Research Journal of Medical Sciences 1(1): 21-25, 2007
Medwell Journals, 2007

Complementary/Alternative Medicine Use in Primary Care

[1]Alis Ozcakir and [2]Serpil Aydin
[1,2]Department of Family Medicine,
[1]Uludag University, School of Medicine, Bursa, Turkey
[2]Adnan Menderes University, School of Medicine, Aydin, Turkey

Abstract: The question is why are people using complementary/alternative therapies more and more today and where do we stand on the use of such therapies as a primary care provider. We need to determine the answers to such questions as: Do we need more education about complementary/alternative therapies? Do we just say "no" to complementary/alternative medicine? What about our patients who are using all of these therapies? What will be our approaches? Being a touchstone and gatekeeper in the health care system, primary care physicians should be made aware of the growing use of complementary medicine and they need to be knowledgeable about the use of complementary/alternative modalities.

Key words: Alternative, complementary, medicine, primary care, physicians

INTRODUCTION

In recent years, there has been a prominent increase in the use of Complementary and Alternative Medicine (CAM), especially in developed and western countries[1]. This increase is one of the forces influencing the present health care environment[2]. National surveys performed in many countries showed that great percentages of the population try at least one form of CAM each year.

Among many forces influencing the present health care environment is the rapid increase in the use of complementary and alternative medical therapies. The use of alternative, unconventional, or complementary medicine in general has increased in recent years in developed countries

The use of alternative and complementary medicine in the USA increased from 34 to 42% during the years between 1990-1997[3,4]. National surveys performed outside the USA suggest that alternative medicine is popular throughout the industrialized world[5]. Different studies conducted in Europe, Canada and Australia show the popularity of CAM. About two-thirds of all Germans[6] and one-fifth of all British citizens[7] try at least one form of CAM each year. The percentages of the population who used CAM has been estimated to be 10% in Denmark[8], 33% in Finland[9], 49% in Australia[10], 15% in Canada[11] and 19% in Israel[12].

The meaning of alternative/complementary medicine: In its broadest sense, the term *alternative medicine* is used simply "to denote approaches to health and healing that do not rely on drugs, surgery and/or other conventional medical procedures for treating illness"[13]. The National Center for Complementary and Alternative Medicine (NCCAM) offers the following definitions for *alternative medicine*: "a group of diverse medical and health care systems, practices and products that are not presently considered to be part of conventional medicine"[14]; "those interventions neither taught widely at US medical schools nor generally available in US hospitals"[3,4], *complementary or alternative medicine* "are the names given to a system of health care which lies for the most part outside the mainstream of conventional medicine"[15]; "health care that is either unavailable in conventional medical settings or health care that uses methods that cannot be readily explained with traditional scientific terminology"[16].

An alternative therapy, for example acupuncture, is one that is used instead of a conventional or mainstream therapy. A therapy becomes complementary when used in conjunction with conventional therapy. It helps to potentiate the effect of the conventional therapy. For example, massage, which can stand alone as an alternative therapy, can also be used in conjunction with other alternative therapies to treat a variety of problems[17].

Complementary medicine can be described as hippocratic, integrative, preventive and holistic; whereas conventional medicine is gaelenical, analytical, curative and specific[18]. Some current terms associated with CAM are: Alternative/Complementary/Folk medicine/ Holistic/Integrative/Natural/Non-traditional/Traditional/ Unorthodox/Unconventional/Mind-body/New age... and some more assertive terms are: ineffective, disproved, fraudulent, dubious, questionable[19].

Corresponding Author: Alis Ozcakir, Department of Family Medicine, Uludag University, School of Medicine, Bursa, Turkey

Although there are many definitions and terms for CAM, such as unconventional, nontraditional, holistic, unproven, etc., CAM's popularity is increasing. However, there is still a question regarding the efficacy and effectiveness of CAM.

