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ROI REGISTRO DEGLI OSTEOPATI D'ITALIA

I dati scientifici e le evidenze in ambito osteopatico nelle malattie croniche

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L'OSTEOPATIA
AL SERVIZIO DEL
PAZIENTE CON CRONICITÁ

IL CONTRIBUTO DI UNA NUOVA PROFESSIONE SANITARIA PER UN APPROCCIO INTEGRATO

1

WHO 2008

Chronic conditions are defined by the World Health Organization (WHO) as requiring "ongoing management over a period of years or decades" and cover a wide range of health problems that go beyond the conventional definition of chronic illness, such as heart disease, diabetes and asthma. They include some

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2

Dempographic changes

- Greater longevity and “modernization” of lifestyles
- increasing exposure to many chronic disease risk factors
- the growing ability to intervene to keep people alive who previously would have died have combined to change the burden of diseases confronting health systems
- Multiple problems, multi-therapy, adverse events…

3

In Europe, the proportion of older people (aged 65 years and older) is projected to grow from just under 15% (in 2000) to 23.5% by 2030, while the proportion of those aged 80 years and over is expected to more than double (from 3% in 2000 to 6.4% in 2030)

an increase in the number of older people with severe disability by 2030 even

4

WHO initiative

REHABILITATION 2030
a call for action

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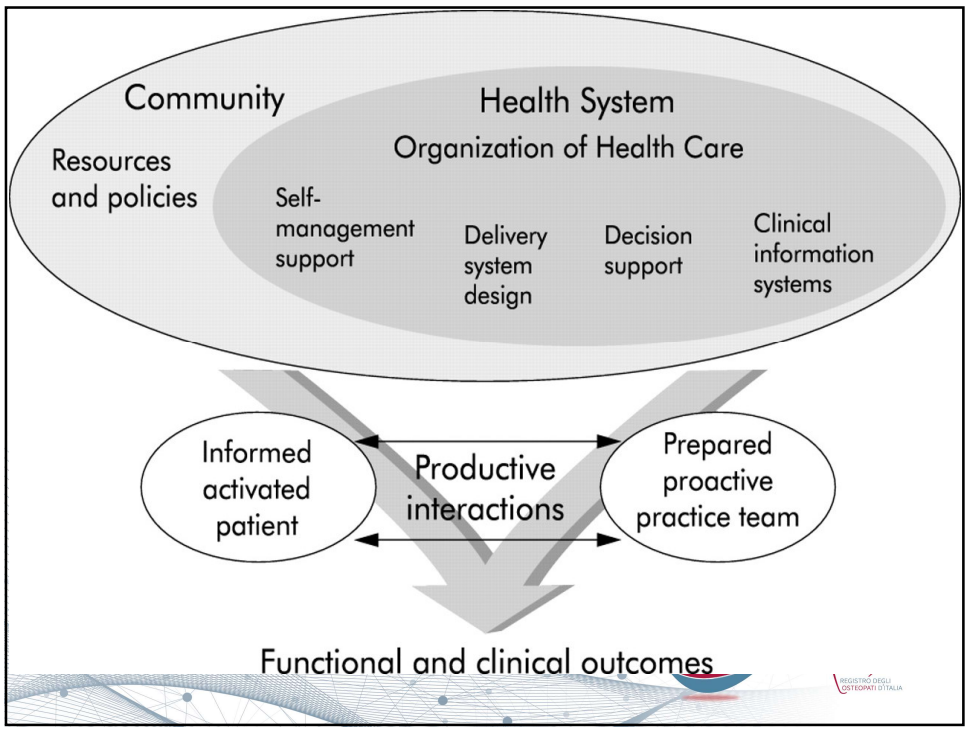
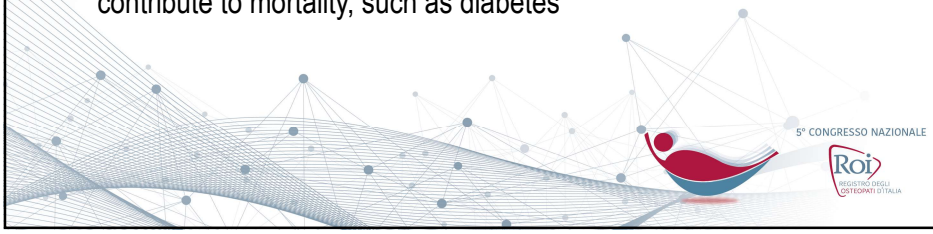
5



6

Assessing the disease burden: the challenge

- the relative lack of comparable and representative data
- Main outcome is mortality (underestimate the burden of disease attributable to conditions that rarely cause death, such as mental illness)
- may not be listed as the immediate cause of death but which contribute to mortality, such as diabetes



