

Cutler Health Group A Multidisciplinary Team and Research Organization

Cutler Health Group is a health services and research organization that specializes in disorders of hard-to-treat chronic illnesses, health promotion, wellness protocols and Disability Rehabilitation Management with Case Management by directing, supporting, monitoring and health education of patients in a Multidisciplinary Team consisting of Physicians, Nurses, Pharmacists, Social Workers and other non-medical support personnel. **Cutler Health Group** has published two studies and has achieved outstanding results utilizing it's Multidisciplinary Team to treat patients with refractory (not responding to conventional treatments) chronic illnesses.

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Cutler Health Group Health and Wellness Treatment Protocols

Sources of Adapted Non-Medical & Non-Pharmacological Guidelines and Research

Cutler Health Group (CHG) has incorporated research data from over 1400 of the latest scientific studies and has adapted the non-medical, non-pharmacological guidelines from the following agencies and researchers:

Health Canada Expert Panel Canadian Consensus Committee Document: The Fibromyalgia Syndrome: A Clinical Case Definition for Practitioners.

Dietary Supplement Health and Education Act of 1994, U.S. Congress, U.S. Food and Drug Administration Center for Food Safety and Applied Nutrition, U.S. Department of Health and Human Services. Agency for Healthcare Research and Quality (AHRQ), US. Department of Health and Human Services, National Guideline Clearinghouse.

Cutler Research Group (a division of Cutler Health Group), S. Ripley M.D. et al, University of Michigan, Medical School, Evaluation of a Multidisciplinary Rehabilitation Program for Fibromyalgia: A Pilot Study. Today's Therapeutic Trends. The Journal of New Developments in Clinical Medicine, Vol. 21 (2):159-184, 2003. (Appendix 1A). S. Ripley M.D. Fibromyalgia--Advances in Diagnosis and Treatment. Today's Therapeutic Trends: The Journal of New Developments in Clinical Medicine, Vol. 20, (2), 2nd Quarter, 2002.

Canadian Chiropractic Association

Journal of Manipulative and Physiological Therapeutics

Overview

This document discusses:

Cutler Health Group Mission Statement and Core Values

Disability- 'New Wave' Illnesses explosion- Fibromyalgia, Depression etc.

Disability Costs

The value and need for a Multidisciplinary Team made up of Physicians, Chiropractors, Nurses, Pharmacists, Social Workers, Psychologists, and Non-Medical Support Personnel.

The need for a Disease Management model for treating Disorders or Syndromes

Chronic Diseases/Illnesses/Disorders/Syndromes

Cutler Health Group's Pilot Study that successfully treated refractory chronic illnesses

1. Cutler Health Group (CHG) - Overview

1.1.Cutler Multidisciplinary Team

In view of the following information it would seem that an organization that can provide a multidisciplinary team that specializes in providing nutritional support, dietary modifications, lifestyle adjustments, and exercise, along with the expertise of Chiropractors, Physicians, Nurses, Pharmacists, Social Workers and other non-medical support personnel can greatly benefit patients.

1.

1.1.Cutler Health Group- Mission Statement

Cutler Health Group is a health services and research organization that specializes in disorders of hard-to-treat chronic illnesses and health prevention and wellness protocols with Case Management by directing, supporting, monitoring and providing health education to patients in a Multidisciplinary Team consisting of Chiropractors, Physicians, Nurses, Pharmacists, Social Workers and other non-medical support personnel. Cutler Health Group has published two studies and has achieved outstanding results utilizing a multidisciplinary team to treat patients with refractory chronic illnesses.

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1.1.Cutler's Core Values and Competency

Cutler uses collaborative management care that strengthens and supports self-care of patients with chronic illnesses while assuring that effective Chiropractic, Medical, preventive, and health maintenance interventions take place. While Nurses serve as a patient support/case manager to facilitate the coordination of the treatment, **the strength of our treatment process lies in the multidisciplinary approach.** This is borne out by the outstanding results attained for the most difficult chronic illness to treat, Fibromyalgia. As observed by an independent investigator, the results achieved in a 'medically treatment-resistant illness' were outstanding. Therefore when we treat the less difficult co-morbid conditions and other chronic illnesses in a multidisciplinary team approach, patients respond with improved health, and better quality of life. Many patients have come off of disability and become productive members of society thus reducing society's health economic burden.

Health enhancement has long been recognized as a logical approach to reducing health care utilization, medical costs, morbidity, and mortality. It is reported that 50 percent of all medical problems and diseases are associated with modifiable health risk factors. The impact of correctable or controllable chronic illnesses and health risk factors on morbidity and mortality is fairly well understood and documented. However, there are limited, scientifically validated data which examine the impact of risk factors and risk factor change on health care costs. But common sense dictates that the more patients achieve wellness the less they will cost their employers, family breakdown and society.

Health care providers have a role and responsibility to patients and society as a whole, to help patients improve their health. Cutler Health Group is dedicated to this at an affordable cost. By means of the Multidisciplinary Team, in a Disease Management Model, Health Risk Reduction, Health Promotion, and

Disability Management can significantly reduce the financial burden of illnesses on a personal and corporate level. As a research and treatment organization we are on the cutting edge of implementing a paradigm of nutritional support, dietary modifications etc. as recommended by the governments and researchers.

The following is a look at the accumulating Scientific Literature that the present Disability Programs for Governmental Institutions and Corporations is far from adequate. As the **Health Canada, Expert Panel, Canadian Consensus Guidelines, on Fibromyalgia states: "...the standard treatments have not provided significant relief from symptoms."** If symptoms aren't relieved then return to work is either delayed or the patients will require Long Term Disability. Cutler Health Groups research and treatment findings and the role of our Multidisciplinary Team provides a new approach that has demonstrated results beyond expectations. We look forward as a team of professionals to bringing patient, employer and societal benefits that can be measured not only in dollars but also in satisfaction of making a difference.

1. Chronic Illnesses Impact on Disability and Corporate and Government Productivity Losses Overview

1.1. Abstract – The Need for Cutler’s Multidisciplinary Treatment Protocol

Mental Illness costs in the workplace-

Clinical Depression is the leading cause of disability in the U.S. and Canada

Mental Illness Costs- Canadian Business \$33 billion annually.

Up to 14% or \$16 billion of corporate Canada’s profits- Health Canada

Represent 30% of Long Term Disability claims

Fibromyalgia and Chronic Fatigue Syndrome cost the Federal Government \$3.5 billion/ per year (lost taxes and long term disability).

Irritable Bowel Syndrome costs Canadian productivity \$748 million annually.

