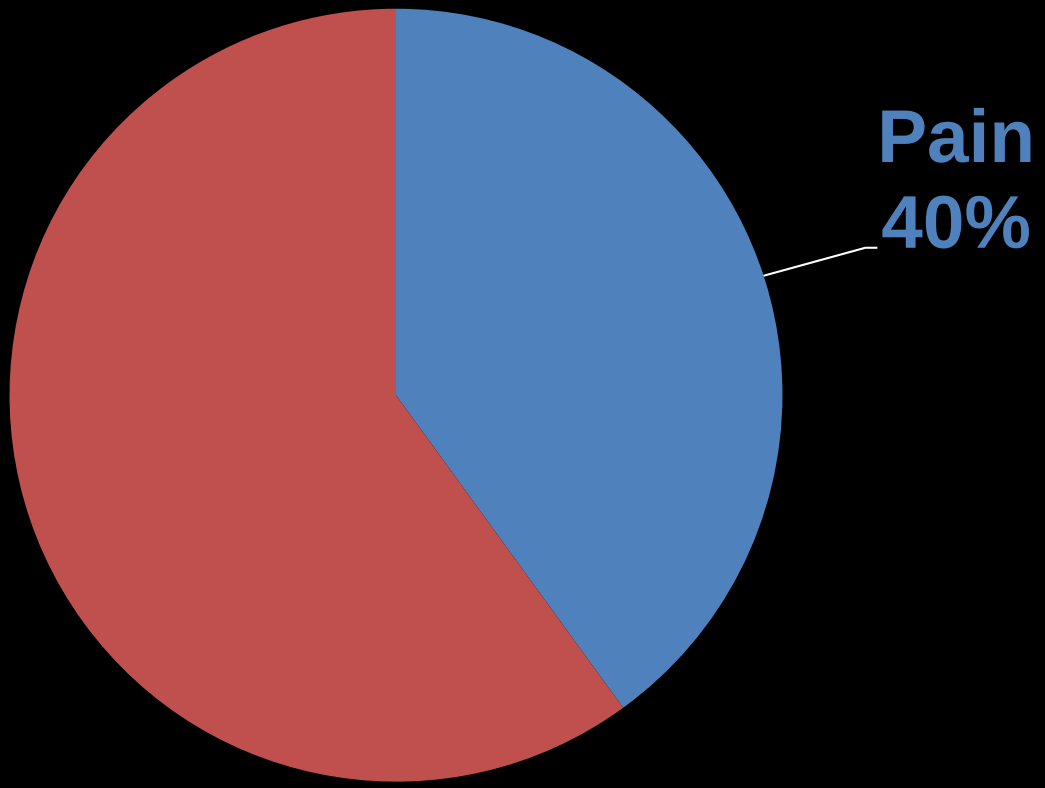
National Center for Complementary and Alternative Medicine

