

# Original Scientific Paper

# Massage therapy and complementary and alternative medicine: Attitudes and use among general practitioners and patients in Auckland, New Zealand

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## ABSTRACT

### Aim

To begin to explore beliefs, attitudes and use of massage therapy and complementary and alternative medicine (CAM) among GPs and GP patients in the Auckland region.

### Methods

Two hundred GPs were randomly selected from local directories and sent a self-administered, anonymous questionnaire. Patients were recruited from four clinics in the Auckland region. Questions addressed referral, reasons for referral and use of massage therapy and CAM in general. Items assessing attitudes and beliefs about the effectiveness and safety of massage therapy were also included.

### Results

Of the 200 GPs, 86 (43%) returned questionnaires; of those, 74 were useable. The majority of GP respondents (55, 74%) had recommended that a patient see a massage therapist in the last year, most commonly for musculoskeletal problems, stress and pain. Most GP respondents (63, 85%) felt they had some knowledge of massage therapy and agreed that massage reduces stress (67, 91%) and anxiety (62, 84%); only six (8%) GP respondents believed that massage effects were due to a placebo effect. Of the 53 patients approached at the clinics 92% agreed to complete the anonymous questionnaire. Of these patients, 30 (61%) had received a massage over the last year, and 12 (24%) reported receiving a doctor's recommendation for massage. Reasons for receiving massage included relaxation, stress, and sprains and strains. Only 15 (39%) of the patients who had received a massage reported checking massage therapists' qualifications. Most patient respondents agreed that massage therapy reduces stress and anxiety, stimulates the body's

natural healing ability and improves circulation. Most GP and patient respondents were unsure about whether massage therapy enhanced immune function. Most GP respondents (63, 85%) want to see regulatory standards established for CAM, with the same scientific investigation of complementary and alternative therapies as there is for conventional therapies. Only nine (18%) patient respondents reported discussing massage therapy as a treatment with their GPs. Importantly, only five (10%) patients reported feeling reluctant to tell their GPs about their use of CAM.

### Conclusions

This is the first study to specifically assess massage therapy attitudes and use in samples of GPs and non-cancer patients in New Zealand. Although the samples involve only a small proportion of GPs and patients in the Auckland area and the GP response rate was low, the study provides preliminary evidence of favourable attitudes and use of massage therapy among GPs and patients in this region. GP and patient respondents in this study held positive views about the effects of massage therapy, particularly for treating stress and anxiety, and had high referral and use rates. A larger, more representative study is needed to determine the generalisability of the observed levels of interest and use in massage therapy and other forms of CAM. In contrast to trends noted in the United States, patient respondents reported that they feel comfortable telling their GPs about their use of CAM.

### Key words

Complementary and alternative therapies; therapeutic massage

(*NZFP 2004; 31:229-238*)

There is growing interest in massage therapy and other forms of complementary/alternative medicine (CAM), as reflected in their increasing coverage in the popular media and in medical and psychological literatures.<sup>1</sup> Massage therapy is considered as part of the manipulative and body-based category of CAM, as defined by the American National Centre for Complementary and Alternative Medicine (NCCAM).<sup>2</sup> The other four subcategories of CAM as defined by NCCAM are:

1. Alternative medical systems which are built upon complete systems of theory and practice (e.g. homeopathic medicine, traditional Chinese medicine);
2. Mind-body interventions, where a variety of techniques are used to enhance the mind's capacity to affect bodily function and symptoms (e.g. biofeedback, relaxation, imagery and meditation);
3. Biologically-based therapies which use substances found in nature, such as herbs, foods and vitamins (e.g. dietary supplements, herbal products); and
4. Energy therapies which involve the use of energy fields, including bio-field therapies (e.g. Reiki and therapeutic touch) and bio-electromagnetic-based therapies.<sup>2</sup>

This categorisation facilitates the development of standards and identification of research needs for specific types of CAM such as massage therapy.