Authors of the Handbook of Complex Occupational Disability Claims Early Risk Identification, Intervention, and Prevention state: there’s a...“**new paradigm required for the effective management of biopsychosocial disabilities (Fibromyalgia, Depression etc.) ...the biomedical model has failed in both research and practice....(medical treatments)**” Edited by I. Schultz, Ph.D., Associate Professor Department of Psychology, UBC, R. Gatchel, Ph.D., Chairman & Professor of Psychology, University of Texas at Arlington.

1.

1.1. Comparing Results for Treating Depression, Fibromyalgia, Irritable Bowel Syndrome

Disability

“There is a **modest effect** of drug combined with relapse prevention intervention programs (patient education/psycho-educational etc.). The results of intervention trials have reported mixed results for disability outcomes across trials and measures for Depression.”¹

The Cutler **Pilot Study** - “Before starting the program, 11 women had either reduced their hours, terminated employment or expressed concern that fibromyalgia might force them to reduce work hours. This sub-group experienced **over 90% improvement.**”²

Depression

Treatment improvements of mild Depression Pharmacologically ranges:

From 10% (U.S. Surgeon General), **to 20-35%** (Royal College of Psychiatrists, UK)

Treatment improvement of mild Depression Non-Pharmacologically in the: **Cutler Program was “65.5%”.**

Fibromyalgia

Pharmacological/Non-Pharmacological- “Unfortunately, controlled studies of most current treatments have failed to demonstrate sustained, clinically significant responses.”

Improvement in **the Cutler Program ranged from 50%- 90%.²**

Irritable Bowel Syndrome

"There is no level I evidence that any drug is effective in alleviating IBS..." Canadian Medical Association Journal. **The Cutler Program achieved 78.7% improvement on average and 100% improvement in 45% of patients.**

Conclusion

Cutler's ('New Paradigm') Program is more effective than conventional treatments for Disability Patients, thus saving Governmental Agencies and Corporations dollars.

1. VON KORFF M, et al, Effect on Disability Outcomes of a Depression Relapse Prevention Program Psychosomatic Medicine 65:938-943 (2003) Center for Health Studies (M.V.K., C.R., E.L., G.S., E.L., T.B.), Group Health Cooperative, Seattle, WA and Department of Psychiatry and Behavioral Sciences. (W.K.), University of Washington

2. Ripley S, M.D., et al. Evaluation of a Multidisciplinary Rehabilitation Program for Fibromyalgia: A Pilot Study. Today's Therapeutic Trends, 21(2):159-184.

3, Sarac AJ, Gur A. Complementary and alternative medical therapies in fibromyalgia. *Current Pharmaceutical Design* **12 (1)**: 47-57, 2006,

**OF EFFECTIVENESS OF CUTLER HEALTH PROTOCOLS
To Treatments for Depression, Fibromyalgia,
Irritable Bowel Syndrome (IBS) and Disability Programs ‡**

%								
	Depressi		Fibromyalgia		IBS			
	Drugs	Cutler Health Protocol	Drug/ Non-Drug Treatment	Cutler Health Protocol	Drugs	Cutler Health Protocol	Drugs + Treatment	Cutler Health Protocol ²

‡ (Based on the Scientific Literature)

**THE CUTLER HEALTH PROTOCOLS
Breakthrough Treatments
For Difficult-to-treat Illnesses**

*** Disability Return to Work Programs-** for 'New Wave' Illnesses:

**** Fibromyalgia-** is considered medically 'treatment resistant' Cleveland Clinic Foundation

***** Irritable Bowel Syndrome-Drugs ineffective** Canadian Medical Association Journal

****** Depression (mild)- Drugs only 10% effective-** U.S. Surgeon General

Notes- A new helpful pain medication has been approved by the FDA in the United States

Some patients do respond to some medications

Antidepressants are more effective in moderate to severe Depression.

1. Ripley S, M.D., et al. Evaluation of a Multidisciplinary Rehabilitation Program for Fibromyalgia: A Pilot Study. *Today's Therapeutic Trends*, 21(2):159-184,

2. VON KORFF M, et al, Effect on Disability Outcomes of a Depression Relapse Prevention Program *Psychosomatic Medicine* 65:938-943 (2003) Center for Health Studies (M.V.K., C.R., E.L., G.S., E.L., T.B.), Group Health Cooperative, Seattle, WA and Department of Psychiatry and Behavioral Sciences. (W.K.), University of Washington

3. Sarac AJ, Gur A. Complementary and alternative medical therapies in fibromyalgia. *Current Pharmaceutical Design* 12 (1): 47-57, 2006,

4. 2003. Recommendations for the management of irritable bowel syndrome in family practice, IBS Consensus Conference. *Canadian Medical Association Journal (CMAJ)* 1999;161:154-60

1. Chronic Illnesses- Disability Market Government and Corporate Productivity Losses

1.1.The Challenge of New Generation/New Wave Illnesses-from The Literature

1.1.1.The Need for a New Approach Due to the Lack of Success of the Biomedical Approach

Handbook of Complex Occupational Disability Claims Early Risk Identification, Intervention, and Prevention 2005. Edited by I. Schultz, Ph.D., Associate Professor Department of Psychology, UBC, R. Gatchel, Ph.D., Department Chairman & Professor of Psychology, University of Texas at Arlington.

"The health care, compensation, insurance and legal systems, together with employers in the Western world are challenged by a "new generation" of complex and multifaceted, yet still inadequately understood, clinical conditions with major occupational impact. These conditions include chronic pain (such as headache, back pain, neck pain and fibromyalgia), repetitive strain injuries, mild traumatic brain injuries, depression, anxiety and specific posttraumatic stress disorders. **The resulting wave of occupational disabilities brought on by these conditions defies traditional but outdated biomedical reductionistic models of identification, rehabilitation and management.** These occupational disabilities, which we conceptualize and term in this Handbook as "*biopsychosocial*," have been expanding more rapidly than medically based disabilities. **They have now reached the very top rankings in the hierarchy of occupational disabilities in industrialized countries, and are accompanied by spiraling costs from associated health care, compensation, rehabilitation, litigation, and productivity losses...**

Rehabilitation and compensation systems, and professionals working within them, together with employers, are challenged by the pressing need to develop effective clinical and occupational interventions, as well as management and prevention approaches for these complex yet still elusive disabilities...Moreover, for more than a decade, the system "stakeholders" delineated above have not been able to effectively deal with secondary prevention of occupational disabilities that require a biopsychosocial diagnostic and intervention framework. **Their mandate to facilitate the recovery and return to work of persons with biopsychosocial disabilities (and thereby reducing disability costs) has therefore been seriously compromised....**