NCCIH's Pain Research

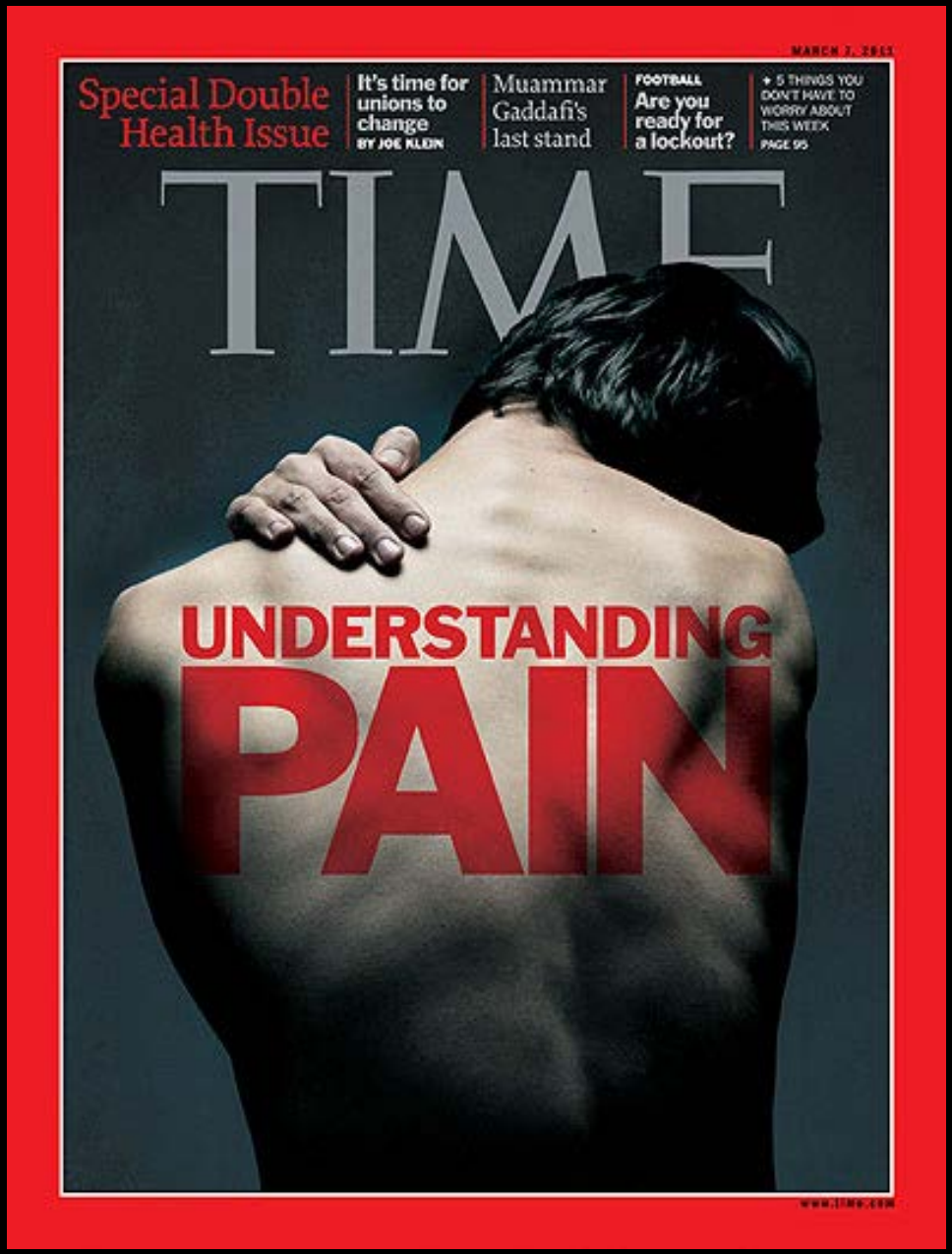
Dr. Josephine P. Briggs
Director, National Center for Complementary and Alternative Medicine
National Institutes of Health
May 31, 2017

