

Running Title:

Research on the Comprehensive Treatments of Chinese
Medicine: Questionnaires of the Patients' Profile of a
Teaching Centre of Middlesex University

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Abstract

Complementary medicine is widely used in the UK, with more than 50% of those surveyed had used acupuncture, acupuncture related therapies and herbal medicine (Ernst and White 2000).

Although data have been reported of the general population using complementary and alternative medicine, there are few that are specifically addressing the questions why patients use Chinese medicine and acupuncture in the first place and why they decide to continue or discontinue with their treatments.

This survey was carried out at the Asante Academy of Chinese Medicine, an affiliated teaching and research centre for Middlesex University. The main purpose of the survey is to establish a pattern of patients attending this particular centre of Chinese medicine for future reference of a typical teaching and research centres outside China, and to find out the reasons why patients use Chinese herbal medicine and acupuncture. Three groups of patients were randomly selected and they are classified as new patients, continued patients and discontinued patients. They had a diversity of problems from muscular-skeletal disorders, gynaecological problems, stress and emotional-related symptoms to skin disorders and digestive system disorders. Data collected from the survey are analysed and effects of the TCM treatment on these disorders were evaluated.

Introduction

Complementary and alternative medicines (CAM) are getting more and more popular in the west due to different reasons (Ernst and White, 2000; Stevenson, 2001).

According to a WHO report, 42% of the population in the US, 70% in Canada and 75% in France use CAM therapy (WHO report, 2002). In the UK, more than 50% of patients surveyed used Chinese medicine and acupuncture (Ernst and White, 2000). Dating back to June 1994, a project that CAM was introduced into the NHS was launched within the Lewisham Hospital in South East London, West Yorkshire and Liverpool (Rees, 1996). Middlesex University has been running a Traditional Chinese Medicine (TCM) programmes in the School of Health and Social Sciences since 1997. Hundreds of patients have been receiving treatments in the university's affiliated teaching and research centre of TCM based upon Archway Campus in the past 2 years.

The establishment of this TCM programme at Middlesex University serves as a pioneering example for the future development of TCM departments outside China. It is important to depict the profile of the patients at its affiliated teaching and research centre and it is of great significance in carrying out this research project to show the profile of patients seeking the TCM treatment there.

Materials and Methods

Patients were categorised into three groups: (1) new patients, (2) continued patients who still received treatment, and (3) discontinued patients who no longer received treatment. Patients were clearly explained and fully understood about this research project. Those who were willing to take part in this project were requested to sign in the agreement showing their consents to this project. Questionnaires were distributed to the patients by hand and by post.

Two versions of the questionnaires (see appendix) were designed for this project, one for the new patients (category 1), and the other was for both continued patients (category 2) and discontinued patients (category 3).

The questionnaires were given or sent to the patients, and this survey was carried out from 1st February to 31st May (inclusive), totally 120 days. Data from these questionnaires was collected, and percentage of different answers to every individual question was calculated.

Results

The research were focused mainly on how the patients felt about the effect of the treatment they received from the lines of healthcare services, including conventional and complementary and alternative medicine and what main health problem(s) that brought them to this centre (see questionnaires Section 2 & 3). Different ways of treatment offered in this centre and the effect of the treatment on the symptoms were also analysed (see questionnaires Section 4 question 5, 7,8 & 9). The causative factors resulting in patients not coming to the centre for further treatment were also studied (see questionnaires Section 4 question 3, 7, 8 & 9). Undoubtedly, the treatment and the patient's daily life are not separable. Personal information sometimes provides important clue to the health problems, and hence has to be looked into as well (see questionnaires Section 1).

There were 53 new patients visiting this centre during the 120-day period, and data from these 53 copies of questionnaires were collected. Of the 56 copies of

questionnaires given to the continued patients, 54 copies were received and therefore data from these 54 patients were analysed. 141 copies questionnaires were sent to the discontinued patients who had not come back for treatment in the past 3 months and these patients were randomly selected. 4 copies were return to us due to change of correspondence. 26 patients replied to us, two leaving the questionnaires blank, and therefore only 24 copies of questionnaires were valid and will be used in the survey. The numbers of the figures and tables in this report were edited according to those of questionnaires, e.g. figure 4.1 and table 4.2. In order to simply the result of the survey, some disorders/problems were sorted out into different categories, described as follows. Musculoskeletal problems, painful muscle/joints, arthritis, and neck pain, and so on were grouped into Bi syndrome. Headache, migraine, depression, and stress were classified into emotional group. Cough, lung infection, and heart problems were categorised into the chest group due to its location. Ear, nose, red and painful eyes were grouped into the facial organ category. Problems of endocrine system, immune system, were grouped into others. The results of this project were shown as follows.

A. New patients (category 1)

Patients visiting this centre cover all the different age group, aged between 15-40 (51%) being the most, followed by patients aged over 60 (17%) (Fig 1.1). Most of them were female (66%) (Fig. 1.2), and they represented different lines of occupations (Fig. 1.3), students being the prominent (19%). Most patients coming to the centre were white (70%, Fig. 1.4) mainly of who are British (42%) and European (21%). Their major health problems were Bi syndrome (89%) in which muscle/joints problems accounts for 38%, emotional problems (66%) in which lack of energy and

stress account for 34% and 28%, respectively, skin problems (32%), and digestive system disorders (29%) (Fig. 2.1). The problems were looked into when the patients came to this centre, it obviously showed Bi syndrome (46%, Fig. 2.2) in which musculoskeletal problems carries 40 pc, followed by digestive problems (20%), emotional problems (18%), gynaecological problems (16%), skin diseases (16%) (Fig. 2.2). The patients' main symptoms when they first visited here were Bi syndrome (33%), mainly back pain (11%), and skin problems (17%) emotional problems (14%) (Fig. 2.3). However, a lot of patients did not fully understand the difference between symptoms and syndromes. This may affect the statistics of this question (section 2 question 3) because some unexpected such as psoriasis, eczema, carpal tunnel syndrome and ovarian cysts appeared in the answer. On the one hand, the patients did not realised what symptoms mean, on the other hand, those syndromes mentioned in the answer could provide the clue about the symptoms which may likely to seen in the clinic. Therefore, for this question, the musculoskeletal problems still carried 31 pc (Bi syndrome 33%), skin 17 pc, gynaecological problems 14 pc, and digestive problems 14 pc (Fig. 2.3). Before receiving TCM treatment, their symptoms last mainly for 2-5 years (19%) and 1-2 years (13%) or 5-10 years (13%) (Fig. 2.4). Before TCM treatment patient received different healthcare service, mainly the conventionally medicine (58%) and complementary medicine (43%). Those healthcare services provided made mainly no difference (28%) to their symptoms (Fig. 3.1). Some felt they made the symptoms slightly better (23%), better (19%), much better (9%) or slightly worse (6%) (Fig. 3.2). Obviously, patients knew this centre mainly through their friends (51%) (Fig. 4.1).

