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Let's Talk about Complementary and Alternative Therapies

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Who Uses Complementary and Alterative Therapies?

The popularity of complementary and alternative medicine (CAM) continues to grow. Out-of-pocket expenditures on CAM have been estimated at \$47 billion per year for adults; \$167 million for children and adolescents. The most recent, comprehensive national survey data estimates that 62.1% of the US population has used CAM in the past year. Women between the ages of 40 and 70 who are more highly educated and with higher incomes are most likely to use CAM. Those with chronic illnesses often seek CAM treatments. Persons with cancer (83%), chronic mental illnesses (80%), HIV (40%), cardiovascular disease (36%) all report using CAM in combination with their conventional or allopathic care. The most common conditions treated with CAM include back/neck pain, upper respiratory infections, anxiety/depression, menopause and joint stiffness. Mind-body therapies are the most commonly used form of CAM, although most patients report using multiple CAM treatment modalities, usually in combination with each other and conventional care. I

Why do Patients Use Complementary Therapies?

Factors that motivate CAM use are almost as diverse as the patients who use them. While there is a myriad of factors that contribute to decisions to use CAM, patients often cite:

- curiosity;
- suggestions of friends, families or health care providers;
- convergence between holistic therapies and their own beliefs;
- expense of conventional treatments;
- desire for a less-invasive, less toxic, "more natural" treatment strategy;
- lack of satisfaction with conventional treatments;
- desire for greater control of their treatment processes;
- symptom relief from noxious side effects resulting from their conventional treatments; and
- belief that a combination of treatments will result in better overall results.

There has been little research about the way people make decisions about CAM use and how they integrate health care treatment choices. Yet, we do know that more than two-thirds (69%)

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of patients over the age of 50 do not reveal their use complementary and alternative therapies to their primary care or health care providers. ^{2–3}

Reasons Patients and Providers Do Not Talk about CAM Use

Primary reasons that patients and providers do not talk about CAM use include:

- Patients do not know that this is important to discuss.
- Providers do not specifically question patients about the full range of complementary therapies and products.
- There was not enough time during the office visit for full disclosure and discussion.
- Patients are concerned about negative responses from providers.
- Patients believe that CAM use did not affect other types of treatments.

These are not the only issue with patient-provider communication about CAM use. Divergence in treatment expectation and provider reluctance to make CAM recommendations and refer to CAM practitioners compound the patient-provider "communication gap". These issues are fueled by the providers' lack of knowledge about CAM therapies, a dearth of credible evidence supporting CAM therapies in a health care system focused on evidence-based practices and concerns about legal accountability.^{2,4}

Beginning the Dialogue: Let's Talk

Open communication between patients and providers is key to providing quality health care and achieving optimal outcomes. Therefore, it is imperative that all health care providers, including nurse practitioners, begin the dialogue about CAM use, treatment uses and expectations with every patient encounter by:

- Including questions about common CAM practices on health history forms;
- Asking explicitly about CAM use during the patient interview process.
- Asking patients to include all over-the-counter treatments when reporting medication use.
- Asking patients where they receive their information about CAM.
- Asking patients about their interest in complementary strategies as a treatment option.
- Discussing CAM treatment options openly, disclosing the full array of evidence that
 may be available for a specific treatment.
- Asking patients on return visits about treatments/interventions they received and their responses to these treatments.
- Counseling patients about treatment expectations and costs (time and money), realizing that many CAM strategies require significant patient commitment.

There are several reliable sources to assist in those discussions. The National Center for Complementary and Alternative Medicine (NCCAM) has a new initiative to encourage patients and their health care providers to openly discuss the use of CAM. "Time to Talk" resources (http://nccam.nih.gov/timetotalk/) include patient education materials, office bulletins, posters and provider aides. NCCAM also has online patient and practitioner educational materials related to selecting reliable CAM providers (including credentialing and regulation of providers), use of CAM in pediatrics, payment for CAM treatments and evaluating internet resources.

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Additional resources are available from:

 The National Cancer Institute NCI: http://www.cancer.gov/cam/health_patients.html http://www.cancer.gov/cam/health_pro.html

- The Cancer Patient Education Network (CPEN): http://www.cancerpatienteducation.org/
- The University of Texas/MD Anderson Cancer Center: http://www.mdanderson.org/topics/complementary/
- The University of Michigan Libraries: http://www.lib.umich.edu/hsl/resources/cam/metasites.html

Open patient-practitioner communication about use of complementary therapies begins with a health care provider who is open to and knowledgeable about these treatment options. Rather than waiting for patients to ask about what is available, nurse practitioners should proactively assess all patients for their use of and response to CAM. In addition, nurse practitioners can assist patients by providing health care options that include complementary strategies. A growing number of credible resources can help nurse practitioners evaluate the available evidence, identify credentialed CAM providers and provide patient education materials.

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References

- 1. Barnes, PM.; Powell-Griner, E.; McFann, K.; Nahin, R. Advance Data from Vital and Health Statistics. Hyattsville, MD: National Center for Health Statistics; 2004. Complementary and alternative medicine use among adults: United States, 2002; p. 343
- 2. Pappas S, Perlman A. Complementary and alternative medicine: The importance of doctor-patient communication. Medical clinics of North America 2002;1:1–10. [PubMed: 11795082]
- 3. AARP/NCCAM. Complementary and Alternative Medicine: What People 50 and Older Are Using and Discussing with Their Physicians. 2007 Consumer Survey Report.
- 4. Ben-Ayre E, Frenkel M. Referring to complementary and alternative medicine: A possible tool for implementation. Complementary Therapies in Medicine 2008;16:325–330. [PubMed: 19028332]