



ANNUAL REPORT

NAFKAM 2013

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Reflections on the past year




Looking back at the year 2013 leaves me with optimism with regard to the future further development of NAFKAM. We are realistic in our vision that “NAFKAM is to hold the most innovative and creative authority on CAM research and information”. Creative authority can only be obtained through solid scientific and informational work combined with open and curious minds.

The solid scientific work has been confirmed through the external evaluation of NAFKAM, initiated by the Department of Health and Social services. We are happy to see that the external evaluator characterizes us as performing both research and information of good quality. They also see us as satisfying the difficult requirement of being neutral in our attitudes to the field of alternative medicine, while we at the same time develop unbiased research and public information.

The open and curious minds are nurtured through a systematic graduate program. We were delighted to see two PhD theses defended last year, and a third probably in the spring of 2014. One of our senior advisors also finished her Master’s degree in 2013. We were also able to hire two new PhD students and one postdoc researcher through successful grant applications. The university has been a good host for NAFKAM since 2000. Concurrent with the external evaluation we have had an internal process of re-assessment of roles and responsibilities. The results of this re-assessment will be followed up in 2014, and coordinated with adjustments recommended by the Department of Health and Social services. I look forward to leading a consolidated NAFKAM even more focused on the task of enabling the population, health personnel and alternative practitioners to take knowledge-based decisions when choosing, recommending or providing alternative treatment.

Vinjar Fønnebø, Director

Vision, goals, and functions



Vision

NAFKAM is to hold the most innovative and creative authority on CAM research and information.

Goals

NAFKAM is to develop, implement, and collect research on CAM. The knowledge will be disseminated to the public, professionals, and the research community so that patients can make informed and safe choices regarding the use of CAM.

Research

NAFKAM stimulates, conducts, and coordinates Norwegian research in CAM.

NAFKAM represents a broad research approach to the CAM field. NAFKAM emphasizes interdisciplinary research, and research shall include medical, social science, and humanistic studies. Various research designs including quantitative and qualitative research methods are to be used and developed. The research questions will decide which research methods and approaches to use.

NAFKAM has developed a model for exploring the CAM field. This will constitute the basis for NAFKAM's research strategy. The model includes among other things the following approaches to the research field:

- Explore patients' experiences with CAM and develop an understanding of the relationship between treatment experiences and the different contexts in which treatments are included
- Explore the CAM field descriptively, i.e. who uses what, to what extent, for what and for how long? What treatments exist, and what is the background of the providers?
- Explore safety (side effects/adverse effects) related to CAM
- Explore the system efficacy (the whole treatment package) of CAM
- Explore the component efficacy, i.e. the effect of single ingredient(s) of the CAM treatment package
- Explore possible mechanisms of CAM

NAFKAM initiates research and recruits researchers in CAM. This will be done through research projects conducted at NAFKAM, and by organizing research conferences as well as by giving advice and guidance to candidates wishing to conduct research in this field.

Information

Research dissemination: NAFKAM shall inform about CAM research and disseminate information relevant for research to researchers and health professionals. Research results will be published in internationally recognized journals.

Information for the general public: NAFKAM operates nifab.no which provides evidence-based information about CAM to the Norwegian population. This can help the individual to make informed choices concerning their own health.

Advisory services

NAFKAM assists the Ministry of Health and Care Services/the Directorate of Health/UiT The Arctic University of Tromsø in queries regarding CAM. The center also provides advice and guidance for researchers and/or alternative practitioners who wish to do research in this field.

Teaching

NAFKAM offers education to healthcare professionals to increase knowledge about CAM, patients' experiences, mechanisms, efficacy, side effects, and safety. NAFKAM is to provide methodology courses for researchers and CAM practitioners and provide speakers on request.

