



January 2023

# ELDER CARE

## A Resource for Interprofessional Providers

### Integrative Medicine in Older Adults: Mind-Body and Energy Medicine

Karen D'Huyvetter, ND, RN-MS, MS-HES, Keck Medical Center of University of Southern California

#### What is Integrative Medicine?

The National Center for Complementary and Integrative Health (NCCIH) defines complementary medicine as non-mainstream practices used together with conventional medicine, and defines alternative medicine as treatments used instead of conventional medicine. Integrative medicine health brings together complementary and alternative medicine (CAM) with conventional medicine. NCCIH groups CAM practices into natural products (herbs, vitamins, supplements); mind-body practices (meditation, yoga, tai chi); and other (energy medicine, homeopathy, naturopathy).

A major criticism from the scientific community is the lack of controlled research on complementary therapies and practices. Integrative medicine overcomes this by combining treatments from conventional and complementary medicine for which there is some high-quality evidence of safety and effectiveness. This edition of *Elder Care* focuses on mind-body and energy therapies, both of which have shown evidence of benefit for older adults.

#### Do Older Adults Use CAM?

Studies show that between 30% and 58% of older adults use CAM, and CAM use is continuing to rise. A significant concern however, is that 58% of older adults who use CAM do not discuss these therapies with their health care providers, and only 35% of reported CAM use is recorded in patients' medical records. Furthermore, many people using CAM assume that "natural" equals "benign," but a number of CAM practices have significant interactions and contraindications with conventional medical treatments. It is essential that all vitamins, minerals, botanicals, and other CAM approaches be reported and recorded to assure patient safety.

#### Mind-Body Medicine

Mind-body medicine uses a variety of techniques designed to enhance the mind's capacity to affect bodily function and symptoms. Some mind-body techniques that were considered CAM in the past are today considered mainstream, such as patient support groups and cognitive-behavioral therapy. Furthermore, mind-body techniques are gaining in popularity. The National Health Interview Survey of 2017 showed that the use of meditation, a key mind-body approach, increased more than three-fold from 2012 to 2017. When used with standard medical practice, these therapies have few negative effects. Caution should be taken to assure that these are used as complementary approaches, rather than alternative to standard effective therapies.

Meditation has been employed successfully to enhance well-being in older populations. A review of 25 years of studies showed that meditation-relaxation is easily taught to older adults, and preliminary studies have shown meditation to have a positive effect on attention and memory, to increase telomerase activity in blood cells, and reduce the gray matter volume reduction seen with aging. Meditation also reduces anxiety, increases self-esteem, decreases agitated behavior, and increases relaxation, even in older adults with advanced dementia.

The National Institutes of Health recommends meditation and relaxation as one of the first interventions for treating hypertension. Mindfulness meditation taught to community dwelling elders with chronic back pain improved their acceptance of pain and their physical functioning. Further, meditation and stress reduction may confer lasting benefit: long-term follow-up (average of 7.6 years) of 202 persons age 55 and above who participated in studies involving transcendental meditation showed that

#### TIPS ABOUT INTEGRATIVE MEDICINE IN OLDER ADULTS

- Remember that the goal for all patients is to be healthy and pain-free while participating in the daily activities of their choice.
- Be open minded regarding safe alternative and complementary medicine techniques which may help patients to realize their health goals.
- Remember to ask about complementary and alternative medicine practices in your elder population, as you would ask about over-the-counter and herbal medication.

# ELDER CARE

Continued from front page

all-cause mortality was decreased by 23%, cardiovascular mortality by 30%, and cancer mortality by 49% as compared with control subjects in the same studies. All studies demonstrated that older adults are fully capable of understanding, learning, and practicing various meditative techniques.

## Energy Medicine

Energy medicine therapies involve the use of energy fields. They are of two general types.

One is bio-electromagnetic based therapies which involve the unconventional use of electromagnetic fields, such as pulsed fields, magnets, or alternating-current or direct-current. Some of these are now considered mainstream treatments, such as transcutaneous electrical nerve stimulation (TENS) units for pain treatment.

The other is biofield therapies. These therapies are intended to affect energy fields that purportedly surround and penetrate the human body. Examples include tai chi (discussed below) qi gong, reiki, and therapeutic touch. While the existence of biofields is unproven, some of the therapies have been found to be useful. Again, these should be undertaken as complementary rather than alternative treatments.

Tai Chi has existed as a systematic exercise and martial art in China for more than 2000 years. It consists of slow, circular movements that require muscles to remain relaxed

while making a sustained, even, and continuous effort. It can be considered both a body-based and energy-based practice, as it is professed to move *chi*, the life-energy.

