Research Update

Complementary and alternative medicine: Patterns of use in Northern Ireland

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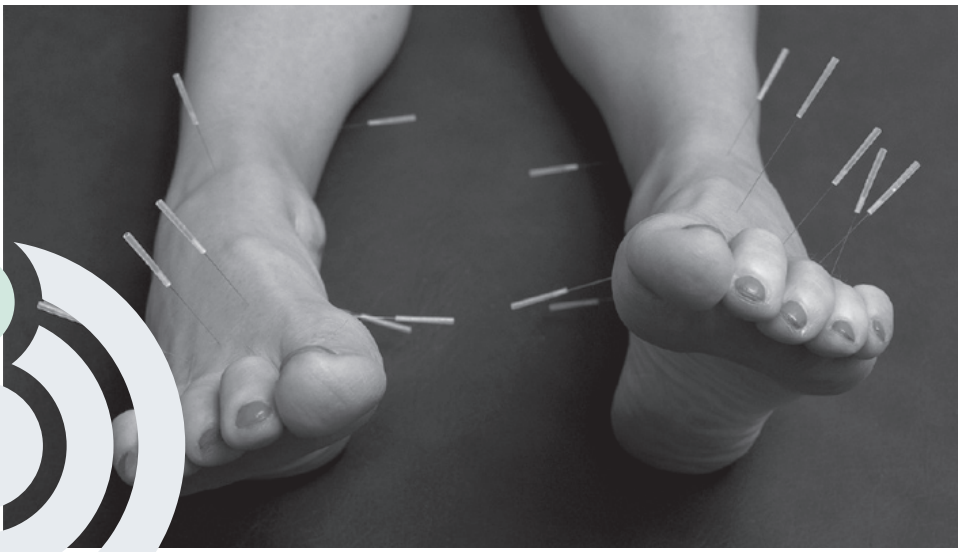
Although conventional healthcare via the National Health Service (NHS) is available for all, there has been an increasing demand for complementary and alternative medicine (CAM) use in the UK. Thus, there was welcome response to the announcement in October 2006 by the Northern Ireland Health Minister Paul Goggins and the Secretary for State Peter Hain that plans are underway to offer patients access to CAM through GPs and local Health Boards. This initiative has been driven by evidence that suggests that integrated medicine, that is, medicine in which conventional and CAM approaches are combined, is more cost effective than conventional medicine alone. In addition, there has been demand both from the public and conventional medicine healthcare practitioners to have greater access to CAM services in the NHS.

However, despite such public and policy interest, until recently, no figures for CAM use in Northern Ireland have been available. Thus, in order to fill this information gap, the 2005 **Northern Ireland Life and Times Survey (NILT)** included a module of questions focusing on the use of, and attitudes to, CAM.



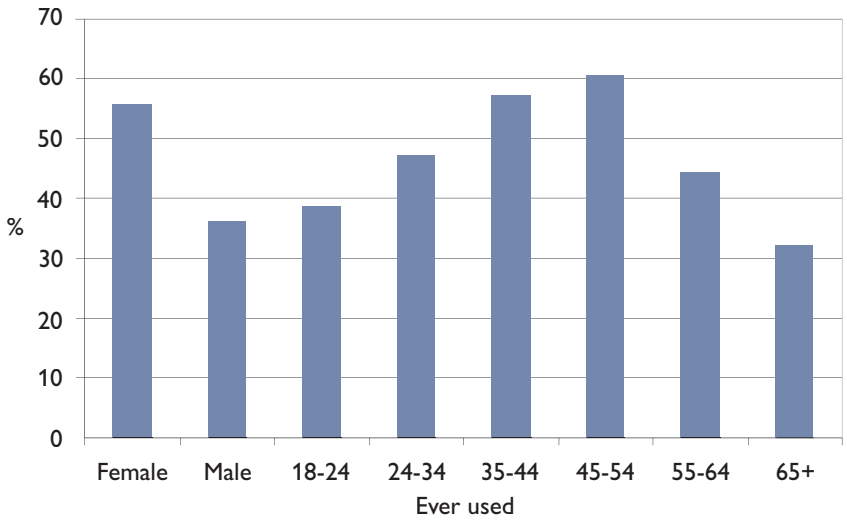
Use of CAM therapies

Looking first at levels of use, just under half of respondents (47%) had ever used any type of CAM therapy. Use of CAM therapies within the previous twelve months was lower at 29%.