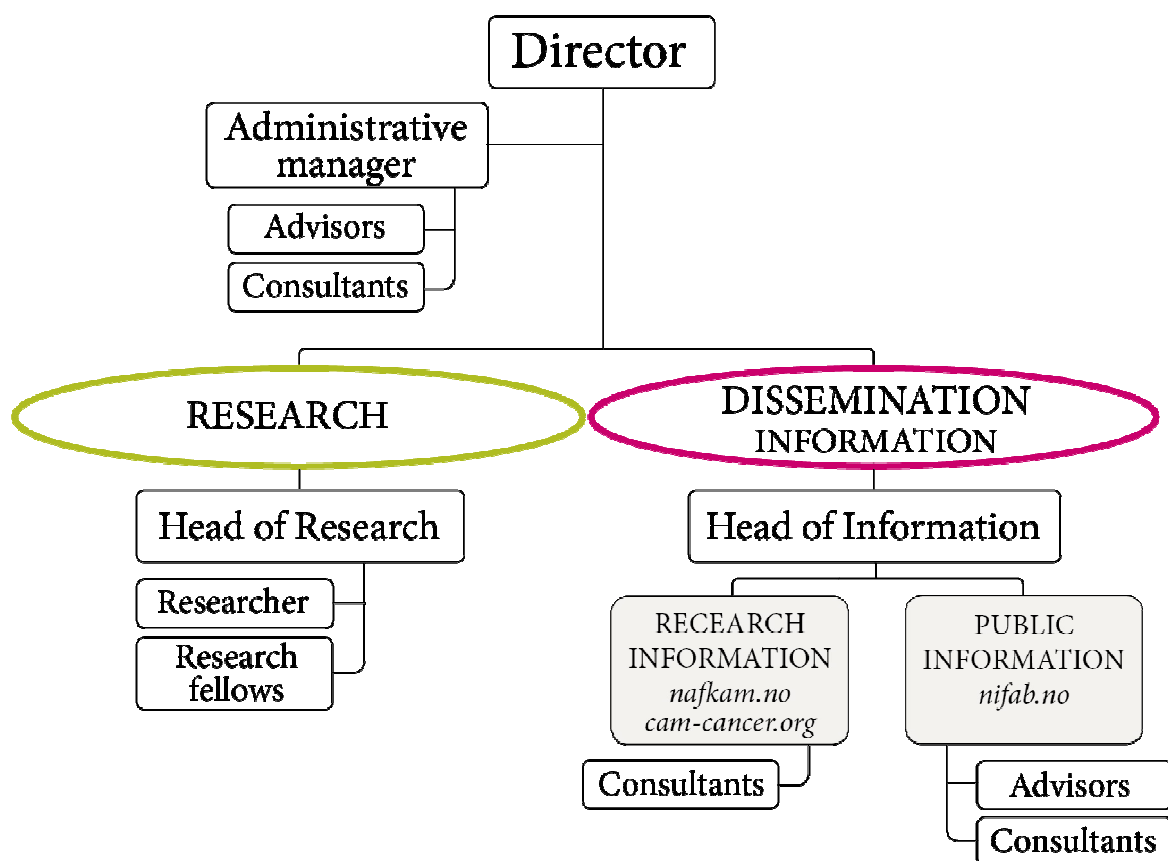
Collaboration with CAM providers' communities

In order to ensure that the research in this field is as close to practice as possible, and to increase providers' knowledge of research and research methodology, NAFKAM will have good and stimulating contact with CAM providers' organizations.

Organization

NAFKAM is affiliated with the Department of Community Medicine (ISM) at the Faculty of Health Sciences. NAFKAM has its own academic and administrative management, while ISM has the overall responsibility.

The management of NAFKAM consists of director Vinjar Fønnebø and administrative manager Laila J Salomonsen. The management team includes also the leaders of research and information. Organizational map of NAFKAM:



Funding

The Ministry of Health and Care Services is responsible for the basic funding of NAFKAM in accordance with the overall agreement between the Ministry of Health and care services and UiT and the annual allocation letters, and carries the financial risk of the center. The allocation of funds and other contract issues are managed by the Directorate of Health. The contract with UiT about the operation of NAFKAM ended on the 31st of December 2011. A new contract will be signed after the evaluation of NAFKAM in 2013.

NAFKAM can also apply for funds from other sources to fund the center's tasks within the assigned areas. The center can also perform time-limited tasks for the Ministry or subordinate agencies funded with grant funds.

Financial statement 2013

NAFKAM startet 2013 with a positive balance from 2012 of NOK 281 103,02.

Financial statement per 31.12.2013:

	Ingoing balance from 2012	Income	Expences	Balance 31.12.13
NAFKAM	281 103,02	13 016 951,02	12 792 993,76	223 957,26

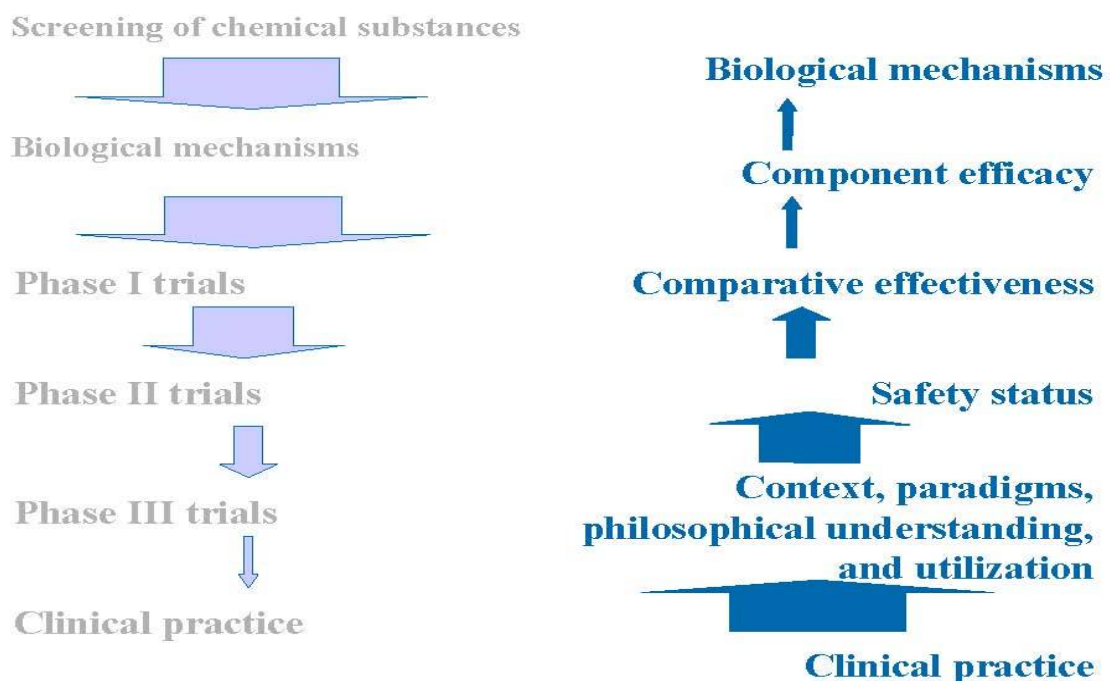
In addition, NAFKAM has acquired funding from UiT, the Norwegian Cancer Society, Reliable Cancer Therapies, Norwegian Women's Public Health Association and Helse Nord (Health North). For a full report, see the Appendix.