A randomized controlled trial of tai chi in patients with idiopathic Parkinson's disease showed consistently better postural control with tai chi as compared to resistance training or stretching. A Cochrane review found that tai chi is likely effective in preventing falls in older adults, with studies showing a decreased likelihood of falls at 6 months following a tai chi program. It is also more effective than brisk walking for improving balance, flexibility, and lower extremity strength. Further, it has been shown to increase physical functioning (as measured by the Short-Form 36); increase reported feelings of relaxation; increase energy, and decrease fatigue. Besides having a beneficial effect on balance and falls, tai chi has been found to acutely decrease sympathetic nervous system activity.

## Conclusion

When used as complementary treatments, mind-body and energy therapies may confer benefit in older adults. As with all modalities, it is important to evaluate each patient individually for the feasibility of treatment tolerability and effectiveness.



Photo from  
[nccih.nih.gov/news/multimedia/gallery/mbm.htm](https://nccih.nih.gov/news/multimedia/gallery/mbm.htm)

## References and Resources

- Astin JA, Pelletier KR, Marie A, Haskell WL. Complementary and alternative medicine use among elderly persons: One-year analysis of a blue shield Medicare supplement. *J Gerontol A Biol Sci Med Sci.* 2000;55(1):M4-9
- Audette JF, Jin YS, Newcomer R, Stein L, Duncan G, Frontera WR. Tai chi versus brisk walking in elderly women. *Age Ageing.* 2006;35(4):388-393.
- Chetelat G, Lutz A, Arenaza-Urquijo E, Collette F, Klimecki O, Marchant N. Why could meditation practice help promote mental health and well-being in aging? *Alzheimer's Research & Therapy* 2018;10:57.
- Cohen RJ, Ek K, Pan CX. Complementary and alternative medicine (CAM) use by older adults: A comparison of self-report and physician chart documentation. *J Gerontol A Biol Sci Med Sci.* 2002;57(4):M223-7.
- Critchley LA, Chen DQ, Lee A, Thomas GN, Tomlinson B. A survey of Chinese herbal medicine intake amongst preoperative patients in Hong Kong. *Anaesth Intensive Care.* 2005;33(4):506-513.
- Gillespie LD, Gillespie WJ, Robertson MC, Lamb SE, Cumming RG, Rowe BH. Interventions for preventing falls in elderly people. *Cochrane Database Syst Rev.*2003; (4):CD000340.
- Li F, Harmer P, Fitzgerald K, Eckstrom E, Stock R, Galver J, Maddalozzo G, Batya SS. Tai Chi and postural stability in patients with Parkinson's Disease. *N Engl J Med* 2012;366:511-519.
- Lin Y, Taylor AG. Effects of therapeutic touch in reducing pain and anxiety in an elderly population. *Integrative Medicine.* 1998; 1(4):155-162. 13.
- Lindberg DA. Integrative review of research related to meditation, spirituality, and the elderly. *Geriatr Nurs.* 2005;26(6):372-377
- Morone NE, Greco CM, Weiner DK. Mindfulness meditation for the treatment of chronic low back pain in older adults: A randomized controlled pilot study. *Pain.* 2008;134(3):310-319
- Motivala SJ, Sollers J, Thayer J, Irwin MR. Tai chi chih acutely decreases sympathetic nervous system activity in older adults. *J Gerontol A Biol Sci Med Sci.* 2006;61 (11):1177-1180.
- National Center for Complementary and Integrative Health [NCCIH]. <https://nccih.nih.gov/>
- Schneider RH, Alexander CN, Staggers F, et al. Long-term effects of stress reduction on mortality in persons > or = 55 years of age with systemic hypertension. *Am J Cardiol.* 2005;95(9):1060-1064

---

## Interprofessional care improves the outcomes of older adults with complex health problems.

Editors: Mindy Fain, MD; Jane Mohler, NP-c, MPH, PhD; and Barry D. Weiss, MD

Interprofessional Associate Editors: Tracy Carroll, PT, CHT, MPH; David Coon, PhD; Marilyn Gilbert, MS, CHES; Jeannie Lee, PharmD, BCPS; Marisa Menchola, PhD; Francisco Moreno, MD; Linnea Nagel, PA-C, MPAS; Lisa O'Neill, DBH, MPH; Floribella Redondo; Laura Vitkus, MPH

The University of Arizona, PO Box 245027, Tucson, AZ 85724-5027 | (520) 626-5800 | <http://aging.arizona.edu>

Supported by: Donald W. Reynolds Foundation, Arizona Geriatrics Workforce Enhancement Program and the University of Arizona Center on Aging

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1QHP28721, Arizona Geriatrics Workforce Enhancement Program. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.