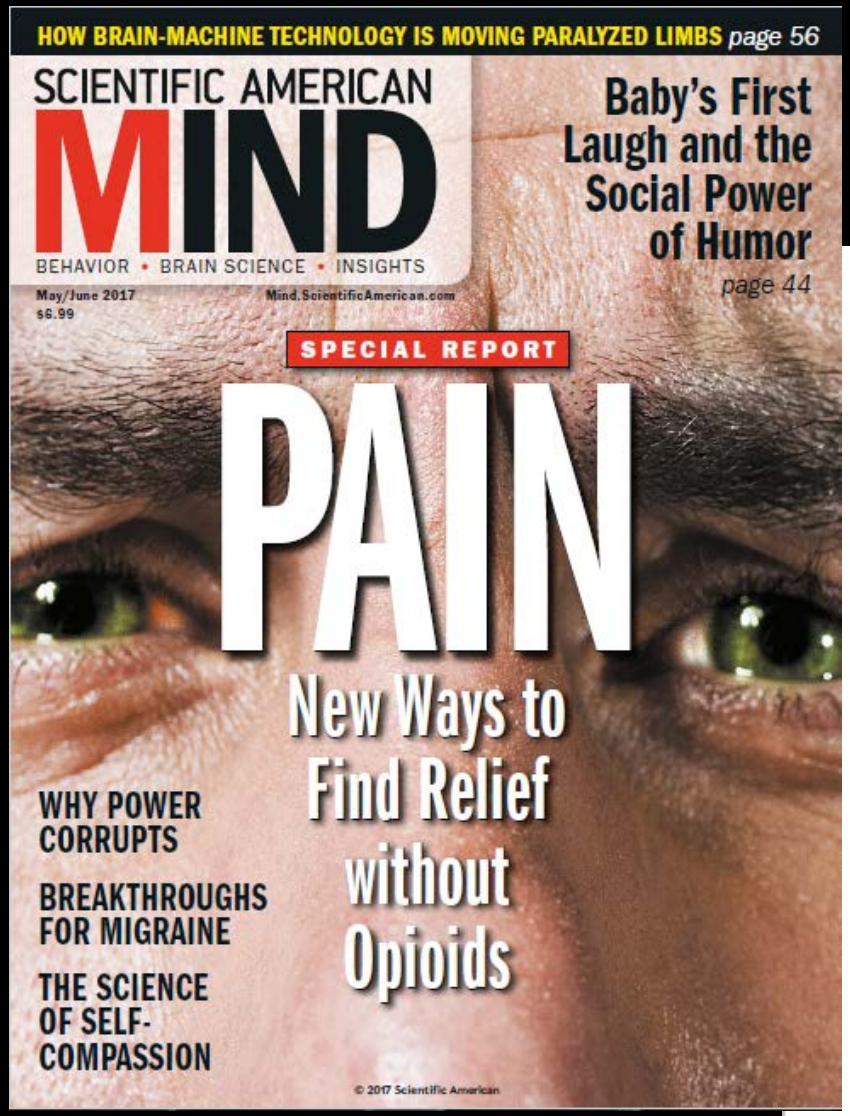
NCCIH Budget



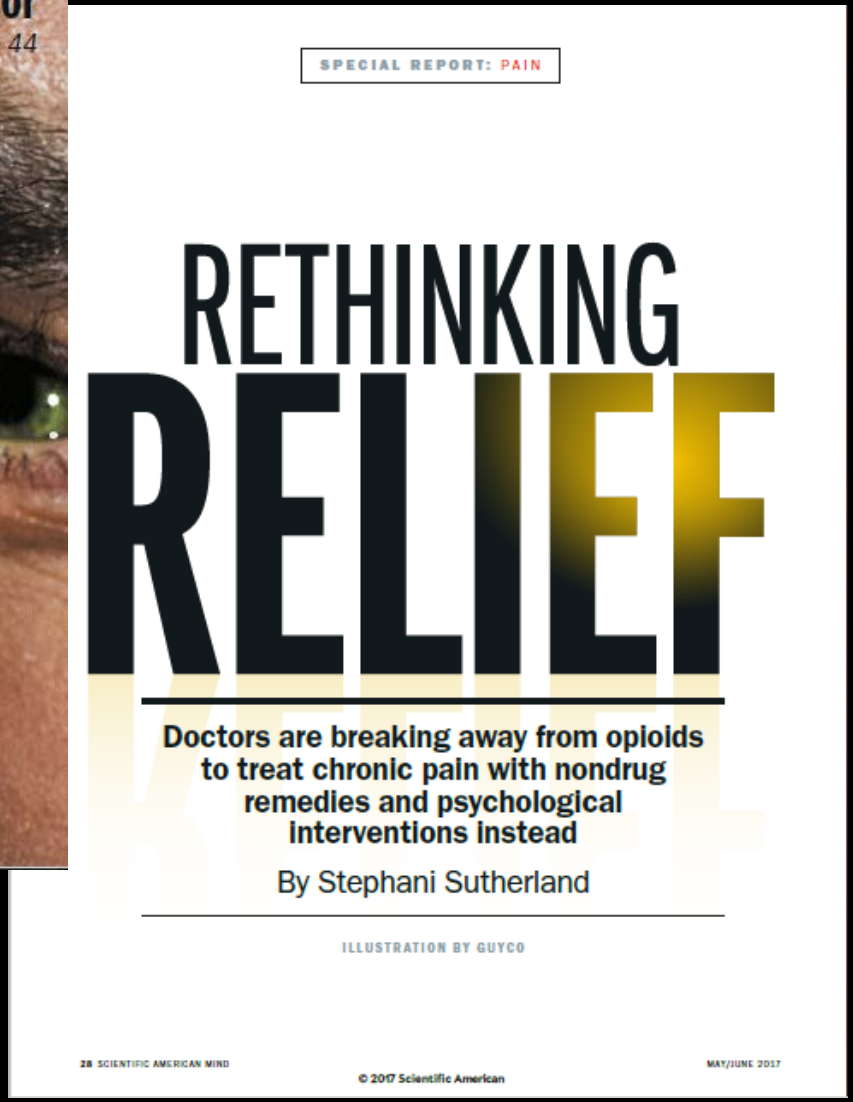
Beyond Drugs: How alternative treatments can ease pain.

March 7, 2011





May/June 2017



Tai Chi for Fibromyalgia

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

A Randomized Trial of Tai Chi for Fibromyalgia

Chenchen Wang, M.D., M.P.H., Christopher H. Schmid, Ph.D., Ramel Rones, B.S., Robert Kalish, M.D., Janeth Yinh, M.D., Don L. Goldenberg, M.D., Yoojin Lee, M.S., and Timothy McAlindon, M.D., M.P.H.

