



Mini Review

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Management of Opioid Abuse Epidemic by Introducing Complementary and Alternative Medicine

Feng Feng*, April Horstman-Reser, Jeanine Kernen, Dean Manternach and Harsha Sharma

Department of Cardiology, Nebraska Methodist College, China

*Corresponding author: Feng Feng, Department of Cardiology, Nebraska Methodist College, China

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Introduction

The opioid crisis is an ongoing epidemic in United States. During the COVID-19 pandemic, many patients' access to pain management is restricted. COVID-19 halted much clinical research on pain management and opioid abuse prevention. Possible medical and psychiatric comorbid conditions may significantly increase opioid abuse rates. Opioid abuse may amplify acute respiratory failure risks and impact immunity response to COVID 19, additionally, some drug interactions may lead to unexpected severe adverse effects Schimmel et al. [1] There has been an increase in use of Complementary and Alternative Medicine (CAM) [2] in patients using opioids for chronic pain, however, the evidence to support its use is either limited or lacking Hassan, et al. [3-5]. More than 30% of adults and about 12% of children in the U.S. use CAM. CAM is defined as a non-mainstream practice used together with conventional medicine (complementary medicine) or replacing conventional medicine (alternative medicine) (NCCIH, 2017). There are limited evidence-based CAM treatments that adequately control chronic pain, even fewer on analgesic reduction. Our previous study evaluates the effectiveness and limitations of CAM treatments in prevention and treatment of chronic pain along with analgesic reduction. There is a growing discussion exploring roles of Complementary and Alternative Medicine (CAM) in chronic pain management and opioid abuse prevention. Most CAM therapies are free and self-guided with no adverse effects. Our ongoing study has provided evidence on the effectiveness of CAM in improving community health awareness and offers nonpharmacological interventions in prevention of opioid abuse and recovery. We hope to find that pandemic-affected communities can gain knowledge

and a positive attitude after CAM training. After education sessions, community participants will hopefully realize the importance of communication with their providers, and the risk and benefits associated with CAM. After six of our experimental sessions of CAM education and treatments, participant's pain level and opioid usage did decrease significantly. We hope the outcomes show successful intervention in a lock-down community population without easy access to healthcare, and that the general public is educated on the potential benefits of CAM. As healthcare educators, it is our goal to address community needs through teaching and allow students to access public healthcare interventions.

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