Use of massage therapy and other forms of CAM is increasing dramatically in many countries.<sup>3,4</sup> National surveys in the United States found that the proportion of individuals using some form of CAM rose from 34% in 1990 to 42% in 1997.<sup>5</sup> The

1990 survey had a sample size of 1539, with a response rate of 67%, and the 1997 survey had a total of 2055 adults, with a response rate of 60%. Other national surveys in the United States have found massage therapy use increased from 8% to 21% during the six years between 1997 and 2003.<sup>6</sup>

In New Zealand, a recent study (N=200, response rate 57%) of adult cancer patients in the Midcentral region found that 49% of cancer patients used at least one form of CAM, with 17% of cancer patients using massage therapy.<sup>7</sup> Another recent study<sup>8</sup> of GPs (N=25, response rate 83%) and medical practice patients (N=104, response rate 69%) in Wanganui found that 67% of patients had used CAM when ill, with chiropractic, acupuncture, aromatherapy and rongoa Maori being the preferred therapies. The majority of patients felt they were able to talk to their GP about CAM with only 15% reporting that their GP had referred them to an alternative therapy. Interestingly, 92% of GPs reported having referred

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**Evidence from randomised, controlled trials demonstrates that massage is effective in reducing stress, depression and anxiety, improving development in pre-term infants, and promoting adaptive sleep-wake cycles in full-term babies**

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CAM to patients at some time, and 80% of the GPs reported having had contact with local complementary therapists; 84% would like to see greater regulation of CAM.<sup>8</sup> Few studies have assessed the use of CAM by other New Zealand populations,<sup>7</sup> however, and there are no data on the specific use of massage therapy by patient populations in NZ other than cancer patients.

Massage therapy consists of treating and preventing physical pain and discomfort through the manipulation of soft tissues.<sup>9</sup> A number of studies demonstrate that it is effective in treating acute and chronic pain conditions, including migraine

headaches.<sup>10</sup> Moreover, evidence from randomised, controlled trials demonstrates that massage is also effective in reducing stress, depression and anxiety, improving development in pre-term infants, and promoting adaptive sleep-wake cycles in full-term babies.<sup>11</sup> Emerging evidence suggests that it also may influence immune function<sup>12,13</sup> and increase attention.<sup>14</sup>

Training in therapeutic massage requires extensive practice of a variety of techniques as well as education in assessment, anatomy and physiology. New Zealand has one of the world's highest education standards for massage therapy,<sup>15</sup> where a massage qualification in New Zealand can be NZQA-accredited and a therapist can become registered after completing the relevant training and clinical hours. Unfortunately, members of the general public may not be aware of these training standards and the need to check the qualifications of massage therapists in order to ascertain their competence.

Given the potential for increasing use of massage therapy in New Zealand and the mounting evidence for its potential health benefits, it is important to ascertain GPs' and their patients' understanding of massage therapy, the need for regulation, and the importance of proper training of therapists. As primary coordinators of health care for their patients, GPs may need to respond to patients' questions about massage and requests for referrals. Moreover, massage therapy (and other CAM techniques) may interact with other medical treatments<sup>16</sup> or they may be contraindicated for some conditions (e.g. cancer).<sup>17</sup> As such, it may be important for patients to disclose and discuss their use of massage therapy with their GPs. Yet recent findings suggest that patients often do not tell their GPs about their use of complementary and alternative therapies.<sup>5</sup>

A few North American studies have investigated GPs' and the general public's attitudes, knowledge and

use of massage therapy.<sup>6,18</sup> One study in Canada (N=161, response rate 53%) found that while the majority (69%) of GPs surveyed reported having minimal to no knowledge about massage therapy, 71% had referred patients to see a massage therapist over the last year – most commonly for tension headaches, chronic pain and motor vehicle accidents.<sup>18</sup> The American Massage Therapy Association has commissioned surveys from the Opinion Research Corporation, Princeton, on massage attitudes and knowledge in the US general public annually since 1997.<sup>6</sup> The sample size of these surveys is approximately 1000 people, aged 18 years and above, with equivalent numbers of men and women.<sup>6</sup> The results from the latest survey in 2003 (513 men and 502 women) show that people use massage therapy for relaxation, stress reduction and health reasons (e.g. muscle soreness, pain management, and injury recovery), and most felt that it was beneficial to one's health.<sup>6</sup> No studies were found that have simultaneously assessed massage attitudes and use among GPs and patients or community members within the same geographic region. Such research could provide important information regarding discrepancies in attitudes as well as comparisons of referral behaviour, use, and disclosure of use to GPs. To date, no New Zealand research has assessed GPs' and patients' attitudes and knowledge regarding massage therapy.