7

Specific Indicators

- the development of summary indicators such as disability-adjusted life years (DALYs) which combine information on mortality and non-fatal health outcomes.
- the sum of years of life lost and years of life lived with disability

8

Terminological issue

- Non-communicable diseases (NCD), communicable diseases and injuries, and/or selected disease categories within these, such as cardiovascular disease, cancer, diabetes or HIV/AIDS.
- Term “chronic disease” might be interpreted as a component of NCDs, these two categories are by no means identical

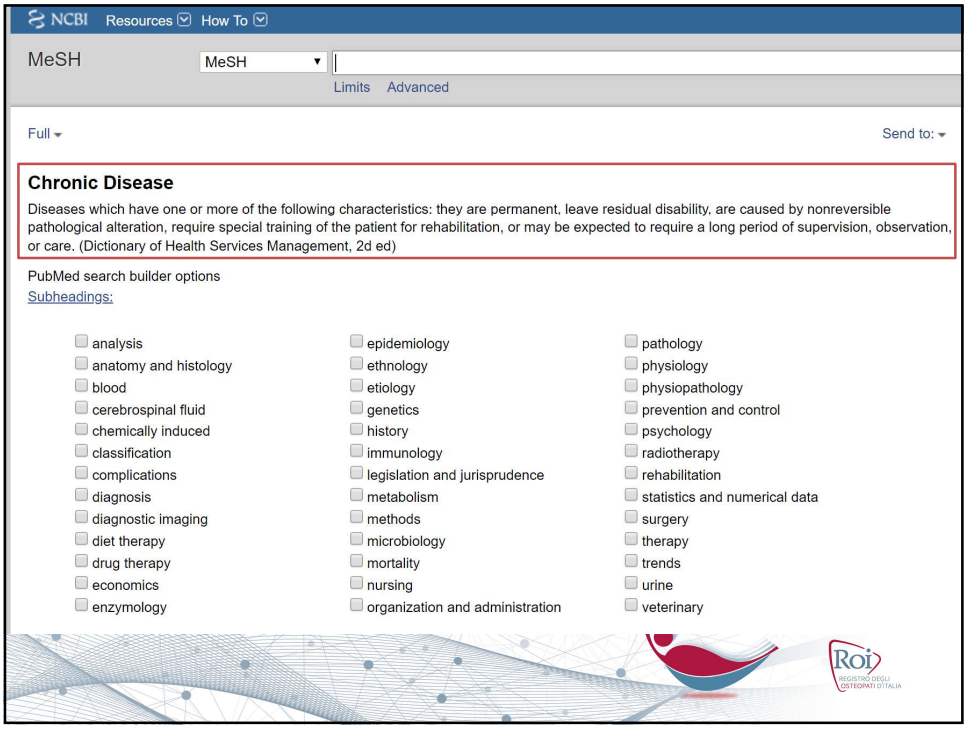
9

Chronic diseases

- Cerebrovascular disease
- Diabetes mellitus
- Chronic obstructive pulmonary disease
- Cardiovascular disease
- Mental disorders

WHO 2008, «Caring for people with chronic disease. A health system perspective».

10



11

Search strategy

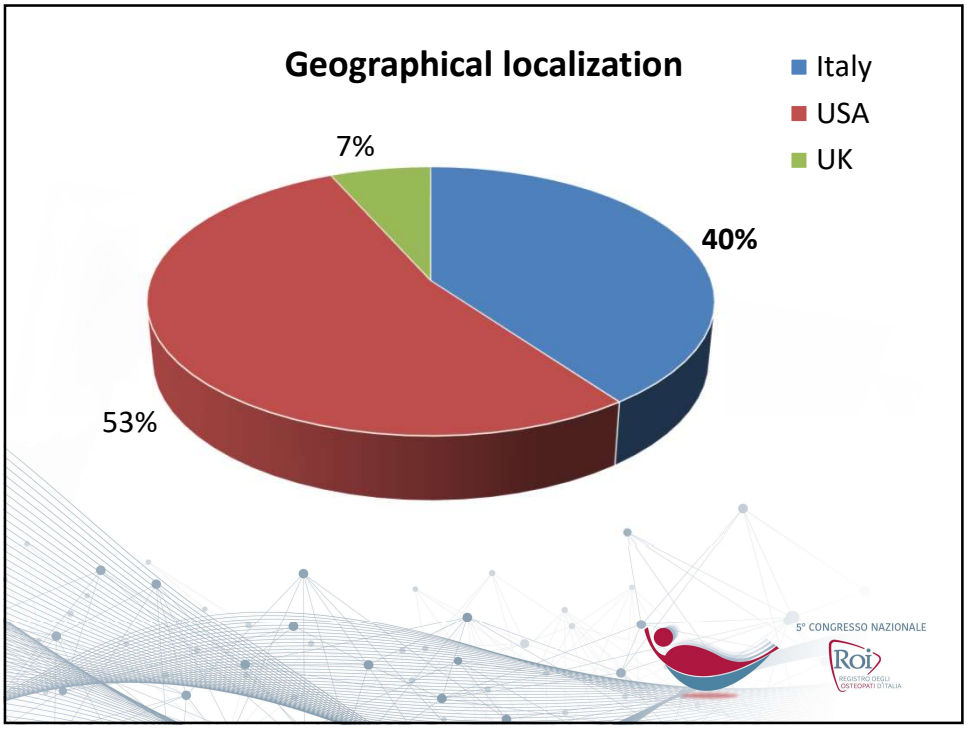
- Pubmed: osteopathic manipulative treatment(Free Terms), chronic disease(MeSH Terms), pulmonary disease, chronic obstructive(MeSH Terms), cardiovascular disease (MeSH Terms), gastrointestinal disease (MeSH Terms), pediatric disease (MeSH Terms), cerebral palsy (MeSH Terms), cancer (MeSH Terms), diabete mellitus (MeSH Terms), multiple scelerosis (MeSH Terms), Parkinson disease (MeSH Terms), injuries (MeSH Terms).
- Filters: clinical trial, RCT, review, systematic review

