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INTEGRATIVE REVIEW ARTICLE

INTEGRATIVE AND COMPLEMENTARY HEALTH PRACTICES: AN INTEGRATIVE REVIEW ABOUT NON PHARMACOLOGICAL MEASURES FOR ONCOLOGIC PAIN

PRÁTICAS INTEGRATIVAS E COMPLEMENTARES DE SAÚDE: REVISÃO INTEGRATIVA SOBRE MEDIDAS NÃO FARMACOLÓGICAS À DOR ONCOLÓGICA

LAS PRÁCTICAS DE SALUD INTEGRATIVAS Y COMPLEMENTARIAS: UNA REVISIÓN INTEGRADORA ACERCA DE LAS MEDIDAS NO FARMACOLÓGICAS AL DOLOR ONCOLÓGICO

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ABSTRACT

Objectives: identifying in the national literature the prospect of the scientific production around the PICS employed for cancer pain and discussing the limits and possibilities of its use in nursing care. **Method:** an integrative review aimed to answering the guiding question << What PICS are employed as non-pharmacological measures for cancer pain, its limits and possibilities of use in nursing care? >>. A search conducted in the databases LILACS and BDENF employing the descriptors: "alternative therapies", "complementary therapies", "pain", "oncology", "nursing". For analysis sought to the nuclei of meaning that make up the corpus of four selected articles. **Results:** in the approaches referred as the largest producers of efficacy highlight the educational strategies for pain management and the use of therapies such as herbal medicine, acupuncture, meditation, body practices with massages and yoga. **Conclusion:** the production around the theme is incipient and that, although there are limits to its application, these do not preclude its use in nursing care. **Descriptors:** Nursing; Pain; Complementary Therapies; Oncology.

RESUMO

Objetivos: identificar na literatura nacional o panorama da produção científica em torno das PICS empregadas para dor oncológica e discutir os limites e as possibilidades de seu emprego no cuidado de enfermagem. **Método:** revisão integrativa, com vistas a responder a questão norteadora <<Que PICS são empregadas como medidas não farmacológicas à dor oncológica, seus limites e possibilidades de utilização no cuidado de enfermagem?>>. Busca realizada nas bases LILACS e BDENF empregando os descritores: "terapias alternativas", "terapias complementares", "dor", "oncologia", "enfermagem". Para análise buscou-se os núcleos de sentido que compõem o corpus de quatro artigos selecionados. **Resultados:** nas abordagens referidas como maiores produtoras de eficácia destacam-se estratégias educativas para manejo da dor e a utilização de terapias como fitoterapia, acupuntura, meditação, práticas corporais com massagens e yoga. **Conclusão:** a produção em torno da temática é incipiente e que, embora existam limites quanto ao seu emprego, estes não inviabilizam sua utilização no cuidado de enfermagem. **Descritores:** Enfermagem; Dor; Terapias Complementares; Oncologia.

RESUMEN

Objetivos: identificar en la literatura nacional el panorama de la producción científica en torno a los PICS empleados para el dolor del cáncer y discutir los límites y posibilidades de su uso en el cuidado de enfermería. **Método:** una revisión integradora, con el fin de responder a la pregunta guía << Qué PICS se emplean como medidas no farmacológicas para el dolor del cáncer, sus límites y posibilidades de su uso en el cuidado de enfermería? >> Búsqueda realizada en las bases de datos LILACS y BDENF que emplean los descriptores: "terapias alternativas", "terapias complementarias", "dolor", "oncología", "enfermería". Para el análisis buscado a los núcleos de significado que conforman el corpus de cuatro artículos seleccionados. **Resultados:** en los enfoques referidos como los mayores productores de eficacia resaltan las estrategias educativas para el tratamiento del dolor y el uso de terapias como: la medicina a base de hierbas, acupuntura, meditación, prácticas corporales con masajes y yoga. **Conclusión:** la producción alrededor del tema es incipiente y que, aunque hay límites a su aplicación, estos no excluyen su uso en cuidados de enfermería. **Descriptores:** Enfermería; Dolor; Terapias Complementarias; Oncología.