The aim of this pilot study was to survey GPs and GP clinic patients in the greater Auckland region in order to obtain preliminary information about massage therapy use, beliefs and attitudes in this population. Understanding what GPs know about massage therapy is important in developing education packages for GPs and other medical professionals. In addition, their attitudes, beliefs, and referral rates for massage can significantly influence the development of the massage therapy profession and its role in the health care system, by

enhancing credibility and acceptability to health professionals and the general public. Information relating to patients' use of massage therapy will allow for international comparisons, and it will be useful for identifying consumer trends.

A secondary aim of this study is to gather information about patients' use of other forms of CAM and GPs' recommendations to patients that they use CAM. A number of studies have investigated GPs' and the general public's use of CAM.<sup>3</sup> However, many studies used broad conceptualisations of CAM and failed to assess use and attitudes about specific therapies.<sup>18</sup> Given that CAM covers such a broad array of therapies, research that provides data on specific therapies is warranted.<sup>19</sup>

Research on use, attitudes and beliefs of massage therapy and CAM is particularly important as New Zealand has established a Ministerial Advisory Committee on Complementary and Alternative Health in order to gain information and advice on complementary and alternative health care in New Zealand.<sup>20</sup> The committee needs this information in order to develop effective policies regarding efficacy, regulation and safety.

### Method

A total of 200 GPs from the greater Auckland region were randomly selected from local directories and sent an anonymous questionnaire. Information sheets explaining the study were attached and self-addressed return post-paid envelopes were included. A second questionnaire was mailed out one month later; participants were asked to ignore the package if they had already completed and returned the questionnaire. Patients were recruited from four clinics (in Papakura, Albany, Ellerslie, and Henderson); these clinics were se-

lected from the 2001 Census community profiles<sup>21</sup> for their demographic and socioeconomic representativeness of Auckland. A clinic from each of these four areas were included in an effort to broaden the diversity in ethnic composition, educational background and socioeconomic status.

Each clinic had one to four GPs practising full-time. The researcher spent four to 10 hours in each clinic; all consecutive adult patients attending the clinics during these times were offered a self-administered questionnaire by the researcher.

Information sheets outlining the purpose of the study and return post-paid envelopes were attached. The questionnaires could either be sent back or put in the envelope in a box provided in the clinic waiting room; only five patients took the questionnaire with them to send back as they were called through to see the GP. All five patients sent back in the completed questionnaire. Responses were voluntary and provided anonymously, with assumed consent.

The questionnaires were developed by the authors and included items used in the Verhoef and Page study<sup>18</sup> and the AMTA survey.<sup>6</sup> The items from Verhoef and Page<sup>18</sup> assessed GPs' level of knowledge of massage, perceived level of demand, number of referrals and reasons for referral. A further item assessed whether GPs thought there should be government regulation of CAM. Additional items (for GPs and patients) assessed beliefs that physicians should have some knowledge of massage therapy, effects of massage are due to a placebo effect (this item included a brief definition of placebo effect), massage stimulates the body's natural healing powers, and massage would be a useful adjunct to my (or my GP's) practice. The items from the AMTA<sup>6</sup> (for patients) assessed actual use of massage,

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## Understanding what GPs know about massage therapy is important in developing education packages for GPs and other medical professionals

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reasons for use, and whether the respondent had talked to their physician about massage therapy. The GP questionnaire also included items assessing demographic characteristics and items relating to complementary medicine in general (referrals, reasons for referrals, perceived patient demand, and whether they personally used any form of complementary medicine). A further section contained a number of statements relating to the perceived effectiveness of massage therapy for treating health problems. The patient questionnaire included the items assessing demographic characteristics and beliefs about massage therapy, and it also included questions about how comfortable they felt about talking to their GP about their use of other forms of CAM. Both questionnaires took approximately 10 minutes to complete. The study questionnaires and methods were approved by the University of Auckland Human Subjects Ethics Committee.

