

UTILIZATION OF COMPLEMENTARY AND ALTERNATIVE MEDICINE IN PRIMARY CARE - WHAT ARE THE RELATIONS BETWEEN IT AND CONVENTIONAL MEDICINE?

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ABSTRACT

Background: Complementary and alternative medicine (CAM) utilization among various groups of patients in western countries is increasing.

Objectives: To describe the utilization of various CAM methods in parallel with conventional primary care medicine and the relations between it and conventional medicine.

Study Design: Four hundred and eighty patients in two primary care clinics participated in the survey. The participants answered a structured questionnaire, which included socio-demographic information and details of CAM therapy utilization.

Results: Eighty percent of those seeking CAM therapy received conventional medical treatment for the same complaint as well. When asked if CAM should be funded 69% agreed, 14% disagreed and 8.3% were undecided. The most frequent causes for using CAM therapy were insufficient improvement by conventional treatment (36%), a reluctance to take medications (19%) and willingness to try a new modality (13%). Most of those who received CAM therapy felt it was beneficial and claim they would return to use it in the future under similar circumstances.

Conclusions: We found that the term complementary is more appropriate as most patients use CAM in parallel to conventional medicine. Patients using CAM are satisfied and intend to use CAM in the future.

INTRODUCTION

Surveys in western countries have shown an increase in CAM utilization among various groups of patients¹⁻⁴. In a telephone survey in the United States, one in three of those surveyed had used a non-conventional medication in the previous year, and one third of these had consulted a CAM therapist¹. In another survey of CAM utilization in a representative sample of the US population, 8.3% used CAM in the previous year. Wolthers, et al³ found that 31% of the children surveyed in Denmark had received a non-conventional medication sometime in the past. We have found that 19% of primary care patients had consulted an alternative medicine therapist at least once⁵.

There is little information on the inter-relationships between conventional primary care medicine and CAM utilization, especially where medical insurance is universal but does not include CAM. In a multinational study, Borkan et al⁶, found that 60% of primary care physicians had referred some patients to a CAM therapist, but the study did not show how many pa-

tients were treated by CAM therapists and what were the treatment results. Druss et al², found that most CAM users were using it in parallel to conventional medicine as complementary therapy and only 20% of CAM users used it as an alternative to conventional medicine. The complicated web of communication and interaction between the patient, conventional care physicians, CAM therapists and other informal cares were the issue of a recently published reviews^{7,8}.

The rate of the utilization of various CAM methods simultaneously with conventional primary care medicine for the same complaint is not known. It is not clear why CAM therapy is initiated and whether a CAM consultation means that the patient is unhappy with conventional treatment. These important questions were addressed in a study among primary care patients in Israel.

* Unfortunately, since contributing to this article, Dr. Herz has passed away. (Editor's Comment)

METHODS

The survey was carried out in two urban family practices in Israel, affiliated with the General Sick Fund Health Maintenance Organization.

Patients' enrollment was via telephone interview or direct contact in two primary care clinics. In clinic A, randomly assigned patients who consulted the doctor in a given two-month period, were asked to answer a questionnaire at the end of the encounter. In clinic B, a sample of 250 patients was randomly selected from the clinic register, of these 205 were located and contacted. These patients were interviewed by telephone and asked to fill-in the same questionnaire.

The participants answered a structured questionnaire, which included socio-demographic information and details of CAM therapy utilization, whether their family physician or another conventional physician had treated the same problems as well. They were asked if they think CAM should be funded in the national health insurance, are they satisfied with the CAM therapy and are they intending to visit again the CAM therapist. The methods used for patients enrollment and the detailed questionnaire were presented in a previous publication⁵.

The following methods were defined as CAM modalities:

- Physical alternative methods: reflexology, chiropractic, osteopathy, shiatsu.
- Acupuncture.
- Other methods: naturopathy, herbal medicine, aromatherapy, color therapy, homeopathy.

Data analysis: Data was analyzed using descriptive statistics.

RESULTS

In clinic A 313/344 patients agreed to participate and completed the questionnaire (response rate 91%). In clinic B, 167/205 patients completed a telephone interview (response rate 81.5%). The data regarding 480 patients was available for further analysis. Altogether 90 patients (90/480, 19%) made 107 self-referrals for CAM therapy. The most common single method chosen was homeopathy (37%). 28% of the patients chose physical alternative methods, of this group, the most commonly used was reflexology (74%). 12% of the patients used acupuncture.

When asked if CAM should be funded 332 (69%) agreed, 67 (14%) disagreed and 40 (8.3%) were undecided. Answering the question "Why did you use CAM therapy for this complaint" the most frequent causes were insufficient improvement by conventional treatment (36%), a reluctance to take medications (19%) and willingness to try a new modality (13%). Eighty percent of those seeking CAM therapy received conventional medical treatment for the same complaint as well. 48% of those who received CAM therapy felt that the treatment was beneficial and another 35% found it was partially beneficial. When asked if they would return to use the same therapy under similar circumstances in the future, 56% of patients who used CAM stated that they definitely would and another 17% stated that they may do so.

DISCUSSION

About one fifth of the participants in this survey had received CAM therapy at some time in the past. This is concurrent with results of other surveys^{1,2}. The socio-demographic characteristics of CAM users were presented in detail in a previous publication⁵.

We found that almost 70% of the patients think that CAM should be funded. As we did not include a question of willingness to pay higher monthly dues in order to enable this funding, this conclusion should be taken with caution. On the other hand, in health systems where CAM was included in its services, satisfaction was reported to be lower⁹. Some favorite effects of CAM therapy may stem from it being mainly "private medicine"⁸.

Druss et al², noted that CAM users had used more types of conventional medicine preventive services. This interrelation between CAM utilization and preventive medicine utilization is important and may reflect special "health needs" of this sub-population. Ernst¹⁰ has suggested a series of advantages of CAM over conventional medicine including: more time spent with each patient, empathy, individual attention, hope of cure from chronic disease states and the attention given to health rather than disease. In our study those seeking CAM care were mainly motivated by the subjective failure of conventional treatment and the attempt to avoid medication. These reasons were not mentioned in other studies.

Eighty percent of the patients who received CAM therapy received conventional medical care for the same complaint, similar to the findings of Eisenberg et al¹, and Druss et al². This may suggest that most patients seeking CAM therapy had not stopped using conventional medicine, but were using both, implying that the term "complementary medicine" is more accurate than "alternative medicine". The conventional physician may feel concerned about CAM utilization⁷. He may feel that the CAM therapist is unqualified, major diagnoses could be missed or delayed, compliance with conventional therapy may be reduced, and dangerous adverse effects may occur^{11, 12}. Considering the fact that both treatments

are often used simultaneously, the family physician should be aware and actively inquire about CAM use.

In surveys of CAM users, about 80% are satisfied with the treatment they received, not always in concordance with an improvement in their presenting complaint⁸. Over two thirds of patients who seek CAM return to further courses of treatment and almost all thought they might use CAM in the future⁸. This is also in concordance with our findings in an Israeli primary care population.

In conclusion, we found that CAM is popular. The term complementary is more appropriate as most patients use it in parallel to conventional medicine. Patients using CAM are satisfied and intend to use CAM in the future. Many others think that CAM should become funded.

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