A mismatch and a chasm between the traditional biomedical model, upon which health care, compensation and legal systems have been historically constructed, and the new paradigm required for the effective management of biopsychosocial disabilities, have been largely responsible for the escalation of this problem.... At the same time, the current clinical literature has few examples of attempts at the integration of research evidence on the seemingly disparate clinical conditions (e.g., non-specific chronic pain, repetitive strain injury and posttraumatic psychological and neuropsychological conditions) for which **the biomedical model has failed in both research and practice...**Those individuals ("new generation") are most likely to become the insurance and rehabilitation industry's "complex claims": poorly understood, traditionally treatment-resistant, contentious, litigious and expensive. They are also likely to become employers' most significant human resource, productivity and "bottom line" economic challenges with respect to prevention, disability management and job accommodation. **The incurring disability costs may potentially threaten their company's economic viability.** And, last but not least, they are most likely to become an object of litigation involving employment law, personal injury, workers' compensation, and long-term disability entitlement. These adverse scenarios are not yet fully preventable in the current social, political, legal, policy and economic contexts. However, **major changes in systems, policies and practices applied with these disabilities can be effected if new integrated evidence-based approaches to**

prediction, risk identification, early clinical, case management and occupational interventions are applied."

An Effective Program is Available- The Cutler/Ripley Pilot Study- "Before starting the program, 11 women had either reduced their hours, terminated employment or expressed concern that fibromyalgia might force them to reduce work hours. This sub-group experienced over 90% improvement. Important co-morbid conditions also showed marked improvement over the study period."

Chronic Illnesses- Disability Market Government and Corporate Productivity Losses (continued)

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1.1.

1.1.1.The Costs of New Generation/New Wave Illnesses from The Literature

Statistics Canada uses the acronym of "MUPS," for "medically unexplained physical symptoms," based on recent medical literature- "A substantial number of Canadians report symptoms of conditions that cannot be definitively identified through physical examination or medical testing. Known as "medically unexplained physical symptoms," or "MUPS," they characterize conditions such as chronic fatigue syndrome, fibromyalgia and multiple chemical sensitivity....According to the 2003 Canadian Community Health Survey, 5% of Canadians aged 12 or older, **an estimated 1.2 million people, reported having been diagnosed with at least one of three MUPS conditions:"**

"Considerable overlap in symptoms and disease co-morbidity has been noted among medically unexplained and psychiatric conditions seen in the primary care setting, such as chronic fatigue syndrome, low back pain, irritable bowel syndrome, chronic tension headache, fibromyalgia, temporomandibular joint disorder, major depression, panic attacks, and posttraumatic stress disorder... **These results support theories suggesting that medically unexplained conditions share a common etiology."** Feeling Bad in More Ways than One: Comorbidity Patterns of Medically Unexplained and Psychiatric Conditions, Ellen A. Schur et al Department of Medicine, University of Washington School of Medicine, Seattle, WA,

"In 2001 -- the last year for which the Canadian Life and Health Insurance Association has numbers -- insurers paid \$2.9-billion in claims. In 1991 that figure stood at \$1.4-billion...In 1991 6.2-million Canadians had long-term disability coverage. A decade later that number had risen to 8.4-million -- an increase of 36%. **Replacing a knowledge worker costs about three times his base salary and can run as high as seven times basic salary** for exceptionally skilled employees and executives, once costs like recruiting, training, and lost productivity are factored in... Most fall under the insurance rubric **"mental and nervous" disorders, which now account for roughly 30% of long-term disability claims -- about twice what they represented 10 years ago say insurers like Manulife Financial. "**

'New wave' illnesses swell disability tab, National Post, Canada March 6, 2005

"...the federal and provincial governments experience a loss of income tax on 20 billion dollars annually and a loss of GST on that amount due to ME (Myalgic Encephalomyelitis) /CFS (Chronic Fatigue Syndrome) is also known as and FMS....over 2 billion dollars is lost in direct medical cost annually." National ME/FM Action Network

"In particular, direct non-medical costs and productivity costs were higher in fibromyalgia and CLBP(Chronic Low Back Pain) (than in ankylosing spondylitis)." Large differences in cost of illness and wellbeing between patients with fibromyalgia, chronic low back pain, or ankylosing spondylitis. Boonen A., et al, Department of Internal Medicine, University Hospital Maastricht, Netherlands.

"There is no permanent cure for fibromyalgia; therefore, adequate symptom control should be the goal of treatment. Clinicians can choose from a variety of pharmacological and non-pharmacological modalities. **Unfortunately, controlled studies of most current treatments have failed to demonstrate sustained, clinically significant responses.**" Sarac AJ, Gur A. Complementary and alternative medical therapies in fibromyalgia. *Current Pharmaceutical Design* **12 (1):** 47-57, 2006, 123 references.

W. S. Wilke M.D. Cleveland Clinic Foundation: **"Long-term outcome for the majority of patients with fibromyalgia (treated by conventional methods, ed.) is sufficiently disappointing so that most patients can be considered to have 'resistant' disease."** Rheumatic Disease Clinics of North America, **An Effective Program is Available- The Culer/Ripley Pilot Study- "Fibromyalgia...patients showed improvement ranging from 50% to 90%,"** "This comprehensive, multidisciplinary management program was **both effective and well tolerated...**"

Chronic Illnesses- Disability Market

Government and Corporate Productivity Losses (continued)

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1.1.

1.1.1.The Cost of Mental Illnesses from The Literature

"Mental illness in the workplace can cost Canadian businesses \$33 billion annually, according to the Global Business and Economic Roundtable on Addiction and Mental Health.... Even more prevalent than fibromyalgia are claims relating to mental illness. Depression, bipolar disorder, anxiety or any number of mental health issues represent up to 40% of reported disability claims in Canada, according to the Canada Safety Council. And because there is a degree of subjectivity, they are more challenging to adjudicate and manage, and therefore, more time-consuming..." **The cost of depression in the workplace, Benefits Canada**

"...according to a survey by Hewitt Associates. Its *Disability Absence Index Survey 2007* finds that organizations don't have data regarding duration, frequency or cause of disability absence readily available. Or where data is available from third parties, firms might not be accessing it, collecting it, and/or analyzing it to develop strategic plans to address disability absence. Without that data, it can be hard for human resources to make the business case for disability management or wellness programs. Where disability management or wellness initiatives have been implemented, they are not being used to their full potential. Fifty-seven Canadian companies, representing 286,467 employees took part in the survey." **Employee absences costly for employers, Benefits Canada**