Statistical analysis was carried out using Version 11 of the Statistical Package for Social Science (SPSS). Means, standard deviations, and frequencies were calculated for all items. For the GP responses (yes or no) regarding whether they had made referrals for massage therapy and other forms of CAM in the past year, conservative estimates of referral rates in the region were calculated by dividing the number of 'yes' responses by 200 (the number of GPs in the random sample who were sent questionnaires). This calculation provides the most conservative estimate of referral rates by assuming that all non-respondents would have given a 'no' response. This strategy was used to calculate conservative estimates for the proportion of GPs fielding questions about massage therapy and other forms of CAM.

Thematic analysis was used for the open-ended questions regarding GPs concerns if complementary therapies were to be integrated with mainstream medicine. Inter-rater reliability was also calculated for the themes derived; inter-rate agreement was high (81%).

Table 1. Demographics of the GP and patient respondents

	GPs n = 74	Patients n = 49
<b>Gender (%)</b>		
Male	57	20
Female	42	80
Missing response	1	0
<b>Ethnicity (%)</b>		
New Zealand European	73	84
Maori	-	8
Pacific Island	1	-
Asian	7	-
Indian	7	2
European	3	4
South African	3	-
British	3	-
Missing	3	2
<b>Age</b>		
Mean	46.08	39.94
SD	9.47	12.63
<b>Years in Practice</b>		
Mean	18.63	NA
SD	9.52	

Table 2. GP recommendations of massage therapy to patients

Variable for GPs	Questionnaire Response Total (N=74) %	Conservative Estimate (N=200) %
Recommended massage therapy to a patient	74	27
Recommended at least one patient to massage therapy in the last year	72	26
If yes, for treatment of:		
Musculoskeletal problem	67	18.5
Stress	44	12
Pain	36	10
Relaxation	16	5
Fibromyalgia	9	3
Agrees that demand for massage therapy increased over the last 5 years	78	29

(Note: the conservative estimate is based on the number of 'yes' responses among the 74 respondents divided by 200, the number of GPs randomly selected to receive a questionnaire).

All discrepancies were discussed and resolved through mutual agreement.

## Results

Of the 200 questionnaires sent to GPs in the Auckland area, 68 (34%) were returned following the first mail-out. The second mail-out resulted in the return of a further 18 questionnaires (9%), yielding a total response rate of 43%. Of these 86 questionnaires 74 were useable. The remaining 12 questionnaires were unusable due to incompleteness or non-completion. The

reasons for not completing the questionnaire included being too busy or the study being irrelevant to their practice. Of the 52 patients approached in the clinics, 49 patients (94%) completed the questionnaire. The three people who declined participation cited poor English skills or lack of knowledge about massage therapy as the reasons. The demographic characteristics of the respondents are presented in Table 1. There is an over-representation of female patient respondents, and an under-representa-

tion of Maori and Pacific patients. It had been estimated that the time spent at the clinics would be sufficient to approach at least 84 patients; however, clinic doctors reported that the clinics were less busy than usual.

### *GP referral behaviour and knowledge about massage therapy and CAM*

Responses regarding referral of massage therapy are presented in Table 2. Of the GP respondents, 55 (74%) had recommended that a patient see a massage therapist and 53 (72%) had recommended massage therapy to at least one patient in the last year. The most common reasons for recommendation included musculoskeletal problems, stress, pain, relaxation and fibromyalgia. Most GP respondents (n=54, 78%) reported that the demand for massage had increased in New Zealand over the last five years.

GPs were asked to rate their level of knowledge of massage therapy on a 5-point scale (1=poor, 5=excellent). The mean score was 2.77 (SD=1.04). In terms of their personal use of massage, 35 GP respondents (47%) reported having received a massage from a trained therapist, most commonly for relaxation (n=18, 51%), tension or stress (n=17, 49%), sprains/strains (n=14, 40%), and sports-related injuries (n=8, 23%).