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INTRODUCTION

Cancer is an important cause of morbidity and mortality in the world and especially in Brazil; thus becoming a serious public health problem. In the last decade its growth has reached alarming numbers with an advance of about 20% worldwide. It is estimated that approximately 27 million new cases occur worldwide by the year 2030.¹

As a Non-Communicable Chronic Disease (NCD) of high incidence and of social and economic impact it directly affects the family and the State. Treatment costs are high and the cure rate is directly related to early diagnosis, although primary prevention exert an important role in eliminating some modifiable risk factors such as: smoking, drinking and obesity.²

By the year 2014, Brazil should register approximately 576.580 new cases, an estimate 11% higher than what was expected by the year 2012. The most prevalent types in the country planned for the period are non-melanoma skin, prostate and breast.¹

Among the goals that it aims to achieve with the possible treatments and available today, there is the cure and/or disease control, increased survival and decreased of symptoms related to the disease advance or to the use of therapeutic measures. To this end, the measures regarding cancer treatment include surgery, radiotherapy, chemotherapy, and may be used at different times of treatment.³

The occurrence of adverse events related to the proposed and referred treatments to the proper evolution of the disease, such as nausea, vomiting and pain, have been established as serious constraints to the comfort of patients undergoing these treatments.³⁻⁴

Given this scenario, the nursing professionals working in oncology should add knowledge to care for this specialized clientele, recognizing the different types of treatment and possible forms of management, in order to contribute to the support to the patient in search for an integral and secure care.

This study is an integrative review, whose object of research is the use of Integrative and Complementary Practices of Health (PICS) as a non-pharmacological measure for pain in cancer patients, with the following objectives:

- Identifying in the national literature the prospect of the scientific production around the PICS employed for cancer pain;
- Discussing the limits and possibilities of its application in nursing care.

REVIEW OF THE LITERATURE

Studies have shown that among the most common symptoms of cancer patients are the pain events. The pain of cancer patients may contribute to trigger other disorders, such as insomnia, anxiety, depression and social isolation. Studies indicate that more than fifty percent of patients experience pain states of various intensities during some stage of the disease and many die without achieving pain control in its entirety.⁵

Algesic states experienced by cancer patients, regardless of others, can be basically classified into two forms: acute pain and chronic pain.⁵⁻⁶ Acute pain is related to tissue damage caused by evolution of the different types of tumor, by surgery or inflammation, such as mucositis and chronic pain radiodermates.⁶ Chronic pain marks the characteristics of the tumor growth, potentially triggering disabilities or limitations to perform activities of daily living, presenting an increase of anxiety and depression.⁶

Becomes important the observation by the health team in the account given by the patient's record and the intensity of the pain to have an effective approach, then promoting the proper interpretation and application of analgesic conduct, which may or may not include drug actions.⁷ In this context, it is suggested that pain is not seen as an isolated symptom, because it requires the analysis of the individual as a whole for making an effective analgesic conduct⁶⁻⁷. Without this primary care, the quality of life of patients may become impaired, affecting vitality, physical layout, nutritional status and sometimes compromising adherence to treatment.⁵⁻⁷

Among the treatment options for acute or chronic pain events is the administration of drugs for pain handling.⁸⁻⁹ Nonpharmacologic measures for pain control in this clientele are being adopted in various treatment centers and demonstrating significant efficacy.¹⁰ Among these measures include the use of Integrative and Complementary practices of Health (PICS) such as: therapeutic touch, the Reike, herbalism, flower essence therapy, acupuncture, the body therapies derived from oriental medicines and meditation and relaxation practices.¹⁰

Importantly, the response to therapeutic approach, either pharmacological or not, will depend on several pathological, physical, chemical and psychological factors related to progression and / or containment of the disease, as well as the posture of confrontation adopted by the patient before the illness.⁹

