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Prevalence of complementary and alternative medicine use in a community-based population in South Korea: A systematic review

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Complementary and alternative medicine (CAM);
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Summary

Objectives: To examine the prevalence of the use of complementary and alternative medicine (CAM) in the Republic of Korea and identify the factors responsible for variations in the reported prevalence, the socio-demographic factors associated with CAM use, and the relationship between CAM use and study methodological quality.

Design: Two international and 6 representative Korean medical databases were searched to identify cross-sectional studies that had surveyed the general Korean population in community settings to determine prevalence of CAM use. Data collection and assessment of the methodological quality of the studies were conducted by 3 independent reviewers.

Results: The prevalence of CAM use reported by the 11 studies that met the selection criteria ranged from 29% to 83%. Inclusion of Korean medicine within the definition of CAM was not found to be a significant factor in the heterogeneity, but several factors that may have contributed to it, namely, inconsistency in CAM taxonomies, recall bias, use of unrepresentative sampling strategies, and lack of pilot testing, were identified. Higher CAM use was found to be associated with female sex, high level of education, and advanced age.

Conclusions: The inclusion of Korean medicine within the definition of CAM does not explain the heterogeneity in the reported prevalence of CAM use among the South Korean population. A standard questionnaire appropriate for the Korean context should be developed to define and classify the common CAM modalities and control for confounding factors.

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Background

Complementary and alternative medicine (CAM) is a set of varying health care systems, practices, and products that are not generally considered part of conventional medicine.¹ In several countries, CAM also encompasses any clinical practice or idea considered outside the domain of conventional medicine that is defined by its users as a means of preventing or treating disease and/or enhancing health and well-being.²

The use of CAM has been increasing throughout the world. In the United States, a survey conducted by the National Center for Complementary and Alternative Medicine (NCCAM) found that the rate of CAM use among American adults had increased from 36.0% to 38.3% between 2002 and 2007, and that the rate of CAM use among American children in 2007 had been 11.8%.³ The prevalence of CAM use has been reported as even higher in East Asia. In Japan, 76% of patients attending general outpatient clinics in 2002 reported having used some form of CAM,⁴ while in China 93.4% of cancer patients reported having used CAM in 2009–2010.⁵ Such high and increasing prevalence of CAM use worldwide⁶ appears to be related to several factors. One factor is the understanding among many patients that as a disease transitions from the acute to the chronic stage, it is more feasible to attempt to self-manage its course rather than completely eradicate it. A second factor is an increase in the education of medical consumers and their accessibility to medical information, which has led them to become more interested in medical care services and more involved in their health care.

Although the prevalence of CAM use in South Korea has been reported in previous studies,⁷ variations in the study methodologies and results has made it difficult to understand the exact CAM usage among the general population. A confounding factor has been the use of differing definitions of CAM, a very complex concept of medical treatment

in the Korean context that has long been provided and continues to be provided by licensed Korean medicine physicians within the South Korean medical system. Korean medicine is defined as indigenous medicine consisting of the application of acupuncture, moxibustion, cupping, and manual therapies and the prescription of herbal medicines as its main therapeutic methods.⁸ Unlike in Western countries, the provision of traditional forms of medicine and medical treatment is accepted as part of conventional health care among the general South Korean population, and is covered by the national medical healthcare system.⁹ Based on consideration of these factors, this study developed and examined the hypothesis that the factor most responsible for the variations in the prevalence of CAM use in South Korea as reported by different studies is whether the studies included Korean medicine within the definition of CAM in their surveys of the population. In accordance with this hypothesis, those studies that defined Korean medicine as a form of CAM would likely have found higher rates of CAM use among the Korean population.

To test this hypothesis, this study systematically reviewed the results of a sample of survey studies of CAM use among the general population in the Republic of Korea to determine how they defined traditional Korean medicine, specifically whether they considered it a form of CAM. In the course of doing so, the study attempted to identify the factors responsible for variations in the reported prevalence, socio-demographic factors associated with CAM use, and the relationship between CAM use and the methodological quality of the surveys.

Methods

Study selection criteria

Type of studies: Cross-sectional survey studies that administered structured or self-report questionnaires to estimate

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