Figure 1 indicates that there was variation in the use of CAM among different socio-demographic groups. For example, women were much more likely to have used a CAM therapy than men were – 56% compared with 36%. There were also differences according to age: respondents aged in the 35-44 and 45-54 years bands were most likely to have used complementary therapies, while the youngest and oldest age groups were least likely to have done so.

The use of CAM was explored using three socio-economic indicators: gross household income, social class and age left full-time education. The use of CAM increased significantly with income, and by the age the respondent left full-time education – see Table 1. However, there were no significant differences among the 6-way classification of social class. In addition, there was no significant differences among those who were classified as manual and non-manual.

Figure 1: Previous use of CAM therapy



Which therapies are used?

Respondents to the survey have used a wide range of CAM therapies. In fact, among those respondents who had ever used a CAM therapy, more than half (55%)

Table 1: Use of CAM

	% using CAM
Gross household income	
Less than £10k	33
£10k-£14,999	42
£15k-£25,999	52
£26k-£35,999	56
£35k+	64
Age left full-time education	
15 or under	35
16-18	49
19+	62
Still in education	34

used more than one, and approximately one third (32%) used more than two. As shown in Figure 2, the most frequently used complementary therapy ever used by respondents was aromatherapy (15%), followed by reflexology (13%), massage therapy (12%), acupuncture or acupressure (11%), chiropractic (10%) and herbal medicine (10%). Other therapies were less popular - for example, no respondent had ever used iridology.

Who gave the therapy?

For each complementary therapy that respondents have ever used, they were asked to identify the type of practitioner that they consulted. The range of practitioners varied for each therapy, including a doctor, nurse or midwife practising conventional medicine, a physiotherapist and a specialist in a particular therapy. For some therapies, only one type of practitioner (that is, a specialist in that particular therapy) was consulted, for example, ayurvedic medicine, unani medicine and kinesiology. However, it should be noted that very few respondents received these therapies.

For other therapies, especially those used by higher numbers of respondents, a wide range of practitioners were consulted. For example, respondents received acupuncture or acupressure from an acupuncturist, a Chinese medicine specialist, a physiotherapist, an 'ordinary doctor', an 'ordinary nurse or midwife, from the respondent themselves, or other sources.

Table 2 focuses on the therapies identified in Figure 2, and indicates the proportion of recipients of these therapies that consulted a practitioner. As might be expected, more than nine out of ten respondents received their chiropractic treatment by a specialist practitioner. For other therapies, such as aromatherapy and herbal medicine, rather than consult a practitioner, approximately half of respondents administered the therapy themselves.

Respondents who had consulted a practitioner were asked how they had found out about them. Overall, general advertising (including the yellow pages and internet) was the main source of information. Word of mouth was also fairly important. In general, referral or suggestion by a GP or health professional was not an important source of information.

It is interesting that in N Ireland only two of the top CAM therapies given by practitioner (chiropractic and acupuncture) were classified as Group 1 therapies in the House of Lords Science and Technology Committee Report (2000), that is, therapies which are well regulated with some evidence for effectiveness. The remaining 4 therapies listed in Table 2 (aromatherapy, reflexology, massage therapy and relaxation techniques) are those which are most often used to complement conventional medicine, tend to be less well regulated and have less evidence to support their effects.

Reasons for use

Complementary and alternative medicine is used for a wide range of reasons, such as a specific health problem, general health and wellbeing, relaxation or leisure. The reasons for using CAM depended on the individual therapy. For example, the majority of respondents who had chiropractic (93%) or acupuncture (67%) did so for a specific health problem. In contrast, four out of ten respondents using aromatherapy (41%) did so for relaxation. The most common health problems for which a CAM therapy was used were musculoskeletal, stress, women's health and mental health issues such as anxiety and depression.