B. Continued patients (category 2)

Those who still receive treatment are mainly 30 to 60 years of age (74%), and most of them are female (72%) (Fig. 1.1 and 1.2). Patients are from different working classes, most of who are academic (22%, including teachers, students and researchers), and business (32%), and most of the patients are white (70%) including British (50%) and Europeans (13%), followed by Asians (21%) including Chinese (19%) and Indians (2%) (Fig. 1.3 and 1.4). The main health problems are Bi syndrome (76%) in which musculoskeletal problems accounts for 31% with pain (19%), emotion-related problems are 44% including lack of energy (28%) and/or stress (26%), and gynaecological problems (20%), digestive system disorders (24%) as well as skin disorders (17%) (Fig.2.1). Bi syndrome (44%), followed by emotion-related problems are the main problems in this centre (Fig.2.2), and Bi syndrome (53%) including pain and musculoskeletal disorders, and emotional problems (25%) are the major problems that brought the patients to the centre (Fig. 2.3). Before their first visit, the symptoms lasted for 3 months to more than 10 years, but mainly 1-2 years (20%) (Fig.2.4). Most of the symptoms were treated by conventional medicine (53%) and complementary medicine (42%) (Fig.3.1). Symptoms improved (52%) after those treatments, but some worse cases (12%) were reported as well (Fig.3.2). Still, most patients visited this centre through the information provided by their friends or family (47%) (Fig.4.1). When they visited the centre, different treatments were offered to them, acupuncture (72%) as well as herbal pills (74%) being the main ones (Table 4.5). Most patients (63%) did not receive other healthcare services, and some (26%) combined TCM together with conventional medicine (19%) or other complementary therapies (7%) (Fig. 4.6). After the treatment in the centre, 93% of the patients felt improvement and 7% felt no difference (Fig. 4.7). For the general well-being, most patients felt better (85%), 13% of them felt no changes (Fig. 4.8).

81% of them are satisfied with the treatment and 15% had no opinions (Fig.4.9). More than 60% of the patients would come to the centre again in the future and three quarters of the patients will recommend this centre to their friends (Fig. 4.10 and 4.11).

C. Discontinued patients (category 3)

The 24 valid questionnaires showed that the age group of these discontinued patients ranged mainly from 15 upwards with two peaks at age between 15-30 and between 40-50 (Fig. 1.1). Most of them were female (67%) (Fig. 1.2). relatively more patients are retired (16%), or are engaged in business (16%), followed by patients from academic field (13%) , art field (13%), and patients engaged in home duties (13%) (Fig. 1.3). Other lines of healthcare practitioners account for 8% (Fig. 1.3). Most of the patients in this group are white (62%), most of who are British (50%) and Europeans (8%), followed by black (22%) and Asians (12%, and all of them are Chinese) (Fig. 1.4). Their main health problems were Bi syndrome including pain and musculoskeletal problems, followed by emotional problems, gynaecological, dermatological, and digestive problems (Fig. 2.1 and Fig 2.2). It is not difficult to spot a phenomenon that when the percentage was added together, more than 100% was recorded. This is because patients suffer from many different problems, and they answered in all the questions. When they first visited this centre, their main problems were Bi syndrome (61%) (Fig. 2.3.) in which musculoskeletal pain carried 44%. Gynaecological problems carried 20%, and emotion-related problems 12%, skin disorders 8% (Fig. 2.3). These symptoms lasted for between 1 month and more than 10 years before they came for treatment (Fig. 2.4). Before visiting the centre, these patient normally received treatment from conventional medicine (58%) and

complementary medicine (50%) (Fig. 3.1). Most of the patients found no difference (41%) or slightly better (33%) after those treatment (Fig. 3.2). Most of them came to the centre by recommendation or by advertisement (Fig.4.1). After the treatment from this centre, up to 29% of the patients felt the treatment was successful; however, 12% of the treatment was unsuccessful (Table 4.3). One quarter of them found the progress too slow, and 38%-strong patients could not afford the treatment (Table 4.3). Too far away from home was also one of the concerns (17%), and some patients (8%) also had the fears about the side effects of the treatment (Table 4.3). Half of the patients did not receive any treatment after the stop of the treatment from this centre, and some went to seek help from conventional (25%) and the other complementary (21%) medicines (Table 4.4). 38% of the patients did not receive other treatment when came here for help. 20% of them received other treatments together with TCM at the same time (Fig. 4.6). After the TCM treatment in this centre, 21% of the patients noticed the improvement with 9% of the patients had their symptoms completely cleared off, and 38% felt slightly better and 25% felt no difference (Fig. 4.7). In terms of general well-beings, a quarter of the patients felt much better and another quarter felt slightly better, however, 25% of them could not feel any difference (fig. 4.8). 46% of the patients were satisfied with TCM treatment provided by the centre, and 25% are not satisfied with the treatment (Fig. 4.9). 16% patient will come back for the treatment in the future, and 76% (including 38% probably, 21% not sure, and 17% probably not) may or may not come back for the treatment and 36% will definitely recommend this centre to their friends (Fig. 4.10 and 4.11).

Discussion

Previous research has demonstrated that the reason why people with chronic illness seek CAM is because personal responsibility for health, but not because of rejection of conventional medicine or unrealistic search for cure (Thorne et al., 2002).

Three hospitals and complementary clinics in the UK have been taken part in a pilot project of the evaluation of the complementary therapy on NHS service (Rees, 1996).

The SF-36 were used in the three pilot projects. In this study, questionnaires were set up to illustrate the patients profile in this first university-affiliated TCM teaching and research centre in Europe. In order to investigate the effect of the TCM treatment on patients, this pioneering project was launched. From the results of the patients in the above three categories, they shared some characteristics in common. Patients came every different age group and from every different social levels. Most of the patients are female, and are British, and the other Europeans. The main health problems that also brought them to the centre for TCM treatment were mainly muscle/bone-related problems, gynaecological disorders, dermatological and digestive problems. Probably due to the western life style, stress, emotion-related problems (including stress, depression and insomnia) as well as lack of energy were also frequently seen in this centre. Allergy and problems in cardiovascular system came were usually seen in this centre as well. Before coming for TCM treatment, most of the symptoms lasted for between 1 month and more than 10 years. This suggested that some patients would first seek TCM for advice, and some would regard TCM as the last resort. However, before receiving TCM treatment, most of patients did try to get help from conventional medicine as the other lines of complementary therapy. Although around 15% of the patients felt much better after these treatments, some only felt slightly better or no difference, especially patients in category 3.

Most of the patients visiting this centre for treatment were recommended by friends. Advertisement in newspapers also provided information about this centre for these patients.

Patients in category 2 mostly received acupuncture (72%) and herbal medicine (74%). Only 2% and 4% of the patients came for practising Taiji and Qigong treatment, respectively. 63% of the continued patients received only TCM treatment and 26% of the patients received other treatment at the same time, especially conventional medicine. After receiving TCM treatment, most of the patients notice the symptoms have significantly improved. This indicates that TCM does help relieve the patients' symptoms.

The questionnaires and the patients' comment on the TCM treatment of the 24 patients in category 3 were carefully examined. Because 141 copies were sent out to the patients and only 24 copies were returned, this low response rate may not represent all the patients treated (West Yorkshire Health Authority, 1996). However, these data are still valuable for us partly because it is not surprising that patients in category 3 may not be bother to answer or return the questionnaires, and partly because the returned questionnaires covered all the different reasons why the patients discontinued the treatments (Rees, 1996). 5 patients did not come back because their treatment was successful. 3 out of these 5 cases had muscle/joint problems and lasted for 1 month, 6 months and 2-5 years. One patient suffered from infertility for 2-5 years and was successfully pregnant after TCM treatment. One patient had swollen leg due to bug bite and this symptom lasted for 1-2 years, and treatment was successful.