### *Patients' use of massage therapy*

Patients' responses regarding use of massage therapy are presented in Table 3. The majority of patient respondents (n=38, 78%) had received a massage from a therapist at some time, and over half (n=30, 61%) had done so in the past year. Twelve patients (24%) reported receiving a doctor's recommendation for massage therapy as treatment for a medical condition. Of the patient respondents only nine (24%) had discussed their use of massage therapy as treatment with their doctor. Almost all patient respondents (n= 46, 94%) felt that the use of massage therapy had significantly increased over the last five years.

Table 3. Patients' use and knowledge about massage therapy

Variable	Patients (N=49) %
Received a massage from a trained therapist	78
Received a massage in the previous year	61
Main reasons included:	
Relaxation	41
Tension or stress	39
Sprains/strains	22
Sports related injury	18
Chronic pain	10
Has your doctor ever recommended that you see a massage therapist?	24
Did you discuss your use of massage therapy with your GP?	24
Agrees that massage therapy use has increased over the last 5 years	94

Table 4. Patients' responses to statements regarding effectiveness and satisfaction with massage therapy.

	Respondents who had received a massage (n = 38)		
	Agree (%)	Neutral (%)	Disagree (%)
I am satisfied with the results from my massage.	84	11	5
Massage therapy is helpful for my condition/illness.	74	21	5
When I have a massage I check the therapists qualifications (Missing 11%)	39	24	26
I feel reluctant to tell my doctor about my use of massage therapy. (Missing 7%)	3	16	74

Table 5. GPs' and Patients' attitudes and beliefs about massage therapy.

Variable	GPs (%)				Patients (%)			
	Agree	Neutral	Disagree	Don't know	Agree	Neutral	Disagree	Don't know
MT is helpful for some of my patients' conditions/illnesses.	69	11	9	9				
Doctors should have some knowledge of MT.	80	11	8	0	69	18	10	-
There is a place for MT in mainstream medicine.	50	23	15	11	82	8	4	2
MT would be a useful adjunct to my doctor's practice.	54	18	18	9	73	18	0	6
MT has not been sufficiently validated as a treatment.	34	16	30	19	40	12	18	24
MT reduces stress.	77	14	3	5	92	2	2	2
MT reduces anxiety.	66	18	4	11	76	6	4	14
MT reduces depression.	45	22	12	19	34	6	4	20-
MT improves blood circulation.	62	15	15	7	88	6	2	4
MT improves attention.	15	28	20	35	49	18	2	31
MT stimulates the body's natural healing powers.	28	26	22	23	71	20	2	4
MT enhances immune function.	18	16	23	41	37	12	2	48
The effects of MT are primarily due to a placebo effect.	8	26	54	11	12	4	37	41
I would like to learn more about MT.	41	30	27	1	65	20	12	-
Doctors should ask patients about their use of complementary therapies.	80	11	8	0	55	27	16	-

NB. Placebo was defined in the questionnaire. Item responses included scale ratings ranging from 1= strongly disagree to 5= strongly agree and a 'don't know' response option. Responses were categorised into 'Agree' (4,5), 'Neutral' (3), 'Disagree' (1,2) and 'Don't Know'.

Those patient respondents who had received a massage were asked to answer further questions regarding satisfaction and effectiveness of the massage (see Table 4). Of the 38 patients who had received a massage 32 (84%) were satisfied with the massage and 26 (74%) found it helpful for their condition/illness. Only 15 (39%) agreed that they checked the therapists' qualifications; only one patient respondent felt reluctant to discuss their use of massage therapy with their doctor.

#### GP and patient beliefs about massage

Table 5 presents the GP and patient responses to items assessing beliefs about massage therapy. Fifty-one

(69%) GP respondents agreed that massage therapy is helpful for some of their patients' conditions and illnesses and 59 (80%) agreed that doctors should have some knowledge about massage therapy. Most (n=40, 82%) patient respondents agreed that massage therapy had a place in mainstream medicine and 36 (73%) agreed massage would be a useful adjunct to their doctors' practices; in contrast, only half of the GP respondents agreed with these statements. Twenty-five (34%) GP respondents and 20 (41%) patient respondents believed that massage therapy had not been sufficiently validated as a treatment, and 14 (19%) of GP respondents and 12 (24%) of patients re-

ported that they did not know whether massage had been sufficiently validated. Both GP respondents (n=30, 41%) and patient respondents (n=32, 65%) reported wanting to learn more about massage therapy.

