



## Original article

## The welcoming attitude of dermatologists towards complementary and alternative medicine despite their lack of knowledge and training

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## ABSTRACT

**Background/aim:** Although complementary and alternative medicine (CAM) use is highly prevalent, there is very limited information on dermatologists' attitudes and knowledge about CAM. In this survey, we aimed to study the knowledge and attitude of dermatologists in Saudi Arabia towards CAM. Furthermore, we assessed dermatologists' intention to receive CAM education and training. **Methods and design:** We collected data through an online cross-sectional survey sent to email addresses of dermatologists in Saudi Arabia. Questions included socio-demographic data, knowledge and attitudes towards CAM practice. **Results:** A total of 93 questionnaires were returned from dermatologists in various regions of Saudi Arabia. The mean age was  $41.7 \pm 10.3$  (range, 25–63) years. A total of 67% of dermatologists had welcoming attitudes towards CAM. We did not find any significant relationship between age, gender, experience or any other factor and positive attitudes towards CAM. More than 70% of participants reported an interest in learning about CAM. However, only 9 (9.7%) dermatologists had attended CAM courses. Sixty-one participants (65.6%) were eager to receive CAM-specific education, and 66% of dermatologists acknowledged having previously discussed CAM with their patients. The most important reason that dermatologists did not discuss CAM with their patients was a lack of studies supporting CAM (66.7%) and the belief that doctors' knowledge on CAM is insufficient (58.1%). **Conclusion:** A greater number of dermatologists have an affirmative attitude towards CAM. The willingness to improve knowledge and training indicates that the CAM field could potentially grow in dermatology.

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## 1. Introduction

A range of 35–69% of patients with skin disease have reportedly used complementary and alternative medicine (CAM) in their lifetime (Ernst et al., 2002; Smith et al., 2009). A 2009 study found that 49.4% of patients with skin problems had used CAM within the previous year, and 6% had specifically used it for their skin disease (Smith et al., 2009). We found that a significant number of dermatology outpatients in Saudi Arabia (40%) had used CAM (Ghamdi et al., 2015). A diverse spectrum of dermatological disorders

among Saudi Arabian population has been reported in local studies (Al-Hoqail, 2013). The use of some CAM has been associated with adverse reactions, drug interactions and low adherence to prescription drugs (Ernst et al., 2002; Ernst, 2000; Menniti-Ippolito et al., 2008; Tey et al., 2008).

A previous study included an evaluation of dermatologists' communication and attitudes about CAM and found that dermatologists had a low ability to predict CAM use in their patients, and CAM use was not discussed in the majority of cases (Ben-Arye et al., 2003). An Italian study has found important knowledge gaps regarding clinically relevant CAM information among their dermatologists (Renzi et al., 2009). Few studies have been performed with general physicians, and there are scarce data on CAM knowledge and practice among dermatologists.

Previous research has shown that dermatology patients view their physicians as important sources of information regarding the safety and effectiveness of CAM (Ghamdi et al., 2015). Our previous study (Ghamdi et al., 2015) on the prevalence of CAM among dermatology patients in Saudi Arabia identified the use of diverse

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CAM methods. In view of that, the current study investigated skilled use, knowledge and attitudes towards CAM, as well as any relationships between socio-demographic factors and the use of CAM among dermatologists in this region. To our knowledge, no such study has been previously performed in the Arab world.

## 2. Methods

A brief online survey with closed and open-ended questions regarding CAM knowledge and attitude towards its use was conducted on dermatologists in Saudi Arabia. Ethics approval was obtained through the King Saud University Hospital Ethic committee.

Dermatologists were invited by email to complete an anonymous online questionnaire, which included 46 pre-coded questions on knowledge, attitudes and doctor–patient communication regarding CAM. In agreement with the definition of the American National Center for CAM (NCCAM) and the National Institute of Health, CAM was defined as healthcare systems, practices and products not currently considered part of conventional medicine. The study questionnaire was developed based on a literature review (Ben-Arye et al., 2003; Ernst, 2000; Ernst et al., 2002; Eisenberg et al., 2001; Smith et al., 2009; Talbott and Duffy, 2015) and the questions were adapted to our specific objectives and context. Dermatologists were asked to indicate CAM treatments they had recommended, selecting them from a list of 12 pre-coded questions (acupuncture, hydrotherapy, herbal medicine, homeopathy, manipulative therapies, dietary supplements not including vitamins, thermal therapies and others). Knowledge was assessed by asking 14 questions about clinically relevant information about CAM (e.g., identification of possible adverse reactions from herbal treatments described in the literature from a pre-coded list).

