An Investigation into the Use of Complementary and Alternative Medicine in an Urban General Practice

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Abstract
Several international studies have shown the substantial growth in the use of complementary and alternative medicine (CAM). However, no study in the Republic of Ireland to date has looked at its use among the population. A cross-sectional survey of 328 patients attending an urban general practice was conducted. A high number of respondents reported having visited a CAM practitioner within the past 12 months (89 patients; 27%). A significant positive association was found between CAM use and female gender (p=0.006), middle-aged (p=0.013), private health insurance (p=0.016) and full time employment (p=0.031). Massage was the most common modality used (35 patients; 39.8%), the most common reason for use was to treat an illness for which conventional medicine was already sought (31 patients; 42%), a high rate of non-disclosure to GPs was found (34 patients; 41%) and personal recommendation was the most important source of information (42 patients; 53.2%). This study demonstrates the current popularity of an alternative healthcare system.

Introduction
CAM is defined as a group of diverse medical and healthcare systems, practices and products that are not generally considered part of Conventional Medicine (CM) (http://nccam.nih.gov). It has been identified from other international studies that CAM use is high in the Western world.

The critical question is why the public are increasingly using CAM in their healthcare regimes. There appears to be ‘push’ and ‘pull’ factors. ‘Push’ factors seem to include a dissatisfaction with communication skills of conventional doctors, a perceived lack of holistic care and a perceived lack of support in chronic illness.

The main pull factor appears to be the societal trend of people in the Western world seeking greater levels of control and empowerment over their own lives with individuals being less prepared to accept traditional authority. A growing concern is that many patients are using alternative medicine without the knowledge of their GPs.

This is an important issue here in Ireland, where unlike the UK, very few GPs provide CAM services or direct access to CAM practitioners. Consequently, people are using CAM without clear guidance from their GPs or hospital doctors. There is often lack of regulation within the professions practising CAM and huge variations in the standards of care.

Methods
The collection tool utilised in this study was a previously validated and published questionnaire. Questions on CAM were designed by the previous researchers and included in a national multi-purpose survey, carried out by the UK Office for National Statistics. The CAM survey asked about CAM use in the past 12 months relating to 23 types of CAM treatment received from any practitioner within that period. For each reported use, the researchers asked about pre-specified reasons for seeking each treatment, whether the patient had informed their GP or health care professional that they were consulting a CAM practitioner, and the reasons for selecting the chosen CAM practitioner. A probability sampling approach was utilised for this study, including all patients >= 18 years attending the general practice over a net period of five and half weeks (31/3/08 to 7/5/08). The sample for this study consisted of 1000 people (n=1000). A bivariate analysis using the chi-square was utilised to determine if there were any significant differences between patients reporting use of any form of CAM therapy in the past year and those reporting no such therapy with respect to socio-economic and demographic characteristics. Descriptive statistics were utilised for the initial analysis of data. Non-parametric statistics were conducted which included Chi-square tests for independence and Kruskal-Wallis Tests.

Results
Response rate
A total of 328 completed questionnaires were received out of a total of 1000 questionnaires (Response rate 32.8%).
Demographic characteristics

The characteristics of the responders are demonstrated in Table 1. 70.2% (n= 228) of respondents were female while 29.8% (n= 97) were male. The most represented age group was the 31-43 years category (33.2%). 93% (n= 304) of respondents were Irish. 35.4% (n= 115) respondents had attained upper secondary education while 31.4% (n= 102) had undergone third level education. 34.4% (n=108) of respondents were engaged in full time employment while 25.8% (n= 81) were currently unemployed. 39.9% (n= 128) were medical card holders, while 39.3% (n= 126) had private health insurance.