Research at NAFKAM in general

NAFKAM is researching efficacy/effectiveness and side effects of CAM as well as research on CAM as a social and cultural phenomenon. NAFKAM thus emphasizes multidisciplinary research and gives nationwide support to initiation of and recruitment for CAM research.

Various research designs are used and developed, including both quantitative and qualitative research methods. The center has developed a model for exploring the CAM field which constitutes a basis for its research strategy. Research will take place both within contextual understanding, safety/adverse effects, system efficacy, component efficacy, and effect mechanism.

Model for researching the CAM field



This model shows two axes. The left axis describes how new drugs are developed through research. This approach has for many years been regarded as the only correct way also for the exploration of CAM.

NAFKAM, however, has recommended the axis to the right as a model for CAM research. This is due to the simple fact that alternative treatments do not have a “gatekeeper” who only approves treatments that are thoroughly explored with regard to safety and efficacy. Alternative therapies are often prevalent in the population before scientists even know of their existence. This means that there is widespread clinical experience with treatments – patients have felt on their own bodies whether the treatments work or not. In such a situation it is important that researchers start at the right end. The first thing they must do is to understand the field they are to explore. Then it is important to systematically explore possible side and/or adverse effects. This must be done systematically since such adverse effects most likely do not occur very often.

When studying the effect of the treatment, it is important to start by looking at the effect of the whole “treatment package” before looking at the effect of individual components of the treatment approach, since CAM therapies often are composed of several components that are not meant to be split up into their individual components.

The last level in the right axis is the exploration of the biological mechanism that might explain the effect.

Different research projects



Acupuncture

Acubreast

This is a pilot study that aims to provide treatment experiences and evaluate endpoints in adjuvant acupuncture treatment for women receiving chemotherapy treatment of early breast cancer. The hypothesis is that acupuncture treatment can prevent fatigue which is a common side effect after this treatment. It has been difficult to recruit patients, and the study has been stopped.

Use of the acupuncturepoint SP6 in acupuncture studies

A study has been initiated where we look at acupuncture studies where only SP6 is being used. This is a systematic review in collaboration with scientists in Beijing, China. A review article is accepted for publication in the Chinese Journal of Integrative Medicine with the title “Acupuncture Points Used in the Prophylaxis against Recurrent Uncomplicated Cystitis; Patterns Identified and their Possible Relationship to Physiological Measurements”

Can the effect of acupuncture be measured with infrared thermography?

As a follow-up of an earlier pilot study, a study is being conducted with the aim of determining whether Norwegian soldiers have suffered cold/frost damage during military service. Thermography photos will be taken before winter service is started and after finishing winter exercise/winter service. Possible changes in the fingers' heat radiation during the service are seen in relation to possible clinical signs and the patient's experience of cold/frost damage. The survey is done in collaboration with Professor James Mercer, Cardiovascular Research Group, Institute of Medical Biology. Patients who have experienced cold/frost damage will be offered acupuncture in order to, if possible, provide vascular responses. Acupuncture will be performed in a standardized manner on the acupuncture point Hegu (large intestine 4) bilaterally.

Development and testing of a training program to be used for patients with persistent chronic health problems after amalgam removal.

Objective: To develop a training program for practitioners, development of treatment program, training of practitioners, implementation of the therapeutic section, evaluation, data

analysis. Development and feasibility assessment of an integrated medical care rehabilitation program for patients with continuing health complaints after amalgam removal – The IMCR trial.

- WP1 (development of the treatment program) has been successfully completed. The manual for the group program is now available in English and Norwegian.
- WP2 has been successfully conducted. There will be one last supervision meeting right before the start of the clinical part (WP3).
- Since the regional ethics committee decided that approval from REK is not needed (the project was not considered to be a medical or health sciences related research project), the project is now registered and currently assessed by the Norwegian Social Science Data Services (NSD).

TCM

The colorectal cancer study (TCM herbs in addition to western medical treatment) that NAFKAM is conducting together with the Colorectal Cancer Registry in Norway and the XI-Yuan hospital in Beijing continued in 2013. The Norwegian side contributes data from the Colorectal Cancer Registry. These data are compared with data from hospitals in China that give either only “western” medicine treatments or “western” medicine treatments in combination with TCM. The project is linked to a qualitative study in which we have interviewed Chinese doctors about why they withhold cancer diagnosis for some patients in China. The interviews have been transcribed and translated into English. The analysis phase of the data continued in 2013.

