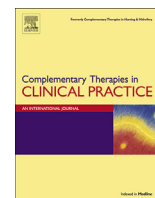




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Prevalence of visits to massage therapists by the general population: A systematic review

Philip E. Harris^{a,*}, Katy L. Cooper^b, Clare Relton^b, Kate J. Thomas^b^aCardiff School of Health Sciences, Cardiff Metropolitan University, PO Box 377, Western Avenue, Cardiff CF5 2YB, UK^bSchool of Health and Related Research, University of Sheffield, Regent Court, 30 Regent Street, Sheffield S1 4DA, UK

A B S T R A C T

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Objective: To systematically review 12-month prevalence of visits to massage therapists by representative samples of the general population across countries.

Methods: Surveys reporting estimates of overall CAM use were included. Studies were identified via database searches. Study quality was assessed using a six-item tool.

Results: Twenty-two surveys across six countries were included. Estimates for 12-month prevalence of visits to massage therapists by adults ranged from 0.4% to 20% and the median was 5.5%. Estimates for children were 0.3%–3.8% (median 0.7%), while estimates for older adults were 1.5%–16.2% (median 5.2%). 16 surveys (73%) met at least four of six quality criteria.

Conclusions: This review summarises 12-month prevalence of visits to massage therapists in six countries (USA, UK, Canada, Australia, Singapore and South Korea). A small but significant percentage of these general populations visit massage therapists each year.

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1. Introduction

We recently published results of a broad-scale systematic review assessing prevalence of use of complementary and alternative medicine (CAM) within general populations across 15 countries [1]. Estimates of 12-month prevalence of use of any CAM ranged from 9.8% to 76% (based on 32 studies), while estimates of 12-month prevalence of visits to CAM practitioners ranged from 1.8% to 48.7% (based on 33 studies). Though these ranges were wide, estimates of 12-month prevalence of any CAM use (excluding prayer) from surveys using consistent measurement methods showed stability within some countries, such as Australia (49%, 52% and 52% in 1993, 2000 and 2004 respectively) and USA (36% and 38% in 2002 and 2007). We separately reported data from these general population studies on 12-month prevalence of visits to practitioners for five types of complementary and alternative medicine (CAM): acupuncture, homeopathy, osteopathy, chiropractic, and medical herbalism [2].

The study presented here is a systematic review of the subset of these general population studies with reports of 12-month

prevalence of visits to massage therapists by representative samples of the general population. Massage is an umbrella term for an array of different styles and techniques (e.g. Swedish, Sports, Aromatherapy, Reflexology, and Shiatsu massage) involving the application of bodily contact and physical pressure using hands, fingers, forearms, elbows, knees, or feet, with therapeutic intent. Attempts to define and classify the extensive range of types of massage have met with limited success and sometimes confusion [3]. However, the use of massage for relaxation and remedial purposes has a long history and is evident in most cultures, for instance, massage was and remains an integral part of traditional Chinese medicine and Ayurvedic medicine, and a wide range of massage styles have evolved in other eastern countries as well as in Australia, Europe and the USA [3]. Indeed, the very diversity of style and technique is itself reflective of the persistence and popularity of this type of therapy and although the scientific research for the effectiveness of massage is limited there is evidence that it can be beneficial, for example, massage appears to be useful for people with low-back pain [4]; one of the most common and costly musculoskeletal problems. There is also evidence of an active research programme in the USA with funded studies investigating the effects of massage on a variety of conditions including chronic neck pain and low-back pain; anxiety and depression in patients with advanced AIDS; and fatigue, pain and distress in cancer patients [5].

* Corresponding author. Tel.: +44 (0) 29 20205609.

E-mail addresses: peharris@cardiffmet.ac.uk (P.E. Harris), k.l.cooper@sheffield.ac.uk (K.L. Cooper), c.relton@sheffield.ac.uk (C. Relton), k.thomas@sheffield.ac.uk (K.J. Thomas).

Although the use of massage appears to be popular and widespread, this has not been previously demonstrated. This is the first study to systematically review data on the prevalence of visits to massage therapists by the general public. The review focusses on visits to therapists rather than self-treatment. This decision was made on the basis that estimates for visits to massage therapists are likely to be better-defined and less prone to recall bias than estimates for self-massage.

2. Methods

2.1. Search strategy

The systematic review followed the recommendations in the PRISMA statement [6]. The following databases were searched in February 2011: MEDLINE, Medline in Process, EMBASE, Cochrane Database of Systematic Reviews, Cochrane CENTRAL Register of Controlled Trials, HTA database, Science Citation Index, AMED, and PsycINFO. The search strategy combined terms for: i) complementary and alternative medicines, ii) prevalence, surveys or patterns of use, and iii) population-level or national-level data. The full search strategy is provided in our previous article on prevalence of use of any CAM [1]. The search was restricted to studies published from 1998 onwards. Studies published prior to 1998 were identified from two previous systematic reviews of CAM prevalence [7,8]. Bibliographies of included papers were checked for further relevant studies.

