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Original article

Acceptability and utilization of complementary medicine among health care providers: A pilot study

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Core tip:

With the widespread use of Complementary and alternative medicine for various illnesses, it has been increasingly accepted and integrated into conventional medicine by health care providers. This study explored the acceptability and utilization of CAM therapies among health care providers

Abstract:

Acceptability, utilization pattern and reasons for opting CAM among health care providers in a tertiary care centre in Ajman, UAE was assessed in the study. A sample of thirty six health care providers filled in the self-administered questionnaire after giving consent. The questionnaire included socio-demographic characteristics, practice and attitude towards CAM, and reasons for self use. Descriptive statistics and Chi-square test were performed using PASW 18 version and p value <0.05 considered statistically significant.

The respondents were multinationals, age ranging from 26-70 years, 39% of the health care providers themselves used CAM, joint pain was the most common clinical condition, common forms of CAM practiced were Ayurveda and homeopathy (35.7% each), and the outcome of CAM use was good for majority of the health care providers. Family history of CAM use was noted in 78.6% respondents. Based on personal experience with CAM, 30.6% recommended CAM to others. The chief reason for self-use and recommending CAM is its fewer side effects. Around 69% did not use or recommend CAM, and the reason quoted was CAM is not scientific. The primary reason for practice and recommendation of CAM is fewer adverse effects while the lack of scientific evidence is the reason for others not to favor CAM.

Key Words: Acceptability; practice; complementary medicine, health care providers; UAE.

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INTRODUCTION

Complementary and Alternative Medicine (CAM) is a pool of diverse medical and health care practices and products that are currently not considered as part of Modern Medicine. CAM has been defined as the "practices, approaches, knowledge and beliefs incorporating plant, animal and mineral-based medicines, spiritual therapies, manual techniques and exercise"¹. CAM is becoming popular among general population due to various reasons such as dissatisfaction with modern medicine and fewer adverse effects associated with alternative medicine. Most of the Asian countries practice their own specific alternative medical systems such as Ayurveda in India, Unani in the Middle East, and Acupuncture in China and Thailand. CAM is undergoing considerable changes especially in provision, acceptance and utilization among health care providers as well as among patients. Studies have been reported among health care providers to assess the attitude and perceptions toward CAM use²⁻⁴. Many studies have been conducted in the Western world⁵⁻¹³, looking into the acceptability and utilization pattern of CAM among health care providers whereas fewer studies have been reported from the Asian subcontinent¹⁴.

The acceptability and the utilization pattern of CAM among health care providers also varies from country to country depending on the alternative system specific to the country^{15,16}. Hence, the acceptability, utilization pattern, reasons for personal use or non-use, and opinion on CAM amongst health care providers in Ajman, United Arab Emirates were assessed in this study.

MATERIALS AND METHODS

This single centre cross sectional study was conducted among health care providers working in a tertiary care centre in Ajman, United Arab Emirates, which offers its services to the multiethnic population of UAE. This research received approval from Ethics and Research committee of Gulf Medical University, Ajman, UAE, and was conducted over a period of three months from January to March 2011. Health care providers were approached individually to obtain

consent and to give a verbal outline about the research. Thirty six health care providers from medical, surgical and dental specialties consented to participate in the study.

A self-administered questionnaire was used for data collection. The questionnaire contained questions on socio-demographic characteristics, use of CAM, health condition for which it was used, types of CAM used, mode of use and its outcome, CAM use within the family, prescribing pattern, condition for which it has been prescribed, reasons for use or non-use, and opinion of on CAM. After obtaining consent from the randomly recruited health care providers, they were asked to fill in the questionnaire and return on the same day. Anonymity was maintained by asking them not to write their names in the questionnaire. In the present study CAM was considered as types of treatment other than those in Modern Medicine.

Data were fed into an Excel spreadsheet and transferred to PASW software 18 version (Chicago, IL, USA) for analysis. Descriptive statistics were done. Chi-square test was performed to compare association between variables. A p value of less than or equal to 0.05 was considered statistically significant.