"Is The Future Going Crazy? Psychological Claims Management, (2001)- Depression- Cost the Canadian & US economies \$60 Billion US annually. Half in lost productivity. Incidence is growing and getting younger. Depressive disorders account for 30-40% of mental illness in Canada, 50% of mental health \$ spent. Fastest growing category of disability claims. Economic cost of mental illness in Canada are 14% of corporate Canada's profits & 3% of our national debt (Health Canada)." Scott E, PhD, Facts and Figures

"The World Health Organization (2005) predicts that by 2020 mental health issues, in particular depression will rate as the leading work disability...disability management programs are only beginning to be utilized for individuals with mental health problems (Neufeldt, 2004)." Dalhousie

The Need for Effective Treatments

"Treatment of Major Depressive Episodes- Pharmacotherapies- Antidepressant medications are effective across the full range of severity of major depressive episodes in major depressive disorder

and bipolar disorder (American Psychiatric Association, 1993; Depression Guideline Panel, 1993; Frank et al., 1993). The degree of effectiveness, however, varies according to the intensity of the depressive episode...With mild depressive episodes, the overall response rate (to Antidepressant medications) is about 70 percent, including a placebo rate of about 60 percent." Mental Health: A Report of the Surgeon General"

"The medical model (physician/psychiatrist led treatment)—while not the "be all and end all" in managing depression – is important because of the significance of prescription drugs in managing this disease and in fighting chronicity...Clearly though, alone this model, like all others, is inadequate to confront the prevalence issues surrounding depression." Joffe R. MD., et al, (Dean, Faculty of Health Sciences, McMaster University), The Unheralded Business Crisis In Canada- Depression at Work **July 20, 2000, Global Business and Economic Roundtable on Addiction and Mental Health**

An Effective Program is Available- The Cutler/Ripley Pilot Study- "These problems (Anxiety and minor Depression) resolved in over one-third of respective study patients and over all improvement is significant- 56.2% and 65.5% respectively."

Chronic Illnesses- Disability Market

Government and Corporate Productivity Losses (continued)

The Cost of **Irritable Bowel Syndrome** from the Literature

"The estimated Canadian productivity costs of \$748 annually. The annual mean costs related to irritable bowel syndrome management were estimated to be CD\$1007 per patient." The economic burden of irritable bowel syndrome in Canada. The Canadian Journal of Gastroenterology 1999;

"It has been suggested that the annual direct costs for irritable bowel syndrome (IBS) are now around \$US41 billion in the 8 most industrialized countries.... **Indirect and intangible costs could be effectively reduced by novel, effective (not only efficacious) therapies.**" Economic burden of irritable bowel syndrome. Proposed strategies to control expenditures, Pharmacoeconomics. 2000 Apr;17(4):331-8. Camilleri M, Williams DE. Gastroenterology Research Unit, Mayo Clinic.

"Irritable Bowel Syndrome is a debilitating condition, second only to the common cold as a leading cause of absenteeism from work or school....Missing work or school due to IBS symptoms was reported by almost four-in-ten (39 per cent) survey respondents...In addition, **12 per cent of people are either currently, or have been in the past, on disability as a result of their IBS...**45 per cent of those polled indicated that their IBS has had a severe impact on their overall quality of life. Previous studies have shown that quality of life for people with **IBS is comparable to people with clinical depression, and is worse than in people with type 2 diabetes or those who have had heart attacks.**" The Irritable Bowel Syndrome (IBS) Self Help Group, & The Canadian Society of Intestinal Research (SiR).

"Irritable bowel syndrome (IBS) occurs in about 15% of adults in Western countries, but only about 30% of affected people see their primary care physician about it.⁴ Moreover, less than 30% of patients are referred to specialists,⁴ and only a fraction of referred patients are seen at academic centres, where almost all IBS research is done...**There is no level I evidence that any drug is effective in alleviating IBS... Randomized controlled trials of these agents in patients with IBS...none convincingly demonstrated a benefit of any of these agents over a placebo...No medication has been shown to alleviate abdominal bloating or distention.**" Recommendations for the management of irritable bowel syndrome in family practice, IBS Consensus Conference. Canadian Medical Association Journal (CMAJ) 1999;161:154-60

"Patients with irritable bowel syndrome (IBS) use over 50 percent more health resources than people without the disorder...many IBS patients have additional procedures and surgeries that rarely result in relief or any additional diagnostic findings." Medical Condition News 27-Sep-2005

"Today, over 60 million people of all ages across the USA are suffering from irritable bowel syndrome (IBS), the most common chronic medical condition, which is characterized by abdominal pain, bloating, and altered bowel habits. But because patients may find it difficult to discuss their bowel problems with their physicians, they often suffer in silence or even worse, "learn to live with it." The Way Irritable Bowel Syndrome Is Currently Being Treated

An Effective Program is Available- The Cutler/Ripley Pilot Study- "The relative improvement in this complaint (IBS) was 78.7%...Bowel complaints resolved completely in 9 of 20 cases (45%)."

Conclusion: As can be seen from this section on the Chronic Illnesses Market- Disability and Corporate Productivity Losses, the financial losses are staggering and the 'outdated biomedical model' and pharmacological therapies are not satisfying the market. Therefore a proven evidenced-based comprehensive multidisciplinary team approach that is effective, as Cutler has shown in its Pilot Study, with successful return to work of patients will definitely succeed.-"**improvement...50% to 90%**".

Scientific Research and Governmental Agencies Stress The Importance

of a Multidisciplinary (Integrated) Team Approach

Cutler Health Group follows the recommendation for 'New Wave' Illnesses- ... Fibromyalgia and Comorbid (co-existing conditions)- i.e. Depression- Irritable Bowel Syndrome utilizing a Multidisciplinary Team Approach

Health Canada, Expert Panel, Canadian Consensus Guidelines- The Fibromyalgia Syndrome: A Clinical Case Definition for Practitioners.

"The physician must understand that the treatment will take time and require regular follow-up. The approach should be all-encompassing, with therapies carefully thought through and tailored to the diversity and severity of symptoms (*Comorbid conditions- ed*), to reduce the overall impact of the burden of illness on the patient ...Physicians are aware that many of their patients seek out non-traditional, non-prescription treatments because the standard treatments have not provided significant relief from symptoms. **Therefore, practicing physicians should be knowledgeable about alternative treatments to promote communication with their patients and integrate other health care providers into the treatment programs...**Within the limits of their competence, **encourage caregivers to cooperate in developing integrated treatment protocols.** Encourage caregivers to cooperate in research programs. "

The Agency for Healthcare Research and Quality (AHRQ) U.S. Department of Health and Human Services, National Guideline Clearinghouse:

Guideline for the management of fibromyalgia syndrome pain in adults and children. MAJOR RECOMMENDATIONS: Interventions- Nonpharmacologic Therapies

"Offer clinician-assisted treatments such as...chiropractic manipulation, which may be helpful for pain relief. **Use multidisciplinary approaches** that incorporate two or more strategies to decrease pain and improve function in FMS (Fibromyalgia), especially in people who have not responded to simpler approaches."