9 patients in this category felt slightly better after treatment. Most of them felt the progress was too slow and too expensive, which is not unusual because 6 sessions of

treatment may not be enough to help the patients (Richardson, 1995). 6 subjects felt no difference after the TCM treatment, and the reasons that stop their visit again were mainly because of the price being expensive, which is consistent with the result shown in the Lewishan hospital report (Richardson, 1995). One also mentioned that treatment was too painful and another was worried about the side effects of Chinese medicine. It is true that Chinese medicine may have some side effects to the patients, especially those who used Chinese medicine, other complementary medicine and western medicine combined (WHO report, 2002). The side effect of Chinese herbal medicine cannot be ignored; however, the side effects can be fewer than synthetic drugs (Ernst, 2003). 3 patients did not mention the outcome of their treatment, one of who did not think TCM would be able to help due to osteoarthritis. Another patient could not take the very bitter herbal tea for his 10-year eczema. The other patient who had cardiovascular problem for less than 1 month could not afford the treatment. One patient in the category felt the treatment made the symptoms of her menstrual problem even worse and did not want to come back.

Compared to the treatment of conventional medicine, Chinese medicine is much milder and the effect would be slower. In this category, one quarter of the patients complained about the effect on the symptoms being too slow. This also revealed a problem in the design of the questionnaires: apart from the signature, there is no name on the questionnaires or the consent form, which block our access to the record of the treatment. Therefore how long have the patients received the treatment would not be examined. A patient suffering from back pain for 10 years, for example, it might not be possible for the patient to feel much better after one month of treatment (Richardson, 1995). The patient might therefore feel that the progress was too slow. In this category, one patient who had been suffering from eczema for more than 10

years, and he did not follow the advice not to eat some certain food by his practitioner. Besides, he found his eczema was dependent upon the weather. The price of the treatment is definitely a heavy burden for those financially challenged patients. As for the side effects, it is true that there is still no solid evidence to prove that herbal medicine is completely safe. However, practitioners should be properly trained and let the patients understand the safety of the herbal medicine.

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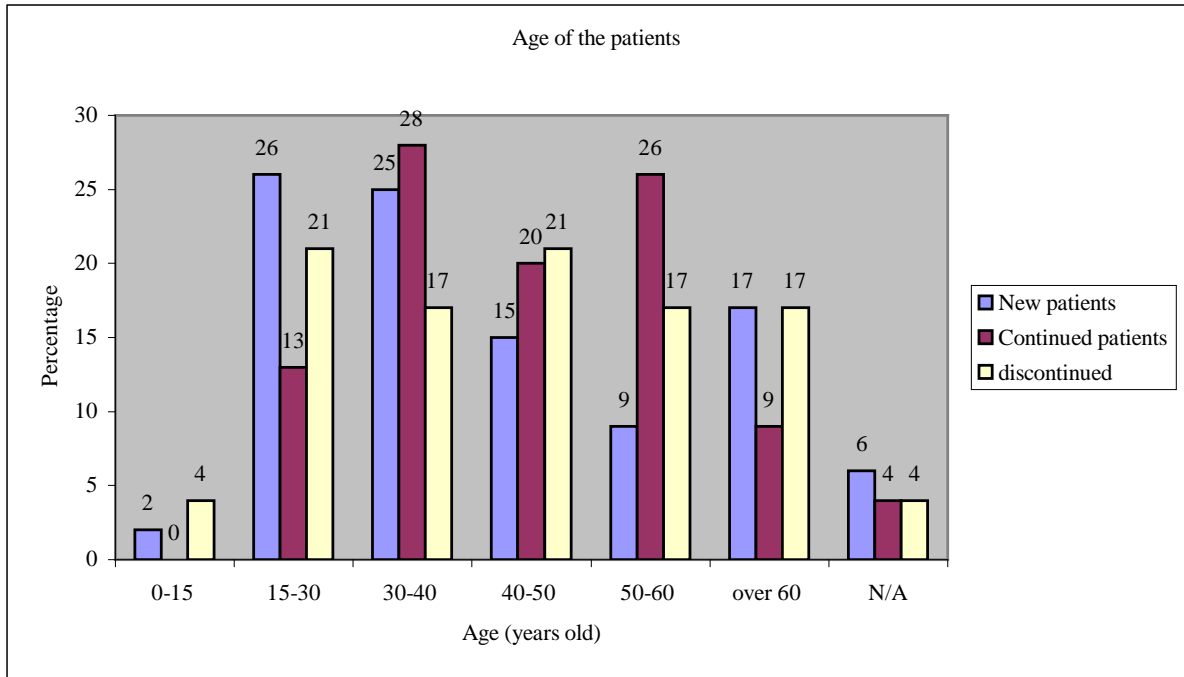