12

Results

- 49 studies screened
- 15 studies included (31%)
- 10 (67%) clinical trials (3 RCTs)
- 5 (33%) reviews of which 2 systematic reviews

13



14

Chronic disease

- 3 cardiovascular disease
- 2 COPD
- 2 gastrointestinal disease
- 2 pediatrics disease
- 1 diabete
- 1 cancer
- 1 injuries
- 1 rheumatic
- 1 chronic migraine
- 1 chronic infiammatory disease

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15

Author	Journal	Chronic Disease	Population	Randomization	Comparison	Outcome	Sample size	Effect
Arienti 2018	Integr Cancer Ther	Oncology	Oncology geriatric patients	no	OMT+PT vs PT alone	PAIN and QoL	24 (12+12)	NS between groups SS within-group
Racca 2017	Annals Thorac Surg	Cardiovascular disease	post-sternotomy adult inpatients	yes	OMT+UC vs UC alone	Pain intensity and respiratory functional capacity (VAS and standardized breathing test)	80 (40+40)	NS between groups SS within-group
Cerritelli 2015	Complement Ther Med	Chronic Migraine	patients with chronic migrane	yes	OMT+medication th vs sham+medication th+medication th alone	HIT-6 score	105 (35+35+35)	SS
Wieting 2013	JAOA	Cardiovascular disease	Patients with coronary artery bypass graft	yes	OMT+conventional postoperative care vs placebo OMT+conventional postoperative care vs conventional postoperative care alone	time to discharge, time to postoperative bowel movement, and FIM	53 (17+17+18)	NS
Attali 2013	J Digestive Disease	Gastrointestinal disease	consecutive refractory IBS patients	cross-over randomization	visceral osteopathic manipulations vs placebo	daily diary using VAS: intestinal symptoms and abdominal pain, colonic transit time measurement, rectal sensitivity and pain intensity (VAS) in nine abdominal segments	31 (15+16)	NS
Zanotti 2012	Complement Ther Med	COPD	stable COPD patients	yes	OMT+pulmonary rehab vs pulmonary rehab alone	6 min walk test	20 (10+10)	SS 6WT; NS FEV1
Arienti	Spinal Cord J	Spinal cord injury	patients with spinal cord injury	yes	OMT vs Ph vs Ph+OMT	PAIN (VNS)	26 (10+10+6)	SS
Duncan 2008	JAOA	Spastic cerebral palsy	20 months and 12 years with moderate to severe spastic cerebral palsy	yes	OMT vs acupunture vs wait-list control	motor function and quality of life	55 (15 OMT+22 control+18 acupunture)	NS
Noll 2008	JAOA	COPD	Potential subjects were identified by a known history of COPD and office pulmonary function screening	yes	OMT vs sham protocol	pulmonary function parameters	35 (18 OMT+17 Sham)	SS
Gamber 2002	JAOA	Rheumatological disease	Patients with diagnosis fibromialgia	yes	OMT alone; OMT in addition to self-treat TPs; (3) moist heat packs applied to TPs ; and (4) control group current medication.	a 9-kg dolorimeter; PPI; SEQ; Activities of daily living	24 (?)	SS

16

Conclusion

The present systematic review showed inconsistent data on the effect of OMT in the treatment of pathologies associated with CID. The majority of the studies are generally small and methodologically prone to bias affecting, therefore, the generalisability of findings. Moreover, very little research has been conducted preventing any possible additional speculation on the effectiveness of OMT. Researchers should be aware of methodological and clinical limitations of the current osteopathic literature on CID and propose more robust and rigorous RCTs to clarify many unsolved questions regarding the effectiveness of OMT on medical conditions also classified as CID. Economic evaluation of any benefits would also be needed to inform policymakers, stakeholders and the guidance provided to and by physicians.

