

ATTITUDES, KNOWLEDGE, USE, AND RECOMMENDATION OF COMPLEMENTARY AND ALTERNATIVE MEDICINE BY HEALTH PROFESSIONALS IN WESTERN MEXICO

Aniel Jessica Leticia Brambila-Tapia, PhD^{1#} Blanca Estela Rios-Gonzalez, PhD² Liliana Lopez-Barragan, MD² Ana Miriam Saldaña-Cruz, PhD³ and Katya Rodriguez-Vazquez, PhD^{4#}

Background: The use of complementary and alternative medicine (CAM) has increased in many countries, and this has altered the knowledge, attitudes, and treatment recommendations of health professionals in regard to CAM.

Methods: Considering Mexican health professionals' lack of knowledge of CAM, in this report we surveyed 100 biomedical researchers and Ph.D. students and 107 specialized physicians and residents of a medical specialty in Guadalajara, México (Western Mexico) with a questionnaire to address their attitudes, knowledge, use, and recommendation of CAM.

Results: We observed that significantly more researchers had ever used CAM than physicians (83% vs. 69.2%, $P = .023$) and that only 36.4% of physicians had ever recommended CAM. Female researchers tended to have ever used CAM more than male researchers, but CAM use did not differ between genders in the physician group or by age in either group. Homeopathy, herbal medicine, and massage therapy were the most commonly used CAMs in both the groups. Physicians more frequently recommended homeopathy,

massage therapy, and yoga to their patients than other forms of CAM, and physicians had the highest perception of safety and had taken the most courses in homeopathy. All CAMs were perceived to have high efficacy (>60%) in both the groups. The attitude questionnaire reported favorable attitudes toward CAM in both the groups.

Conclusions: We observed a high rate of Mexican health professionals that had ever used CAM, and they had mainly used homeopathy, massage therapy, and herbal medicine. However, the recommendation rate of CAM by Mexican physicians was significantly lower than that in other countries, which is probably due to the lack of CAM training in most Mexican medical schools.

Key words: Complementary and alternative medicine, Biomedical researchers, Physicians, Use, Recommendation, Attitudes and Mexico

(*Explore* 2016; 12:180-187 © 2016 Elsevier Inc. All rights reserved.)

INTRODUCTION

The use of complementary and alternative medicine (CAM) has increased in the past decades in the United States, in a report of the National Health Statistics, in the year 2012, 38%

of adults and 12% of children used it within the past 12 months.¹ Furthermore, significantly more accredited CAM programs have been developed in the medical schools.² European countries have also reported a high rate of CAM use,^{3,4} and a recent report indicates that 50% of Norwegian hospitals, one-third of Danish Hospitals⁵ and one-third of French-speaking Swiss hospitals⁶ offer CAM; furthermore, 40% of European medical faculties offer some form of CAM training.⁷ One study found that patients whose general practitioners have CAM training have lower healthcare costs and mortality rates.⁸ In Mexico, little information about CAM use is available; nevertheless, we found that it has been used at a high rate in patients with some specific diseases, including 70% of pediatric cancer patients⁹ and 68% of patients with rheumatic diseases.¹⁰ Our goal in this study was to examine the attitudes, knowledge, use, and treatment recommendations of health professionals in regard to CAM. Although some studies of this topic have been conducted in different countries, including in the United States^{2,11,12} and the United Kingdom,^{4,13} this topic has not

1 Departamento de Fisiología, Centro Universitario de Ciencias de la Salud (CUCS), Universidad de Guadalajara, #950, colonia Independencia Oriente, Guadalajara, Jalisco, Mexico C.P. 44340

2 Unidad Médico Familiar #34, Instituto Mexicano del Seguro Social (IMSS), Guadalajara, Jalisco, Mexico

3 Centro Universitario de Investigaciones Biomédicas (CUIB), Universidad de Colima, Colima, Mexico

4 Departamento de Ingeniería de Sistemas Computacionales y Automatización, Instituto de Investigación en Matemáticas Aplicadas y Sistemas (IIMAS), Universidad Nacional Autónoma de México (UNAM), Av. Universidad #3000, Ciudad Universitaria, C.P. 04510, CDMX, México

Corresponding authors.

e-mail: anieljessica@hotmail.com; katya.rodriguez@iimas.unam.mx.

been studied in health professionals in México. Therefore, we administered a questionnaire to evaluate the attitudes, knowledge, use, and treatment recommendations in regard to CAM of a sample of physicians and biomedical researchers in the western region of Mexico.