Fig 1.1 Age of the patients

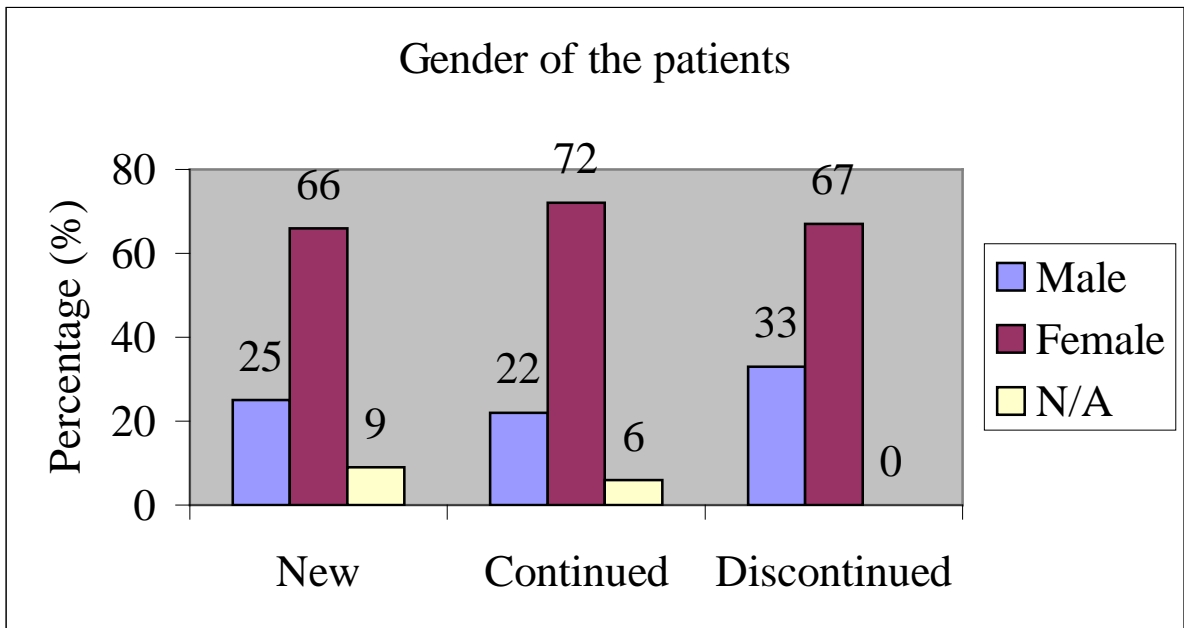


Fig. 1.2. Gender of the patients

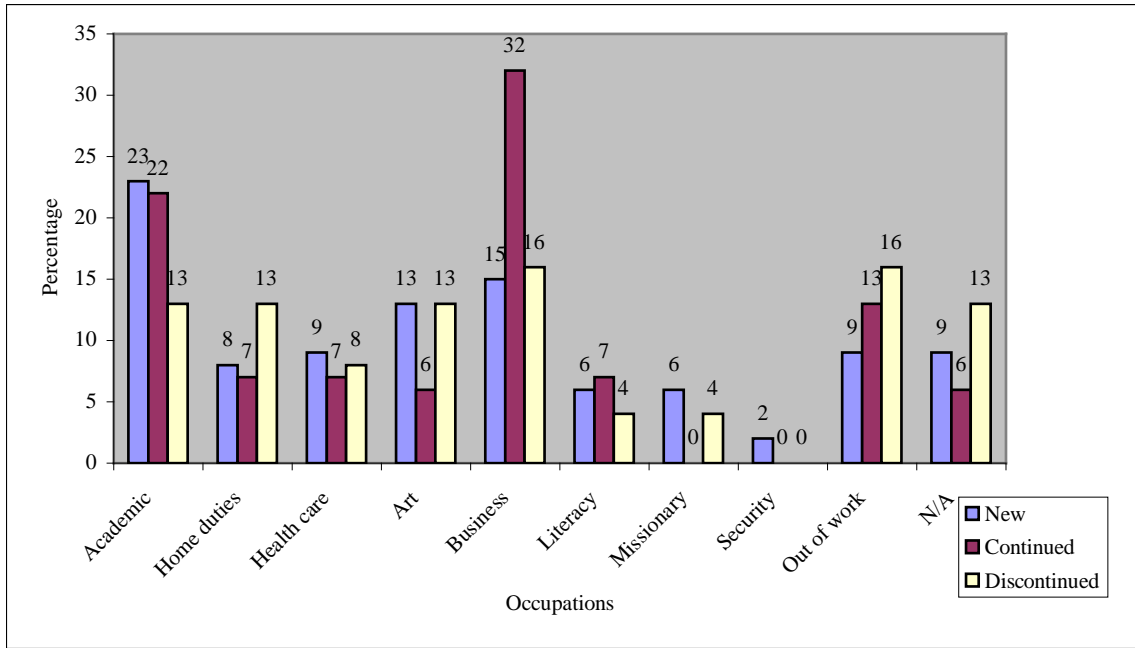


Fig. 1.3. Occupation of the patients.

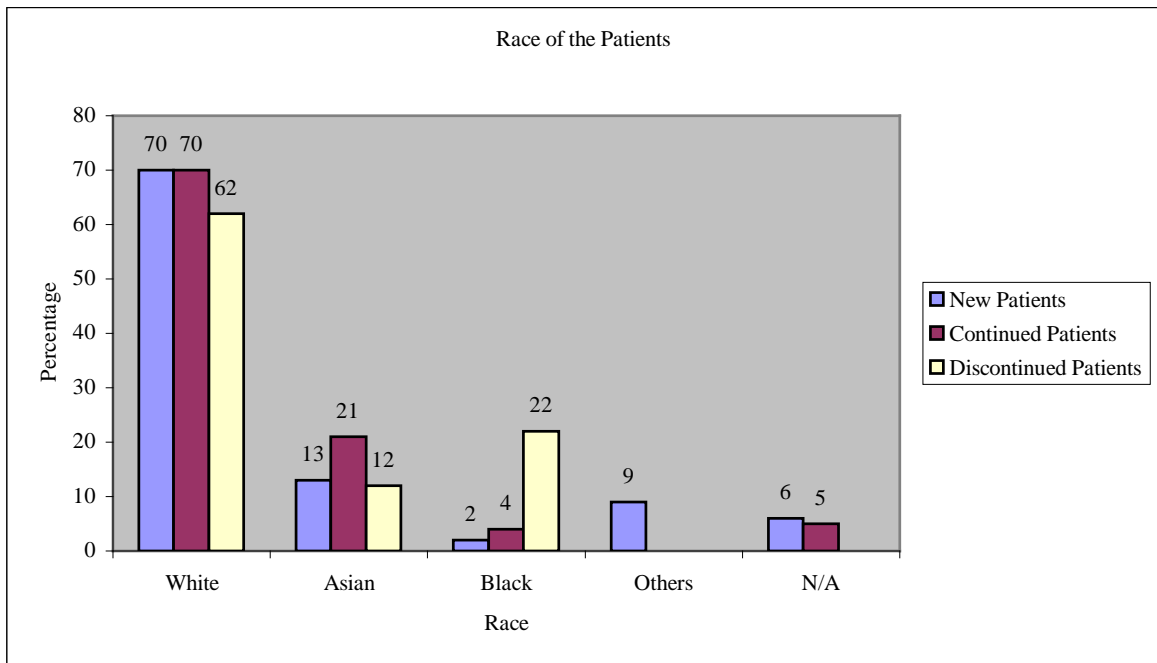


Fig. 1.4 Race of the patients.

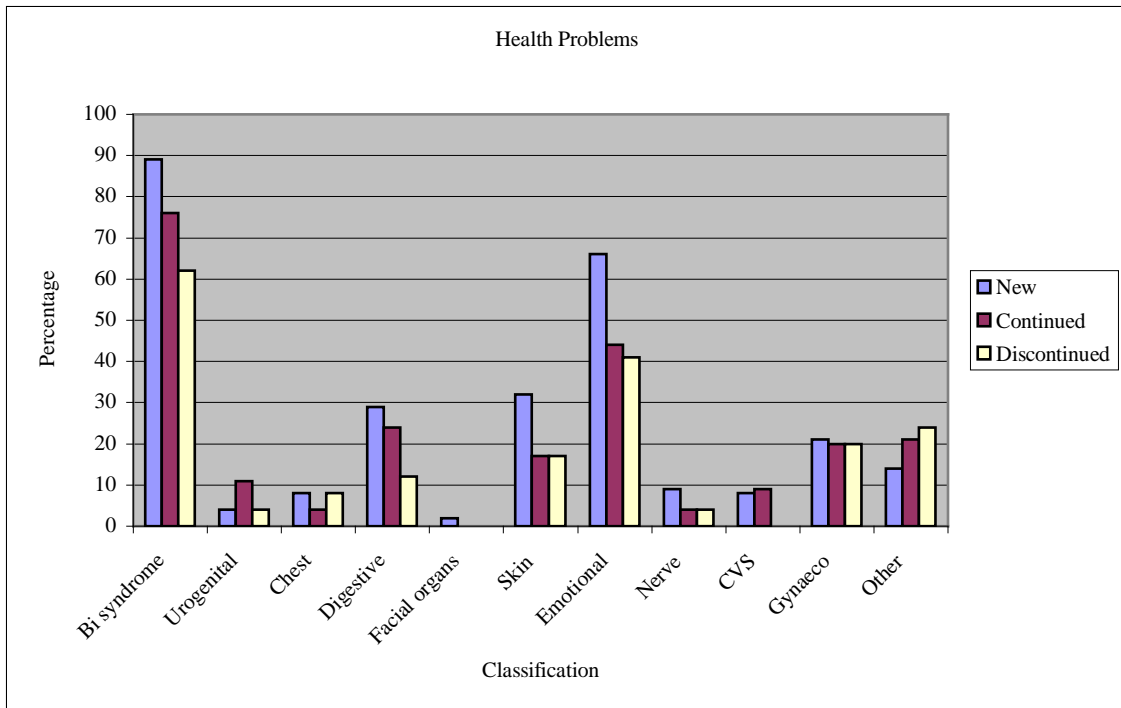


Fig. 2.1 Health problems of the patients.

More than 100% is recorded, and this is because some patients suffer from more than one disease.