Most GP respondents agreed that massage therapy reduces stress (n=57, 77%) and anxiety (n=49, 66%); few GP respondents (n=6, 8%) believed that massage therapy effects are due to a placebo effect. Most patient respondents believed that massage therapy reduces stress (n=45, 92%) and anxiety (n=37, 76%), stimulates the body's natural healing powers (n=35, 71%), and improves circulation (n=43, 88%). Almost half (n=20, 41%) of the patients reported that they didn't

know whether or not massage therapy effects are due to a placebo effect. For both GP and patient respondents, the item regarding effects on immune function received the greatest number of 'don't know' responses, 30 (41%) and 24 (49%) respectively.

### **GP referral and patient use of CAM**

Table 6 presents the GP responses regarding CAM use. A high percentage (n=56, 75%) of the GPs reported that they recommended CAM to a patient. This high percentage may be artificially high if the respondents are more likely than non-respondents to endorse and recommend CAM. The conservative estimate of CAM referrals, based on the extreme assumption that all non-respondents had not made CAM referrals, indicates that at least 28% of GPs in this population have recommended a form of CAM to patients. Most GP respondents (n=61, 82%) reported that patients ask them about CAM and 62 (84%) GP respondents perceive that the demand for CAM has increased over the last five years.

A total of 18 patients (37%) reported using a form of CAM. These included chiropractor (five), herbal remedies (five), aromatherapy (three), osteopath (two), acupuncture, Alexander technique, naturopathy, and hypnotherapy (one each respectively). Only a small number (seven, 14%) had actually asked their doctor about CAM (see Table 7).

### **GPs' views on regulatory standards for CAM**

The majority (63, 85%) of GPs reported that there should be regulatory standards for CAM. Fifty-nine respondents made some sort of comment regarding their concerns if complementary therapies were to be integrated (used in conjunction) with mainstream medicine. Figure 1 shows the results for the nine themes that were identified.

### **Discussion**

The present findings provide preliminary information about Auckland area GPs' and patients' views of mas-

sage therapy and CAM. Caution needs to be taken in interpreting these findings, however, due to the small sample size and the low response rate for GPs. In particular, the GP responses may be biased to the extent that only those GPs with an interest in massage therapy and CAM completed the survey. However, even conservative estimates based on the

GP response rate suggest significant use of and favourable attitudes towards massage therapy and CAM. These preliminary findings can be used to guide further research investigating both GP and patients' views of CAM and massage therapy.

A substantial proportion of GP respondents in the Auckland region recommend massage therapy to pa-

Table 6. GP responses to general recommendations of CAM

Variable for GPs	Questionnaire Response Total (N=74) %	Conservative Estimate (N=200) %
Recommended a patient seek a complementary therapy.	76	28
If yes, therapies most commonly recommended included:		
Acupuncture	32	9
Homeopathy	27	8
Osteopath	20	6
Naturopath	18	5
Medical reasons included:		
Musculoskeletal problems	23	6.5
Pain	20	6
Back problems	11	3
Woman-related problems	11	3
Absence of mainstream treatment	11	3
Practised a complementary therapy (including, acupressure, acupuncture, soft tissue massage, hypnosis)	23	8.5
Do patients ask about CAM?	82	30.5
Most commonly asked about:		
Acupuncture	36	11
Vitamin supplements	30	9
Homeopathy	30	9
Osteopathy	25	7.5
Chiropractor	25	7.5
Has demand for CAM over the last 5 years:		
Increased	84	31
Decreased	—	
Remained unchanged	9	5
Missing	7	2

(Note: the conservative estimate is based on the actual response given in the questionnaire but divided by 200, the number of GPs randomly selected to receive a questionnaire).

tients, and a large proportion of the patient respondents reported using massage therapy. Approximately three-quarters of GPs reported that the demand for massage has increased over the last five years; 74% of the GPs had recommended that a patient see a massage therapist, and a conservative estimate indicates that at least 27% of GPs in the region have done so. The sample's referral rates are within range of those observed in a survey of GPs in Canada,<sup>18</sup> in which 71% reported referring patients to a massage therapist (conservative estimate of 36%, based on the study's response rate of 50%). The majority of GPs in the present sample (69%) perceive massage to be helpful for some of their patients' conditions, whereas only 50% of Canadian GPs did so in the 1998 survey.<sup>18</sup> These comparisons between the present sample and the sample of GPs in Canada must be considered with caution, however, due to the differences

in sample sizes, response rates and year of the survey.