RESULTS

Socio-demographic characteristics

Thirty six(36) health care providers were included from the pool of health care providers working in the hospital. The respondents were multinationals with the majority of them being of Indian origin, the next largest group being Egyptians. The mean age of the participant health care providers was 41.3±9.8 years. The age ranged from 26-70 years and about 58% of the subjects were below 40 years of age. Male health care providers constituted 56% of the total sample.

Around 39% of the health care providers used CAM for themselves of which majority below the age of 40 years and 56.25 were males. The socio-demographic characteristics of health care providers who utilized CAM are shown in Table 1.

Table 1. Socio-demographic characteristics of health care providers who used CAM

Variable	CAM use among health care providers				Total
	Yes		No		
Gender	No.	%	No.	%	No.
Male	7	35.0	13	65.0	20

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Female	7	43.8	9	56.2	16
Nationality	No.	%	No.	%	No.
India	8	42.1	11	57.9	19
Pakistan	2	66.7	1	33.3	3
Middle East	3	23.1	10	76.9	13
Age group	No.	%	No.	%	No.
<40 years	10	47.6	11	52.4	21
>40 years	4	26.6	11	73.4	15

Joint pain and body aches were the common clinical conditions for use of CAM among health care providers. The common form of CAM practiced were Ayurveda and homeopathy (35.7% each). Of the different routes of

administration, 64.3% preferred the internal route of CAM, 21.4% opted for external applications and 14.3% used both internal and external routes. The outcome of CAM use was good for the majority of the participants. The opinion on the outcome of their use of CAM is illustrated in figure 1.

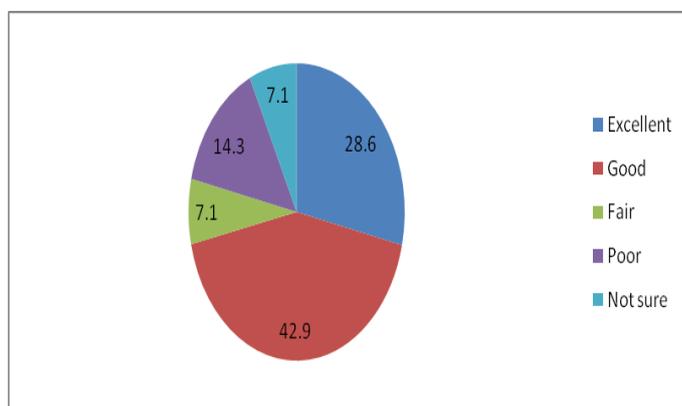


Figure 1. Health care providers' opinions on the outcome of their use of CAM

A strong association between the health care providers using CAM and family history of CAM use was noted which was statistically significant ($p < 0.05$). Among the 39% of the respondents using CAM, 78.6% of them reported a family history of utilization of CAM. Utilization pattern of CAM among the family members showed that 71.4% preferred Homeopathy and 21.4% used Ayurveda. Body aches and

arthritis were the common reasons for the use of CAM. About 30.6% of the respondents recommended CAM to their family, friends, and patients on the basis of their personal experience with CAM. Arthritis was the most common clinical condition for which health care providers recommended CAM. Both Ayurveda and Homeopathy (27.3% each) were recommended by the health care providers to their clients.

The primary reason for self-use of CAM among the respondents included fewer treatment-associated complications. The common reasons for recommending CAM were the fewer treatment-associated complications and the view that it was a better option for children and the elderly. Around 69% did not use or recommend CAM, and the common reason quoted being CAM was not scientific or evidence-based. Of the health care providers who participated in the study, 55.6% opined that it had fewer side effects, 38.9% of health care providers felt CAM was scientifically sound, and 38.9% believed that CAM demonstrated better long term effects. Details of the views of health care providers who utilized on CAM use are shown in Table 2.