Chinese herbal medicine

We are involved in the planning of a study in England, where the idea is to investigate the effect of Chinese herbal medicine on recurrent urinary tract infections.

The PATH study

In this project we study cancer patients’ pathways, which include life events that shape patients’ decisions about, and experience of, care. The project defines patient pathways as the comprehensive set of health events which address patients’ health care needs. Our goal is to describe, classify and examine whether some pathways are associated with better outcomes.

This study is part of an international collaboration between research groups in Canada, Norway, and Arizona and Michigan, USA.

The analyses of the Norwegian material have included the following themes:

- 1) Typologies of pathways according to patients' patterns of use of CAM and conventional medicine in the international data.
- 2) Health care pathways in light of the Chronic Care model (CCM). Analyses were based on an identification of distinct events (both life-events and health events) of the pathway, which in turn were put in a chronological order. The description of events was subjected to a content analysis. The analysis was based on an understanding of CCM as a model for ideal care, and we planned to map good and bad patient experiences onto CCM-concepts for ideal care. However, we found that we were unable to map the patient experiences onto the CCM. To evaluate patient experiences it was therefore necessary to broaden the theoretical framework for understanding of: "What is a good patient pathway".

We have therefore performed a theoretical analysis which has resulted in two manuscripts: 1) understanding the goals of the patient pathway and 2) characteristics of an excellent patient pathway process. The first drafts of these two theory papers are in their final phases. The new theoretical framework will now be applied to the content analyses of the patient pathway events, and we will finalize the evaluation of the patient pathways in 2014.

- 3) Complementary therapies in cancer patients' care. Patients' stories about their ongoing work to shape as good a life as possible during cancer illness and treatment. This work has used the theoretical perspectives of AM Mol: The Logic of care in an effort to understand CAM's role and function in the patient pathway. Care is seen as the specific, ongoing, relational and un-finalized work to get well, and/or to create as good a life as possible during illness and treatment. CAM is part of the ongoing "tinkering" and experimenting in order to produce a better health outcome.
- 4) Case studies. The meaning and importance of life events in patient pathways. Patient pathways will be analyzed in light of significant life events with respect to the illness experience and patients' decision-making.

We have also used our insights derived from the above manuscripts to create a quantitative questionnaire for patients to evaluate their own health care pathway. The theoretical perspectives from the evaluation of pathways paper, has been instrumental in the creation of this quantitative tool. This is an interactive tool, which allows the patient to see a visualization of their health-care events as a memory aid. They are then invited to evaluate whether central

elements of personalized care were present in their pathway. Outcome of the pathway is the achievement of patient-generated goals. The tool will be tested in a cohort of patients with chronic conditions in close collaboration with a research group in Trondheim, before we develop a protocol for a cancer patient pathway study, with hard outcome measures.

Health care personnel meeting patients who combine traditional Sami healing and conventional medicine

The aim of this study is to increase the understanding of how traditional Sami healing is part of patients' help-seeking, and to what extent and how health workers in municipality health services meet patients who combine traditional Sami healing and conventional medicine in a Lule area.

The project will contribute to a better understanding of:

- How health personnel in primary care encounter patients seeking help from both traditional Sami healers and conventional medicine
- For which health complaints the patients combine conventional medicine and traditional Sami healing
- Health care providers' perceptions of the importance of traditional healing for patients who seek help for various mental and physical health problems in a Lule area
- The importance of the health workers' own ethnic and cultural background for understanding and relating to patients who also seek help from traditional healers
- How publicly employed health workers can attend to this patient group in fruitful ways.

The study is funded by SANKS, Nordland County Council, Arran, Center for Care Research, the Sami Parliament, and NAFKAM.

PhD- projects

The use of complementary medical treatment for cancer

In this study, cancer patients' use of CAM was mapped and compared with use of healthy people and people with other serious illnesses. This was done through data in the population surveys Tromsø-V and Tromsø-VI, as well as a separate study produced in collaboration with the Cancer Registry. The thesis was submitted in the spring and defended in June.

Exceptional Courses of Disease, the Patient Between Different Treatment Systems

The PhD project “The Patient Between Different Treatment Systems” is based on interviews with 31 patients and 12 physicians recruited via The Registry of Exceptional Courses of Disease. The thesis focuses specifically on the patient position between the public health system and the unregulated and little-explored CAM field. Important topics in the analysis are the “active patient”, why patients find CAM treatments useful, what experience they have with treatment and interaction with doctors/public health and how patients and their doctors assess risk and risk communication related to CAM and conventional treatment. The thesis was submitted in the spring and defended in October.

Safety in homeopathic treatment

The main objective was to describe the frequency and severity of reactions and adverse effects in patients after the initial treatment by a homeopath. The reactions reported by patients and which the homeopath would classify as part of the healing process, were also studied. The thesis was submitted in autumn 2013 and the defense is planned for 2014.