EDITORIALS

Prescribing Tai Chi for Fibromyalgia — Are We There Yet?

Gloria Y. Yeh, M.D., M.P.H., Ted J. Kaptchuk, and Robert H. Shmerling, M.D.

Fibromyalgia is a common and poorly understood pain disorder that afflicts an estimated 200 million or more people worldwide.[1] The lack of objective abnormalities detected on physical examination and standard blood and imaging

It is no wonder, then, that many people with fibromyalgia seek out less conventional (and less evidence-based) treatments, such as tai chi, yoga, massage, or acupuncture. The limited success of conventional treatments and the efficacy and ported in preliminary studies of tai chi[6] s practice an ideal intervention to study s with fibromyalgia. In this issue of the Wang et al. report the results of a ran- controlled trial of tai chi as a treat- fibromyalgia.[7]

i is a gentle, meditative exercise that of flowing, circular movements, balance ht shifting, breathing techniques, and tools (e.g., imagery and focused inter- ness). Researchers have investigated tai intervention for a variety of health is- uding balance impairments and cardio- disease.[8] Although data from other ran- controlled trials specifically examining or fibromyalgia are not available, this as been studied as a treatment for other logic conditions, such as rheumatoid and other musculoskeletal conditions, steoarthritis and low back pain.[9] The gest that tai chi may be effective, al- igorous studies with adequate sample e not been performed.

study by Wang et al., aside from reduc- pain, patients in the tai chi group re- mprovements in mood, quality of life, f-efficacy, and exercise capacity. These arallel those of small studies of tai chi patient populations.[8] Other meditative

the Division of Rheumatology (C.W., J.Y., T.M.) and the Institute for Clini- Research and Health Policy Studies .S., Y.L.), Tufts Medical Center, Tufts ersity School of Medicine; and Mind– Therapies (R.R.) — both in Boston; Newton–Wellesley Hospital, Newton, (D.L.G.). Address reprint requests to Wang at the Division of Rheumatol- Tufts Medical Center, 800 Washing- St., Box 406, Tufts University School Medicine, Boston, MA 02111, or at ng2@tuftsmedicalcenter.org.

gl J Med 2010;363:743-54.
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permission.

The New York Times

September 27, 2010

A Downside to Tai Chi? None That I See

By JANE E. BRODY

The graceful, dancelike progression of meditative poses called tai chi originated in ancient China as a martial art, but the exercise is best known in modern times as a route to reduced stress and enhanced health. After reviewing existing scientific evidence for its potential health benefits, I've concluded that the proper question to ask yourself may not be *why* you should practice tai chi, but *why not*.

It is a low-impact activity suitable for people of all ages and most states of health, even those who "hate" exercise or have long been sedentary. It is a gentle, calming exercise — some call it meditation in motion — that involves deep breathing but no sweat or breathlessness.

It places minimal stress on joints and muscles and thus is far less likely than other forms of exercise to cause muscle soreness or injury. It requires no special equipment or clothing and can be practiced almost anywhere at any time, alone or with others.