Groups were compared using Fisher's exact test. Significance was set to  $p < 0.05$ . Multivariate logistic regression was used to analyse the association between dermatologists' positive attitudes towards CAM and potential explanatory demographic variables. Statistical package SPSS, Version 22.00 (Statistical Package for the Social Sciences, SPSS Inc., Chicago, IL) was used for statistical analyses.

## 3. Questionnaire

A questionnaire was designed to achieve the aims of the study. The CAM therapies chosen for this study were based on a standard classification derived from five groups adopted by the National Centre for Complementary and Alternative Medicine (NCCAM, 2002). CAM therapies surveyed in this study included those that are both commonly and less commonly surveyed and therapies that are highly popular in Saudi Arabia. The preliminary list of therapies was developed by a consensus of international researchers in the CAM field based on a literature review. The questionnaire included both open-ended and closed-ended questions. The face and content validity of the questionnaire was established by a comprehensive literature review.

The questionnaire was pilot-tested among 15 dermatologists for content, language clarity, ease of use, relevance to dermatologists, and time required to fill out the questionnaire. The dermatologists were assured verbally and via information sheets that their information would be kept anonymous and confidential. Written consent was not necessary from the dermatologists because completion of the questionnaires served as consent to participate in the study.

## 3.1. Data collection

Upon approval by the hospitals' Ethics Committees (Project no; E-11-562), data collection began by sending the online survey to all dermatologists in the region. Responses were collected and analysed using an online survey maker.

## 4. Results

We emailed 93 questionnaires to dermatologist in various regions of Saudi Arabia. A total of 93 were returned, indicating a 100% response rate. The mean age of the dermatologists was  $41.7 \pm 10.3$  (range of 25–63) years. Table 1 shows the socio-demographic characteristics of the participants. Twenty-five dermatologists were consultants and 16 were residents. We found that most of the dermatologists surveyed have knowledge about diet supplements (69, 74.2%) followed by holy water use and spiritual healing (Table 2). Almost 50% (43/93) obtained their information about CAM from the media. By examining attitudes regarding CAM, we found that 67% of dermatologists have welcoming attitude towards CAM (Table 3). The areas they are interested to learn more about are side effects and safety (82%), mechanism of action (79%), optimal combination with conventional therapy (79%) and cost effectiveness (69%) (Table 3).

As shown in Fig. 1, a large number of dermatologists expressed agreement with most attitudinal statements about CAM education listed in the questionnaire. For example, 71% agreed on the benefits of CAM and 69% showed their interest in CAM. However, only 9 dermatologists (9.7%) had attended CAM courses.

The doctors gave several reasons for their willingness to take a course in CAM, from feeling a responsibility to respond to their patients' interests and needs to develop professional skills. Two-thirds of respondents (66.7%) thought that CAM training would be beneficial to their practice. When asked about their opinions related to CAM education, 65.6% (61/93) were eager to receive CAM-specific education.

We received mixed responses for different questions about the dermatologists' attitudes towards CAM, but a large number of dermatologists agreed on the need for physician supervision of CAM (82.8%). A total of 68% of respondents considered CAM to be a useful supplement to conventional medicine, and 72 out of 93 respondents (77.4%) believed that dermatologists could provide better medical care with more knowledge of CAM (Table 4).

**Table 1**

Demographic characteristics of respondents who completed the CAM Questionnaire. N = 93.

Demographics		Number of response
Age (years)	Mean $\pm$ SD (Min–Max)	41.7 $\pm$ 10.3 (25–63)
Experience (years)	Mean $\pm$ SD (Min–Max)	11.6 $\pm$ 8.7 (0.5–29)
Gender M:F = 1:0.6	Male	41 (44%)
	Female	26 (28%)
	Non-response (Missing)	26 (28%)
Qualifications	MBBS	19 (20.4%)
	Master/Diploma	16 (17.2%)
	Board/PHD	32 (34.4%)
	Non-response (Missing)	26 (28%)
Job level	Consultant	25 (26.9%)
	Specialist	25 (26.9%)
	Resident	16 (17.2%)
	Non-response (Missing)	27 (29%)
Practice	Government	42 (45.2%)
	Private	17 (18.3%)
	Both	7 (7.5%)
	Non-response (Missing)	27 (29%)

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