Acupuncture and postoperative nausea in children

Postoperative nausea and vomiting (PONV) remain challenges in our daily practice. In addition to causing distress and discomfort for the patient, PONV can increase the risk of pain and bleeding and resultant resource use and prolong stay at the hospital. In Norway, approximately 9,000 children undergo tonsillectomy and/or adenoidectomy yearly. The incidence rate of PONV can be as high as 90 %. Several types of antiemetics in use are only partially effective and entail several adverse events and costs. There is thus a need for investigating a non-pharmacological intervention such as acupuncture as a symptom management strategy. Acupuncture is inexpensive, and the incidence of adverse events is low. During 2013, PhD student Ingrid Liødden has collected data on 282 children at three clinics in the Oslo area. Data analyses are in progress, along with development of articles, one on the effect of acupuncture and another on the placebo effect regarding parental expectations.

SEN-CANCER – Sensing illness in everyday life: Care-seeking and perception of symptoms among chronic cancer patients – a rural study

The primary objective is to understand the illness experiences of chronic cancer patients and their care-seeking processes, comparing urban and rural processes. The project will provide

in-depth understanding of context-based lay processes of bodily sensations, sense-making and (inter-)action towards cancer illness. It will contribute to understanding of user's therapeutic pathways and care-seeking, and their assessment and monitoring of treatment and care.

Specific objectives: 1) To explore the personal and social processes turning bodily sensations into (meaningful) symptoms, 2) To explore the influence of social relations on interpretation of symptoms and illness, and on the subsequent choice of care and treatment, 3) To explore how treatment and care is assessed by users. The project is developed as a collaboration between NAFKAM and the Research Centre in Community Medicine (AFE) at the Faculty of Health Sciences/UiT and the Research Centre For Cancer Diagnosis in Primary Care (Cap) Århus University Denmark. The fieldwork will commence in February 2014. The project is developing according to plans.

Other activities not mentioned in the annual plan

Combination of conventional and CAM treatment for muscular ailments

A qualitative study based on the experiences of patients, medical care providers, CAM practitioners, and other relevant stakeholders in the Berlevåg municipality. In this study, we investigate:

1. The health services offered/used and whether/how they are combined by residents/practitioners in relation to musculoskeletal disorders.
2. Whether/how different practitioners in professional and lay sectors collaborate
3. How treatment consultations in both sectors in the municipality takes place/are implemented
4. What treatment effects the authorities at various levels (municipal management, business management, treatment providers, and users of the services) have experienced

The study has a qualitative design based on participant observation and semi-structured interviews. Treatments with conventional medicine (CM) and CAM therapies (CAM) are observed. A study report has been made and a scientific article is under production. The study has been presented in the village where the research was conducted.

CAM consultations

A qualitative pilot study of consultations in practice at a CAM clinic. Objective:

Explore how CAM consultations take place in practice and therapists' perception of their own consultation practices. The pilot study will contribute to the understanding of

1. what happens during the consultation
2. what therapists believe to be essential in consultation
3. the development of focus and methodological approach in qualitative research on consultations in CAM and in prospective, comparative studies between clinical consultations in conventional medicine and CAM therapies.

No activity has been performed during 2013.

Acupuncture-induced birth

Together with the Women clinic at Haukeland University Hospital, we have planned a study where we will evaluate whether acupuncture could initiate births in pregnant women who go over term. According to Norwegian guidelines the birth must be initiated if pregnant women go 12 days over term. They will be observed from day 7 to 12 over term and acupuncture will be provided during the observation period. The study is approved by the regional ethics committee.

Project applications in 2013 effective in 2014

Applications that were approved:

Helse Nord:

- Post.doc project: Development of a survey and a web tool to bridge the communication gap between different professions of health care providers and patients in cancer care.

NFR:

- PhD-prosjekt: "Health care personnel encountering patients who combine traditional Sami healing and conventional medicine".

Applications that were not approved:

EU

- Impact of EU legislation on health research and/or innovation.

NFR

- “The physiological bases of massage therapy for chronic, non-specific neck pain – Quantitative Sensory Testing (QST) as a translational tool”.

Ekstrastiftelsen:

- Acupuncture for children and expectancy effect

Other projects



The Registry of Exceptional Courses of Disease related to CAM

The registry is organized with a steering group of three members. From June 2013 the group consists of the following members: senior researcher Anita Salamonsen (leader, NAFKAM) chief adviser Helle Grøttum (representative of patient associations, here: the Norwegian Asthma and Allergy Association), and senior researcher Arne Johan Norheim (researchers' representative, NAFKAM). The registry also has an administrative manager, currently Brit J. Drageset. Annual reports for the Registry can be found at NAFKAM's website.

By 31.12.2012 a total of 390 courses of disease were registered, 315 from Norway, 67 from Denmark, and 8 from Sweden. The largest disease groups are CFS/ME (83), MS (78), cancer (61), and asthma/allergy (20). Twenty-four courses of disease were registered as worst cases, 366 as best cases. In 2013 40 registration forms were sent out that had not been returned by the end of the year.

The types of treatments most frequently used by the 390 patients in the Registry are acupuncture, dietary advice, homeopathy, herbs and supplements, reflexology, and spiritual healing.

In 2013 there were around 10 interviews and references in the media where the Registry was referred to.

Studies based on the Registry

Projects finished in 2013:

Boundary walkers – The use of complementary and alternative medicine in a Scandinavian health care context. Doctoral project, Salamonsen, Anita

Ongoing projects:

Different perspectives on safety and risk related to the use of CAM

Two scientific papers are under review while the other two are under completion and will be submitted to scientific journals in the spring of 2014.