Why we, physicians, should know CAM modalities?: As there is a growing interest in alternative medicine among people and many patients seek information about alternative therapies from their primary care physicians, physicians must have the knowledge base to give sound advice about these methods. Until data have been collected to determine the risks and benefits of all alternative therapies, physicians need other methods to make decisions about how to advise patients who use these therapies[16].

Information is available from magazines, books, newspapers and the Internet, but this information can often be more confusing than helpful. People may logically turn to their primary care physicians and subspecialists for guidance and information about the benefits and safety of CAM therapies. Due to the increased use of CAM therapies, recent reports highlight the need for all physicians to have a basic knowledge of CAM.[20]. As Wetzel and colleagues correctly pointed out, "physicians must be responsible for evaluating these therapies and helping the patient distinguish the useful from the useless"[1].

The types of complementary and alternative medicine: CAMs can be categorized using several classification systems. NCCAM classifies CAM therapies into five categories or domains:

- Alternative medical systems (homeopathic-naturopathic medicine)
- Mind-body interventions (meditation, prayer, mental healing that use creative outlets such as art, music, or dance)
- Biologically-based therapies (herbs, dietary supplements)
- Manipulative and body-based methods (massage, chiropractic, or osteopathic manipulation)
- Energy therapies[14]. The most commonly used CAMs are relaxation, herbal/mineral/vitamin supplements, massage therapy and chiropractic. Acupuncture and yoga are also well-known.

The benefits, risks, harms? Evidence? Efficacy? Generally speaking randomized trials for alternative medicines have been small and have not clearly demonstrated the therapeutic benefit. The quality and safety of alternative medicines is a continuing debate[10].

Table 1: Factors affecting use of alternative therapies

• Desire for control over decision making
• Hope to gain therapeutic benefit
• Desire to avoid toxicities, invasiveness, or other qualities of conventional treatments
• Need to control undesirable side effects of conventional therapies
• Preference for natural over synthetic medications
• Dissatisfaction with attitudes and practitioners of conventional medicine
• Failure of diagnosis
• Failure of conventional therapy
• Chronic illnesses with poor prognoses
• Acute or chronic conditions for which conventional treatments are lacking or disappointing
• Healing system that is part of a client's cultural or identity-group heritage
• Reduced insurance coverage
• Restraints on access to health care
• Increased costs of prescriptions and services
• Increased interest in preventive strategies and holistic approaches to health such as eating a more nutritionally sound diet, maintaining fitness, and reducing stress

Table 2: Most frequently reported medical conditions/diseases resulting in CAM use

• Back problems	• Neck problems	• Skin problems
• Allergies	• Hypertension	• Digestive problems
• Fatigue	• Sprains/Strains	• Depression
• Arthritis	• Insomnia	• Anxiety
• Headaches	• Lung problems	• Cancer

Table 3: The demographic characteristics of CAM user patients (According to the literature 4,15,31):

• Age (generally between age 25-50)	• Religion
• Gender (female)	• Literacy
• Levels of education (generally higher levels of education)	• Marital status
• Income (higher incomes)	• Medical conditions (history of depression and anxiety)
• Race/ethnicity (Whites)	• Smoking and alcohol use

For example, even though they are often promoted as natural and therefore harmless, herbal remedies are by no means free from adverse effects such as allergic, toxic reactions, mutagenic effects and drug interactions[21]. Some known toxic effects of herbal remedies include heavy metal poisoning (Asian medicines), drowsiness and liver damage (herbal tranquillizers), thyrotoxicosis (kelp), various effects from overdosing on vitamins, bronchospasms (royal jelly) and oesophagitis (digestive enzymes)[22]. Nevertheless, several factors have contributed to the increasing interest in CAM modalities[23]. According to a recent study, two of the most common reasons given for using CAM are: hope for gaining therapeutic benefit and high personal involvement in decision making[24]. All of the reasons for choosing CAM are listed in Table 1[23]. Table 2 shows the most common conditions/diseases resulting from CAM use. Table 3 shows the demographic characteristics of CAM user patients.