2.2. Inclusion and exclusion criteria

Studies were included if they reported 12-month prevalence of visits to massage therapists, in addition to prevalence of overall CAM use and/or visits to CAM practitioners (the latter were inclusion criteria for the broader review). Prevalence had to be reported over a 12-month retrospective period within a representative general population sample of a nation or a defined geographical area. Surveys of clearly-defined age groups (such as adults, children or older adults) were included. Included studies used survey methods such as structured interviews or self-complete questionnaires. Studies were excluded if they did not report 12-month prevalence, or were not written in English. Studies were also excluded if they were not based on representative samples of the general population; for example, surveys of sub-populations with specific clinical conditions or socio-demographic characteristics (other than age).

2.3. Study selection and data extraction

Study titles retrieved by the search were assessed for inclusion by one reviewer and a sample of excluded titles was checked by a second reviewer. Potentially relevant abstracts and full texts were assessed by two reviewers and any discrepancies resolved through discussion. Data were extracted by one reviewer and checked by a second.

2.4. Quality assessment

There is no agreed set of criteria for assessing the quality of health-related surveys. As part of our wider systematic review on prevalence of overall CAM use, we devised a six-item, literature-based quality assessment tool comprising important and assessable criteria of methodological quality [1]. This was applied to each of the included studies. The criteria covered by the quality assessment tool include 1) whether CAM-use questions were clearly described and number of therapies/questions reported; 2) whether the

survey was piloted (this was assumed for government surveys); 3) whether the sample size was ≥ 1000 and/or a CAM-specific sample size calculation was reported; 4) whether the reported response rate was $\geq 60\%$; 5) whether data were weighted to population characteristics (where appropriate) to reduce non-response bias; and 6) whether a 95% confidence interval or standard error were reported for the 12-month prevalence of CAM use.

3. Results

3.1. Number of surveys included

The wider search for surveys on CAM use identified 2312 unique citations. Of these, 2208 were excluded at the title and abstract stage, while the full texts of 104 references were examined. A total of 26 references were included in this review, reporting data from 22 independent surveys conducted in six countries (USA, UK, Canada, Australia, Singapore and South Korea). There were 18 surveys reporting data on adults or all ages, 4 reporting data for children and 6 reporting data for older adults.

3.2. Definitions of massage therapy

Few surveys reported whether they provided a definition of massage therapy to respondents, though our analysis is restricted to surveys which specified visits to a massage therapist rather than self-massage or informal massage by friends or family. One study specified “therapeutic massage”, though this was not defined further (Table 1) [9]. Another study specified Western massage therapy, though again this was not defined further [10] (this study also reported use of Chinese therapeutic massage, but the two estimates could not be added as it was not clear whether any patients received both, so the former was used since estimates were higher). Few surveys reported whether massage therapist visits were for health reasons or for recreational reasons though most were in the context of a survey or survey subsection relating to health and healthcare (Table 1). Five surveys (within 7 reports) reported specifying to respondents that the visits should be for health reasons [11–17], while two implied that the visits may be for any reason [18,19]; other surveys were not clear on this point.

3.3. Prevalence of visits to massage therapists

Table 1 presents the 12-month prevalence of visits to massage therapists as reported in the 22 surveys. Survey data are ordered by country, then survey type (government, other national, or sub-national), then year of survey. Data are grouped by age: adults or all ages; children; and older adults. Further detail (sampling and data collection methods for each survey) is provided in our earlier publication [1]. Table 2 provides a summary of the median and range for prevalence of visits for each age group.

Based on all surveys, estimates for 12-month prevalence of visits to massage therapists by adults (18 surveys) ranged from 0.4% to 20% and the median was 5.5% (Table 2). Estimates for children (4 surveys) ranged from 0.3% to 3.8% with a median of 0.7%, while estimates for older adults (6 surveys) ranged from 1.5% to 16.2% with a median of 5.2%.

Estimates from government surveys were more consistent. The five US government surveys estimated that between 2.0% and 8.3% of the adult (or all ages) population had visited a massage therapist in the previous 12 months. Rates were similar over the years surveyed (1995–2007). Rates for other government surveys were similar: 2.1%–6.0% for the UK (2001–2005) and 2.0%–7.8% for Canada (1994–2005). Ranges and medians for government surveys are presented in Table 2.

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