

postmenopausal women estrogen might, in this context, be expected to have detrimental cardiovascular effects, as seen in trials such as the Heart and Estrogen/progestin Replacement Study (HERS) and the Women's Health Initiative. Obviously, the physiology of HRT remains incompletely understood, and further study is needed to elucidate the different effects of estrogen on young vs older coronary arteries.

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1. White RE, Han G, Fulton D, Barman S. Dual and opposite effects of estrogen on coronary arteries mediated by type I (N) nitric oxide synthase via nitric oxide and superoxide. Presented at the American Heart Association Second International Conference on Women, Heart Disease, and Stroke; Orlando, Fla; February 16-19, 2005.

Fibromyalgia and Complementary and Alternative Medicine

To the Editor: I have many concerns with the article on complementary and alternative medicine (CAM) for fibromyalgia by Wahner-Roedler et al¹ in the January 2005 issue of the *Mayo Clinic Proceedings*. Their definition of fibromyalgia as a syndrome is one concern. I tend to agree with Hadler² that

fibromyalgia is not a syndrome and it is certainly not a disease. Fibromyalgia is a vortex of illness perception totally distorted from disease and totally dependent on the need for a diagnosis. It is but a narrative used by patients to express their experience of illness. Neither a cure nor an amelioration of their symptoms will ever expunge this narrative. Fibromyalgia becomes part of the fabric of the life of the narrator.

Thus, it should not be surprising that so many patients (98%) in the article by Wahner-Roedler et al had used some type of CAM therapy during the prior 6 months.

The authors note that patients with fibromyalgia referred to a tertiary care center had already received care "from various primary care physicians and rheumatologists"; however, they did not mention appropriate consultation with psychiatrists or clinical psychologists before tertiary care referral.

In their listing of CAM therapies used by patients, Wahner-Roedler et al include exercise, commercial diets, self-help groups, relaxation therapy, and massage therapy. Their justification is that these therapies were included in the surveys by Eisenberg et al.³ I think many mainstream physicians would likely find this justification unacceptable and would subject the article by Wahner-Roedler et al to the same criticism directed at the article by Eisenberg et al after publication and still to this present date.

When the authors queried rheumatologists about their knowledge of 22 CAM therapies, they noted the prominent clinical use of referral for "counseling or psychotherapy and

exercise." I find no justification for the authors labeling counseling or psychotherapy and exercise as CAM therapies.

I find little comfort in the authors' reference to an article by Ernst⁴ that concluded that "the direction of evidence was 'clearly positive' for the use of treatment with acupuncture and massage and 'tentatively positive' for homeopathy." As stated previously,⁵ I believe that acupuncture and homeopathy are merely examples of the alternative medicine hoax and are of no value in modern, science-based medicine.

My conclusions of the article by Wahner-Roedler et al are as follows: (1) a large number of patients with a diagnosis of fibromyalgia were referred to a sophisticated tertiary treatment center because CAM therapies did not work; (2) most of these patients did not appear to have appropriate psychiatric or psychological evaluation before referral; (3) no evidence was presented that suggested that truly alternative medicine modalities should be integrated with mainstream medical therapies; and (4) alternative medicine has received another "free ride."⁶

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1. Wahner-Roedler DL, Elkin PL, Vincent A, et al. Use of complementary and alternative medical therapies by patients referred to a fibromyalgia treatment program at a tertiary care center. *Mayo Clin Proc.* 2005;80:55-60.

2. Hadler N. Pro & Con: is fibromyalgia a rheumatic disease? *Int Med News.* September 15, 1998:8.

3. Eisenberg DM, Kessler RC, Foster C, Norlock FE, Calkins DR, Delbanco TL. Unconventional medicine in the United States: prevalence, costs, and patterns of use. *N Engl J Med.* 1993;328:246-252.

4. Ernst E. Complementary medicine. *Curr Opin Rheumatol.* 2003;15:151-155.

5. Bartecchi C. *The Alternative Medicine Hoax.* West Palm Beach, Fla: Garev Publishing International; 2003.

6. Bartecchi CE. "Alternative" medicine's free ride. *Sci Rev Altern Med.* 2004;8:5-8.

In reply: We respectfully disagree with Dr Bartecchi's criticism of our use of the term *fibromyalgia syndrome*. We used the term fibromyalgia syndrome as defined by the American College of Rheumatology in 1990.¹ In his article "Fibromyalgia Syndrome a Decade Later: What Have We Learned?" Goldenberg² concluded that "Fibromyalgia is a clinical syndrome. It is not a disease but, rather, a common group of symptoms that can be reliably identified in medical clinics and in the community." The purpose of our article was not to try to define fibromyalgia but to survey a group of patients who were referred to a "fibromyalgia treatment program."

