



Feature Article

Older immigrants from the former Soviet Union and their use of complementary and alternative medicine

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The population of older immigrants in the United States is growing and they bring their health beliefs and practices with them. Older immigrants from the former Soviet Union use a variety of complementary and alternative medicine (CAM) remedies which includes in part: 1) foods to which medicinal properties are attributed, 2) herbs, 3) external treatments, and 4) pharmaceuticals manufactured in the former Soviet Union and available over-the-counter. These remedies vary in their efficacy and are often used in combination with or in lieu of prescribed allopathic (Western) medications. Health beliefs regarding medicine in the United States has led older Slavic immigrant to distrust their US health care providers and system. Nurses are in a key position to inquire and work with older Slavic immigrants to safely use their CAM and provide more information about prescribed allopathic medications and the harmful effects of combining remedies without consultation.

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Introduction

The older immigrant population rose from 2.7 million in 1990 to 4.6 million in 2010, a 70 percent increase in 20 years, bringing their health beliefs and practices with them.¹ Understanding the older immigrants' health belief systems includes their use of complementary and alternative medicine (CAM) and ethnomedicine, which is critical to the clinical management of their health. The immigrant communities in the United States may experience a disconnect between their health belief systems and those of the allopathic (Western) medicine.¹ Furthermore, older immigrants experience several barriers to health care access, including a lack of health insurance, language difficulties, dependence on interpreters, lower incomes and educational attainment, as well as a reliance on family members for transportation, all of which affect their use of CAM/ethnomedicine and/or allopathic medicine.² The purpose of this paper is to discuss the use of CAM and ethnomedicine by older Slavic immigrants.

The term "Slavic" as used in this paper represents individuals who were born in the former Soviet Union (FSU). As of 1991, more than one million Slavic refugees/immigrants have entered the United States, with approximately 20–25% being over the age of 55.³ The majority of older Slavic immigrants use some type of CAM/

ethnomedicine to manage their health; it is imperative therefore for health care providers to be knowledgeable about the potential consequences of these practices on these immigrants' health and their adherence to prescribed treatment regimens.⁴

Background

The NIH National Center for Complementary and Alternative Medicine (NCCAM) defines CAM as, "Health care practices outside the realm of conventional (Western/allopathic) medicine, which are yet to be validated using scientific methods."⁵ CAM includes the use of ethnomedicine, which is the study of medical pluralism and healing traditions as understood and practiced by a population considering their geographical, social, cultural, and political economic contexts.⁶ Concerns about CAM/ethnomedicine continue to surface due to a lack of safety information, the absence of quality-control requirements for potency and purity, and lenient labeling standards for dietary/herbal remedies, as well as insufficient evidence related to their efficacy.⁷

Prescription medicine is the most common medical intervention in developed countries, and up to half of older adults do not take their medication as prescribed. The use of CAM by older adults in general has been steadily increasing, which is often the result of dissatisfaction with health care treatments, unmet medical needs or the high cost of allopathic (Western) health care.⁷ Combined with the fact that older adults in the United States take several prescribed medications daily, the additional use of CAM/

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ethnomedicine may place them at a high risk for drug–drug; herb–drug; herb–disease interactions and acute exacerbations of chronic conditions.⁸

Some older adults find the allopathic approach to manage their health too expensive, leading to CAM use being almost twice that among the older adults who had difficulty obtaining prescription medications due to cost.⁹ In addition to costs, the use of CAM/ethnomedicine by older Slavic immigrants is affected by language barriers, relationships with health care providers (HCP) and beliefs about the fundamental nature of allopathic medicines and their capacity for harm or benefit.

Cultural and language barriers affect older Slavic immigrants' understanding of allopathic medicine provided by their US health care providers. Many immigrants report that their HCP gives them a prescription, but little information about why and how they should take it. Printed health materials in the Russian language are limited, and information is often lost in the interpretation process. Challenges in communicating and different approaches to health care do little to establish a trusting relationship between patient and provider. Furthermore, it may be that the decades of propaganda and animosity between the United States and the FSU has generated preconceived notions and stereotypes of each other, creating a foundation of distrust that is reinforced with these immigrants' differing points of view regarding the management of health and illness.¹⁰

The distrust of allopathic medicine has long been associated with the use of alternative medicine by immigrant populations.¹¹ Older Slavic immigrants have strong negative beliefs about the fundamental nature of allopathic medicines and their capacity for harm or benefit, and their concern that they are overused by U.S. health care providers.⁴ Even manufactured pharmaceuticals from the FSU (including those that are chemical equivalents to U.S. pharmaceuticals) are preferred over the ones prescribed by U.S. health care providers. Older Slavic immigrants believe medicines prescribed by U.S. health care providers are “not natural,” that they are “chemical” or “too strong,” whereas CAM/ethnomedicine remedies are valued because they are from nature and thus from God. They also believe that too much of any medicine can be poisonous, affecting their long term use of medications for chronic conditions such as hypertension.¹²

