

(S88) PAIN-RELATED FACTORS ASSOCIATED WITH COMPLEMENTARY AND ALTERNATIVE MEDICINE USE IN PEOPLE WITH MULTIPLE SCLEROSIS

Background: Complementary and alternative medicine (CAM) practices have been credited with reducing symptoms and improving overall quality of life in people with multiple sclerosis (MS). However, few studies in MS have investigated the relationship between CAM use and pain, a common and often severe condition among this population. **Objective:** Determine the prevalence of CAM use among a community sample of people with MS, and examine its relationship with pain-related variables. **Methods:** A mail survey was completed by 542 people with MS living in eastern Washington State. Data were collected on basic demographics, MS medical history, pain (items from the Numerical Pain Scale and Brief Pain Inventory), health care service utilization, and CAM treatments in the preceding year. **Results:** Thirty-seven percent of the sample had used at least one CAM modality in the preceding year, and the mean number of visits to a CAM practitioner was 3.9 ± 12.3 . The most commonly used therapies were chiropractics (18.1%), massage (14%), and the Swank diet (5.4%). Forty-nine percent of the sample reported having persistent, bothersome pain in the past 3 months. Use of CAM therapies was not found to be associated with prevalence or intensity of pain. However, the mean number of days that pain interfered with usual activities in the preceding 3 months was significantly lower for those receiving acupuncture (mean 4.5 [standard deviation 7.2]) versus those not receiving acupuncture (10.8 [24.2]) (Student's *t* test, $P = .004$) and for those receiving massage (5.9 [15]) versus those not receiving massage (11.4 [25]) ($P = .009$). **Conclusions:** Individuals in this sample frequently used CAM services, with more than a third using at least one modality in the preceding year. The findings that both acupuncture and massage therapy use are related to decreased pain interference warrant further examination. Longitudinal studies of CAM use and pain are needed.

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