The Canadian Consortium on Pain Mechanisms, Diagnosis and Management has delivered a report on non-malignant musculoskeletal pain and the need for an integrated approach:

"**The multidimensional nature of pain calls for a broadly based approach**, especially for chronic pain...Why an integrated approach?(-) **The large number of Canadians suffering persistent or recurrent pain that does not respond to current health care intervention** necessitates development of evidence-based programs to care for these people... however, most health care providers managing pain do not use this broadly based approach. **This potentially leads to the undermanagement of all aspects of pain with the consequence of continued acute pain leading to chronic pain, increased costs to the health care system and society supports (i.e., unemployment, social agencies, etc),** with diminished quality of life for the sufferers and an increasing burden of responsibility on their families...**Some types of pain remain refractory to medical treatment, such as certain types of neuropathic and inflammatory pains, fibromyalgia, and idiopathic pains.**"

"**A multidisciplinary approach to treatment** is necessary to meet the complex needs of this patient (FMS) population." **Mayo Clinic.**

New Zealand- Competency A Report on Multidisciplinary Approaches in Public Health

"However the growth of **multidisciplinary teams** does...suggest(s) reflects a growing recognition of the interrelatedness of factors and functions within systems and the related **need for holistic approaches to working in such systems....Much of the literature and anecdotal reports suggest that there are significant benefits (achievements) of multidisciplinary approaches in healthcare.** " . Liz Bowen-Clewley Competency A Report on Multidisciplinary Approaches in Public Health Greg Clewley International Ltd May 2005 www.publichealthworkforce.org.nz

Scientific Research and Governmental Agencies
Stress The Importance of a
Multidisciplinary (Integrated) Team Approach (continued)

The Need for Chronic Disease Management in a Multidisciplinary Team

"Need for chronic disease management- Chronic diseases have now overtaken infectious diseases as the main cause of mortality and morbidity in developed countries—as well as contributing to escalating healthcare costs. In most developed countries the dual problem of a rising prevalence of chronic disease and escalating costs has caused healthcare policymakers to consider innovative approaches to containing costs and improving the quality of care. **An increasing number of reports propose a more holistic and integrated approach for patients with chronic diseases—disease management.** This approach was first described by the Boston Consulting Group in 1993 and has been gaining popularity in managed care organizations in the United States." ¹

Disease Management

"The term *disease management programs* typically refers to multidisciplinary efforts to improve the quality and cost-effectiveness of care for select patients with chronic illness. These programs involve interventions designed to improve adherence to scientific guidelines and treatment plans." ²

1. The Role of Chronic Diseases in Morbidity and Mortality:

"Chronic diseases are the most common cause of mortality and morbidity in developed countries."³

According to the U.S. Department of Health: "Chronic diseases such as heart disease, cancer, and diabetes are leading causes of disability and death in the United States. Every year, chronic diseases claim the lives of more than 1.7 million Americans. These diseases are responsible for 7 of every 10 deaths in the United States...Although chronic diseases are among the most prevalent and costly health problems, they are also among the most preventable. Effective measures exist today to prevent or delay much of the chronic disease burden and curtail its devastating consequences... **Chronic diseases are not prevented by vaccines or generally cured by medication, nor do they just disappear....lack of physical activity, and poor nutrition**—are major contributors to heart disease and cancer, our nation's leading killers...Health care for people with **chronic diseases accounts for 75% of the nation's total health care costs.** Good nutrition, including a diet that is low in saturated fats and contains five or more servings of fruits and vegetables each day, plays a key role in maintaining good health. Improving the American diet could extend Americans' productive life span and reduce their risk for chronic diseases, including heart disease, stroke, some types of cancers, diabetes, and osteoporosis. **Poor nutrition and lack of physical exercise are associated with at least 300,000 deaths each year in the United States."**⁴

There is an effective "...more holistic and integrated approach for patients with chronic diseases..." that involves "...interventions designed to improve adherence to scientific guidelines and treatment plans..."- The proven Cutler Health Group Treatment Protocols that adheres to Health Canada and other governmental authorities guidelines.

1. Jason Cheah, *adjunct fellow*, Chronic disease management: a Singapore perspective, Department of Community, Occupational and Family Medicine, National University of Singapore, Singapore, ,BMJ. 2001 October 27; 323(7319): 990-993.

2. Improving Quality of Care Through Disease Management Principles and Recommendations From the American Heart Association's Expert Panel on Disease Management *Circulation*. 2004;109:2651-2654.

3. The Interdisciplinary eHealth Team: Chronic Care for the Future John Wiecha, MD, MPH and Timothy Pollard, MD¹ John Wiecha, Department of Family Medicine, Boston University Medical Center; J Med Internet Res. 2004 Jul-Sep; 6(3): e22.

4. The Burden of Chronic Diseases and Their Risk Factors National and State Perspect [US Dept of Health and Human Services, authors. *The burden of chronic diseases and their risk factors*. [15 Sept 2002].

Cutler Health Group, Health/Wellness Protocols

follow the nutritional and lifestyle guidelines and recommendation of the following agencies and Scientific Researchers:

Health Canada, Expert Panel, Canadian Consensus Guidelines, The Fibromyalgia Syndrome: A Clinical Case Definition for Practitioners.

Health Canada- [Primary Health Care Transition Fund](#), The Public Health Agency of Canada- Health Living Unit, The Pan-Canadian Public Health Network, The Integrated Pan-Canadian Healthy Living Strategy, Health Canada Preventive Guidelines, The Canadian Institutes of Health Research, U.S. Congress, U.S. Food and Drug Administration Center for Food Safety and Applied Nutrition, U.S. Department of Health and Human Services; Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services; U.S- National Institutes of Health

Health Canada, Expert Panel, Canadian Consensus Guidelines, The Fibromyalgia Syndrome: A Clinical Case Definition for Practitioners: "Patients should be encouraged to: Eat a Balanced, Nutritious Diet. **Patients who are tired and in chronic pain may require higher nutrient intake to encourage the healing process...Patients should avoid foods to which they are sensitive or that aggravate pain... Drink Enough Water to Keep the Body Well-Hydrated...**While each individual has a unique biochemistry and unique needs for various nutrients, **those with chronic illnesses may require additional nutrients to support the repair process...**questionnaires and scales are helpful references in monitoring the patient's status and progress."