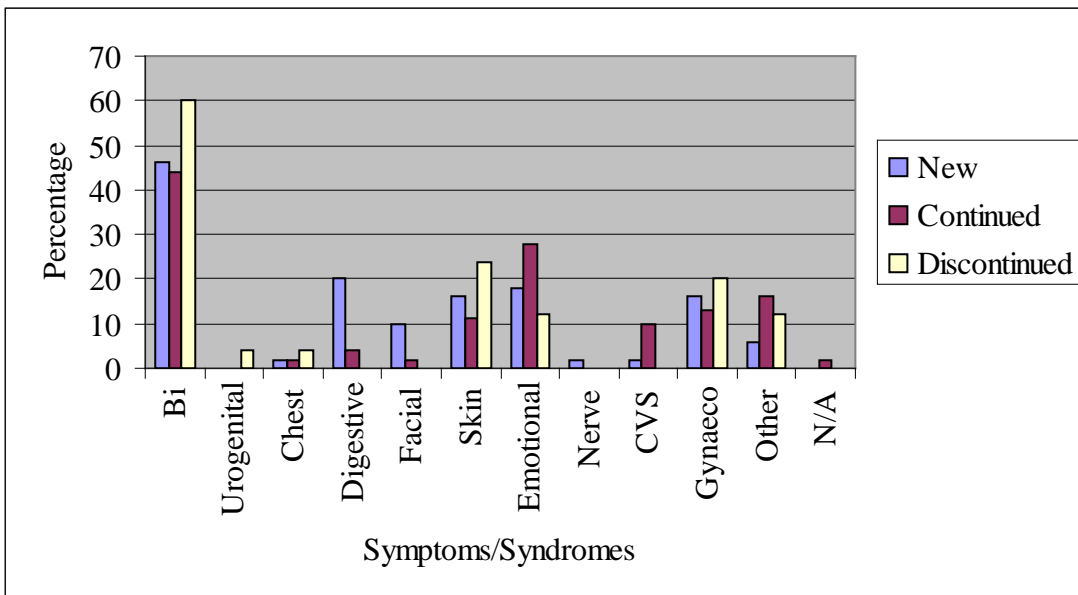


Fig. 2.2. Patients' main health problems which brought them to the Asante Academy of Chinese Medicine. More than 100% is recorded, and this is because some patients suffer from more than one disease.

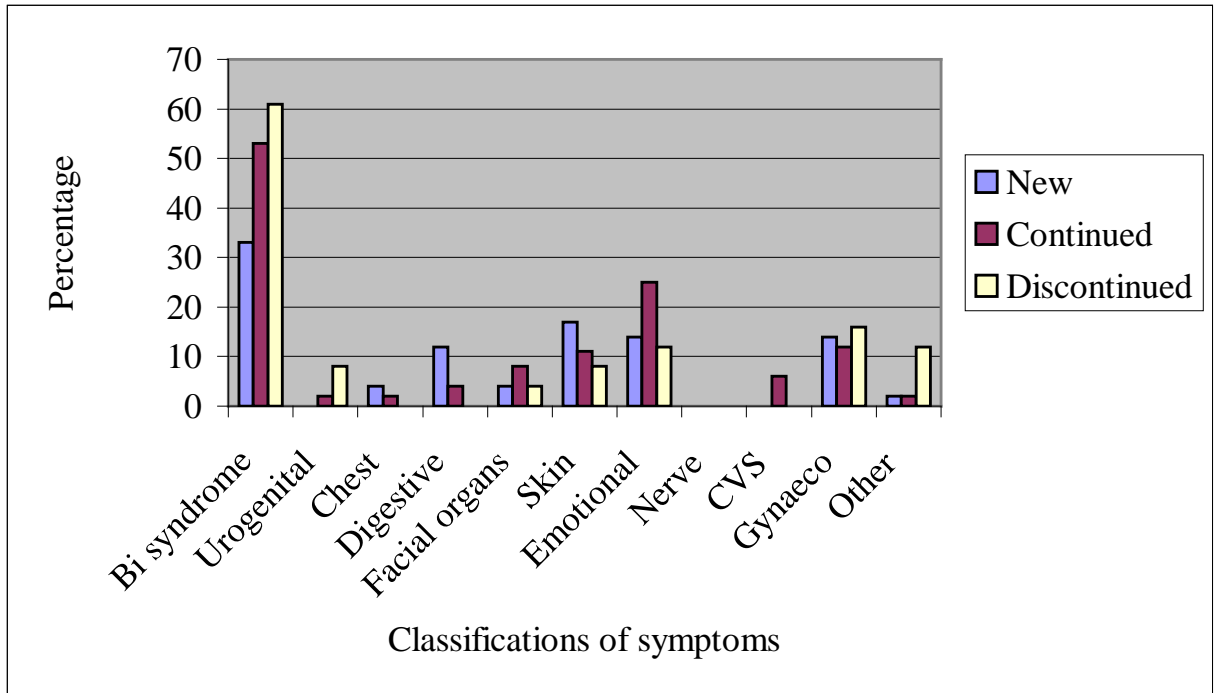


Fig. 2.3. Patients' main symptoms when they first visited this centre.

More than 100% is recorded, and this is because some patients suffer from more than one disease.

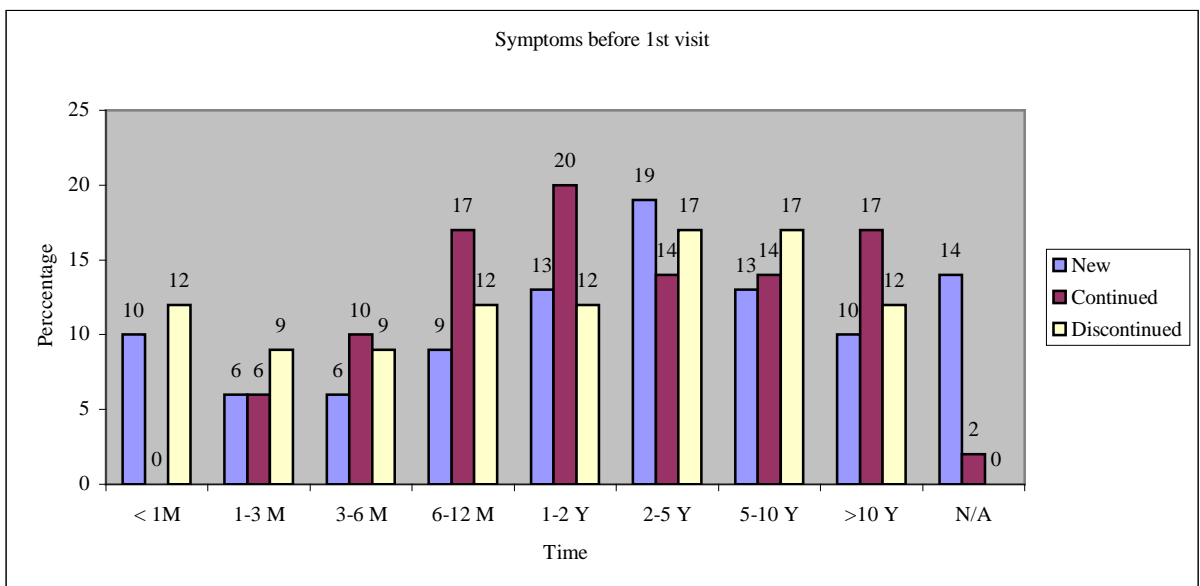


Fig. 2.4. The time that the patients' have been suffering from before they first came to the centre for treatment.