Table 2: Level of practitioner use

	% consulting a practitioner
Chiropractic	93
Acupuncture	88
Reflexology	88
Massage therapy	77
Aromatherapy	53
Herbal medicine	49

Given the policy interest in an integrated approach to medicine combining both conventional and complementary methods, those respondents using a CAM therapy for a health problem were asked if they had previously, or were currently, using conventional medicine for the health problem. In general, few respondents used a CAM therapy without ever using conventional medicine. The exceptions related to those receiving aromatherapy or herbal medicine, when approximately one third had not tried conventional medicine. However, 51% of those using chiropractic did so because conventional medical help was not useful, and 40% were

Figure 2: Top six therapies ever used by respondents

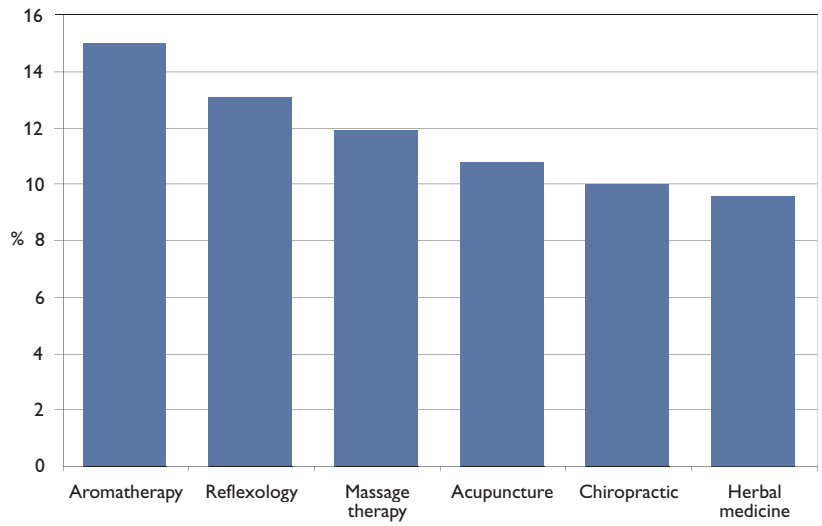
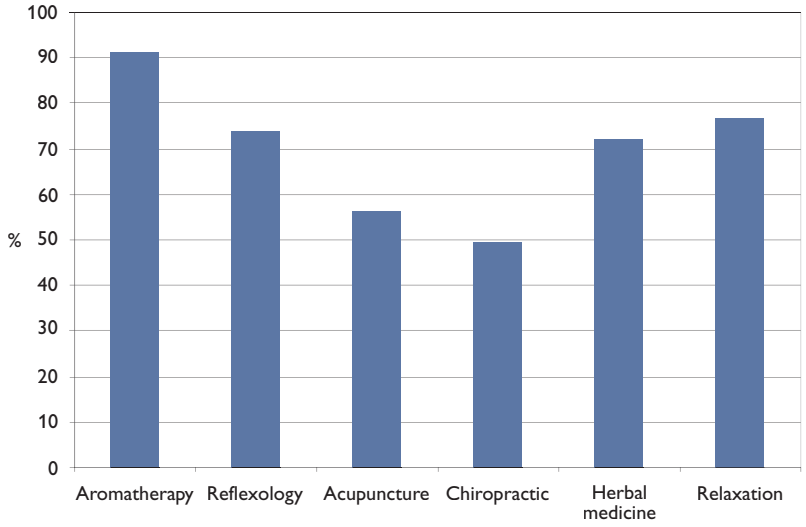


Figure 3 : Non disclosure to GP



using both chiropractic and conventional medicine at the same time.

Disclosure to GP

For the top six therapies (both given by practitioner and self care) the degree of non disclosure ranged from 50-90%, that is for aromatherapy only 10% of respondents informed their GP whereas for chiropractic 50% informed their GP (see Figure 3). This lack of disclosure is notable as the majority of CAM therapies (64%) were used to treat a health problem. Greater disclosure for CAMs such as acupuncture and chiropractic may indicate a greater degree of integration with conventional medicine; the results could be explained in part by CAM practitioners encouraging their patients to inform their GP, as recommended in the House of Lords Report (Science and Technology Committee, 2000). It would be interesting in subsequent research to explore the reasons for lack of disclosure, particularly with respect to over the counter preparations that may interact with physician prescribed medication.

Payment for CAM

At present, some CAM therapies are available fully funded within a patient's NHS care, while for some therapies, the patient will pay for part or all of their treatment, even though it falls under NHS care. In contrast, patients will often pay the full price of their CAM therapy as it is private, non-NHS treatment.

In general, the vast majority of individual treatments received were not part of the respondent's NHS care. The CAM therapies most likely to be fully part of NHS care were acupuncture (17%) and relaxation techniques (20%).

