



# Complementary medicine for alcohol dependence in Italian services: A mail questionnaire

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## KEYWORDS

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**Summary** It is well known that Complementary Medicine (CM) is extensively used in western countries for the treatment of many afflictions. CM has been recently promoted in addiction treatment. To evaluate CM use in alcohol dependence we planned a mail questionnaire for Italian alcohol services. We sent out 612 questionnaires. Health services that were unable to respond to the questionnaire within a 20-day limit period were contacted by phone and if we obtained agreement to participate in the study the questionnaire was sent by fax. We obtained 312 (51.82%) completed questionnaires. Only 16.50% of Italian services use CM for alcohol dependence treatment and acupuncture is utilized more frequently than other methods (phytotherapy, homeopathy, etc.). In Italian alcohol services CM is identified as an instrument incorporated into traditional alcohol treatments (self-help groups, drug treatment, etc.) and not an alternative method. In fact, health services that use it as a principal method of treatment were a rare event in our study (1%). CM plays an integrated role with traditional forms of alcohol treatment in Italian alcohol services and this utilization could be useful to reduce drop-outs and improve alcohol treatment compliance.

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## Introduction

A definition of Complementary Medicine (CM) depends on the context in which we consider this medical branch. In fact, from a social point of view CM is whatever is rejected by the “establishment”.<sup>1</sup> Others believe that CM is unproven

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medicine and ceases to be complementary when any method proves its effectiveness. CM has recently been defined as "diagnosis, treatment, and/or prevention which complements mainstream medicine by contributing to a common whole and by satisfying a demand not met conventionally or by diversifying the conceptual frameworks of medicine".<sup>2</sup> CM has also been hampered by scepticism engineered by the exotic nature of some procedures and the lack of understanding of the mechanisms of action of some methods. However, if we consider this subject in depth we should remember that treatments which are considered conventional today were alternative yesterday, and what in one country may be regarded as CM is deemed orthodox in another country. Regardless of CM use in Italy, recent data support the idea that its use is becoming more and more widespread. One Italian survey shows in fact that 16.1% of Italians use CM methods for various afflictions.<sup>3</sup> These data confirm a previous survey in other countries.<sup>4,5</sup> There is therefore a continuous increasing trend in the industrialized world.<sup>6</sup>

We found several studies of CM use for alcohol-dependence treatment but a few are randomized. Among these, acupuncture was the most common study topic<sup>7-13</sup> and many preclinical data are reported as regards phytotherapy<sup>14-16</sup> while few studies are available on homeopathy.<sup>17</sup>

Nowadays, no form of CM has sufficient evidence of its efficacy for alcohol-dependence treatment except for increasing patients' quality of life. Among Italian studies, to our knowledge, no investigation has ever been carried out into alcohol centers that adopt CM strategies in the treatment of alcohol problems. For this reason, we planned a mail questionnaire to estimate CM use in Italian alcohol services.

## Methods

The Italian Society for Alcohol studies (SIA) set up a study group with the aim of acquiring data on the use of CM in alcohol-dependence treatment. With this purpose in mind, a questionnaire was prepared and sent to the relevant health units in the various Italian geographical regions that operate in the field of alcohol abuse: territorial services for drug addicts, therapeutic communities, hospital units, mental health centers, and rest homes with specific experience in alcohol abuse and alcoholism. The addresses were compiled by consulting *alcol informa 1999/2000*, the agenda Club for Treated Alcoholics (CAT) 2004 and the web site [www.dronet.it](http://www.dronet.it).

of the Italian health ministry. The specific aims of this questionnaire were:

1. To estimate the use of complementary and alternative methods (CAM) in the treatment of alcohol dependence in territorial services, hospitals, private and public clinics and therapeutic communities.
2. To characterize the different types of CM used in Italian alcohol services.
3. To evaluate the availability offered by alcohol service authorities in specific complementary medical training concerning CM.

The questionnaire consists of 16 questions with multiple-choice answers covering various aspects. Some of the questions allowed more than one answer. The type of service was specified in the questionnaire: for example, services for drug addicts, alcohol treatment center, hospital, university, other. The questionnaire asked whether the service used or had in the past used complementary and alternative medicine for the treatment of addiction, specifying the type of dependence (heroin, alcohol, cocaine, etc.). It also asked about the presence, within the structure, of an appropriate health team for the treatment of alcohol abuse, specifying the number of alcoholics that attended the unit in the year prior to the compilation of the questionnaire (2004). Finally, the number of patients treated with CM techniques was requested. The authorities in charge of the unit were asked to express their opinions on the use of CM in an alcohol context and whether they considered advising their patients about this type of therapy.

Twenty questionnaires per day were sent out by mail. A waiting period of 15–20 days starting from the forwarding date was established for receipt of the answers.

Unfortunately, the established deadlines were not always respected for various reasons such as: vacation periods that sometimes clashed with our mailing time, the authority in question was not accessible at the time and also because some of the addresses proved unidentified or the service had been transferred to another location. The above-mentioned health services that were unable to respond to the questionnaire within a 20-day limit period were eventually contacted by phone. During the telephone call, these services were asked whether they agreed to participate in the study and if possible the questionnaire was sent by fax.

Despite the above-mentioned problems that were encountered at this stage of the study, no other additional strategies<sup>18</sup> were used.

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