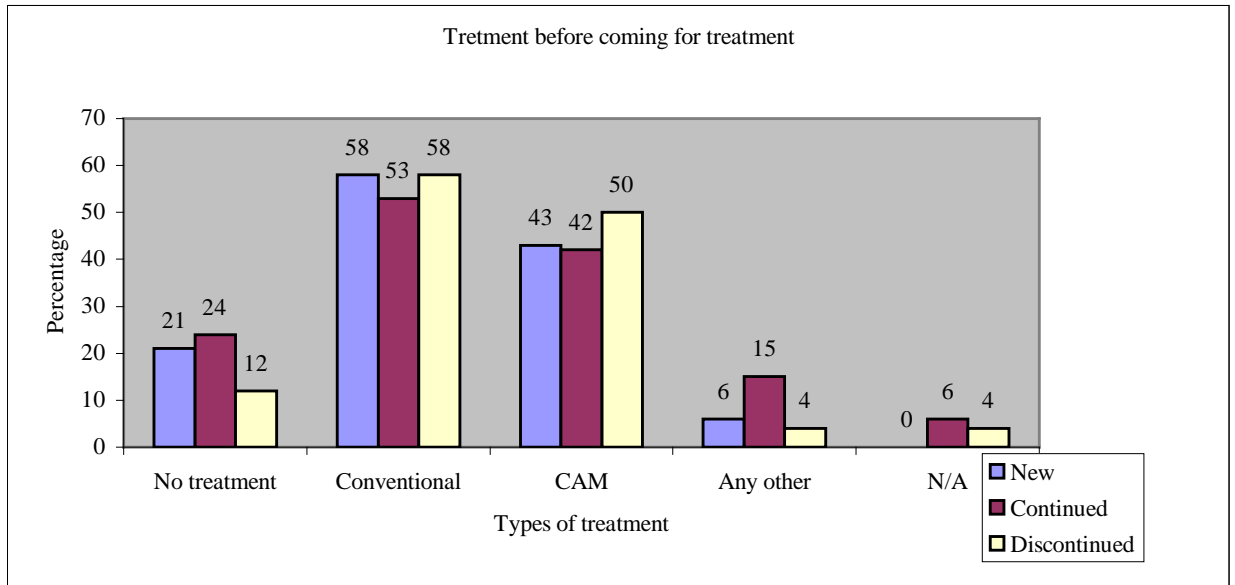


Fig. 3.1. Treatments that the patients received before they came to the centre for treatment. More than 100% is recorded, and this is because some patients received more than one kind of treatment at the same time.

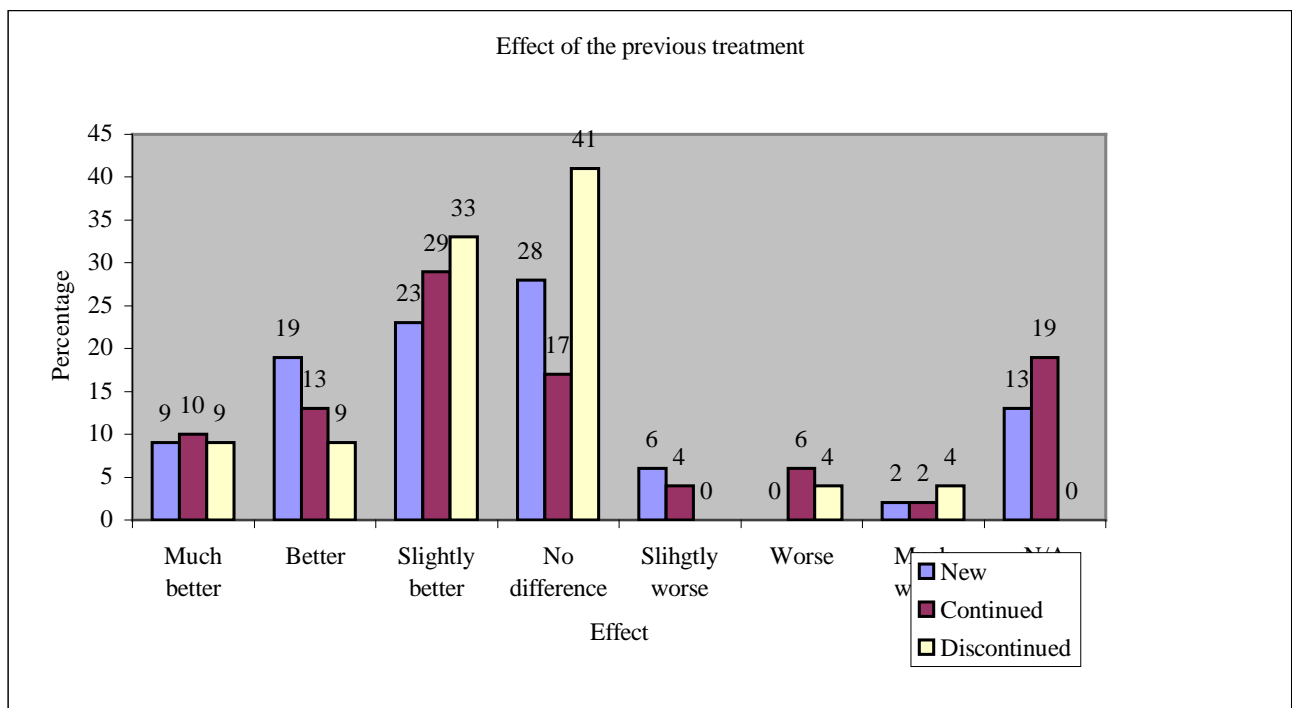


Fig. 3.2. Effectiveness of the treatments the patients feel before they first came to this centre for treatment.

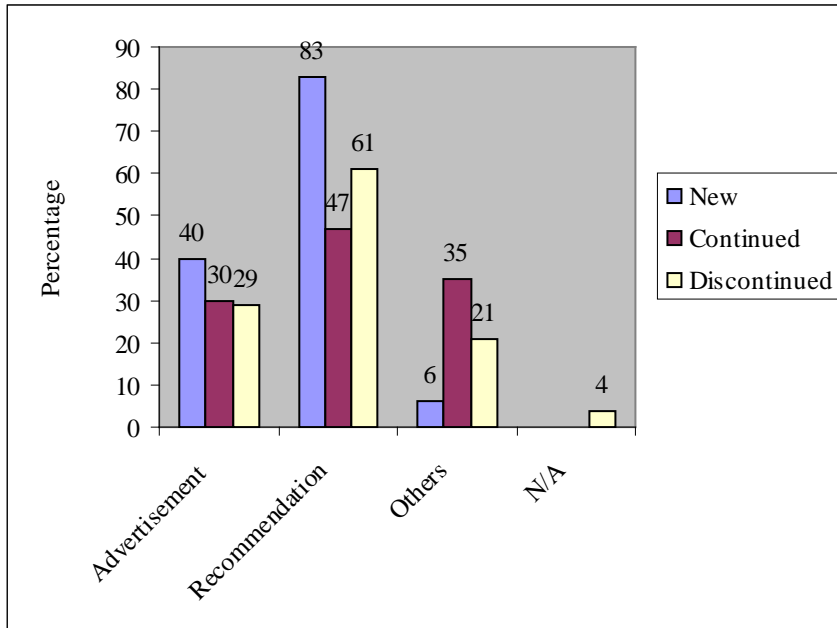


Fig. 4.1. The way how the patients know about Asante Academy of Chinese Medicine. More than 100% is recorded, and this is because some patients received the same information from more than one source.

a. Does this patient still receive treatment from this centre?	b. Does this patient still receive treatment from this centre?
Yes: 54 (100%)	No: 24 (100%)

Table 4.2 Does the patient still receive the treatment from this centre.

