief descriptions of CAM research networks that IN-CAM is aware of – a sort of user's guide to CAM research networks in Canada – that we hope will help you in finding the right research network for you!

Canadian Interdisciplinary Network for CAM Research (IN-CAM)

IN-CAM was launched in January 2004 and currently has over 575 members, including researchers, practitioners, administrators, educators, librarians, policy advisors and students. IN-CAM's two primary objectives are to build research capacity and facilitate interdisciplinary CAM research in Canada. Although supportive of all types of





FOCUS ON: CANADIAN CAM RELATED RESEARCH NETWORKS

CAM research, IN-CAM has an emphasis on research from a health services or social science perspective. IN-CAM membership is free and offers:

- A bilingual (English/French) website (www.incamresearch.ca) that hosts a searchable members database, research funding information, educational resources and useful links;
- Graduate Studentship and Research Project grants to IN-CAM members;
- A bi-monthly bulletin to update members on CAM research activities across Canada and internationally;
- Opportunities to meet, network and liaise with individuals who are interested in and pursuing CAM research; and
- An annual research symposium (IN-CAM's first symposium – Building Research Capacity and Networking in Canada will be held on December 4&5, 2004 in Toronto, Ontario).

Canadian Pediatric Complementary and Alternative Medicine Network (PedCAM)

A partner of IN-CAM, the Hospital for Sick Children Foundation, and the Complementary and Alternative Research and Evaluation (CARE) program, PedCAM was launched in September 2004. PedCAM is a new network to link pediatric CAM researchers and educators and has almost 100 members. PedCAM's mission is to foster collaboration and advance CAM in children and youth, with respect to: research; education; policy and decision-making; promoting knowledge transfer and exchange; and providing leadership, networking opportunities and tools to advance the field.



Membership is free and provides access to:

- A website (www.pedcam.ca) that hosts an online searchable database of PedCAM members; information about pediatric CAM, and specifically funding opportunities, education, fellowships, scholarships, conferences and meetings, PubMed searches and a collection of online resources;
- A bi-monthly bulletin and newflashes (emails) to update PedCAM members on pediatric CAM research and related news; and
- An annual research forum (PedCAM's first forum will be held during the Sick Kids Foundation's forum: [Complementary and Alternative Health Care in Pediatrics](#) in Toronto on December 3, 2004 in conjunction with the IN-CAM symposium).

Complementary and Alternative Medicine Education and Research Network of Alberta (CAMera)

Launched in September 2002, CAMera is a provincial multidisciplinary network seeking, through education, to enhance the capacity of the Alberta CAM community to access, use and do CAM research. Membership is open to all CAM and conventional medicine practitioners, students interested in CAM research, and researchers interested in working with CAM practitioners and doing CAM research in Alberta.



Membership is free and provides access to:

- A website (www.cameraresearchnetwork.ab.ca) that hosts research funding information; CAM research events, and other research resources;
- Bi-monthly newsletters and bi-weekly email newflashes to update on CAM research and events;
- Research education services such as a research methods course and research methodology workshops
- Free one-on-one, in-depth research consultations on specific aspects of the research and ethics processes; and
- An annual research symposium (4th Symposium to be scheduled for June 2005, Edmonton, AB).

International Society for Complementary Medicine Research (ISCMR)



International Society for
Complementary Medicine Research

The International
Society for
Complementary
Medicine Research

(ISCMR) was established at the 10th Annual Symposium on Complementary Health Care (Exeter, UK, November 2003). ISCMR is a multidisciplinary scientific organization to foster the development and dissemination of new knowledge regarding whole person healing and whole systems healthcare research, including traditional, holistic, alternative, complementary, and integrative forms of medicine.

ISCMR membership is open to anyone with an interest in complementary medicine research and is fee based. Membership to ISCMR offers access to:

- Discounted subscription rates for selected journals;
- A website (www.iscmr.org) that hosts a searchable member database, listings of international research events, publications and announcements;
- The opportunity to post and/or take part in international interest groups on topics of interest for ISCMR members or in international research projects that fit within ISCMR's goals;
- Quarterly newsletters; and
- Access to agendas and minutes of ISCMR Board meetings and the Annual General Meeting.