Effectiveness of CAM therapies

The data have indicated variation in the level and pattern of experience of CAM therapies. Given that some respondents had never received a CAM therapy, it was useful to try to gauge how useful all respondents felt six main therapies could be for some health problems. Thus, respondents were asked how helpful they think each of a list of six therapies can be for some health problems. Most respondents had heard of each listed therapy, with the lowest level of knowledge being of osteopathy (9%).

Table 3 indicates that the majority of respondents thought that each therapy would be definitely or probably helpful, ranging from homeopathy (51%) to acupuncture or acupressure (73%). The least confidence was shown in aromatherapy, in that 17% said that it is probably or definitely not helpful. However, at least 20% of respondents said that they did not know – in particular, 31% did not know about the usefulness of homeopathy or of osteopathy.

Looking at the responses of only those who had heard of each therapy, it can be seen that the same pattern occurs – levels of confidence range from homeopathy (56%) to acupuncture or acupressure

Table 3: How useful can these therapies be for some health problems?

	Definitely/ probably helpful	Definitely/ probably not helpful	Don't know	Never heard of it
Acupuncture or acupressure	73	4	21	2
Homeopathy	51	10	31	8
Chiropractic	68	6	21	6
Osteopathy	55	4	31	9
Aromatherapy	55	17	25	4
Reflexology	65	8	22	5

Table 4: Perceived usefulness of therapy by previous use of therapy

	% saying therapy definitely or probably helpful*		
	Used therapy	Not used therapy	All
Acupuncture or acupressure	93	72	74
Homeopathy	90	53	56
Chiropractic	88	71	73
Osteopathy	91	60	61
Aromatherapy	91	50	57
Reflexology	94	65	69

** excluding those respondents who had not heard of the therapy*

(74%). In addition, there are significant differences in the perception of usefulness of each therapy according to whether the respondent has used the therapy or not. For example, Table 4 shows that approximately nine out of ten of all respondents using each therapy feel that the therapy is definitely or probably useful for some conditions. However, only 50%-72% of respondents who have not used a particular therapy think so. The largest differential is between those who have received aromatherapy treatment (91%) and those who have not (50%), with the smallest differential being between those who have received chiropractic treatment (88%) and those who have not (71%).

Conclusion

In conclusion compared to previous surveys in Britain, there is an increasing use of CAM both for specific health problems but also for wellbeing, relaxation and leisure/beauty reasons. The majority of respondents do not receive a referral for CAM from their GP and depending on the individual CAM there is a lack of disclosure to their GP. Currently the demand for CAM is being provided outside the NHS (over 75%) and appears to be mainly driven by public demand as opposed to guidance by general practitioners or other health care providers. No doubt the new integrated health initiative will improve access and reduce costs to the individual of providing CAM therapies.

References

Science and Technology Committee (2000) *Complementary and Alternative Medicine. Report of the House of Lords Select Committee on Science and Technology: session 1999-2000. HL paper 123*. London: The Stationery Office, November 2000

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Key Points

- CAM use was more common in those aged in the 35-44 and 45-54 year age bands, and in females (56% in females compared to 36% in males).
- The degree of non disclosure was as high as 90% for some forms of CAM, yet nearly two thirds of CAM therapies were used to treat a health problem.
- Acupuncture, chiropractic and herbal medicine were chosen most often for a health reason whereas aromatherapy and reflexology were more commonly used for wellness and relaxation.
- Common health problems were musculoskeletal, stress, women's health and mental health issues such as anxiety and depression.
- Most respondents paid for their treatments, although more received acupuncture and relaxation techniques as part of NHS care than any other form of CAM.
- 74% of respondents who had received acupuncture thought it was definitely or probably very helpful; the least confidence was shown in aromatherapy in that 17% said it was probably or definitely not helpful.

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The ***Northern Ireland Life and Times*** *survey* is carried out annually and documents public opinion on a wide range of social issues. In 2005, 1200 adults were interviewed in their own home. Interviews were carried out by Research and Evaluation Services.

The ***Life and Times survey*** is a joint project of the two Northern Ireland universities and aims to provide an independent source of information on what the public thinks about the social issues of the day. Check the web site for more information on the survey findings (**www.ark.ac.uk/nilt**) or call the survey director on 028 9097 3034 with any queries.

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