(a) continued patients; (b) discontinued patients. 54 continued and 24 discontinued patients returned their questionnaires. The number of the patients is recorded, and the percentage is also recorded in bracket.

If the answer to question 2 (Table 4.2) is No. this reason is:
Successful: 7 (29%); Too slow: 6 (25%); Unsuccessful: 3 (12%); Expensive: 9 (38%) Too far: 4 (17%); No time: 1(4%); Too painful: 1 (4%); Herbs being too bitter: 1 (4%) Side effects: 2 (8%); Other 3 (12%)

Table 4.3 The reason why 24 discontinued patients stop receiving treatment from this teaching centre. The number of the patients is recorded, and the percentage is also recorded in bracket.

What treatment does the patient received after discontinuing treatment from this centre.
No treatment: 12 (50%); Conventional medicine: 6 (25%); CAM: 5(21%); Others: 2 (8%)

Table 4.4. Different kind of treatment the 24 discontinued patients received after discontinuing receiving treatment from this centre. The number of the patients is recorded, and the percentage is also recorded in bracket. More than 100% is recorded, and this is because some patients received more than one kind of treatment at the same time.

If the answer to question 2 (Table 4.2) is yes, indicate what treatment he receives at the moment.

Body A & M: 39 (72%); Ear A& M: 4 (7%); Cupping: 10 (19%); Raw herbs: 14 (30%); Herbal pills: 40 (74%); Herbal lotion: 4 (7%); Tuina massage: 12 (22%); Qi Gong: 4 (7%); Tai Ji: 1 (2%); Others: 0 (0%); N/A: 3 (5%)

Table 4.5. What kind of treatment the 54 continued patients receive in this centre. The number of the patients is recorded, and the percentage is also recorded in bracket. More than 100% is recorded, and this is because some patients received more than one kind of treatment at the same time.

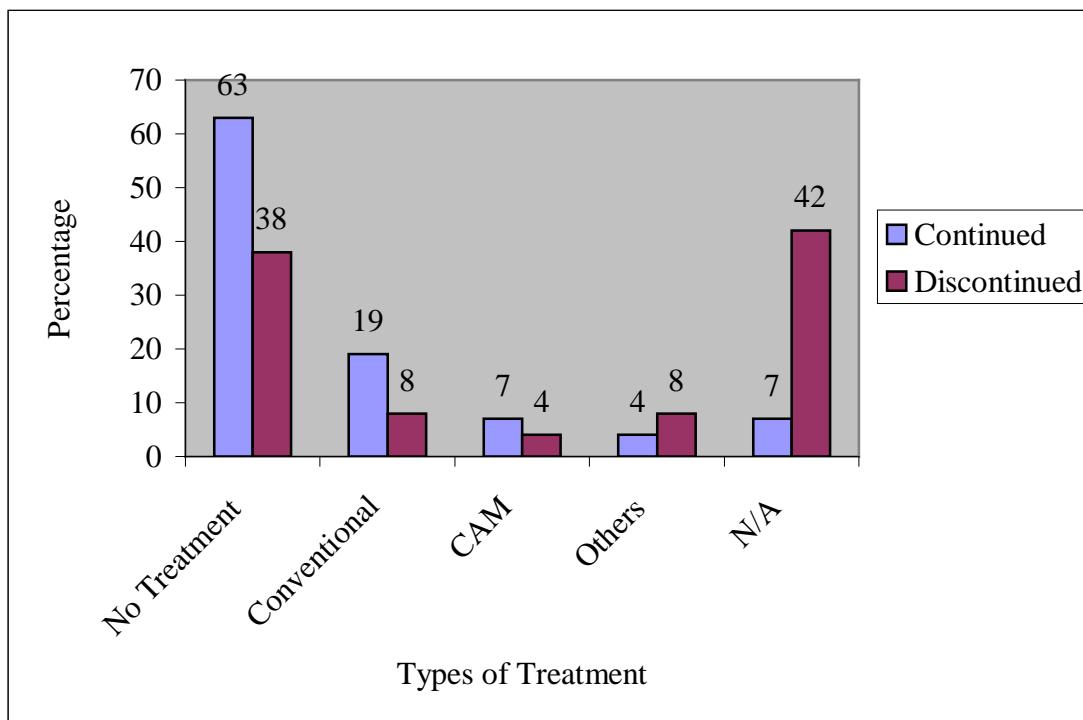


Fig. 4.6. Treatments that the patients received at the same time when they received TCM this centre.

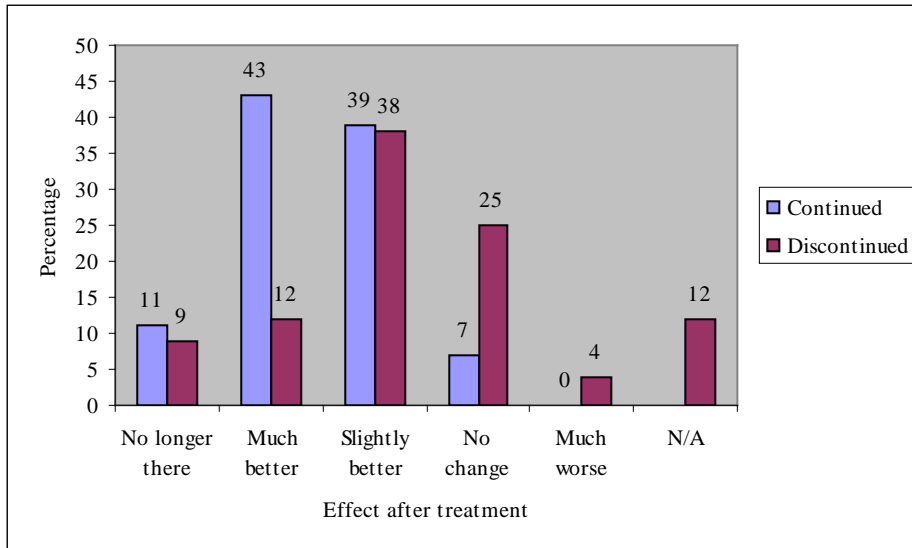


Fig. 4.7. Effectiveness that the patients felt about the symptoms after TCM treatment in this centre.