FOCUS ON: CANADIAN CAM RELATED RESEARCH NETWORKS

Canadian Massage Therapy Research Network (CMTRN)

The Canadian Massage Therapy Research Network_CMTRN was formed in 2001, as a sub-committee of the Canadian Massage Therapist Alliance (CMTA), to build a national infrastructure for massage therapy research in Canada. The CMTRN's mission is to promote public health and wellness through the establishment of a national network to communicate research outcomes and encourage research initiatives on the efficacy, safety and cost effectiveness of massage therapy within the Canadian health care system. The CMTRN, is a volunteer group of massage therapists who work together to:



- Act as a communications network for massage therapy research;
- Act as a linking resource for researchers within and beyond the massage therapy profession;
- Function as a liaison group, and give massage therapy a voice in health care research;
- Increase research literacy and capacity within the massage therapy profession; and
- Increase public awareness of the efficacy of massage therapy.

Currently the CMTRN is securing funding to develop the research pages on the CMTA's web site (www.cmta.ca/research_history.htm). Part of the long term strategy is to create a searchable database for massage therapy research, to create evidence-informed guidelines for practice and to continue to develop several educational resources through the CMTA to increase research literacy and capacity in massage therapy in Canada.

Natural Health Product Research Society of Canada (NHPRS)

The Natural Health Product Research Society of Canada is a federally incorporated non-profit organization founded in 2003 through the collaborative effort of academic, industry, and government researchers from across Canada. The NHP Research Society mission is to facilitate and support meaningful, scientifically rigorous research and education on natural health products (NHPs). NHPRS hosts an annual NHP Research Conference (upcoming February 11-13, 2005 in Vancouver). Membership is open to all individuals, companies and associations with an interest in NHPs and NHP research and is fee based.



(<http://www.nhpresearch.bcit.ca/index.html>)

Advanced Foods and Materials Network (AFMNet)



From food safety to new products, cutting-edge research is making headway with the Advanced Foods and Materials Network (AFMNet), one of Canada's newest Networks of Centres of Excellence. This nationwide initiative brings together researchers in biochemistry, engineering, health, law and society who are focused on innovative aspects of food and materials. Collaboration and networking are key for AFMNet: 87 researchers in 24 universities help identify gaps in existing research capacity and support the training of highly qualified individuals destined to become leaders in industry, academia and government. Ultimately, this network will increase innovation, and enhance competitiveness for Canada. For more information visit AFMnet's web site: <http://www.afmnet.ca/>

PROFILE

SUNITA VOHRA, MD, FRCPC, MSC



Dr. Sunita Vohra is an Associate Professor of Pediatrics at the University of Alberta and the Director of the first academic pediatric integrative medicine program in Canada, the Complementary and Alternative Research and Education (CARE) program at the Stollery Children's Hospital (Edmonton). Her training includes pediatrics (University of Toronto), clinical

pharmacology (University of Toronto), and clinical epidemiology (McMaster University, Hamilton). Her interest in pediatric CAM is a direct result of this combination of training. Pediatrics

emphasizes family-centered care, and CAM is a patient-led phenomenon. Her time with the Motherisk Program at The Hospital for Sick Children taught her about how to encourage evidence-based decision-making in a field fraught with emotion, and how to build evidence when it is scant. Despite many advances in care, conventional medicine still suffers from the "tip of the iceberg" phenomenon - we only know and understand a fraction of the range of therapies offered to children. It seems likely that we can augment this knowledge base with formal study of the safety and efficacy of pediatric CAM.

In 2003, Dr. Vohra successfully launched the CARE program, which has three arms: clinical, research, and education. This program is focused on generating an evidence base for pediatric CAM, providing



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evidence based clinical consultations, and offering a variety of educational programs. Through the CARE program, Dr. Vohra is pursuing her broad and varied research interests in pediatric CAM. This includes work to evaluate natural health product efficacy, such as randomized controlled trials of Echinacea and Ginseng in children. Patient safety is a particular interest for CARE, and is the focus of a systematic review of safety of chiropractic in children. Innovation in research is particularly important when trying to assess pediatric CAM.

The CARE program is currently developing an “N of 1” service to help clinicians assess the effect of a variety of CAM therapies (e.g. probiotics, melatonin, etc.) in their patient population. “N of 1” affords rigorous evaluation of a therapy, while allowing for the individualized approach that is crucial to many CAM therapies. Trainee education is another important area for CARE to help build capacity in this field. Future health care providers need to receive education about the CAM

therapies that their patients are going to be using and that they need information about.

Dr. Vohra has been recognized as an expert in pediatric CAM nationally and internationally. She is an advisor to the Natural Health Products Directorate (Health Canada) and Sick Kids Foundation with respect to children and NHPs/CAM. She is the Director of the newly launched Canadian Pediatric Complementary and Alternative Medicine Network (www.pedcam.ca).