Primary care physicians and CAM. Where are we?: Primary care physicians can play a very important role in

the use of CAM because they are traditionally the "gatekeeper" of a patients care. General practice is one branch of medicine where CAM integration is making its presence felt[25]. In response to its widespread use, CAM has gained increasing acceptance among family physicians and other primary care physicians[26]. The current approach of physicians to complementary medicine in primary care is essentially "don't ask, don't tell"[27], but individually the range is wide. While some general practitioners advise all patients to "just say no", others practice both traditional and complementary medicine[28].

According to the literature and several studies about this subject;

- In general, it appears that primary care physicians are more likely to refer for CAM than other specialists[29,30]
- In general, the literature indicates that the views of general practitioners about alternative therapies are influenced most strongly by their observed benefits to patients and even more so, by their own (physician self-use) and their family members' personal experiences[2,31,32]
- Pain (musculoskeletal; fibromyalgia) is the main medical problem for the patients[31]
- Compared to specialists, primary care physicians were more likely to report that their patients inquired about more CAM modalities. More primary care physicians reported that their patients used CAM more often than the patients of the specialists[32]
- Generally female physicians were more likely to recommend CAM modalities than male physicians[32]
- Most physicians want to learn more about CAM[32,33]
- The reasons that physicians desire to learn about CAM are: they want to dissuade its' use, if unsafe and/or ineffective; they want to recommend CAM, if it is safe and effective; they want facts about CAM; they want to understand insurance coverage; and they want to be able to respond effectively to those patients' asking for CAM[32]
- The factors associated with physicians recommending use of CAM are: Gender of physician (female), physician self-use of CAM, physician self-reported education in CAM, self-reported belief in CAM efficacy[32]
- Between 28 to 50% of family practice patients have been found to have used some form of CAM[34,35]
- While most physicians are skeptical about the scientific basis of alternative therapies, they are generally positive about the efficacy of some therapies such as acupuncture, manipulative techniques (massage), homeopathy, relaxation techniques and biofeedback[31,32].

Table 4: Some guidelines for initiating a discussion about CAM with patients[39]

• Give permission for patients to raise the topic and ask questions
• Ask in every history and physical examination "what else are you doing to care of your health?"
• Become familiar with local patterns of use
• Be frank about what you know
• Seek more information from patients, books, and other resources such as Internet (NCCAM website)

In Turkey, as soon as they graduate from medical school, medical students are employed in primary care and begin treating patients. At this point, the medical students do not have any postgraduate education (36). Because of this, CAM lectures can be added to medical curriculum. In Adnan Menderes University, a two-hour lecture is being given to fifth-year students and family medicine residents for two years (by SA). In Uludag University School of Medicine, a lesson or training about CAM has not been existed yet. When verbal feedback was requested from the students and the residents, they reported that they benefited from the lecture because they were receiving a lot of questions about CAM from their patients.

How are we responding to the patients' questions about CAM? Neutrally, positively, negatively or feeling uncomfortable when discussing these treatments with them?: Winslow and his colleagues hypothesize that the lack of education and experience of the physicians[32] is affecting their responses to their patients. The other factors that can influence this subject are physician characteristics (such as gender, age and specialty), type of practice (solo, group, or hospital), physician's training, physician's attitudes and beliefs and observation of benefits or harmful effects[37].

Most physicians do not routinely discuss complementary therapies with their patients[2]; and on the other side, most of patients do not tell their physicians during their medical visits about using an alternative therapy[38]. In a study by Al-Rowais, 73% of herb user diabetic patients did not inform their doctor regarding their use of herbs[39]. The most common reasons given by the patients for not telling their physicians are: "doctor did not ask," "forgot," "don't know," "it is not a medicine," "not important for doctor to know," "ashamed to tell doctor," "no specific reason stated," "just started using it," and so on[38]. An increase in patient-physician communication can affect not only the patients' tendency to report use of complementary medicine in general, but also the patterns of physician referral of patients for complementary methods[2].