The Chronic Disease Prevention Alliance (Canadian Cancer Society, Canadian Coalition on Enhancing Preventive Practices of Health Professionals, Canadian Council on Tobacco Control, Canadian Diabetes Association, Coalition for Active Living, Dietitians of Canada, and Heart and Stroke Foundation of Canada, working closely with Health Canada) recommends that:

"Prevention strategies must be evidence based and the evidence exists now...The issue/the problem...While other factors are involved, the major modifiable risk factors for cancer, heart disease and diabetes are: a. Tobacco; b. **Nutrition; and c. Physical activity. Prevention Works-** Practical interventions exist for controlling and preventing many chronic diseases. Nearly 150 studies reviewed by the International Agency for Research on Cancer in 2001 found that physically active people can reduce their risk of colon cancer by 50% and their risk of breast cancer by 30 – 40% as compared to inactive individuals. Investing in prevention could alleviate financial pressure on the acute care system...**The health system of the future needs to firmly acknowledge and support wellness and the prevention of disease."**

Journal of Manipulative Physiologic Therapeutics:

"Nearly all degenerative diseases have the same underlying biochemical etiology, that is, a diet-induced proinflammatory state...**the treatment program must also include nutritional protocols to reduce the proinflammatory state."**

The Government of Canada states: **"...Canadians benefit from...effective and high quality natural health products."**

"The problem is that herbal remedies should be prescribed by experts, not purchased like over-the-counter drugs... **In the right hands, herbal remedies can be more powerful than drugs...in the long run..."** Janine Blackman, MD, PhD. Blackman Medical Director the Center for Integrative Medicine at the University of Maryland, WebMD.

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follow the nutritional and lifestyle guidelines and recommendation of the following agencies and Scientific Researchers (continued):

U.S Food and Drug Administration U.S. Department of Health and Human Services- Dietary Supplement Health and Education Act of 1994, Public Law- 103-417 103rd Congress, (Excerpts)

...the importance of nutrition and the benefits of dietary supplements to health promotion and disease prevention have been documented increasingly in scientific studies; there is a link between the ingestion of certain nutrients or dietary supplements and the prevention of chronic diseases such as cancer, heart disease, and osteoporosis; clinical research has shown that several chronic diseases can be prevented simply with a healthful diet

preventive health measures, including education, good nutrition, and appropriate use of safe nutritional supplements will limit the incidence of chronic diseases, and reduce long-term health care expenditures;

promotion of good health and healthy lifestyles improves and extends lives while reducing health care expenditures; and

there is a growing need for emphasis on the dissemination of information linking nutrition and long-term good health;

consumers should be empowered to make choices about preventive health care programs based on data from scientific studies of health benefits related to particular dietary supplements; dietary supplements are safe within a broad range of intake, and safety problems with the supplements are relatively rare...

The Role of Diet and Nutrition in Aging: The book *The Neuroendocrine Immune Network in Ageing* 4 states: **The capacity of some...nutritional factors in restoring and remodeling the neuroendocrine-immune response during ageing is reported presenting possible new anti-ageing strategies in order to reach healthy ageing and longevity."**

The Role of Diet and Nutrition in the Immune System of the Gut:

"The immune system evolves through encounter with the microbial world; nutrients greatly influence the outcome of this interaction. Nutritional balance is essential for the development of the immune system at the level of organs and cells. Specific nutrients also appear to act as critical cofactors in the expression of immune response...**Diet may affect gut immune response through immune driven hypersensitivity** affecting microflora and gastric secretions and inflammatory response...These studies suggest that when immune response in the GI tract involves the expression and production of an inflammatory response, there will be risk of altered nutrient metabolism in association with GI enteropathy...Micronutrient deficiencies of vitamins and trace elements in particular are strongly associated with immune response...During aging, nutrient needs change with alterations in metabolism...with gradual loss of immune function that often becomes more significant with increasing age. **However, some studies indicating the reversal through nutrient supplementation suggest that this may be a conditional loss."** Cunningham-Rundles S, Ho Lin, D, *Nutrition and the Immune System of the Gut*, Nutrition Vol. 14, Nos. 7/8 1998

Cutler Pilot Study-Patient Improvements of Symptoms and Conditions

Improvements in Fibromyalgia-	up to 90%
Improvements in Anxiety	up to 56.2%
Improvements in Depression	up to 65.5%
Improvements in Irritable Bowel Syndrome	up to 78.7%
Improvements in Widespread Pain	up to 60%
Improvements in Sleep	up to 70.3%
Improvements in Fatigue	up to 70.3%

Improvements in Joint Pain	up to 58.4%
Improvements in Tension Headaches	up to 70.9%
Improvements in Stiffness	up to 58.2%
Improvements in Ability to Work and Return to Work	up to 92%
Improvements in Mental Energy	up to 63.6%
Improvements in Memory	up to 52.4%

Cutler Health Group Enhances Patient's Quality of Life- Despite the poor quality of life and 'resistant disease' 'refractory to medical treatment' Fibromyalgia patients improved up to 90% in the Pilot Study on Fibromyalgia and Co-morbid Conditions. **Comments by independent medical evaluator, S. Ripley M.D., F.R.C.P.(C)., University of Michigan Medical School:**

"Results (-)...Following completion of the study period, the medical evaluator determined that all patients showed improvement ranging from 50% to 90%, based on patients' self-assessments. Typically, subjects reported a reduction in symptoms, including a decrease in widespread and localized pain, reduced IBS symptoms, improved mood, and more restful sleep patterns. An increase in energy level was often noted as well. Improvement in day-to-day functioning and mood were corroborated by independent spouse interview...This comprehensive, multidisciplinary management program was both effective and well tolerated...Conclusion. Patients enrolled in this pilot study of the Fibromyalgia Rehabilitation Program experienced significant improvement in muscle pain and common co-morbid conditions, such as irritable bowel syndrome and fatigue. They reported improved quality-of-life measures as well as improvement in occupational performance and household tasks. Careful monitoring indicated a high degree of patient compliance. The program was well tolerated, with few side effects reported...This comprehensive, multidisciplinary management program was both effective and well tolerated...Following completion of the study period, the medical evaluator determined that all patients showed improvement ranging from 50% to 90%..."²

The 'Hallmark Symptom' of Fibromyalgia is transient Widespread Body Pain. With up to 60% improvement, this key marker was achieved with reductions or termination of pain medications. Reductions in medications are important as Health Canada Expert Panel Canadian Consensus Committee Document- The Fibromyalgia Syndrome: A Clinical Case Definition for Practitioners(-) points out: **"Many patients with FMS are unusually sensitive to medication given in the usual doses."**

According to Roman D. Jovey, M.D. **"In the end, success of treatment is determined by a reduction in pain severity or functional improvement or both."** Canadian Pain Society

The following graphs and scales demonstrate patient improvement measurements by Dr. Ripley achieved by the Cutler Health Group Treatment Protocols.