Annals of Internal Medicine®

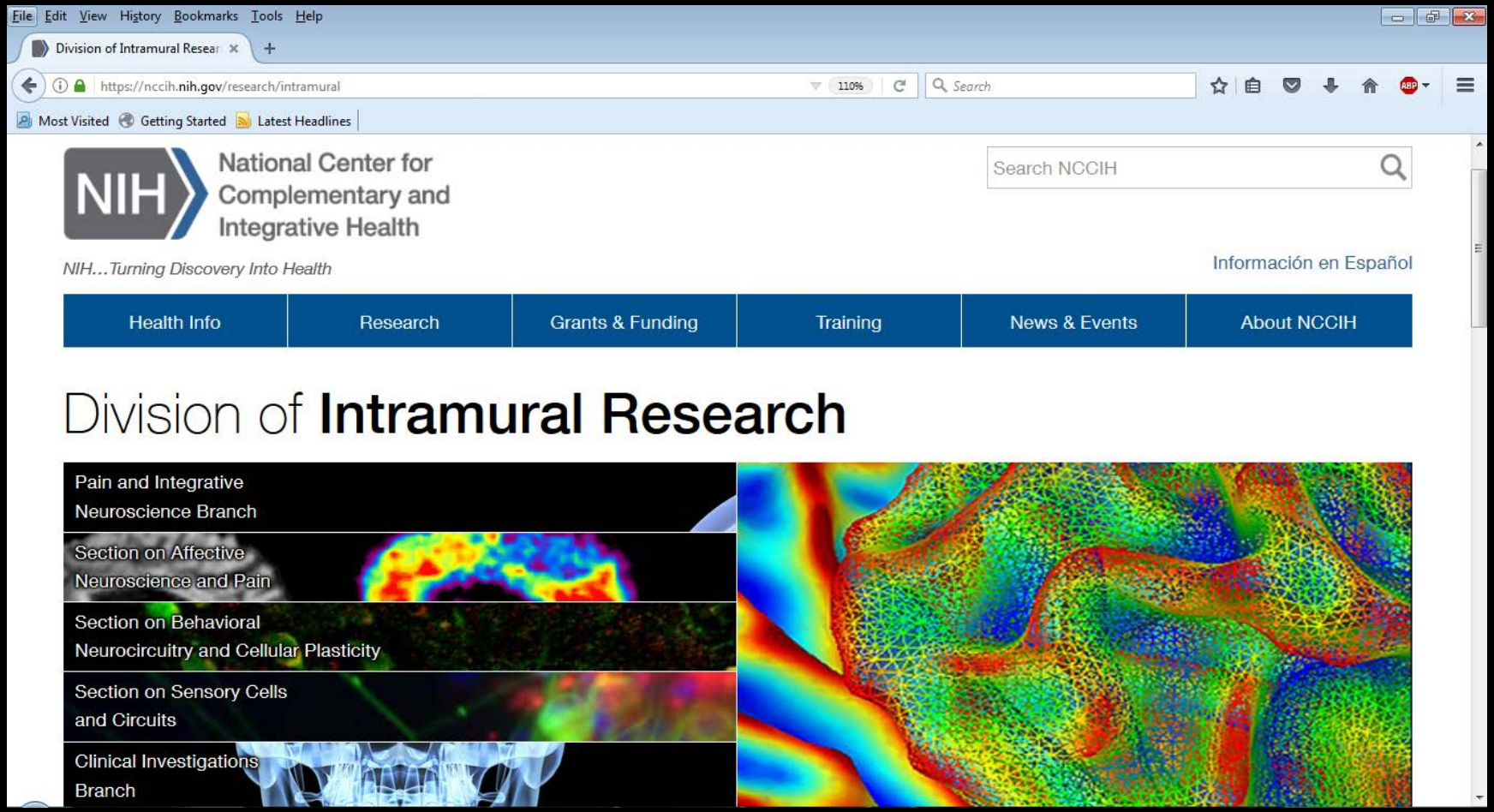
CLINICAL GUIDELINES | 4 APRIL 2017

Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians FREE

Amir Qaseem, MD, PhD, MHA; Timothy J. Wilt, MD, MPH; Robert M. McLean, MD; Mary Ann Forciea, MD; for the Clinical Guidelines Committee of the American College of Physicians (*)

Recommendation 2: *For patients with chronic low back pain, clinicians and patients should initially select nonpharmacologic treatment with exercise, multidisciplinary rehabilitation, acupuncture, mindfulness-based stress reduction (moderate-quality evidence), tai chi, yoga, motor control exercise, progressive relaxation, electromyography biofeedback, low-level laser therapy, operant therapy, cognitive behavioral therapy, or spinal manipulation (low-quality evidence). (Grade: strong recommendation)*