Dr. Vohra is also the Program Director for Canada’s first fellowship program in pediatric integrative medicine (Stollery Children’s Hospital, Edmonton). Dr. Vohra is delighted to act as an advisor to IN-CAM, and thinks this is an opportune time for the growth and development of pediatric CAM in Canada.

RESEARCH SHOWCASE: INNOVATIVE METHODS FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM): N-OF-1 BY SUNITA VOHRA

The popularity of Complementary and Alternative Medicine (CAM) is rising dramatically in Canada. From 1994 to 2001, the number of Canadians reporting CAM use in the preceding year increased dramatically from 15 to 75%^{1,2}. Children are not exempt as consumers of alternative health care. Data from the United States (US) and the United Kingdom (UK) indicate 20-47% of the general pediatric population have used CAM^{3,4,5}. The rates of pediatric CAM use in Canada and the US increases to 70% in children with severe, chronic, recurrent, or incurable conditions, particularly for those who have suffered relapses and other setbacks^{6,7}.

Despite widespread use, there is frequently insufficient data about the effectiveness of many pediatric CAM therapies. There is disagreement among conventional and alternative care providers with respect to the methods that should be used to investigate CAM therapies. Although the randomized controlled trial (RCT) is recognized within evidence based medicine (EBM) as the gold standard for evaluating treatment efficacy, CAM practitioners frequently argue the philosophy behind CAM will be compromised if subjected to RCT evaluation⁸. That is, from their perspective population-based research methods, such as RCTs, do not address the individual patient’s experiences, and thus it is argued that they tend to neglect or eliminate the individualized approach that is essential to CAM. Alternatively, conventional health care providers argue non-RCTs leave research open to bias⁹. It is evident then that a method that provides both rigorous research and an “individual” approach is required.

One method that provides a valuable opportunity to merge the philosophies of both CAM and EBM is the N-of-1 study design. This method merges methodological rigor with an individualized treatment approach to care, making it appealing to both CAM and conventional care providers. As well, it allows for evaluation in the settings in which CAM therapies are normally prescribed, thus testing effectiveness and not only efficacy. N-of-1 studies have the

potential to provide an ideal method for developing an evidence-base for CAM so that families, health care providers, and policy-makers can make informed choices.

An N-of-1 trial is a randomized multiple crossover trial performed in one participant. Three conditions need to be fulfilled prior to beginning an N-of-1 trial¹⁰. First, the condition under study should be chronic and stable (e.g., autism, irritable bowel syndrome, attention deficit disorder, diabetes, asthma). In situations where the condition is characterized by rapid or spontaneous improvement, there may be a false conclusion that the improvement is a result of the current treatment. Second, the intervention under study should have a quick onset and termination of effect and should not have an irreversible effect on the condition (e.g., cure). Quick onset and offset diminishes the need for long treatment periods and lengthy wash out periods between interventions. Third, outcomes need to be relevant to both the patient and their health care provider. Disease and patient specific questionnaires are typically developed for this purpose¹¹.

The Complementary and Alternative Research and Education (CARE) program at the University of Alberta has set forth to develop an N-of-1 service for investigating and generating an evidence base for CAM therapies. First, to develop this service CARE has developed two pilot N-of-1 protocols for investigating two different CAM therapies. One protocol has been designed to investigate the use of a micronutrient supplement for ameliorating irritability, mood instability and aggression in children with Autism. The second protocol has been designed to investigate the use of probiotics for decreasing the duration and severity of patient and disease specific symptoms in children with irritable bowel syndrome. The protocols have been developed to provide a framework for conducting the N-of-1 trial; however, in line with the true philosophy of the N-of-1, specific



procedures (e.g., patient outcomes) can and will be adapted for each patient to ensure they receive individualized patient care. Enrolment in these trials will begin at the University of Alberta in November, 2004.

While generating evidence for these two alternative therapies through the pilot N-of-1 trials, CARE will also be able to identify the feasibility and ease with which N-of-1 trials can be conducted in clinical practice. There is a pressing need for formal evaluation of promising CAM therapies in children. Through the development and launch of an N-of-1 service, CARE will be able to collaborate with both CAM and conventional health care providers to generate such evidence.

