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Selected by
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Davis EL, Oh B, Butow PN, Mullan BA, Clarke S: Cancer patient disclosure and patient-doctor communication of complementary and alternative medicine use: a systematic review. Oncologist 2012; 17:1475–1481.

Objective: To explore the nondisclosure of complementary and alternative medicine (CAM) use among cancer patients, including reasons for and outcomes from nondisclosure of CAM use, within the context of patient-doctor communication.

Method: A systematic review was conducted exploring investigations surrounding the communication of CAM use for patients with cancer published until August 2011.

Results: A total of 21 studies were located, which reported a prevalence of CAM use among patients with cancer ranging between 11% and 95%; of these patients, 20% to 77% did not disclose their CAM use. The main reasons for nondisclosure were the doctor's lack of inquiry; patient's anticipation of the doctor's disapproval, disinterest, or inability to help; and patient's perception that disclosure of CAM use is irrelevant to their conventional care. There is some evidence to suggest that patient-doctor communication about the use of CAM was associated with an enhanced patient-doctor relationship and higher patient satisfaction.

Conclusions: Although the use of CAM by patients with cancer is high, patients frequently fail to disclose its use to their health professionals for reasons emanating from both sides of the dyadic patient-doctor relationship. Because a substantial proportion of patients with cancer may use CAM and there is potential for herb- or vitamin-drug interactions, further research in patient-doctor communication about CAM is necessary to maintain patient safety and wellbeing. The development of effective interventions to improve the disclosure of CAM use should be an integral part of this future research.

Vickers AJ, Cronin AM, Maschino AC, Lewith G, MacPherson H, Foster NE, Sherman KJ, Witt CM, Linde K; Acupuncture Trialists' Collaboration: Acupuncture for chronic pain: individual patient data meta-analysis. Arch Intern Med 2012;172:1444–1453.

Background: Although acupuncture is widely used for chronic pain, there remains considerable controversy as to its value. We aimed to determine the effect size of acupuncture for 4 chronic pain conditions: back and neck pain, osteoarthritis, chronic headache, and shoulder pain.

Methods: We conducted a systematic review to identify randomized controlled trials (RCTs) of acupuncture for chronic pain in which allocation concealment was determined unambiguously to be adequate. Individual patient data meta-analyses were conducted using data from 29 of 31 eligible RCTs, with a total of 17,922 patients analyzed.

Results: In the primary analysis, including all eligible RCTs, acupuncture was superior to both sham and no-acupuncture control for each pain condition ($P < .001$ for all comparisons). After exclusion of an outlying set of RCTs that strongly favored acupuncture, the effect sizes were similar across pain conditions. Patients receiving acupuncture had less pain, with scores that were 0.23 (95% CI, 0.13–0.33), 0.16 (95% CI, 0.07–0.25), and 0.15 (95% CI, 0.07–0.24) SDs lower than sham controls for back and neck pain, osteoarthritis, and chronic headache, respectively; the effect sizes in comparison to no-acupuncture controls were 0.55 (95% CI, 0.51–0.58), 0.57 (95% CI, 0.50–0.64), and 0.42 (95% CI, 0.37–0.46) SDs. These results were robust to a variety of sensitivity analyses, including those related to publication bias.

Conclusions: Acupuncture is effective for the treatment of chronic pain and is therefore a reasonable referral option. Significant differences between true and sham acupuncture indicate that acupuncture is more than a placebo. However, these differences are relatively modest, suggesting that factors in addition to the specific effects of needling are important contributors to the therapeutic effects of acupuncture.

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Boehm K, Ostermann T, Milazzo S, Büssing A: Effects of yoga interventions on fatigue: a meta-analysis. Evid Based Complement Alternat Med 2012;2012:124703.

Background: Researchers aimed at systematically reviewing and meta-analyzing the effectiveness of yoga interventions for fatigue.

Methods: PubMed/Medline was searched until January 2012 for controlled clinical studies. Two reviewers independently extracted the data. The methodological quality of the studies was assessed. A meta-analysis was performed.

Results: Nineteen clinical studies (total n = 948) were included in this review. Investigated yoga styles included Hatha, Iyengar, Asanas, Patanjali, Sahaja, and Tibetan yoga. Participants were suffering from cancer, multiple sclerosis, dialysis, chronic pancreatitis, fibromyalgia, asthma, or were healthy. Yoga had a small positive effect on fatigue (SMD = 0.27, 59% CI = 0.23–0.31). Seven studies received 4 points on the Jadad score. There were baseline differences in at least 5 studies.

Conclusion: Overall, the effects of yoga interventions on fatigue were only small, particularly in cancer patients. Although yoga is generally a safe therapeutic intervention and effective to attenuate other health-related symptoms, this meta-analysis was not able to define the powerful effect of yoga on patients suffering from fatigue. Treatment effects of yoga could be improved in well-designed future studies. According to the GRADE recommendations assessing the overall quality of evidence, there is a moderate effect of the confidence placed in the estimates of the effects discussed here.

Enck P, Bingel U, Schedlowski M, Rief W: The placebo response in medicine: minimize, maximize or personalize? Nat Rev Drug Discov 2013;12:191–204.

Our understanding of the mechanisms mediating or moderating the placebo response to medicines has grown substantially over the past decade and offers the opportunity to capitalize on its benefits in future drug development as well as in clinical practice. In this article, we discuss three strategies that could be used to modulate the placebo response, depending on which stage of the drug development process they are applied. In clinical trials the placebo effect should be minimized to optimize drug-placebo differences, thus ensuring that the efficacy of the investigational drug can be truly evaluated. Once the drug is approved and in clinical use, placebo effects should be maximized by harnessing patients' expectations and learning mechanisms to improve treatment outcomes. Finally, personalizing placebo responses – which involves considering an individual's genetic predisposition, personality, past medical history and treatment experience – could also maximize therapeutic outcomes.