Planned studies with access to registry data:

1. *The writing patient*. Nesby, Linda, Department of Culture and Literature, UiT and Salamonsen, Anita, NAFKAM. An article is being written.
2. *Cancer patients who deny conventional treatment*
Salamonsen, Anita, NAFKAM and Verhoef, Marja, University of Calgary, Canada/NAFKAM.

The Directorate of Health commissioned NAFKAM to go through the medical records related to the CFS/ME cases in the Registry in order to clarify whether the criteria for getting a CFS/ME diagnosis were fulfilled. This work was started in 2013.

A registration project related to exceptionally good courses of migraine after the use of acupuncture or reflexology is being continued. Cases are collected from Norway, Sweden, Denmark, and England.

Quality assessment

NAFKAM has a small project in collaboration with two CAM practitioners related to quality assurance of treatment reports, provided by the questionnaire MYMOP. The goal is to make research results more researchable.

Quality registry for providers (in collaboration with SABORG and NAFO)

We are planning a registry for CAM practices outside the official health care system:

Step 1: Feasibility, goal: To establish valid measurements and a realistic procedure (time, data entry etc.).

Step 2: Feasibility of the registry, goal: To establish a data management system, preferably via the Internet, similar to the procedures used in conventional clinical quality registries (data security, data entry, time, protection of participating providers, etc.)

Step 3: Establishment of a quality registry, goal: To establish a quality registry for CAM practices outside the official health care system. The legal requirements are clear, and the next

step (electronic data management) is being evaluated. This project is also dependent on the Norwegian MYMOP version as a tool.

Documentation of sales figures/consumption data

NAFKAM has developed a system for generating sales figures and other relevant consumption data concerning self-treatment with herbal medicines and dietary supplements. In 2012 we repeated the study from 2007 about the population's use of CAM. This time we included sales figures and issues of adverse effects. The report was sent to the Directorate of Health and published in January 2013. The survey on CAM use at Norwegian hospitals was repeated, and an article is being written based on the survey.

Collaboration nationally and internationally



Researchers at NAFKAM collaborate extensively both nationally and internationally within research and methodology development. Below are some examples:

Nationally:

- Collaborating partners in other units at UiT on various research projects
- The PasTas project- Patient's trajectories: Capture, reason, present and evaluate at NTNU

Internationally:

The CAMbrella project integrated several CAM associations in the advisory board and in the Working Packages. Further collaboration with these associations will strengthen our possibilities for “patient safety in CAM” work in Europe. During 2013 there were collaboration meetings with European Union officers and the post-CAMBrella group.

NAFKAM collaborates with DG SANCO in developing a research project regarding the safety of European citizens seeking cross-border care within CAM. NAFKAM forwarded an EU-application to DG SANCO for the project: “*CAMCrossEurope*”– The Patients’ Rights in Cross-border Healthcare.

The European Partnership of Supervisory Organisations in Health Services and Social Care (EPSO) has recently established a European working group looking into Risk Management and Risk indicators. EPSO includes “Supervising patient safety in Europe” and consequences of the new cross-border Healthcare directive. NAFKAM has started collaboration discussions in 2013 and is invited by EPSO to participate at their conferences in 2014.

During 2013 we have discussed collaboration on regulation and patient safety with our contact persons in

- WHO Patient Safety Group – for including CAM in the WHO patient safety development.
- WHO – The Department of Technical Cooperation for Essential Drugs and Traditional Medicine (TCM) – (NAFKAM is as a collaborating WHO center) – for combining the WHO and NAFKAM network building and public information about CAM in Europe.

Teaching, working groups etc



Teaching

NAFKAMs staff have done teaching for/at

- UiT, the Arctic University of Norway
- Oslo and Akershus university college of applied science
- Basic course in family medicine
- Harstad University college
- Bodø University college
- Supplemental courses for physicians
- Diakonova, Oslo
- Patients organizations

Working groups

NAFKAM is represented in the national working group "Medicine-free treatment in psychiatry", organized by the Directorate of Health by “Erfaringskompetanse” in 2013.

Public dissemination and communication



The alternative treatment area was also last year featured widely in the media and public debate. In 2013 NAFKAM experienced increases in the number of inquiries and the use of our information sources.

Information to the public

A large part of the mission of providing information to the Norwegian population as support for decision-making, related to treatment choices, takes place through the website www.nifab.no and responses to inquiries to the editors.

In 2013 nifab.no had a total of 219,900 visits. This was an increase of 33 % from 2012. The total visits were made by a total of 164,100 unique visitors, an increase of 30 % from the previous year. Also last year 95 % of the visits were made from Norway, while the remaining 5 % were distributed between approx. 100 countries. The most prominent referral sources in 2013 were Wikipedia, our own social media, and our advertisements on Google Adwords.

At the end of 2013 there were approximately 100 other websites linking to nifab.no. Most of these are permanent, which means that sites consider us as a recommended source for more reading about CAM. The websites linking to us in this way are patient associations, healthcare organizations, public health institutions, CAM practitioners, and their organizations. It is considered important to work more diligently to obtain more such links, especially from sites that are targeted to patients and health professionals.