Figure 1 Reduced Symptom Severity at endpoint of study.

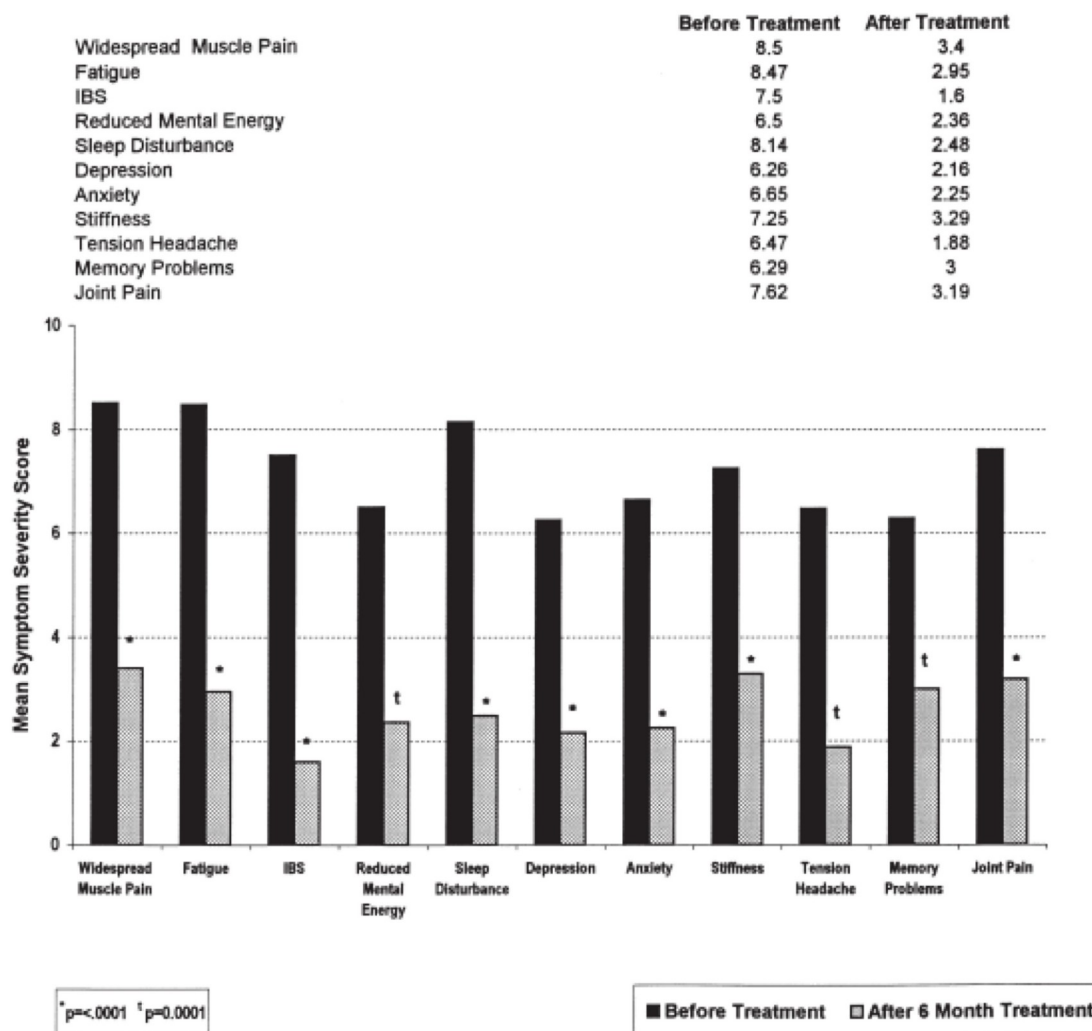


FIGURE 1. Symptom Severity Rating Scale (SSRS) scores for 11 symptom complexes, including widespread muscle pain and co-morbid conditions, in fibromyalgia patients at study entry and after completion of the 6-month Fibromyalgia Rehabilitation Program. Levels of statistical significance refer to absolute differences between pre- and post-treatment data.

Figure 2 % Improvement in Symptom Severity – Months 1-6

Treatment Duration (months)	0	1	2	3	4	5	6
Pain	0	19.9	37.5	41.2	55.8	58.1	60
Fatigue	0	16.2	34.2	40.4	54	64	70.3
Mental energy	0	16.3	58.1	56.2	57.8	61.2	63.6
IBS	0	36.7	45.3	66.5	75	70.9	78.7
Sleep problems	0	20.4	35.1	56.7	62.6	65.5	70.3

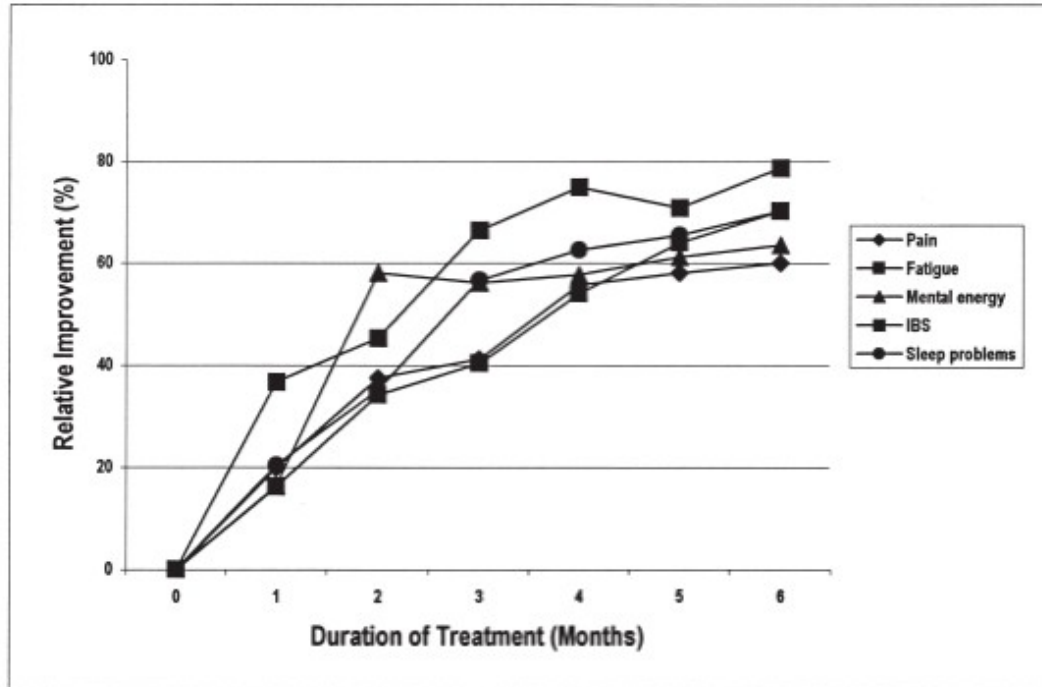


FIGURE 2. Monthly assessments of improvement in severity of wide-spread muscle pain, fatigue, mental energy, irritable bowel syndrome, and sleep problems for patients enrolled in the Fibromyalgia Rehabilitation Program. Mean SSRS scores are indicated.

