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Use and interest in complementary and alternative medicine among college students seeking healthcare at a university campus student health center



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ABSTRACT

Background: There is growing data on complementary and alternative medicine (CAM) preferences among college students. While several studies have focused on undergraduate students, there is limited data on graduate students.

Materials and methods: Cross sectional analysis of undergraduate and graduate students seeking medical care at the University of California Irvine's Student Health Center (SHC). The survey assessed previous CAM use and preferences for future CAM use and education.

Results: The majority (67.0%) had used CAM within the last year, 27.0% would use CAM for their current health condition, and 51.9% would consider CAM for their current health condition if they were more knowledgeable. Most respondents desired more CAM education and indicated that they would try CAM modalities if covered under insurance.

Conclusion: Most college students requested more knowledge to assist in their decisions to use CAM. These findings provide insight for health centers on the preferences of college student patients.

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1. Introduction

The National Center for Complementary and Integrative Health (NCCIH) defines complementary medicine as practices used *together with* Western medicine and alternative medicine as practices used *in place of* Western medicine [1]. Complementary and alternative medicine (CAM) includes but is not limited to natural products (e.g. herbs, vitamins, minerals, probiotics) and mind and body practices (e.g. yoga, meditation, massage, acupuncture) [1,2]. Although complementary and alternative medicine are often discussed in conjunction, the use of purely alternative medicine is uncommon. More frequently, these methods are used in conjunction with Western medicine, representing a “complementary” or “integrative” health approach [1].

According to National Health Interview Surveys (NHIS), CAM use in adults in the United States has increased over the last decade

[3,4]. Specifically, CAM use is higher in those with a college education. The 2012 NHIS reported that 36.5% of those who have had some college education and 42.6% of those with a college degree or higher used CAM within the last year. In comparison, 15.6% of those with less than a high school diploma and 24.4% of those with a high school diploma or equivalent used CAM within the last year [4].

Studies have reported that 35%–82% of undergraduate college students in the United States use CAM, compared to 33.3% of the general adult population as reported by the NHIS in 2012 [4–7]. College students are in a unique position to acquire CAM knowledge due to their higher education, potential openness to unconventional forms of healthcare, and increasing responsibility for their own health [8]. Common therapies used by the college student population include vitamin and herbal supplements, yoga, meditation, chiropractic, and prayer or spiritual healing [3,5,8,9]. Several studies have evaluated predictors of CAM use in college students. One study showed that compared to healthy students, college students who had a serious illness in the past five years were significantly more likely to use alternative medicine [5]. Additional studies suggest that there are several predictors of CAM use among college students. Students that have certain health concerns (e.g. flu-like or musculoskeletal symptoms), a positive

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attitude toward CAM, or CAM use among peers are more likely to use CAM [7,9].

Little is known about CAM preferences among college students who are specifically seeking medical treatment as patients and about the preferences of graduate students. Our study was conducted at the University of California Irvine (UC Irvine), a large public university with over 30,000 enrolled undergraduate and graduate students. We surveyed both undergraduate and graduate students who were seeking medical care at the campus Student Health Center (SHC), a comprehensive outpatient clinic available to all registered UC Irvine students. The majority of patients at the SHC are covered under the campus health insurance plan. The health center provides both primary and specialized care including dermatology, orthopedics/sports medicine, gynecology, and psychiatry. Basic radiology and clinical laboratory services, insurance consultation, and an on-site pharmacy are also available. Besides direct care, the center also provides medical surveillance and recommendations to the campus on health initiatives to support individualized patient needs. The aims of this study were to study undergraduate and graduate students' 1) history of CAM use, 2) willingness and likelihood to use CAM modalities to treat the medical conditions for which they were actively seeking care, and 3) desire for the availability of CAM education at a student health center.

2. Materials and methods

2.1. Study design and recruitment

We distributed a cross-sectional 16-item print survey at the UC Irvine Student Health Center from January to February 2013. Inclusion criteria for the study were: 1) Patient at the health center seeking medical (non-dental) care, 2) English speaking, and 3) at least 18 years old. Flyers were posted at the SHC a week prior to the survey distribution to inform patients of the study. Subjects were recruited in the SHC waiting room by trained volunteers who followed a protocol that fully informed subjects of the contents of the study prior to participation. All patients in the waiting room at the time the research team was present were offered the survey. Participation in the study was voluntary, and the survey was designed to take no longer than 10 min. In addition, participants were not required to answer every question, and no reward incentive was provided.

