

## LETTERS TO THE EDITOR

### PHYSICIANS' PERSONAL AND PRACTICE USE OF CAM THERAPIES IN A RURAL COMMUNITY IN THE SOUTHEAST UNITED STATES

Dear Editor:

Because complementary and alternative medical (CAM) therapy consumption is increasing in the United States<sup>1</sup> and integration into conventional healthcare is foreseeable, CAM should be studied from the practitioners' perspective. Previous surveys of healthcare workers in Hawaii and Vermont have found moderate support for CAM in conventional medical practice, especially relaxation techniques, massage, mind–body therapies, biofeedback, spiritual therapies, and

health promotion (HP).<sup>1,2</sup> The present research was the third study of practitioners' opinions of CAM in the United States. Physicians were surveyed concerning their personal/practice use and willingness to refer patients for CAM. Twenty-one (21) medical providers (17 men; 4 women, 52% primary care; 48% specialty care) affiliated with a 117-bed, rural, southeastern hospital participated in a structured interview survey about HP and CAM services from the NCCAM Website.<sup>4</sup>

Practitioners were asked what percentage of relevant patients they would refer for CAM if a local resource were available (Table 1), resulting in unanimous referral for patients who smoked, had mental health issues, and needed exercise, nutrition, or weight management services. Table 1

TABLE 1. ASSESSMENT OF CAM AND POTENTIAL PATIENT REFERRALS IF A RESOURCE WAS AVAILABLE

<i>CAM therapy or health behavior</i>	<i>Modal percentage of practitioner's reported referral for relevant patients</i>	<i>Mean percentage of practitioner's reported referral for relevant patients</i>	<i>Mean percentage who assess in their patients</i>
Smoking	100	66.1	100
Mental health	100	58.4	71.4
Nutrition	100	54.1	90.5
Exercise	100	42.4	81
Weight management	100	41.2	81
Non-medical pain management	0	35.3	0
Physical therapy	0	33.1	0
Dietary supplements	0	27.9	85.7
Medical pain management	0	26.5	85.7
Herbals supplements	0	23.5	81
Massage	0	19.8	0
Relaxation	0	14.6	38.1
Pastoral care	0	9.95	0
Chiropractic	0	8.4	0
Faith community	0	7	38.1
Naturopathic	0	5.6	23.8
Spiritual direction	0	5.5	0
Other stress management	0	5.1	19
Traditional Chinese Medicine	0	3.4	33.3
Creative arts	0	1.24	0
Prayer	0	0.62	19
Ayurveda	0	0.52	14.3
Energy therapies	0	0.38	0
Homeopathic	0	0.33	
Faith ritual	0	0.1	

also shows the percent assessing CAM in their patients, with more consideration of HP than other CAM.

Chi-square analyses found primary care practitioners showed more potential referrals than specialists for exercise,  $\chi^2 (N = 21) = 11.6, p = 0.001$ , weight management,  $\chi^2 (N = 21) = 4.4, p = 0.037$ , nonmedical pain management,  $\chi^2 (N = 21) = 5.8, p = 0.016$ , physical therapy,  $\chi^2 (N = 21) = 6.7, p = 0.010$ , herbal supplements,  $\chi^2 (N = 21) = 4.0, p = 0.046$ , and pastoral care,  $\chi^2 (N = 21) = 4.1, p = 0.042$ .

Chi-square comparisons on potential referrals for practitioners who personally used HP/CAM compared to those who did not found those using physical therapy,  $\chi^2 (N = 21) = 6.7, p = 0.010$ , herbal supplements,  $\chi^2 (N = 21) = 4.0, p = 0.046$ , and pastoral care,  $\chi^2 (N = 21) = 4.1, p = 0.042$ , were more likely to consider referring patients for these services.

Overall results suggested strong support of HP proven successful in medical patients for smoking cessation,<sup>5</sup> exercise promotion,<sup>6</sup> dietary counseling,<sup>7</sup> and for weight/diabetes management.<sup>8</sup> Although HP may not be very alternative, it is not mainstream medicine. Given the potential cost-offset,<sup>9</sup> healthcare administrators need to promote integration of HP into the healthcare system. These practitioners reported regular assessment/referral for mental health services, yet there was frustration that patients would decline outside consultation. Referrals to mental health services outside of medical care often result in lack of treatment.<sup>10</sup> Because integration of psychological services would treat more patients, improve care, and provide cost offset,<sup>9</sup> healthcare should consider more integration of mind-body services, since this artificial separation is outdated and erroneous.

Although primary care providers are no longer the exclusive gatekeepers of healthcare, especially HP/CAM services,<sup>1</sup> they were more open than medical specialists for several services. Perhaps this is a function of patient demand, but may also indicate more openness within the medical setting for more of a bio-psycho-social-spiritual model of practice.

## ACKNOWLEDGMENTS

This research was sponsored by a Health Carolinians-UNC Health Initiative mini grant. The authors would like to thank Gregory Anoufrieu, M.D. and Marty Corts, C.R.T. for their assistance on this project, as well as all the practitioners who participated in the survey.

## REFERENCES

1. Barnes P, Powell-Griner E, McFann K, Nahin R. Complementary and alternative medicine use among adults: United States. CDC Advance Data Report#343. 2004.
2. Chan PS, Wong MM. Physicians and complementary-alternative medicine: Training, attitudes, and practices in Hawaii. *Hawaii Med J* 2004;63:176-181.
3. McPartland J, Pruitt P. Opinions of MDs, RNs, allied health practitioners toward osteopathic medicine and alternative therapies: Results from a Vermont survey. *J Am Osteopath Assoc* 1999;99:101-108.
4. National Center for Complementary and Alternative Medicine. What is Complementary and Alternative Medicine (CAM)? Online document at: [nccam.nih.gov/health/whatiscam/](http://nccam.nih.gov/health/whatiscam/) Posted in 2005.
5. Lindsay E, Wilson D, Best A, et al. A randomized trial of physician training for smoking cessation. *Am J Health Promot* 1989;3:11-18.
6. Simons-Morton D, Calfas K, Oldenburg B, Burton N. Effects of interventions in health care settings on physical activity or cardiorespiratory fitness. *Am J Prev Med* 1998;15:413-430.
7. Pignone M, Ammerman A, Fernandez L, et al. Counseling to promote a healthy diet in adults: A summary of the evidence for the U.S. Preventive Services Task Force. *Am J Prev Med* 2003;24:75-92.
8. Mayer-Davis E, D'Antonio A, Smith S, et al. Pounds Off With Empowerment (POWER): A clinical trial of weight management strategies for black and white adults with diabetes who live in medically underserved rural communities. *Am J Public Health* 2004;94:1736-1742.
9. Friedman R, Sobel D, Myers P, et al. Behavioral medicine, clinical health psychology, and cost offset. *Health Psychol* 1995;14:509-518.
10. Kessler R. Treating psychological problems in medical settings: Primary care as the de facto mental health system and the role of hypnosis. *Int J Clin Exp Hypn* 2005;53:290-305.

*Denise Martz, Ph.D.*  
*Appalachian State University*  
*Boone, NC*  
*Gillian Baker, M.H.A.*  
*Watauga Medical Center*  
*Boone, NC*  
*Nicole Knott, M.A.*  
*Jennifer DeStefano, B.A.*  
*Alston Wallace, B.S.*  
*Katie Greenfield, B.A.*  
*Appalachian State University*  
*Boone, NC*

Address reprint requests to:  
*Denise Martz, Ph.D.*  
*Department of Psychology*  
*Appalachian State University*  
*Boone, NC 28608*

*E-mail: Martzdm@appstate.edu*