ORIGINAL PAPER

Characteristics of patients consulting their regular primary care physician according to their prescribing preferences for homeopathy and complementary medicine

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Background: Homeopathic care has not been well documented in terms of its impact on patients' utilization of drugs or other complementary and alternative medicines (CAM). The objective of this study was to describe and compare patients who visit physicians in general practice (GPs) who prescribe only conventional medicines (GP-CM), regularly prescribe homeopathy within a mixed practice (GP-Mx), or are certified homeopathic GPs (GP-Ho).

Material and methods: The EPI3-LASER study was a nationwide observational survey of a representative sample of GPs and their patients from across France. Physicians recorded their diagnoses and prescriptions on participating patients who completed a self-questionnaire on socio-demographics, lifestyle, quality of life Short Form 12 (SF-12) and the complementary and alternative medicine beliefs inventory (CAMBI).

Results: A total of 6379 patients (participation rate 73.1%) recruited from 804 GP practices participated in this survey. Patients attending a GP-Ho were slightly more often female with higher education than in the GP-CM group and had markedly healthier lifestyle. They did not differ greatly in their comorbidities or quality of life but exhibited large differences in their beliefs in holistic medicine and natural treatments, and in their attitude toward participating to their own care. Similar but less striking observations

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were made in patients of the GP-Mx group.
Conclusion: Patients seeking care with a homeopathic GP did not differ greatly in their socio-demographic characteristics but more so by their healthier lifestyle and positive attitude toward CAM. Further research is needed to explore the directionality of those associations and to assess the potential economic benefits of homeopathic management in primary care. *Homeopathy* (2013) **103**, 51−57.

Introduction

Homeopathic care has not been well documented in the literature from patients' utilization of drugs or other complementary and alternative medicines (CAM) which are often obtained over-the-counter (OTC).[1,2] Factors associated with consulting a primary care physician who integrates homeopathic and CAM into their practice include perception of limited efficacy of conventional medicine (CM) for chronic illnesses and of their adverse side-effects,[3−6] and of greater participation in medical decision making with their healthcare provider.[7−9] In France, homeopathy is practiced exclusively by physicians which allows a direct comparison of patients who consult general practitioners (GP) with different prescribing preferences for homeopathy. The objective of this nationwide survey was to describe and compare the characteristics of patients who visit GPs according to their prescribing preferences for homeopathy. Participating GPs were classified as those who self-declared prescribing only conventional medicines (GP-CM), regularly prescribing homeopathy within a mixed practice (GP-Mx), or being certified homeopathic GPs (GP-Ho).

Methods

Study design, settings and participants

The EPI3 (epidemiology in three groups of primary care practice) survey was a nationwide survey of primary care practice conducted in France between 2007 and 2008 using a representative sample of GPs and their patients.[10] The sample was drawn using a two-stage sampling process. First, a random sample of GPs was drawn from the French National Directory of Physicians in primary care. Sampling of GPs was stratified according to their own declaration of prescribing preferences for homeopathy and CAM obtained by telephone at the time of their recruitment and categorized into three groups: strictly prescriber of conventional medicine (GP-CM) who declared never or rarely using homeopathy or CAM, regular prescribers of homeopathy and CAM in a mixed practice (GP-Mx), and certified homeopathic GPs (GP-Ho). Physicians who prescribe homeopathy in France are either occasional prescribers or have completed a certification in homeopathic medicine accessible through private organizations (see for instance www.cedh.org/home/uk/). Second, a one-day survey of all patients attending the medical practice of each participating GP was conducted by a trained research assistant. The present study was restricted to patients who identified the attending physician as their regular GP.

Data collection: Data on physicians included age, gender, type of contract with the National Health Insurance (NHI) (regular fees, extra fees for service, and practice outside the NHI) and workload. At inclusion, GPs completed a medical questionnaire for each patient surveyed including the main reason for consultation and up to five other diagnoses (comorbidities), including all drugs prescribed that day. Diagnoses were coded by a trained archivist using the 9th revision of the International Classification of Diseases.[11] All consenting patients (or the accompanying adult for minor patients) completed a self-administered questionnaire at inclusion, in the waiting room just prior to consultation, collecting information on lifestyle, occupation, history of hospitalization, number of GP consultations in the past year, and the health-related quality of life questionnaire Short Form 12 (SF-12).[12,13] Participants also completed the complementary and alternative medicine beliefs inventory (CAMBI), a 17-item questionnaire that assesses beliefs in natural treatments and holistic health, and expectations for participating in treatment.[14]

Statistical analysis

Characteristics of patients not participating in the survey (gender, age, length of time attending the GPs' medical practice, type of health insurance and main reasons for consultation) were used to calibrate the final sample using a method known as the CALMAR procedure.[15] This procedure permitted the weighting of each variable so as to improve the representativeness of the source population. Patients' characteristics in the GP-Mx and GP-Ho groups were compared to the GP-CM group using multiple logistic regression analyses. Variables showing a significant association were further used for adjustment in modelling the diagnoses/motives for consultation, classified in 25 diagnostic groupings. The number of comorbidities was calculated individually for each participant as the number of diagnoses reported by the physician on the same day of the survey. Each of the three CAMBI subscales scores were dichotomized at the third quartile (high score) obtained from the whole study population. The probability of high CAMBI scores (global and subscales) in the GP-Mx and GP-Ho groups compared to the GP-CM group were obtained in logistic regressions adjusted for patients' characteristics and number of comorbidities. A similar approach was used for the SF-12 quality of life subscales, physical composite summary (PCS) and mental composite summary (MCS), modelling the probability of a low score (≤first quartile). All the analyses were performed with SAS software version 9.1 (SAS Institute, Inc., Cary, North Carolina).