The use of massage therapy reported by patient respondents (78% ever; 61% in past year) is high in relation to that observed in a 2003 US sample (32% ever, 21% in past year<sup>6</sup>). Further research with a larger sample is clearly warranted in order to verify this trend for relatively high use of massage therapy by Auckland-area patients.

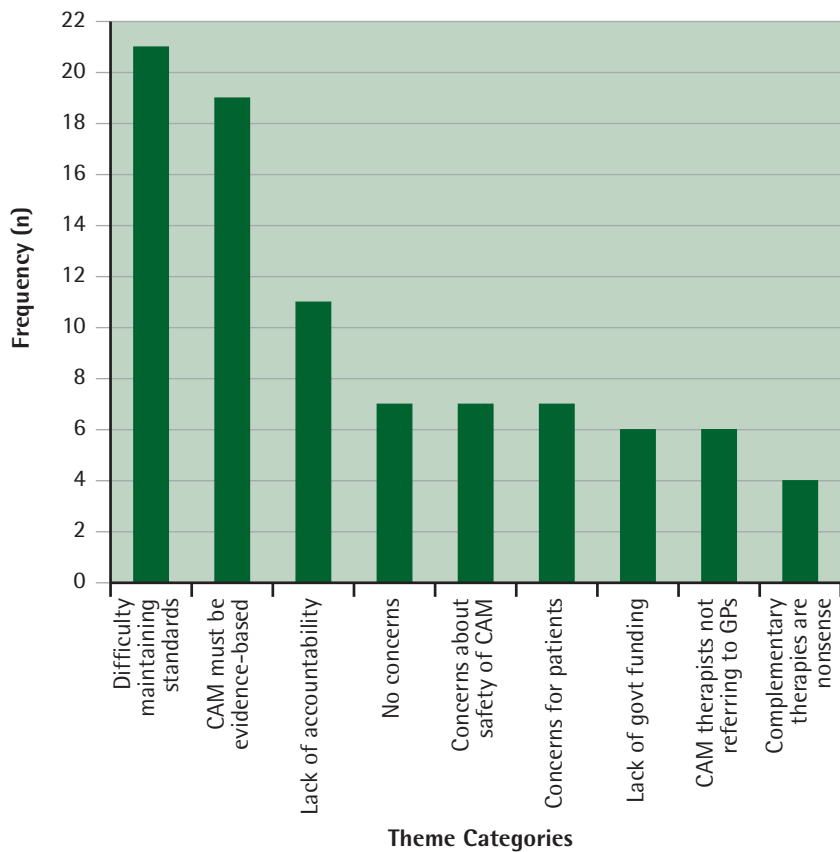
The majority of patients agreed that massage could become part of mainstream medicine and be a useful addition to their GPs' practice, while only half of the GPs felt this to be the case. This relative hesitancy by GPs may relate to the current absence of regulatory standards for massage therapy and CAM practices in New Zealand. With appropriate regulatory standards, GPs might be more interested in integrating massage therapy into mainstream medicine. Establishing regulatory

standards for CAM practices in essence relates to the amount of evidence for a particular modality, and while there is considerable research on the effects of massage, much of the research needs replication and many conditions and illnesses have not been investigated.

On average, GP respondents reported having some knowledge of massage therapy. These reports contrast with those in a 1998 survey of family physicians in Canada, in which physicians reported minimal to no knowledge about massage therapy.<sup>18</sup> This difference may be due to differences in cultural awareness of massage therapy or to increased knowledge in massage therapy internationally over recent years. Both GPs and patients reported wanting to learn more about massage therapy. An information package summarising research on the therapeutic effects of massage therapy could be one potential way for increasing knowledge about massage therapy, as well improving the perceived credibility of massage therapy. GPs could feel more assured in advising patients on the types of conditions for which massage therapy has shown to be effective, as their advice is then based on evidence.