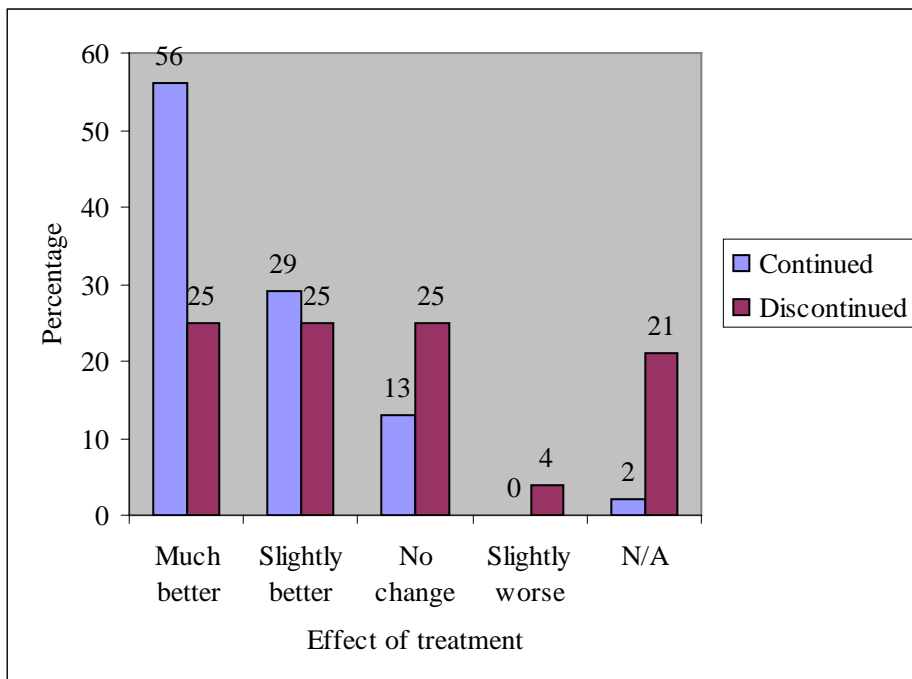


Fig. 4.8. The general well-being the patients felt after the TCM treatment in this centre.

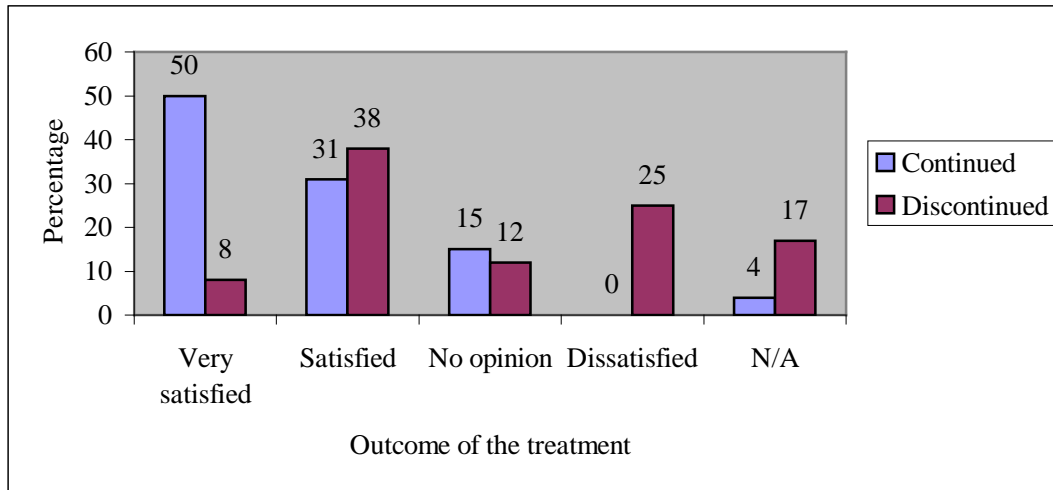


Fig. 4.9. The progress and the outcome that the patients felt after the treatment in this centre.

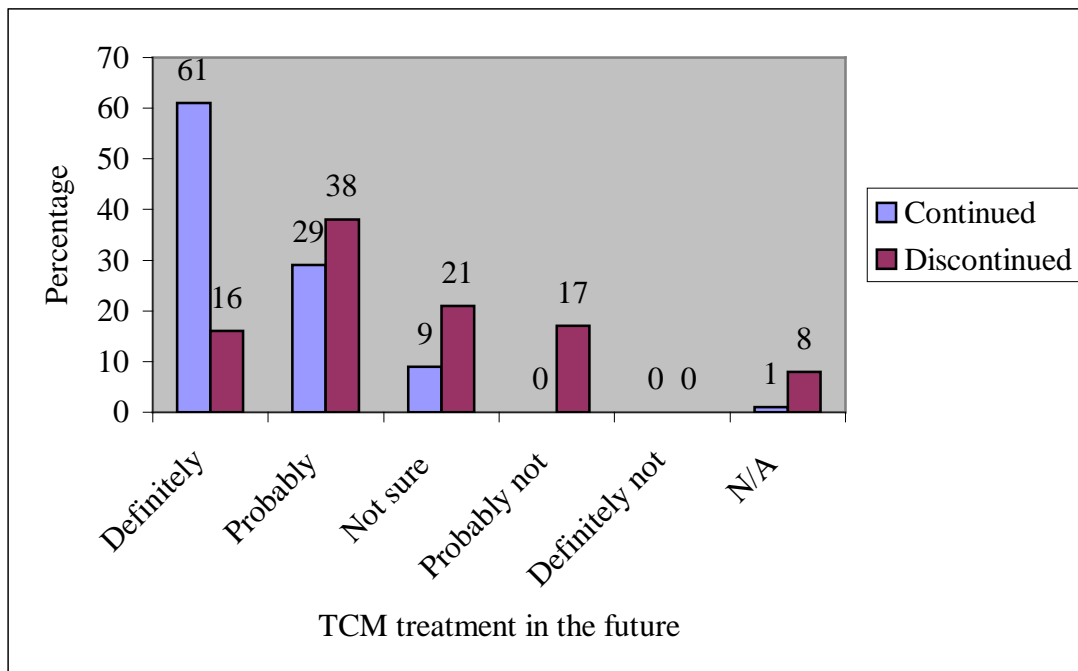


Fig. 4.10. The possibility that the patients receive TCM treatment in the future.

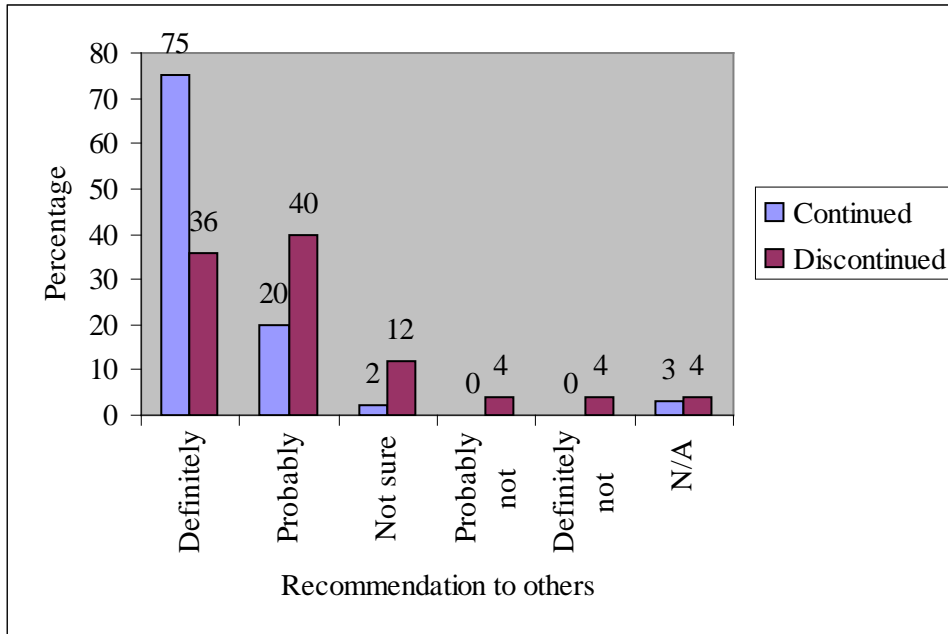


Fig. 4.11. The possibility that the patients will recommend TCM to others in the future.