ORIGINAL ARTICLE

Use of complementary therapies by patients attending musculoskeletal clinics

A Chandola MD MRCP[1] Y Young MSc MFPHM[1] J McAlister BSc FRCOphth[1] J S Axford MD FRCP[2]

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SUMMARY

Patients with musculoskeletal disorders commonly seek treatment outside orthodox medicine (complementary therapy). In patients attending hospital clinics we investigated the prevalence of such behaviour and the reasons for it. Patients attending rheumatology and orthopaedic clinics who agreed to participate were interviewed on the same day by means of a structured questionnaire in three sections: the first section about demographic characteristics; the second about the nature and duration of the complaint, the length of any treatment and whether the patient was satisfied with conventional treatment; and the third about the use of complementary medicine, the types of therapy that had been considered and the reasoning behind these decisions. The data were examined by univariate and bivariate analysis as well as logistic regression multivariate analysis.

166 patients were interviewed (99% response rate) and the predominant diagnosis was rheumatoid arthritis (22.3%). 109 patients (63%) were satisfied with conventional medical treatment; 63 (38%) had considered the use of complementary therapies, and 47 (28%) had tried such a therapy. 26 of the 47 who had used complementary therapy said they had gained some benefit. Acupuncture, homoeopathy, osteopathy and herbal medicine were the most popular types of treatment to be considered. Patients of female gender (P=0.009) and patients who had expressed dissatisfaction with current therapies (P=0.01) were most likely to have considered complementary medicine.

These results indicate substantial use of complementary therapy in patients attending musculoskeletal disease clinics. The reasons for dissatisfaction with orthodox treatment deserve further investigation, as does the effectiveness of complementary treatments, which must be demonstrated before they are integrated with orthodox medical practice.

INTRODUCTION

A complementary or 'alternative' therapy may be defined as one that offers a holistic approach, in contrast to orthodox medicine that is supposed to view the body mechanistically. The name complementary might suggest novelty, but many of these therapies (acupuncture, for example) have been used for centuries in the treatment of musculoskeletal disease. Complementary therapies range from mind and body interventions through manual healing methods to pharmacological and biological treatments[1]. They are used for a wide variety of clinical conditions including psoriasis[2], fibromyalgia syndrome[3], Alzheimer's disease[4], multiple sclerosis[5] and malignant disease[6]. Patients with musculoskeletal complaints commonly seek complementary therapy[7,8] and in Canada and Australia between 40% and 66% of patients attending orthodox rheumatology outpatient clinics have received such treatment. By extrapolation it is estimated that, in the USA, two-thirds of all households[9] and 10% of the total population[10] have sought complementary therapy for their ailments.

Why are complementary therapies so popular, when patient satisfaction is certainly not guaranteed? The answer may seem obvious[11], relating to scepticism regarding conventional medicine and lack of satisfaction with physicians. However, there may also be social, political, religious and psychological factors that lead patients to overestimate the therapeutic potential of these remedies and use them irrationally[12].

The patient demand for complementary therapy, however, cannot be ignored[13]. Orthodox physicians perceive it as being moderately effective[14]; many are content to refer patients for complementary treatments[15], despite the high cost and the dearth of trials demonstrating safety and efficacy[16,17]. We have investigated the use of complementary therapies by patients attending orthodox musculoskeletal clinics in the UK.

METHODS

All patients attending general rheumatology and orthopaedic (non-fracture) clinics in the course of one week were

[1]Public Health Sciences and the [2]Academic Unit for Musculoskeletal Disease, St George's Hospital Medical School, Cranmer Terrace, London SW17 0RE, UK

Correspondence to: Dr J S Axford
E-mail: j.axford@sghms.ac.uk

Table 1 **Characteristics of the study population (*n*=166)**

Mean age (year)	50.4 (range 17–90)
Female gender	103 (62%)
White	121 (73%)
Median duration of illness (year)	2.5
Median duration of treatment (year)	2.5
Satisfied with treatment	109 (66%)

invited to participate, and those who agreed were interviewed on the same day in the clinic by means of a structured questionnaire. The first section of the questionnaire recorded demographic characteristics of the patients; the second section asked about the nature and duration of the illness, the duration of any treatment and whether the patient was satisfied with this treatment; and the third section inquired about use of complementary medicine for the rheumatological complaint, the types of therapy that had been considered, the reasoning behind these decisions and any sources of information.

Responses were categorized and coded and entered onto an EPI INFO database. Univariate and bivariate analysis was done with EPI INFO; SAS was used for the logistic regression multivariate analysis.

RESULTS

166 patients agreed to be interviewed (99% response rate). 113 (68.1%) were attending rheumatology clinics and 53 (31.9%) orthopaedic clinics. Table 1 shows some of the characteristics of the population.

