Systematic Review of Nonpharmacologic Approaches for the Management of Gastrointestinal Symptoms

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Patients with cancer receiving chemotherapy experience as many as 14 treatment-related symptoms, with each additional symptom resulting in an increase in symptom distress (Spichiger et al., 2011; Thiagarajan et al., 2016). Symptom management studies tend to focus on the more prevalent symptoms related to cancer chemotherapy, which include pain, fatigue, and sleep disturbance, but gastrointestinal (GI) symptoms have been shown to contribute to high symptom burden in this population. Although 19 GI symptoms are related to chemotherapy (i.e., oral mucositis, xerostomia, dysphagia, dysgeusia, anticipatory nausea, anticipatory vomiting, nausea, vomiting, anorexia, early satiety, pyrosis, bloating, eructation, flatulence, retching, diarrhea, constipation, rectal burning, and rectal itching) (see Table 1), symptom management literature predominantly focuses on nausea and vomiting. A study by Cherwin and Kwekkeboom (2016) demonstrated that, despite pharmacologic intervention, people with a hematologic cancer receiving chemotherapy experience as many as five concurrent GI symptoms, and 11 of 19 GI symptoms assessed met criteria to be considered clinically relevant (i.e., greater than 15% prevalence and moderate to severe duration, severity, or distress). Unrelieved GI symptoms contribute to depression, shortened survival, and poor quality of life (QOL) in people with cancer (Goodell & Nail, 2005). High symptom burden from GI symptoms, despite pharmacologic intervention, may indicate the need for novel methods of symptom management.

Modern health care is increasingly merging mainstream medicine with scientifically evaluated complementary therapies in a way that treats a person’s mind, body, and spirit (National Center for Complementary and Integrative Health, 2017). The National Institutes of Health Office of Cancer Complementary and Alternative Medicine has assigned classifications to the different forms of...