The patients were satisfied with the results from their massage and thought it was helpful for their condition/illness. Importantly, they did not feel reluctant to tell their doctor about their use of massage therapy or CAM. This general tendency is comparable to that found in a recent Wanganui study<sup>8</sup> of medical practice patients, and both findings contrast with international findings indicating high reluctance. However, only a small percentage of the present sample had actually asked their GP about CAM therapies. It is important that patients tell their doctors about their use of CAM, as its popularity continues to grow and more evidence comes to light that some therapies can interfere with mainstream medical practices.<sup>17</sup> The similar findings between Auckland

Figure 1. Bar graph showing the frequency of the concerns doctors have if complementary therapies were to be integrated with mainstream medicine.





and Wanganui are encouraging in suggesting that people feel comfortable talking to their GPs about CAM, which is reflected by the large number of GPs who reported that their patients ask about CAM. Further investigation is required as to whether patients are actually telling their GPs about CAM use or are just stating that they feel comfortable, but are not actually disclosing their CAM use to their GPs.

The majority of GP respondents agreed that it was important to obtain information about a patient's use of CAM when obtaining a medical history, where just over half of the patients agreed. This is an important discrepancy, as physicians need information on CAM use so that they can advise their patients who seek or use these interventions, particularly given the growing number of studies of many CAM regarding their safety, efficacy, and potential interactions with medications and treatments.<sup>16,17</sup>

The majority of GP respondents had recommended that a patient seek a complementary therapy with the data suggesting that the most conservative estimate is 28%. The most common therapies recommended included acupuncture, homeopathy, and osteopathy, which are similar to therapies recommended by GPs in the Wanganui study,<sup>8</sup> although the Wanganui GP respondents reported higher rates of chiropractic recommendations relative to the present sample of Auckland GPs. The common medical reasons included musculoskeletal problems, pain and back problems.

The majority of GPs thought that there should be regulatory standards for CAM, and their main concerns if CAM were to be integrated with mainstream medicine were the need for

Table 7. Patients' use and knowledge about CAM

Variable	Patients (N=49) %
Used CAM therapies	39
Most commonly listed therapies included:	
Chiropractor	26
Herbal remedies	26
Aromatherapy	16
Asked your doctor about any CAM therapies?	14
Do you feel reluctant to tell your GP about your use of CAM?	
Yes	2
Somewhat	8
Not at all	82
Missing	8

therapies need to be evidence-based, the lack of accountability of complementary therapists (many do not have their own governing bodies) and the need to maintain and adhere to standards. Regulating CAM is problematic due to the wide array of therapies that are included under that umbrella, yet regulation is clearly needed given these and other findings that many therapies are being

**This pilot study highlights the growing need for information regarding the efficacy of massage therapy for specific conditions, and the importance of making such information accessible to both GPs and patients**

recommended by GPs and used by patients. It is important for a CAM regulatory body (such as MACCAH) to investigate educational standards and current research evidence for each of the commonly used and referred therapies and then develop informational materials for GPs and patients and guide researchers in as to which modalities are commonly used, but have little evidence, in regards their effectiveness.

### Conclusion

The findings indicate that massage therapy is widely used and recommended by a significant proportion

of the GP and patient respondents in this pilot study. The survey revealed a number of issues requiring further investigation in a larger nationwide study, including:

1. the social and health care factors responsible for the observed high rates of massage use relative to those found in the United States;<sup>6</sup>
2. the extent and conditions under which patients disclose their CAM use to their GPs;
3. what information GPs require in order to feel confident in their recommendations for or against a CAM treatment for their patients; and
4. whether referral and use rates are similar in other geographic locations throughout New Zealand, and whether urban and non-urban areas differ in their use of CAM.

This pilot study highlights the growing need for information regarding the efficacy of massage therapy for specific conditions, and the importance of making such information accessible to both GPs and patients. There is a need for regulatory standards to be established in New Zealand for CAM. Regulatory standards would give more information to both GPs and patients regarding efficacy and safety of certain therapies.

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