Dr Bartecchi comments on this sentence from our article: "Patients seen in tertiary care centers are usually physician referred or have at least been evaluated by other physicians." He states that we did not mention whether these patients had an appropriate consultation with psychiatrists or clinical psychologists before tertiary care referral. The statement regarding physician referral was made in the context that these patients can usually be expected to accept conventional medical treatment and that the use of CAM by these patients could be considered complementary rather than alternative. We did not specifically survey our patients regarding prior evaluation by

psychiatrists or clinical psychologists; thus, this issue cannot be addressed by our results. We are aware of the importance of psychological issues in this patient population, and both psychiatry and psychology consultations are certainly incorporated into our fibromyalgia treatment program; through this strategy, appropriate triage to psychiatry was available to this population.

Dr Bartecchi also takes issue with the fact that we included such modalities as exercise and commercial diets in our list of CAM modalities. We specifically noted in our discussion that these were included because they were used in Eisenberg's original study³ as well as in many subsequent surveys. We acknowledged in the discussion that many authors do not consider such interventions to be "CAM," and we also pointed out that "a therapy that is considered CAM today may in fact be considered conventional once a sufficient degree of valid research is obtained." We included these modalities along with all the other responses obtained to allow readers to see all the data so that they would be able to draw their own conclusions.

Finally, Dr Bartecchi betrays either a stunning bias or a serious misinterpretation of the peer-reviewed literature when he labels acupuncture a "hoax." We direct him to the National Institutes of Health consensus statement on acupuncture⁴ and the recent study results on acupuncture and treatment of knee osteoarthritis.⁵ Dismissing an entire category of therapies based on preconceived notions and in contradistinction to a growing body of literature is truly not in the best interest of our patients, especially those who have an illness for which conventional medicine is often unable to control their symptoms or deliver a cure.

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1. Wolfe F, Smythe HA, Yunus MB, et al. The American College of Rheumatology 1990 Criteria for the Classification of Fibromyalgia: report of the Multicenter Criteria Committee. *Arthritis Rheum.* 1990;33:160-172.
2. Goldenberg DL. Fibromyalgia syndrome a decade later: what have we learned? *Arch Intern Med.* 1999;159:777-785.
3. Eisenberg DM, Kessler RC, Foster C, Norlock FE, Calkins DR, Delbanco TL. Unconventional medicine in the United States: prevalence, costs, and patterns of use. *N Engl J Med.* 1993;328:246-252.
4. Acupuncture. National Institutes of Health Consensus Development Conference Statement, November 3-5, 1997. Available at: http://consensus.nih.gov/cons/107/107_statement.htm. Accessibility verified March 2, 2005.
5. Berman BM, Lao L, Langenberg P, Lee WL, Gilpin AM, Hochberg MC. Effectiveness of acupuncture as adjunctive therapy in osteoarthritis of the knee: a randomized, controlled trial. *Ann Intern Med.* 2004;141:901-910.

Regulation of Nuclear Transfer Technology

To the Editor: In his commentary in the February 2005 issue of the *Mayo Clinic Proceedings*, Guenin¹ makes an excellent case that the US Food and Drug Administration has "effec-

tively interdicted" reproductive cloning. He appropriately clarifies a common misconception about the United States, explaining that in the private sector, one is not permitted to pursue reproductive cloning. However, his conclusion that we need not concern ourselves with commodification of nuclear transfer technology for reproductive cloning because "the incidence of unsafe procreative cloning will remain nil" is misleading.

Guenin himself describes Clonaid's decision to move offshore to continue to pursue reproductive cloning. The technology to create a blastocyst from nuclear transfer is identical to that which is currently required to create a blastocyst to attempt to clone a human. The scientific advances in nuclear transfer in one country could be applied easily to reproductive cloning in another country. Therefore, it is of the utmost importance that the scientific community engages in an open and thoughtful discussion about appropriate regulation of embryonic stem cell and nuclear transfer technology now in order to accurately inform the public. With a well-informed public, we stand the best chance to create legislation that will maximize therapeutic potential while protecting society from potential harm. Guenin's article seemed to suggest that the scientific community need not further pursue discussion of regulation of these technologies; I believe this would be a mistake.

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1. Guenin LM. Stem cells, cloning, and regulation. *Mayo Clin Proc.* 2005;80:241-250.

In reply: The regulation of research is a topic that I discuss elsewhere.^{1,2} I urge that in order to assure that only morally permissible embryo use occurs, we require that scientists accept only embryo and oocyte donations accompanied by instructions forbidding intrauterine embryo transfer, and that we allow embryo use only in service of humanitarian ends. The Food and Drug Administration has already been thinking about precautions in preclinical trials of therapies using specialized cells derived from embryonic stem cells.³ But it would be unrealistic to suppose that norms enforced in one or more countries will prevent procreative cloning everywhere. Even an international ban on germ line intervention would doubtless be unenforceable, so it has been argued,⁴ as and when the practice is safe.

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1. Guenin LM. The set of embryo subjects. *Nat Biotechnol.* 2003;21:482-483.
2. *Hearing before the Subcommittee on Health of the Committee on Energy and Commerce, U. S. House of Representatives, on The Human Cloning Prohibition Act of 2001 and the Cloning Prohibition Act of 2001*, Ser. No. 107-

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