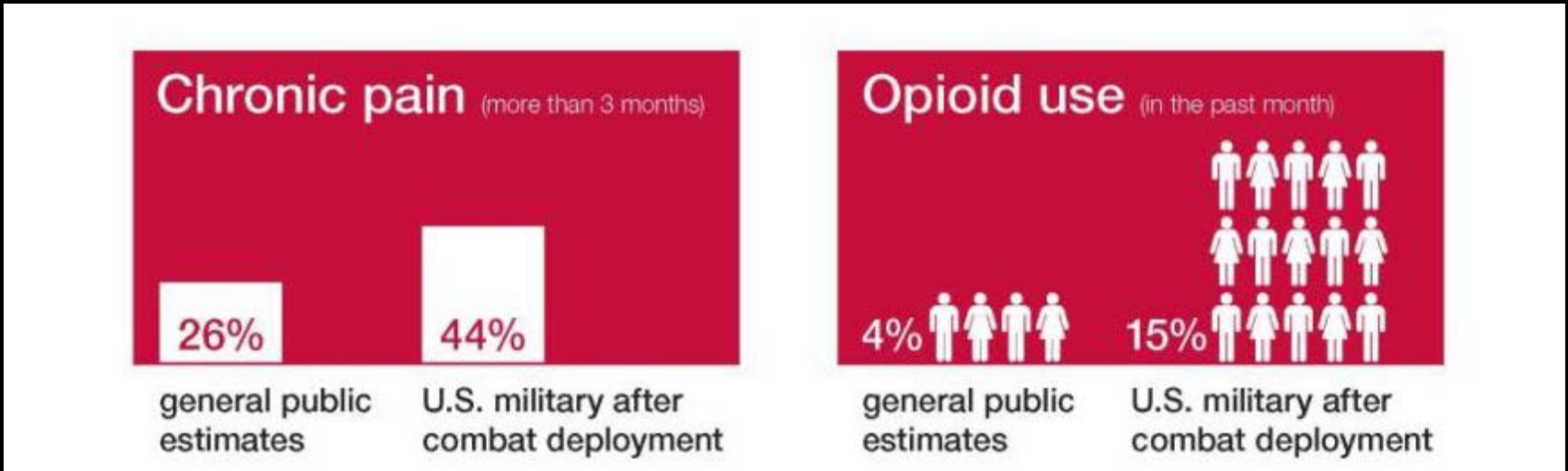
NCCIH's DIR Pain Program



Military Interest

Dr. Amishi Jha reviews brainwave testing protocol with Col. Piatt.

Pain Management in Military and Veteran Populations



Toblin et al, 2011

NIH-DoD-VA Pain Management Collaboratory

- Goal: Develop the capacity to implement cost-effective large-scale clinical research in military and veteran health care delivery organizations focusing on non-pharmacological approaches to pain management and other comorbid conditions.

NIH-DoD-VA Pain Management Collaboratory

- NIH: NCCIH, NINDS, NIDA, NIAAA, NICHD (NCMRR), ORWH, NINR
- DoD: Clinical Rehabilitation Medicine Research Program (CRMRP), Military Operational Medicine Research Program (MOMRP)
- VA: Health Services Research and Development (HSRD)

This Initiative Builds Upon Two Sets of Efforts

- Collaborations between the NIH, DoD and VA over many years
  - Initiatives on substance abuse, mental health problems, and non-pharmacological approaches to pain management
- NIH Collaboratory
  - Mission: The mission of the NIH Collaboratory is to strengthen the national capacity to implement cost-effective large-scale research studies that engage healthcare delivery organizations as research partners

NIH-DoD-VA Pain Management Collaboratory Goals

- Establish a Coordinating Center to provide leadership and technical expertise supporting the design and execution of high impact demonstration projects on non-pharmacological approaches for pain management and other comorbid conditions;

- Support the design and execution of a set of high-impact pragmatic clinical trials with patients in health care delivery systems that provide care to military personnel, veterans and their families;

- Make data, tools, best practices, and resources from these and other projects available

Types of Non-Pharmacological Approaches

- Mindfulness/meditative (e.g., mindfulness based stress reduction, meditation), and movement (e.g. structured exercise, tai chi, yoga) interventions;
- Manual (e.g. spinal manipulation, massage, acupuncture) therapies;
- Neuromodulation (e.g., electrical stimulation); and
- Psychological and behavioral interventions (e.g., cognitive behavioral therapy); or an
- Integrative approach that involves more than one intervention. Of special interest are integrated models of multi-modal care that are delivered in different settings (e.g. pain care that could include collaborative care, care management, care delivered through tele-care, peer-coaches, or informal caregivers etc.)

Department of Health and Human Services

Part 1. Overview Information

Participating Organization(s)	National Institutes of Health (NIH)
Components of Participating Organizations	National Center for Complementary and Integrative Health (NCCIH)
Funding Opportunity Title	Behavioral Interventions for Prevention of Opioid Use Disorder or Adjunct to Medication Assisted Treatment-SAMHSA Opioid STR Grants (R21/R33)
Activity Code	R21/R33 Phased Innovation Award

Key Dates

Posted Date	May 17, 2017
Open Date (Earliest Submission Date)	July 4, 2017

U.S. Department of Health & Human Services • National Institutes of Health

National Center for Complementary and Integrative Health

National Center for Complementary and Integrative

1-888-644-6226
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National Institutes of Health

12th ANNUAL

May 31- June 1, 2017

NIH PAIN CONSORTIUM SYMPOSIUM

Models of Integrated Pain Care

Robert Kerns, PhD

Psychiatry, Neurology, & Psychology

Yale University