Some guidelines for initiating a discussion about CAM with patients are outlined in Table 4[24].

As a result; having the key role in the health care system, primary care physicians should be made aware that the growing use of complementary medicine with

or without consultation with the physician may represent a patient need for care as well as a cure[40]. As a profession, primary care physicians should not close our eyes to the patients who use, seek, or demand CAM therapies and they need to be knowledgeable about the use of alternative/complementary modalities.

ACKNOWLEDGMENT

We acknowledge Janice O. Vantrease for her grammatical review.

REFERENCES

1. Giveon, S.M., N. Liberman, S. Klang, E. Kahan, 2003. A survey of primary care physicians' perceptions of their patients' use of complementary medicine. Complement Ther. Med., 11: 254-60.
2. Wetzel, M.S., D.M. Eisenberg, T.J. Kaptchuk, 1998. Courses involving complementary and alternative medicine at US Medical Schools. JAMA, 280: 784-7.
3. Eisenberg, D.M., R.C. Kessler, C. Foster, F.E. Norlock, D.R. Calkins, T.L. Delbanco, 1993. Unconventional medicine in the United States: prevalence, Costs and patterns of use. N. Engl. J. Med., 328: 246-52.
4. Eisenberg, D.M., R.B. Davis, S.L. Ettner et al., 1998. Trends in alternative medicine use in the United States,1990-1997. JAMA, 280: 1569-75.
5. Goldbeck-Wood, S., A. Dorozynski, L.G. Lie *et al*., 1996. Complementary medicine is booming world wide. BMJ, 313: 131-33.
6. Häusermann, D., 1997. Wachsendes vertrauen in Naturheilmittel. Deutsch Ärzteblatt, 94: 1857-1858.
7. Ernst, E. and A.R. White, 2000. The BBC survey of complementary medicine use in the UK. Complement Ther. Med., 8: 32-6.
8. Rasmussen, N.K. and J.M. Morgall, 1990. The use of alternative treatments in the Danish adult population. Complementary Med. Res., 4: 16-22.
9. Vaskilampi, T., P. Meriläinen, S. Sinkkonen *et al*., 1998. The use of alternative treatments in Finnish adult population. In: Eisenberg D.M., R.B. Davis, S.L. Ettner *et al*., Trends in alternative medicine use in the United States,1990-1997. JAMA, 280: 1569-75.
10. MacLennan AH, Wilson DH, Taylor AW. Prevalance and cost of alternative medicine in Australia. Lancet 1996; 347: 569-73.
11. Millar, W.J., 1997. Use of alternative health care practitioners by Canadians. Can. J. Public Health, 88: 154-8.
12. Kitai, E., S. Vinker, A. Sandiuk, O. Hornik, C. Zelcer and A. Gaver, 1998. Use of complementary and alternative medicine among primary care patients. Fam Pract., 15: 411-4.
13. Goldberg, B., 2002. In: Alternative Medicine. Second edition. Celestial arts, Toronto, pp: 4-16.
14. National Center for Complementary and Alternative Medicine, NCCAM, 2005. What Is Complementary and Alternative Medicine (CAM)? Retrieved July 12, 2005, from http://nccam.nih.gov/health/whatiscam/
15. Downer, S.M., M.M. Cody, P. McCluskey *et al*., 1994. Pursuit and practice of complementary therapies by cancer patients receiving conventional treatment. BMJ, 309: 86-9.
16. Greiner, K.A., J.L. Murray and K.J. Kallail, 2000. Medical students interest in Alternative Medicine. J. Altern. Complement Med., 6: 231-4.
17. Keegan, L., 2003. Alternative and complementary modalities for managing stress and anxiety. Crit Care Nurse, 23: 55-8.
18. Fulder, S.J. and R.E. Munro, 1985. Complementary medicine in the United Kingdom: Patients, practitioners and consultations. Lancet, 7: 542-5.
19. McGinnis, LS., 1991. Alternative therapies, 1990. Cancer, 67: 1788-92
20. Wetzel, M.S., T.J. Kaptchuk, A. Haramati and D.M. Eisenberg, 2003. Complementary and alternative medical therapies: Implications for medical education. Ann. Intl. Med., 138: 191-6.
21. Ernst, E., 1998. Harmless herbs? A review of the recent literature. Am. J. Med., 104: 170-8.
22. Perharic, L., D. Shaw and V. Murray, 1993. Toxic effects of herbal medicines and food supplements. Lancet, 342: 180-81.
23. Hawks, J.H. and M.A. Moyad, 2003. CAM: Definition and classification overview. Urol. Nurs, 23: 221-3.
24. Lazar, J. and B. O'Connor, 1997. Talking with patients about their use of alternative therapies. In Randall J, Lazar J. (Eds). Primary care: Complementary and alternative therapies in primary care, 24: 699-714.
25. Adams, J., 2003. The positive gains of integration: A qualitative study of GPs' perceptions of their complementary practice. Primary Health Care Res. Dev., 4: 155-62.
26. Berman, B.M., B.B. Singh, S.M. Hartnoll, B.K. Singh and D. Reilly, 1998. Primary care physicians and complementary alternative medicine: Training, attitude and practice patterns. J. Am. Board Fam. Pract., 11: 272-81.
27. Pearlman, A.I., D.M. Eisenberg and R.S. Panush, 1999. Talking with patients about alternative and complementary medicine. Rheum. Dis. Clin. North Am., 25: 815-22.