In terms of PICS, central focus of this study, we infer that these were formally introduced in the Brazilian health system from 2006, with the advent of the National Policy on Integrative and Complementary Practices (PNPIC) that fostered and supported by the World Health Organization (WHO) has been incorporated as attention and care strategy within the Unified Health System (SUS). This policy regulated and implemented various unconventional health practices already developed in the public network of many municipalities and states, among which stand out those within the traditional Eastern medicines like acupuncture and bodily practices, and herbal medicine, medicine anthroposophic and hydrotherapy-crenotherapy besides homeopathy previously recognized.¹¹

One of the important PICS directed by the Ministry of Health is herbalism. Thus, we have invested heavily in order to strengthen the same within the SUS, since Brazil has very extensive vegetation and technological potential for scientific validation. This therapy is notable for administering medicinal plants for treatment of illnesses and their worsenings, especially as a complement to the treatment of pain in cancer patients.⁷

Studies show that homeopathy also plays an exquisite role in this situation, and furthermore, its use in SUS has been promoted as a strategy for rationalization and reduction of dependence on drug use, with use substantially recommended for reducing pain.⁷

No less effective, but with restrictions on its use in certain types of cancers, studies have linked the use of acupuncture as a possibility for containment of pain related to the development or progression of the disease.^{10,12}

Floral therapy, specialty recent in Brazil, has been also achieving significant results for pain control, in the same way that the practices of meditation and relaxation, typical of traditional Indian medicine, have shown significant results in cancer clients.^{10,13}

The use of PICS in Brazil, despite other countries in the world, with the exception of homeopathy, an imminently medical

specialty, established itself as a multidisciplinary practice, enabling Nursing and other health professionals its use in their therapeutic practices and care.¹⁰

Nursing has the use of PICS in care provided by various legal devices, in which there is the COFEN Resolution 197/97, which served as the basis for the development of other resolutions that govern the development of these specific practices, such as COFEN Resolution 326/2008, which regulates the use of acupuncture by nurses.^{10,12}

Admittedly, the use of non-pharmacological practices for pain control may contribute to a lower potential for toxicity caused by the use of several classes of drugs for pain control in combination with anticancer drugs that alone already favor the occurrence of this undesirable event.⁸

This time, if there is good response to pharmacological measures, as well as good acceptance of its use on the part of patients and health professionals, these can be integrated to care planning.¹³⁻⁴

When it comes to nursing, for its indication or use as a form of care is needed to understand the dynamics of actions of these PICS, as well as their limits and possibilities as a complementary treatment of cancer patients who experience pain.

METHOD

To develop this study it was employed the method called integrative literature review. A methodological approach of evidence-based practice that provides a comprehensive analysis about an issue, searching to understand the phenomenon, generating new knowledge through a critical and based look on the results obtained from the synthesis of knowledge gained in previous studies.¹⁵

For practical application of this methodology the following steps were adopted: a) Creation of the hypothesis or research question; b) Delimitation of the inclusion/exclusion criteria; c) Choice of databases and search of scientific production; d) Investigation and analysis of information of the included studies; e) Exposure of results; f) Synthesis of the review.¹⁵⁻⁷

The creation of the hypothesis of this research is inserted in the central problem question from which this study started, ie, what integrative and complementary health practices are being used as non-pharmacological treatment for pain in cancer patients and what limits and possibilities present themselves to nurses for their use?

For inclusion criteria established the selection of articles, theses and dissertations, books in Portuguese produced between the years 1998 (one year after the publication of COFEN Resolution 197/97) and 2014.

For exclusion criteria the following parameters were adopted: the studies were not of comprehensive or predominant content about nonpharmacologic measures for pain control in cancer patients.

The search site chosen for conducting the survey to review was the Virtual Health Library (VHL) through the following databases: Literature Latin American and Caribbean Health Sciences (LILACS) and Database of Nursing (BDENf) both available on this platform, which constitutes an important network of online information sources for the distribution of scientific and technical knowledge in health that encompasses the scientific output of different countries, in different languages, aiming at the development of Health Sciences in Brazil and other countries of Latin America & Caribbean (LAC).