Table 2. Views on CAM among health care providers who utilized CAM

Variables	Item	CAM use among health care providers				Total
		Yes n=14		No n=22		
		No.	%	No.	%	
Based on previous experience	Yes	8	57.1	6	27.2	14
	No	4	28.6	15	68.1	19
	Don't know	2	14.3	1	4.5	3
Less side effects	Yes	11	78.5	9	40.9	20
	No	2	14.3	9	40.9	11
	Don't know	1	7.1	4	18.1	5
Better long term effects	Yes	9	64.3	5	22.7	14
	No	4	28.6	9	40.9	13
	Don't know	1	7.1	8	36.4	9

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DISCUSSION

The findings of the study represent the views on and practice patterns of complementary medicine and alternative medicine among a multinational community. The participant health care providers were predominantly male with the age range from 26 to 60 years.

In the present study, 39% of the health care providers practiced CAM for themselves. Published reports on the practice of CAM by physicians vary greatly across countries, being 16% in Canada¹⁷, 13% in Israel¹⁸, and 20% in the UK¹⁹, 30% in New Zealand²⁰, 38% in Australia²¹, 47% in the Netherlands²², and up to 95% in Germany²³. The variation in the utilization pattern of CAM appears to vary geographically due to the varying popularity of CAM in different countries, e.g. homeopathy practiced by Dutch health care providers²² and herbal medicine being favored in Germany²³, Kampo in Japan²⁴ and ayurveda in India²⁵. The utilization rate of 39% observed in the present study could probably be due to the multiethnic population of the health care providers.

In the present study the majority of the female health care providers utilized CAM, similar to Kurtz et al study from Michigan⁸. The majority of the health care providers who utilized CAM were below the age of 40 years in par with findings of Kurtz et al.⁸. This finding could most likely be due to the increased awareness among the younger health care providers regarding CAM. Several recent reports on CAM have documented increased awareness and practice of CAM among health care providers²⁴.

The most common clinical condition for the use of CAM was pain syndromes such as headache, joint pain and body aches. This finding was in concordance with reports of Kurtz et al and Giannelli et al.^{8,15}. As a matter of fact, these chronic pain syndromes still lack fully satisfactory treatments through conventional medicine and therefore most individual opt for alternative medicine.

Health care providers in the present study utilized both homeopathy and ayurveda among the different modes of CAM. Kurtz et al. reported that the physicians preferred massage and acupuncture therapies while Giannelli et al. study

showed that majority of the health care providers utilized acupuncture^{8,15}. The majority of the health care providers practicing CAM in this study were Asians, predominantly of Indian origin; and homeopathy and ayurveda are the conventional forms of CAM practiced in Asia²⁵ which explains the finding in the present study.

About 30% of the health care providers recommended the use of CAM to their beneficiaries. In Giannelli et al. study more than 50% of the health care providers recommended CAM to the patients¹⁵. It was noticed that the respondents in our study recommended homeopathy and ayurveda to the clients. Kurtz et al. study showed that the CAM modes of therapy that the health care providers used for themselves or for their families were similar to what was recommended by them to their patients⁸.

More than 60% of health care providers who were not using CAM were of the opinion that CAM therapies are not evidence-based. The views of health care providers not using CAM was comparable to those in a survey carried in UK concerns were raised regarding safety, lack of proof that therapies work, and the absence of statutory regulation for most therapies²⁶. In an American survey, about 61% of doctors felt that they had inadequate knowledge about the safety and efficacy of CAM therapies and 81% believed that more education was required in this field²⁷. The lack of randomized controlled trials in the field of CAM and substantial evidence of its effectiveness is a concern. These findings suggest that if more randomized controlled trials of CAM are performed, it would be more acceptable among the health care professionals of modern medicine.

CONCLUSION

In conclusion, good acceptability and utilization of CAM was noticed among the health care providers surveyed, especially among the younger health care providers. The scarcity of scientific evidence of the effectiveness of CAM hinders the professional use among a considerable number of health care providers.

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Conflict of Interest: None

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