28. Kitai, E., S. Vinker, A. Sandiuk, O. Hornik and C. Zelcer, 1998. Gaver A. Use of complementary and alternative medicine among primary care patients. Fam Pract., 15: 411-14.
29. Borkan, J., J.O. Neher, O. Anson, B. Smoker, 1994. Referrals for alternative therapies. J. Fam. Prac., 39: 545-50.
30. Perkin, M.R., R.M. Pearcy and J.S. Fraser, 1994. A comparison of the attitudes shown by general practitioners, Hospital doctors and medical students towards alternative medicine. J. Roy. Soc. Med., 87: 523-25.
31. Bernstein, J.H., J.T. Shuval, 1997. Nonconventional medicine in Israel: Consultation patterns of the Israeli population and attitudes of primary care physicians. Soc. Sci. Med., 44: 1341-48.
32. Winslow, L.C. and H. Shapiro, 2002. Physicians want education about complementary and alternative medicine to enhance communication with their patients. Arch. Int. Med., 162: 1176-81.
33. Reilly, D.T., 1983. Young doctors' views on alternative medicine. BMJ, 287: 337-9.
34. Elder, N.C., A. Gillcrist and R. Minz, 1997. Use of alternative health care by family practice patients. Arch. Fam. Med., 6: 181-4.
35. Drivdahl, C.E. and W.F. Miser, 1998. The use of alternative health care by a family practice population. J. Am. Board Fam. Pract., 11: 193-9.
36. Aydin, S., F. Yaris, E.M. Sahin, D. Ozer and E. Ozkomur, 2005. Students' perceptions of their undergraduate medical education. Saudi Med. J., 26: 1484-86.
37. Berman, B.M., R.B. Bausel, S.M. Hartnoll, M. Beckner, J. Bareta, 1999. Compliance with requests for complementary-alternative medicine referrals: A survey of primary care physicians. Integr Med., 2: 11-7.
38. Sleath, B., R.H. Rubin, W. Campbell, L. Gwyther, T. Clark, 2001. Ethnicity and physician-older patient communication about alternative therapies. J. Altern. Complement Med., 7: 329-35.
39. Al-Rowais, N.A.,. 2002. Herbal medicine in the treatment of diabetes mellitus. Saudi Med. J., 23:1327-31
40. Spiedgel, S., P. Stroud and A. Fyfe, 1998. Complementary medicine. West J. Med., 168: 241-47.