The survey of scientific production was performed by two reviewers using the following standardized and available in Descriptors in Health Sciences (MeSH), "alternative therapies", "complementary therapies", "pain", "Oncology" and "nursing". To search strategy was applied between all descriptors the Boolean operator [AND], ie, alternative therapies [AND] Complementary Therapies [AND] pain [AND] Oncology [AND] nursing.

After the survey there was performed an extensive reading of identified studies to verify if the content presents association with the proposed theme, applying to both the inclusion and exclusion criteria. This analysis was performed in pairs and, after the selection made by each researcher involved,

the results were compared. All studies selected by the researchers respected the inclusion and exclusion criteria established as participants of review, applying an already validated instrument, which assessed the data for identifying the original article, methodological characteristics of the studies, methodological rigor and findings, author, study and the level of evidence.

This process enabled to the reviewers a critical analysis about all aspects contained in its construction, in order to discuss the results and present an integrative review, after extensive reading of selected studies developed the categorization process using the technique of content analysis. The categories were formed from recurring theme in studies that synthesize a body of knowledge.

RESULTS AND DISCUSSION

Seven studies of varying levels of evidence were identified and, excluded from the repetitions and applied the inclusion and exclusion criteria, totaled four selected. There was no disagreement between pairs of selection. All selected papers were. As for the distribution of production in Brazil, seventy-five per cent was published in the Southeast (75% n = 3), the region twenty-five percent in the South region (25% n = 1). No studies produced in other regions of the country were identified. A figure with the studies selected for review was generated (Figure 1) for the presentation of the analyzed studies covering the following information: study on code review; year of publication; place of publication; unique identifier; author; title; level of evidence.

The applicants in the present studies were descriptors organized in another figure (Figure 2) shows that the percentage occurrence of the search.

Code of the study in the review	Year of publication	Place of publication	Unique identifier	Author	Title	Level of evidence
E1 ⁽⁵⁾	2009	Online Braz. j.nurs. (online)	bde-22054	Abreu MAV, Reis PED, Gomes IP, Rocha PRS. Jacodino CB,	Pharmacologic management of pain in cancer patients: a systematic review	V
E2 ⁽⁴⁾	2008	Cogitare enferm.	bde-19116	Amestoy SC, Thofern MB	The use of alternative therapies by patients in chemotherapy treatment	IV
E3 ⁽¹⁸⁾	2004	Nursing (São Paulo)	bde-16490	Alves AR, Silva MJP.	The use of complementary therapies associated with conventional treatment for pain relief in cancer patients	IV
E4 ⁽¹⁹⁾	2002	Brazilian Magazine of Oncology	lil-406017	Elias MC, Alves E.	Non-conventional medicine: prevalence in cancer patients	IV

Figure 1. Studies selected for review.

Descriptors	Occurrence
Pain	100 %(n=4)
Oncology	100% (n=4)
Alternative therapies	50% (n=2)
Complementary therapies	25% (n=1)
Nursing	25% (n=1)

Figure 2. Selected descriptors and percentage of occurrence in the search.

From the broad reading and application of the technique of thematic content analysis, we sought to discover the core meaning that components of the corpus of studies analyzed. Emerged as the result of two (02) categories of analysis that are presented below.²⁰

PICS as complementary treatment for oncologic pain

In this category there were included studies that address the PICS as way of intervention to cancer pain, with a focus the patients’ choice for these therapies and sharing the use of these practices with health professionals participating in their care.

The use of PICS not only focus on the control of cancer pain, but on other health/illness situations that have progressed in various scenarios of care.^{4,18-9}

With respect to its use, various legal devices such laws, resolutions of professional advice, ministerial decrees and national policies have supported the professionals for its extensive use.¹⁹

However, it is *sine qua non* for those who wish to practice them, specific training in the area. The recommendation to use or not use these therapies also require knowledge about them as well as their possible interactions and responses.¹⁸⁻⁹

The analyses of the studies made possible identify that the use of PICS by patients often occurs in the personal initiative or by the indication of friends and family.⁴

In general, patients have experienced before oncological diseases its use, and have gotten good answers, choose to complement their current treatment with these therapies, particularly for pain. What happens generally without communication or sharing this information with the professionals involved in their care process.^{4,18-9}