At the end of the year nifab.no contained a total of 126 factual articles covering 58 therapies, 43 treatment products, and 25 special articles (in the theme section) on CAM treatments used by cancer patients. Most of the work in 2013 consisted of revision and upgrading of existing content rather than writing new factual articles. The site is considered to have a good coverage of the treatments currently in use in Norway. In terms of content, the section with factual articles about treatments had the most visits. Among these, turmeric, naprapathy, ginger, acupuncture, and healing were the five most frequently visited.

At the end of the year we had approximately 1100 followers on Facebook and 390 on Twitter. This was an overall increase of 25 % from 2012. In 2013 we posted 196 messages in these media, which was an increase of 70 % from 2012. Communication with various groups in the social media seems to be increasing, and a strategy needs to be developed for NAFKAM's use of various social media.

In 2013 nifab.no was awarded the HON-code, which means that we meet the Health On Net Foundation's quality standards for health information online, which includes neutrality, professionalism, and language adapted to the average consumer.

Monitoring of the market

In 2013, based on the monitoring of the market, three cases were sent to the management for review. One of these was considered to be a possible threat to patient safety and it was therefore forwarded to the Directorate of Health.

International collaboration

NAFKAM is represented by the editors of nifab.no in ICCR (International Collaboration on Complementary Therapy Resources), a forum for publicly funded centers that provide information about CAM. The purpose of the forum is to increase the quality of information among the participating centers, through the exchange of experience and collaboration. The forum had two teleconferences in 2013.

Information for healthcare professionals

NAFKAM also runs the website www.cam-cancer.org which provides summarized research on CAM as a cancer treatment. This website is targeted at English-speaking health professionals. At the end of the year the site contained a total of 65 articles. In 2013, 13 existing articles were revised, and 7 new articles were produced. In 2013 the site had a total of 57,200 visits. This was an 11 % increase from 2012. The visits were done by a total of 48,100 individuals which is 5000 more than the previous year. The content of the site has the potential for growth in order to cover all CAM treatments that are used by cancer patients. The use of the site has great potential both nationally and internationally, but little is known due to limited resources for marketing.

Publicity

In 2013, NAFKAM employees were interviewed or contributed as a source in a total of 43 journalistic entries. This was an increase of 40 % from 2012. In addition, we are mentioned and used as a source on a number of online forums, blogs, etc.

Other external information activities

In 2013 we received and answered 222 various inquiries concerning alternative treatment. This was an increase of 10 % from 2012. Lectures were given in seven regional/national forums for patients and health professionals. It is important for us to meet the users of our information, particularly in order to make our products and services better known.

Research dissemination



Scientific publications

1. Birch, S; *Alraek, T; Norheim, A J.* Acupuncture Adverse Events in China: A Glimpse of Historical and Contextual Aspects. *Journal of Alternative and Complementary Medicine* 2013 ;Volum 19.(10) s. 845-850
2. *Liudden, I; Norheim, A J.* Acupuncture and related techniques in ambulatory anesthesia. *Curr Opin Anaesthesiol.* 2013 Oct 21. [Epub ahead of print] PMID: 24150042 [PubMed - as supplied by publisher]
3. White, A; Boon, H; *Alraek, T;* Lewith, G; Liu, JP; *Norheim, AJ;* Steinsbekk, A; Yamashita, H; *Fønnebø, V.* Reducing the risk of complementary and alternative medicine (CAM):Challenges and priorities. *European Journal of Integrative Medicine*, In Press, Corrected Proof, Available online 19 Sept 2013
4. Spohn, D; *Musial, F;* Rolke, R. Naturopathic reflex therapies for the treatment of chronic pain - part 2: quantitative sensory testing as a translational tool. *Forsch Komplementmed.* 2013;20(3):225-30. doi: 10.1159/000353446. Epub 2013 Jun 20. PubMed PMID: 23860025.
5. *Musial, F;* Spohn, D; Rolke, R. Naturopathic reflex therapies for the treatment of chronic back and neck pain - part 1: neurobiological foundations. *Forsch Komplementmed.* 2013;20(3):219-24. doi: 10.1159/000353392. Epub 2013 Jun 20. PubMed PMID: 23860024.
6. *Kristoffersen, E A; Norheim, A J; Fønnebø V M.* Complementary and Alternative Medicine Use among Norwegian Cancer Survivors: Gender-Specific Prevalence and Associations for Use. *Evid Based Complement Alternat Med.* 2013;2013:318781. doi: 10.1155/2013/318781. Epub 2013 Mar 28
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3. Nielsen, A; MacPherson, H; *Alræk, T.* Acupuncture for Military Personnel Health and Performance. *Journal of Alternative and Complementary Medicine* 2013 s. -
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3. *Folkvord, Silje*. Kombinering av konvensjonell og alternativ behandling ved lettere muskel- og skjelettlidelser. Presentasjon av studiet for kommunens innbyggere; 2013-12-02 - 2013-12-02
4. *Folkvord, Silje*; *Foss, Nina*. CAM in a rural area - a "real" difference to patients with musceloskeletal problems?. International Conference for Complementary Medicine Research; 2013-04-11 - 2013-04-12
5. *Foss, Nina*. Alternativ behandling - helbredelse, eller selvhelbredelse? Praksis i konsultasjoner i komplementær og alternativ terapi. Norsk Antropologisk Forening Årskonferanse; 2013-05-03 - 2013-05-05
6. *Foss, Nina*; Bårdsen, Åse. Playful reflection: an investigation into the kindergarten project "Play in physiotherapy with children". CARN conference 2013; 2013-11-07 - 2013-11-09