Figure 3 Improvement in Symptom Severity – Months 1-6

Treatment Duration (months)	0	1	2	3	4	5	6
Stiffness	0	6.25	25.9	37	45.5	51.1	58.2
Memory Problems	0	13	29.8	35.5	47.6	47.6	52.4
Anxiety	0	35.3	44.3	47.4	52.6	57.9	56.2
Depression	0	21.8	39.5	47.9	60.5	61.3	65.5
Tension Headache	0	27.2	32.5	54.5	62.7	70	70.9
Joint Pain	0	25.0	31.0	40.0	50.6	57.5	58.4

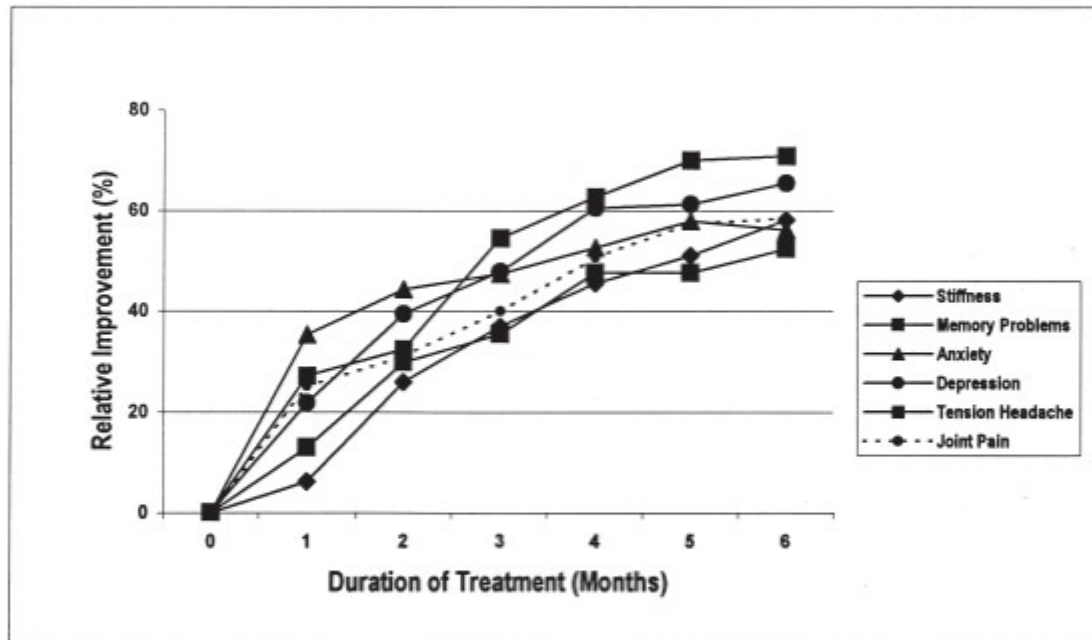


FIGURE 3. Monthly assessments of improvement in severity of stiffness, memory problems, anxiety, depression, tension headache and joint pain for patients enrolled in the Fibromyalgia Rehabilitation Program. Mean SSRS scores are indicated.

1. Summary and Conclusion

Summary

From the foregoing we have seen that Cutler Health Group offers a uniquely successful 'Disease Management' Program that utilizes a multidisciplinary team approach with the expertise of Medical, Pharmacists, Chiropractic, Nursing, Social Workers, Psychologists and Non-medical support personnel for treatment of refractory patients with chronic illnesses for the private pay and disability market, with patient support/case management, patient education and monitoring.

The Cutler Program targets the underlying cause of Chronic Illnesses in an integrative and nutritional approach by testing the internal environment for food intolerances (having patients remove the offending foods) which, along with the depleted nutritional status of patients, adversely affect the Neuro-Endocrine-Immune System and the Hypothalamus-Pituitary-Adrenal (HPA) Axis, as has been reported in the Scientific Literature.

As we have seen the lack of success in the treatment of chronic illnesses is taxing and challenging the health care system. Authorities and Governmental Agencies are requesting more research and a reduction in costs and improved outcomes in this patient group. Unfortunately, there has been a lack of funding in the New Medicine of Integrative and Nutritional Medicine despite the huge potential of reducing the Health Care Budgets of the developed world that increasingly consumes a bigger percentage of Gross Domestic Product (GDP).

Overall Conclusion

Cutler Health Group is not simply a nutritional supplement company but is an organization that prides itself in providing the best in multidisciplinary comprehensive treatment protocols, while recognizing the poor and deficient diets of Western countries that have contributed to an increase in many chronic illnesses. In fact, the majority of research has not focused on this dietary and nutritional approach in health treatments. Many of these 'new wave' chronic illnesses have no hallmark blood markers but must be diagnosed by physicians' clinical judgment with the aid of published scales. We believe that the Cutler/Ripley Pilot Study sets a new bar by utilizing an approach based on a paradigm that takes into consideration the latest research identifying these patients and the Nutritional Literature for which we have seen the U.S. Department of Health and the U.S. Congress Dietary Supplement Health and Education Act of 1994 put into law. Cutler Health Group is proud of its achievements for improving the quality of life of patients, reducing societal, corporate disability and insurance legal costs.

Cutler does not have a bias towards the approach of any Discipline but adheres to Scientific Research, Scientific Guidelines and the Scientific Nutritional Literature. A copy of our Literature Review that is an analysis of the Scientific Literature on role of diet and nutrition in Fibromyalgia and Comorbid conditions and the Pilot Study will be made available to any who require them for a full analysis of our work.

MEDICAL /SCIENTIFIC REFERENCES related to the

Cutler Health Group
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Protocols

TABLE OF CONTENTS

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