2.2. Study questionnaire

The survey was adapted from several prior studies and modified under the guidance of the director of the UC Irvine School of Medicine's Susan Samuelli Center for Integrative Medicine and the director of the UC Irvine SHC [6,10]. The study was approved by the UC Irvine Institutional Review Board. The survey was pilot-tested on five undergraduate students before distribution to assess comprehension, question clarity, and time for completion of the questions. The survey includes of a set of demographic questions on: age, sex, school major, ethnicity, and class standing. Participants were asked for the reason for their visit to the SHC, interest in using CAM to treat the aforementioned reason for visit, CAM use within the last year, conditions for which CAM was used, interest in learning about CAM, likelihood of CAM use if it was/was not covered by medical insurance, and attitudes about using CAM resources if they were offered at the SHC.

At the beginning of the survey, CAM was defined in text alongside a list of modalities with descriptions derived from the NCCIH definitions to ensure participants had a clear understanding of the terms used [1]. Trained volunteers were available to

answer questions regarding the survey or definitions during the process.

2.3. Statistical analysis

Means and proportions were used to describe study demographic characteristics. The χ^2 test of proportions was performed to compare differences between categorical variables. Logistic regression was performed evaluating prior CAM use and desire to learn more about CAM from various resources. These outcomes were tested against the binary outcomes of sex (female vs. male), graduate (graduate vs. undergraduate), healthcare field of study (healthcare vs. non-healthcare), reason for visit (medical vs. health maintenance) and CAM use (users vs. non-users). Additional subcategories were created for the logistic regression analysis: "graduate", "healthcare field of study", and "reason for visit." "Graduate" students consisted of UCI graduate students or extension students; all others were considered undergraduates. The pool of respondents was also divided into "healthcare" and "non-healthcare" students. "Healthcare" students included undergraduate and graduate students studying biological sciences, medicine, nursing, pharmacy science, or public health; all others were considered "non-healthcare" students. Medical reasons for visit were categorized distinctly from health maintenance reasons for visit (e.g. annual physicals, vaccines, paperwork, and pharmacy). A p-value of <0.05 was considered significant for this study. All analyses were done using SAS version 9.1.3 (SAS institute, Cary, NC).

3. Results

3.1. Demographics

This study had a total of 403 respondents with a response rate of 83.3% (i.e. 83.3% of patients who were offered the survey were willing to complete it). The 403 respondents completed the survey in its entirety. The mean age of respondents was 23.3 ± 4.8 (SD) years, with 64.9% females and 35.1% males. Respondents included undergraduate (67.8%, $n = 273$), graduate (30.5%, $n = 123$), and other (1.7%, $n = 7$) students. The respondents studied a wide range of academic disciplines including social science/ecology (35.2%, $n = 142$), engineering/information computer science (15.4%, $n = 62$), and biological sciences (14.1%, $n = 57$). Respondents' self-identified ethnic backgrounds included Asian (40.4%, $n = 163$), Caucasian (29.5%, $n = 119$), and Hispanic/Latino (15.6%, $n = 63$) [Table 1]. Our sample population is a close representation of both the academic discipline and racial composition of students at this university [11].

3.2. Recent CAM use and willingness to use CAM for a current condition

The majority of respondents (67.0%, $n = 270$) indicated CAM use for medical purposes within the last year, with the most common CAM modalities including vitamin/mineral supplements (45.9%, $n = 185$), diet/nutrition (29.8%, $n = 120$), herbal medicine (22.1%, $n = 89$), and massage (21.1%, $n = 85$) [Table 2].

Twenty-seven percent ($n = 93$) of respondents stated that they would use CAM for their current reason for visit to the SHC, 51.9% ($n = 179$) stated that they would use CAM for their current medical condition if they were more knowledgeable about CAM, and 20.5% ($n = 73$) stated that they were not willing to use CAM for their current medical condition. Of those who answered, "Yes" or "Maybe if I knew more" regarding willingness to use CAM for their current medical condition, 71.7% had used CAM within the last year

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