Diagnoses

The clinical diagnoses were recorded as supplied by the patients and were not cross-checked with the clinical notes. The predominant diagnosis was rheumatoid arthritis, reported by 37 (22.3%). The median durations of both illness and treatment, as categorized, were 1–5 years. 109 patients (63%) were satisfied with the conventional medical treatment that they had received.

Use of complementary therapy

63 (38%) of the patients had considered the use of complementary therapies for their condition and 47 (28%) had tried out the chosen therapy (26 of whom said that they had gained some benefit). Acupuncture, homoeopathy, osteopathy and herbal therapy were the most popular types of treatments to be considered.

On direct questioning the commonest reason for considering complementary therapies was 'the hope for a cure' (44%), followed by advice from friends and relatives (40%), side-effects of conventional therapies (30%) and dissatisfaction (27%). Almost all (97%) of those thinking about the use of complementary medicine had gained their information from sources other than healthcare professionals.

Characteristics of those using complementary therapy

Reported information from patients who had and had not considered the use of complementary medicine was compared by bivariate analysis (Table 2). Patients of female gender and those who expressed dissatisfaction with current therapies emerged as most likely to have considered complementary medicine. Other variables did not show any significant differences between the two groups. In the multivariable logistic regression model analysis, both gender (odds ratio 2.738, 95%, confidence interval 1.33–5.64) and dissatisfaction (odds ratio 2.67, 95% confidence interval 1.32–5.41) remained independently associated with the consideration of complementary therapies.

DISCUSSION

On the evidence of this study, a considerable proportion of patients attending both rheumatology and orthopaedic outpatients clinics have considered or are using complementary therapies—despite the fact that 63% of the patients interviewed expressed satisfaction with the conventional medical treatment they had received. Are rheumatologists aware of these other treatments that their patients are using, and do they need to know? More detailed investigation needs to be conducted before we can say whether the prevalence data simply reflect the use of complementary medicine within the population or whether they are specific to the musculoskeletal diseases (and, if so, why).

It is noteworthy that almost all the information that any of the patients had obtained was derived from their lay

Table 2 **Bivariate analysis comparing patient variables with consideration of the use of alternative medicine**

Variable	*Chi square (or T-test) statistic*	*P value*
Female gender	6.75	0.009
Dissatisfaction	6.68	0.01
Age	$T=-0.2854$	0.776
Ethnicity	8.46	0.206
Duration of illness	1.11	0.893
Duration of treatment	2.68	0.612

network. This could mean that the clinicians treating these patients were not aware of the other treatments the patients were using or thinking of using. A detailed drug history is an important part of the clinical assessment and in some circumstances it is commonplace to ask about 'street' or social drugs. Perhaps we should now try to understand more about the complementary therapies used by our patients.

In the population sampled, acupuncture, homoeopathy, osteopathy and herbal therapy were the most popular types of treatment and 55% of patients who had used them said that they had gained some benefit. Of the reasons patients gave for seeking complementary therapy 'the hope for a cure' was the most common[3]. However, dissatisfaction with conventional treatment was one of the two patient variables to be significantly associated with consideration of complementary medicine. The other was being of female gender. Both these associations have been recorded before[16]. Is conventional medicine specifically failing female patients, or are there some genetic reasons that need to be taken into consideration? One possibility is that women have greater access than men to lay networks or other sources of information on complementary therapies.

For those patients who had not considered the use of complementary medicine lack of information seemed to be a major factor and almost all information that any of the patients had obtained was derived from their lay network. Do rheumatologists have a role, or indeed an obligation, to discuss the use of complementary therapies with their patients?

Despite an apparently endless supply of complementary therapies to meet patient demand[17], there is scant evidence that these therapies actually work[18–23]. However, research is proceeding and, if effectiveness can be demonstrated, demand for these therapies will doubtless increase[24]. Osteopathy is now formally recognized and regulated in the UK[25] and some purchasing authorities are already funding complementary therapies for certain patients[26]. There is therefore likely to be a demand from patients for rheumatologists to consider referrals to competent complementary practitioners[27]. Perhaps there is even a case for offering conventional and complementary therapies side by side in the same outpatient clinic?

Randomized controlled trials in this area do present special difficulties; for example, treatments may depend upon the patient's temperament and lifestyle, and control treatments are not easily devised if you are assessing the efficacy of, say, massage.

In conclusion, our data demonstrate demand for complementary therapy in musculoskeletal clinics and an association of this demand with dissatisfaction with conventional therapy and female gender. Both these observations need to be further addressed, as do the safety and effectiveness of complementary treatments.

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