This situation, often referred to in the studies analyzed, especially in those which refer the ambulatory, do not represent a safe attitude on the part of users, keeping in mind that, depending on PICS used, an undesired interaction may occur and compromise the state of the treatment.^{4,18}

Non-communication between patients and professionals about the use of these therapies as a way to complete care and treatment generally occurs by adopting a centralized and deterministic attitude that some professionals tend to adopt in the management of the treatment of their patients.^{4,18}

Moreover, by not believing in the dominant biomedical diverse health or even ignorance about these therapies, model theoretical and

philosophical conceptions some professionals prefer not to approach the subject or even investigate the use of such methods by patients.^{4-5,18-9}

Evidence of PICS as complementary treatment for cancer pain

This category includes studies that have addressed the evidence of the use of PICS as an intervention to cancer pain, showing the limits and possibilities of its use as a resource for health care these clients were included.

Given the analysis proceeded noted that international studies about the subject are the most recurrent and point according to the international classification of level of evidence, a variant of one to three.⁵

Clinical trials produced by nurses and doctors stand out feature producing good results though the blinding and randomization procedures are not well defined.⁵

Among the approaches referred to as the largest producers of educational effectiveness are the various strategies for pain management and the use of therapies such as herbal medicine, acupuncture, meditation, body massages and yoga practices.

The use of opioids or non-opioid analgesics, is not deleted or discarded by the patient; however, one can show that the use of these practices associated with the traditional approach, there is a significant reduction in the use of medicines, and good response to confrontation and pain control.^{4-5,18}

From the perspective of producing results and inferences from evidence, it is noticed that, although there are many possibilities for the use of PICS in the care of clients by having these biomedical therapies dominant and strongly rooted on diverse models of theoretical and philosophical bases, in hospital and outpatient settings, which goes through cancer treatment, its use as usual care practice becomes more limited.^{4,18-9}

Another limiting aspect punctuated in the studies is that the (mis) understanding of the health professionals involved in different levels of care to cancer patients about the evidence, potential, interactions and indications of PICS as a form of complementary care.^{4,18}

Nurses seem to be more open to adopting these therapies into their care practices. This may be related to the formation process, which although based on the biomedical model, seeks to develop a more comprehensive and holistic approach in the composition of their care plan.¹⁸⁻⁹

In this perspective the possibilities of use of PICS are imminent in nursing care. Although not enforced by the nurses themselves recognize these therapies safe practice to supplement pain management nurses can advise or refer patients to perform them, which safely can contribute to reducing dependence on use analgesics continuously.

Herbal medicine was the most mentioned practice in studies regarding the use and production of positive results. However, the body practices such as massage and touch can be used at the bedside and / or targeted to household and family to be held with a view to reducing pain caregivers. Other possibilities are the practices of meditation and relaxation that can be taught and trained with both patients and caregivers during periods of hospitalization and during outpatient and domiciliary.^{4-5,18}

It is noteworthy that nurses who are willing to incorporate these practices into their daily work and care should be able to use in respect of legal provisions that regulate the use of PICS in nursing.^{4-5,18-9}

CONCLUSION

This study made it possible to infer that the PICS are perfectly applicable as non-pharmacological measures for pain control in cancer patients.

The results demonstrate that becomes more secure when the selection process and adoption is shared between patients and professionals. This way, its use makes able to decrease the frequency of use of analgesics and contribute positively in patient recovery without causing other complications.

Studies and different levels of evidence point to the efficacy of these therapies, being the most cited: phytotherapy, bodily practices, meditation, acupuncture and yoga.

With regard to nursing care and its use although it has limitations like those produced by (un) knowledge of professionals about their indications, efficacy and handling, your chances are comprehensive and consistent with the perspective of comprehensive care that nurses often seek to implement their assistance. This is because the use of these therapies, in addition to promoting pain relief, is referred in most of the analyzed studies as an excellent aid to relaxation of the body, the mind-body integration, the decrease in state of anxiety and adverse effects, such as nausea and medical and vomiting caused by chemotherapy agents.

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