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10. Kiil, Mona Anita; *Salamonsen, Anita*. Stories of Life-Course Disruption: A Theoretical Approach to Understand Patient Pathways which include non-conventional Health Practices. 8th annual congress of the International Society for Complementary Medicine Research; 2013-04-11 - 2013-04-13
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12. *Larsen, Anette Langås; Foss, Nina*. Health care personnel encountering patients who combine traditional Sami healing and conventional medicine. Oovtâst – Together. New concepts, theories and methodologies on Saami studies; 2013-09-25 - 2013-09-27
13. *Larsen, Anette Langås; Foss, Nina*. Helsepersonell i møte med pasienter som kombinerer læsing og skolemedisin. foredrag for helsepersonell på Drag, i Tysfjord; 2013-09-19 - 2013-09-19
14. *Larsen, Anette Langås; Foss, Nina*. Helsepersonell i møte med pasienter som kombinerer læsing og skolemedisin. Foredrag på forskningsdagen på Arran; 2013-10-19 - 2013-10-19
15. *Larsen, Anette Langås; Foss, Nina*. Helsepersonell i møte med pasienter som kombinerer samisk tradisjonell helbredelse og skolemedisin. Fremlegg på narrativt seminar; 2013-05-30 - 2013-05-30
16. *Larsen, Anette Langås; Foss, Nina*. Helsepersonell i møtet med pasienter som kombinerer læsing og skolemedisin. Foredrag for helsepersonell i Kjølsvik i tysfjord kommune; 2013-09-18 - 2013-09-18
17. *Larsen, Anette Langås; Foss, Nina*. Helsepersonell i møtet med pasienter som kombinerer læsing og skolemedisin. kommunestyremøte i Tysfjord; 2013-09-18 - 2013-09-18
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22. *Wiesener, Solveig*. «CAMCrossEurope» regulation – with an osteopathy focus. Will harmonization improve patient safety?. 16th FORE (Forum for Osteopathic Regulation in Europe) meeting; 2013-10-19 - 2013-10-20
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24. *Wiesener, Solveig*; *Fønnebø, Vinjar*. «CAMCrossEurope» regulation – impact on patient safety. Complementary and Alternative Medicine (CAM): AN investment in health; 2013-06-27 - 2013-06-27
25. *Wiesener, Solveig*; *Fønnebø, Vinjar*. Legal status and regulation of CAM in Europe. ICCMR2013, WS26, 8th annual congress of ISCMR; 2013-04-11 - 2013-04-13

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1. Alsnes, Randi; *Fønnebø, Vinjar*. Gurdemeie mot håndartrose. Revmatikeren [Avis] 2013-05-15
2. Dale, Kurt Inge; *Stub, Trine*. Forskningsmidler til alternativ kreftbehandling. Helsemyndighetene vil finne ut om alternativ behandling hjelper kreftsyke. Helse Nord bevilger derfor tre millioner kroner til et forskningsprosjekt. NRK Østafjells [TV] 2013-12-20
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4. Kruse, Tove Elisabeth; *Salamonsen, Anita*. Exceptionelle sykdomsforløb. scleroseforeningen.dk [Internett] 2013-02-14
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6. *Larsen, Anette Langås*. Helsepersonell i møtet med pasienter som kombinerer læsing og skolemedisin. P2, NRK SÅPMI [Radio] 2013-10-09
7. *Larsen, Anette Langås; Foss, Nina*. Forsker på "læsing". Lokalavisa NordSalten [Avis] 2013-10-04
8. *Larsen, Anette Langås; Foss, Nina*. Forsket på "Læsing" og skolemedisin. Sagat [Avis] 2013-11-08
9. Pettersen, Egil; *Fønnebø, Vinjar*. LDN og MS. TV2 [TV] 2013-02-28
10. Pettersen, Egil; *Fønnebø, Vinjar*. Markedsføring av alternativ behandling. NRK [Radio] 2013-02-21
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16. *Salamonsen, Anita; Fønnebø, Vinjar*. Forskningen trenger klientenes erfaringer. bowennorge.no [Internett] 2013-12-01
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21. *Salamonsen, Anita*; Solum, Eirik Svenke. Eksepsjonelle sykdomsforløp og ny forskning. Magasinet Visjon [Avis] 2013-03-01
22. Skjong, Hans Joseph; *Fønnebø, Vinjar*. Sammenligner akupunktur med voodoo. Universitas [Internett] 2013-04-25

Health, safety and environment



Health, safety and environment are discussed regularly at meetings with local safety representative. In 2013 the occupational health care visited those who wanted it, and necessary adjustments were made.

NAFKAM has warned the Labour Inspection authority in relation to indoor temperature.

The director has the overall safety responsibility. Practical maintenance of HSE responsibilities are delegated to the administrative manager.