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CAM RESEARCH UPDATE

CIHR / NHPD CAM Network ICE Research Project Grant

The goal of the Research Project Grant program is to support and encourage researchers interested in the development of CAM research as expressed in IN-CAM's research priorities. To view IN-CAM's research priority areas, please visit :

www.incamresearch.ca/about/priorities.html

Maximum funds awarded will be \$5,000. Additional funds may be available in exceptional circumstances, which need to be demonstrated by the applicant.

REMINDER: Application deadline date is November 15, 2004

Recent Articles

Beliveau R, Gingras D. Green tea: prevention and treatment of cancer by nutraceuticals. *Lancet*. 2004 Sep 18;364(9439):1021-2.

Bell IR, Lewis DA 2nd, Lewis SE, Schwartz GE, Brooks AJ, Scott A, Baldwin CM. EEG alpha sensitization in individualized homeopathic treatment of fibromyalgia. *Int J Neurosci*. 2004 Sep;114(9):1195-220

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Gordon JS. The White House Commission on Complementary and Alternative Medicine Policy and the Future of Healthcare. *Altern Ther Health Med*. 2004 Sep-Oct;10(5):20-3.

Haramati A, Lumpkin MD. Complementary and alternative medicine: opportunities for education and research. *Exp Biol Med* (Maywood). 2004 Sep;229(8):695-7.

Hess DJ. Medical modernisation, scientific research fields and the epistemic politics of health social movements. *Social Health Illn*. 2004 Sep;26(6):695-709.

Kelner M, Wellman B, Boon H, Welsh S. Responses of established healthcare to the professionalization of complementary and alternative medicine in Ontario. *Soc Sci Med*. 2004 Sep;59(5):915-30.

Willison KD, Andrews GJ. Complementary medicine and older people: past research and future directions. *Complement Ther Nurs Midwifery*. 2004 May;10(2):80-91.



Recent Articles Submitted by PedCAM

Lin YC, Bioteau AB, Ferrari LR, Berde CB. The use of herbs and complementary and alternative medicine in pediatric preoperative patients. J Clin Anesth. 2004;16:4-6.

Markowitz JE, Mamula P, delRosario JF, Baldassano RN, Lewis JD, Jawad AF, Culton K, Strom BL. Patterns of complementary and alternative medicine use in a population of pediatric patients with inflammatory bowel disease. Inflamm Bowel Dis. 2004 Sep;10(5):599-605.

Yussman SM, Ryan SA, Auinger P, Weitzman M. Visits to complementary and alternative medicine providers by children and adolescents in the United States. Ambul Pediatr. 2004 Sep-Oct;4(5):429-35.

OF INTEREST

First Forum in Complementary and Alternative Health Care and Paediatrics: Hospital for Sick Children Foundation - Dec 3, 2004 - University of Toronto, Toronto, Ontario

Visit www.sickkids.ca/foundation to view the call for abstracts. For more information, please contact national.grants@sickkids.ca.

First Annual IN-CAM Symposium: Increasing CAM Research Capacity and Networking in Canada—Dec 4-5, 2004, Toronto, ON
Please visit www.incamresearch.ca for more information.

Second Annual Conference on Spirituality and Mental Health - Dec 6-7, 2004 - University of Ottawa, Ottawa, Ontario
For more information, contact Carmen Lefebvre at: cfebvr@rohcg.on.ca.

CAMUSS: Complementary and Alternative Medicine Update Seminar Series

Seminar 1: December 11-12, 2004

Canadian College of Naturopathic Medicine

Please visit: <http://publish.uwo.ca/%7Elgagnier/CamussHome/index.htm>

Second NHPRS Conference: Integrating Basic and Clinical Research on NHPs

February 11-13, 2005 - Vancouver, British Columbia

Abstract Submission deadline: November 12, 2004.

For more information please visit: www.NHPresearch.bc.ca.

The 2005 Society for Arts in Healthcare Conference and the First Canadian International Conference on Arts in Healthcare - No Borders: pARTners in HEALTHcare

June 22-25, 2005 - Sutton Place Hotel, Edmonton, Alberta

Deadline for the Call for Papers is November 22, 2004.

For more information please visit: www.thesah.org/annual

CONTACT US /

N'HÉSITÉZ PAS À NOUS CONTACTER

We invite your questions, comments and suggestions on the bulletin, the website and the network in general. Please contact one of our two Network Coordinators:

Nous accueillerons avec plaisir vos questions, commentaires et suggestions à propos du Bulletin, du site Web ou du réseau en général. Veuillez contacter l'une de nos deux coordonnatrices:

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