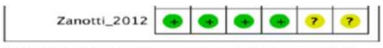

Fig 3. Risk of bias for included studies. +, low risk of bias;-, high risk of bias,?, unclear risk of bias.

doi:10.1371/journal.pone.0121327.g003

17

Musculoskeletal disorders

- MSK: 30 studies of which 11 RCTs
- Low Back Pain: 37 studies of which 11 RCTs

18

Better Evidence for Better Healthcare Manifesto

Evidence based medicine manifesto for better healthcare.
A response to systematic bias, wastage, error, and fraud in research underpinning patient care
BMJ 2017; 357
doi: https://doi.org/10.1136/bmj.j2973

EBM Manifesto. Steps for developing trustworthy evidence and better healthcare. Expand the roles **HEALTH PROFESSIONALS,** within research of **POLICY MAKERS & PATIENTS.** Produce better **usable clinical guidelines.** Promote **better research communication** to lay audiences. **INCREASE** THE SYSTEMATIC USE OF **EXISTING EVIDENCE.** Make research evidence **relevant, replicable** and **accessible** to end users. REDUCE QUESTIONABLE RESEARCH PRACTICES, BIAS AND CONFLICTS OF INTERESTS. ENSURE DRUG AND DEVICE REGULATION IS **ROBUST, TRANSPARENT** AND **INDEPENDENT.** SUPPORT INNOVATION, QUALITY IMPROVEMENT AND SAFETY THROUGH BETTER USE OF REAL WORLD DATA. **Educate** professionals, policy makers and the public in evidence-based healthcare to **make informed choices.** ENCOURAGE THE NEXT GENERATION OF LEADERS IN EVIDENCE-BASED MEDICINE.

www.evidencelive.org/manifesto

19

Key home messages

1. Encorauge the next generation in Evidence-Based Practice
2. To increase and to imporve the quality of evidence in osteopathy
3. to promote evidence-informed health decision-making

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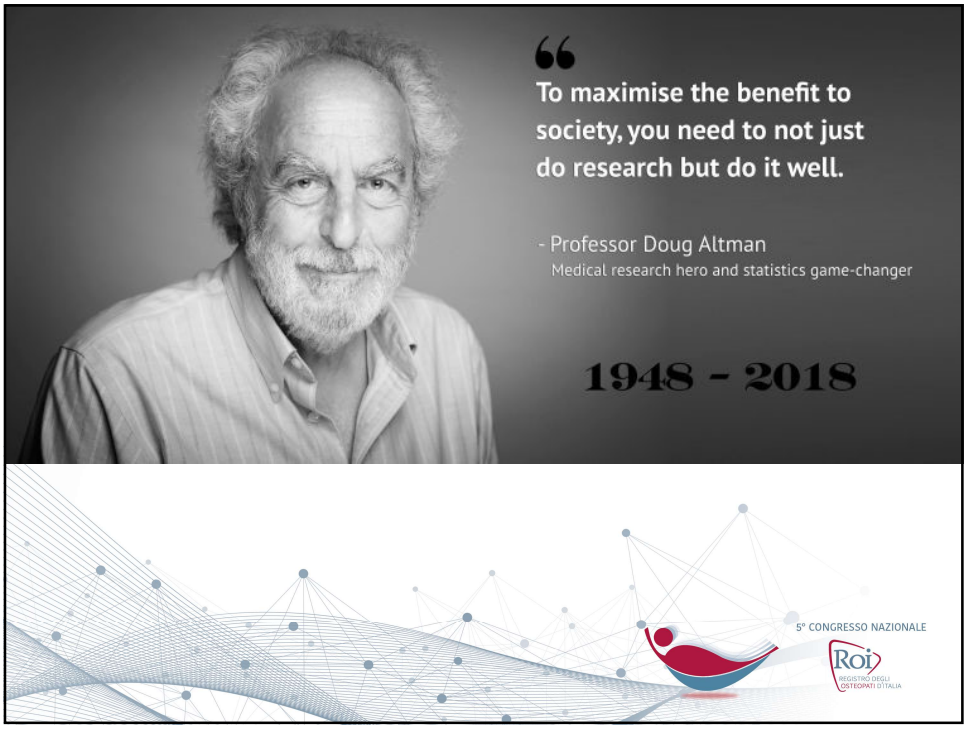
20


To maximise the benefit to society, you need to not just do research but do it well.
- Professor Doug Altman
Medical research hero and statistics game-changer
1948 - 2018
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21


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Grazie!
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"If you want to go fast, go alone, if you want to go far, go together". African proverb
Global Evidence Summit,
Cape Town 2017

22