CAM use

81% (n= 71) of CAM users were female and 18.4% (n= 16) were male. 39% (n= 34) of respondents between the ages of 31-43 received CAM treatment within the last 12 months, whereas only 1% (n=1) had in the 70-82 age group. Table 2 summarises the socio-economic indicators of use. 39% (n= 34) of CAM users had upper secondary education and 36.4% (n= 32) had been educated to third level. 51.7% (n= 45) of respondents who used CAM in the last 12 months had private health insurance, while 29.9% (n= 26) were medical card holders. 51.7% (n= 45) of respondents who used CAM in the last 12 months had private health insurance, while 29.9% (n= 26) were medical card holders. 40% (n= 34) of CAM users were engaged in full time employment while 17.6% (n= 19) of CAM users were currently unemployed. 27.1% (n= 28) of all respondents used CAM treatment within the last 12 months while 72.9% (n= 239) have not used CAM in the 12 months prior to this study. Table 3 represents the different types of CAM treatment used by the respondents in the last 12 months. The six most common type of modalities used included massage (39.8%), acupuncture (37.5%), aromatherapy (18.4%), reiki (18.2%), reflexology (17%) and chiropractic (15.5%).

Reasons for receiving CAM therapy

41.9% (n= 31) of respondents indicated that they received CAM treatment for an illness for which they had already sought conventional advice and 27% (n= 20) used CAM therapy to improve general health or prevent ill health.

Disclosure of CAM

41% (n= 34) of respondents never disclosed their CAM use to their G.P while 33.7% (n= 28) sometimes disclosed their CAM use to their G.P.

Reasons for choosing Practitioner

53.2% (n= 42) of respondents decided on which kind of CAM practitioner to use based on a personal recommendation from a friend or relative while 13.9% (n= 11) based their decision on a recommendation from their G.P or other healthcare professional.
incomes identified. There is a high use of CAM worldwide. Higher use among females and the middle age group has been consistently identified. Other studies have found higher use in persons with private health insurance, higher than average incomes and home ownership. Most studies have also shown that use of CAM increases as educational level increases.

Discussion

A high CAM practitioner usage rate was detected (27%). A combination of demographic, clinical and belief factors influence the use of CAM. The typical user was female, middle-aged with a higher than average income. Private health insurance was a significant predictor of CAM usage (51%), though unexpectedly 29% of medical card holders also used CAM in this study. This indicates a high out of pocket payment for CAM, even for lower income level groups. Full and part time employment had a positive association with a negative trend detected in CAM uptake in lower secondary education group (p = 0.048). The above findings are consistent with data obtained by previous studies. We know that there is a high use of CAM worldwide. Higher use among females and the middle age group has been consistently identified. Other studies have found higher use in persons with private health insurance.

In summary, this study has identified a high percentage of patients accessing CAM in general practice. This is remarkable given the lack of any formalisation, integration or regulation of CAM within mainstream healthcare here. Doctors should be aware of the increasing popularity of CAM and that patients may be hesitant to share information about the CAM therapies that they are using. GPs should consider asking about CAM use as routine part of the history taking, especially in circumstances where the patient has a chronic disease, has experienced adverse drug side effects or where there poor compliance with treatment. As CAM grows in popularity, there is an increasing ethical obligation on GPs to present the risks and benefits of all competing therapeutic options for their patients. Many patients it seems are reluctant to share information about their use of CAM therapies because they are concerned their physicians will disapprove.

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References


Future research

Sampling bias may have been introduced in this study by the non-random nature of the sample and low response rate of 33%. Also the proportion of female patients surveyed (70.2%) was higher than the proportion of females in the clinic population (52%), raising the possibility of selection bias. We could not interpret data from ethnic minority groups as this would have required a larger sample. Data from one clinical setting raises questions about the generalisability of the findings, nevertheless, we believe the sample represents a heterogeneous group of GP attendees of different gender, age and socio-economic backgrounds. Response bias may have occurred via the questionnaire itself. Long lists may lead to over-estimates. It has been observed in other studies that the larger the number of treatments included on the list, the larger the estimates of prevalence.

In future research we propose to use 2 critical construction principles to try to limit response bias by including exclusive categories and exhaustive response categories. Finally, measurement and recall bias may have occurred due to confusion of respondents with the nomenclature of different CAM therapies and their willingness to report it correctly. To try to correct for this, we provided a comprehensive definition of CAM at the beginning of the survey. This study identified CAM use at a snap-shot in time in a particular cohort people, which makes direct comparisons with different populations and time frames analysed in other studies difficult.

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The most important source of information was personal recommendation (53%), the least popular interestingly, was the internet (5%). Word of mouth or personal recommendation is often how people choose a practitioner.

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