Health care in the former Soviet Union

In order to comprehend the Slavic community's expectations from the health care system, it is useful to have some understanding of health care in the FSU. The belief and practice in CAM/ethnomedicine by older Slavic immigrants was established in part by their physicians' prescribed treatments and the lack of medical resources. Before and after the fall of the Soviet Union in 1991, it was common practice for physicians to prescribe both CAM and/or allopathic remedies, their decisions being influenced by their ability to obtain the prescribed medicine or treatment.¹¹ In a recent study of physicians in Russia, 100% of the respondents reported that they had personally used, treated patients with, or referred patients to one of at least eleven or more CAM therapies not widely recognized by allopathic medicine in the United States.¹³

Historically, health care was free for all Soviet Union citizens, and barter and bribes were commonplace to obtain better care or medicine. The dissolution of the Soviet Union ended free government health care, after which compulsory health insurance programs were established. The changes in health care delivery in the FSU over the last 20 years has led to increased medical and pharmaceutical costs, with up to a third of individuals going without medications due to costs, and the poorest one-tenth of households paying nearly ten percent of their income for medications.¹⁴ These

challenges resulted in older adults having unmanaged chronic conditions, as well as an increase in self-prescribed CAM/ethnomedicine. Because of this, providers need to take into account the experiences older Slavic immigrants have had with their previous health care system in order to provide counsel, education and treatment.

Older Slavic immigrants regularly practice self-management of their acute and chronic conditions by using CAM/ethnomedicine, often in addition to prescribed pharmaceuticals from their US health care providers. CAM/ethnomedicine as used in the Slavic immigrant community is broadly defined, and includes in part: 1) foods to which medicinal properties are attributed, 2) herbs, 3) treatments, and 4) pharmaceuticals manufactured in the former Soviet Union.

Food as medicine

Evidence is ubiquitous regarding the relationship between the foods we eat and our health. The Slavic community includes several foods in its diet that are believed to have strong medicinal attributes. Four of the most common food items used by older Slavic immigrants are onions, garlic, lemons and beets.¹² Popular Russian proverbs describe beliefs that are held about the medicinal power of foods, such as onions and garlic. For example, *Luk sem' nedugov lechit* ('The onion cures seven diseases'), and *Esh' chesnok i luk – ne voz'miet nedug* ('Eat garlic and onion and no disease will catch you').¹⁵ In addition to preventing and curing disease, onions and garlic have been used to treat high cholesterol, heart disease, and high blood pressure.⁵ Research related to the risk of drug interactions with garlic and/or onions is limited but is attracting increasing interest, especially as it pertains to older adults and certain chronic conditions.

Lemons may have antioxidant, anti-inflammatory, hypolipidemic, vasoprotective and anticarcinogenic actions, and has been used to lower blood pressure in the Slavic community. However, in a recent randomized control trial with 80 older adults, no evidence was found that lemon juice lowers blood pressure.¹⁶

Beets are a staple in the Russian cuisine and are high in nitric oxide, a well-known potent vasodilator that aids in conditions such as diabetes, hypertension, cardiovascular disease, and cognitive impairment, all of which are common conditions in older adults.¹⁷ Older Slavic immigrants' understanding how food items can or cannot promote health is lacking. For example, in a previous study by the first author, a nurse key informant shared a story of woman who after surgery was voiding bright orange urine. It was discovered that the woman had been consuming large amounts of carrot juice and beet juice in the weeks prior to surgery, as she was told she was going to lose a lot of blood during surgery. The belief was that ingesting red liquids would compensate for the expected blood loss.¹²

The power of herbs

More than 80% of the world's population uses herbal medicines for some part of their primary care, and they are the most frequently mentioned remedy found in Slavic CAM/ethnomedicine literature.¹⁸ Herbs may be grown at home, gathered from the surrounding environment or purchased at local Russian grocery stores. Customarily, herbs are ingested as a tea, an alcohol-infused tincture or in a capsule/tablet preparation. Commonly used herbs in the Slavic community include rosehips, yarrow, hawthorn, fennel, valerian, kava, Siberian ginseng, St. John's Wort, pheasant's eye, motherwort, dill, mint, lemon balm, calendula, and chamomile.¹⁹ The choice of herb for a remedy varies significantly and depends on the region of the FSU the older adult is from, its historical use

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