SUBJECTS AND METHODS

Given that biomedical researchers are both generators of new knowledge in the health sciences as well as medical educators influencing the opinions of physicians in training, we decided to examine both the group of physicians and a group of biomedical researchers for this study. We surveyed 100 biomedical researchers and Ph.D. students (all with research areas directly related to medicine) at the Health Sciences University Center of the University of Guadalajara, the main public university in this city, and at the Biomedical Research Center supported by the Mexican Institute of Social Security in Guadalajara, México (the second biggest city in the country). These two institutions employ most of the biomedical researchers in Guadalajara. Additionally we surveyed 107 physicians, mainly in family medicine and medical specialties, in primary, and secondary care hospitals in Guadalajara. These hospitals belong to the Mexican Institute of Social Security, one of the biggest health government institutions, treating 44% of the Mexican population.

The health professionals were approached directly by the researcher, and if they agreed to be surveyed, the researcher gave them the option of answering the questionnaire at that moment or taking it with them and returning it later. Demographic data on the participants were collected, including name, which was optional, gender, age, medical specialty, and in the case of the researchers and Ph.D. students, profession. For the professionals who declined to answer the questionnaire, their reason for not answering was recorded.

We selected the 13 CAM therapies most well known in Mexico (Table 2) and asked the health professionals whether they had heard about them, whether they had used them and for what, and whether a relative had used them; if the subjects responded that they had used them, we asked whether they thought they were effective and whether they had observed any adverse effects. We also asked the professionals whether they had recommended CAM to patients (for the physician group only), whether they had recommended them to friends or acquaintances, whether they thought these therapies were safe, whether they had taken a course on CAM, whether they thought CAM should be part of medical curricula and whether they thought that government resources should be allocated for scientific research on these CAM therapies. For the analysis of the perceptions of effectiveness and adverse effects, we only included the responses of the participants that reported using the respective CAM. For those who had used CAM or recommended CAM to patients, we asked the main reasons (three at most) for using or recommending CAM from seven different options; these options were as follows: (a) failure of conventional treatment, (b) evidence of its efficacy, (c) no conventional treatment available, (d) personal conviction that it works, (e) colleagues suggested it,

(f) high cost of conventional treatment and (g) other reason not previously mentioned.¹⁴

Finally, the participants completed an attitude questionnaire consisting of 15 different assertions. They were asked to mark how much they agreed with each assertion using seven different levels of agreement (1 = absolutely agree to 7 = absolutely disagree). These statements were taken from the validated attitude questionnaire used by Lewith et al.¹³ All the questions were translated from the original version and administered in Spanish and in the case of the technical term in the survey “NHS budget,” this was translated as “any of the three social security health programs provided by the government.”

Statistical Analysis

For descriptive results of quantitative variables we obtained means, standard deviation (SD), and ranges, and for qualitative variables (including dichotomous and categorical ones) we obtained frequencies and percentages. To perform comparisons of quantitative variables, we used the *t*-test for independent samples, and to perform comparisons of qualitative variables, we used the chi-squared and Fisher exact tests. The level of statistical significance was set at $P < .05$. The statistical analysis was carried out using SPSS v 10.0.

RESULTS

Description of the Respondents

The general characteristics of the two groups of respondents are presented in Table 1. There were no differences in age ($P = .78$) or gender ($P = .09$) between the two groups. The professions of the 100 biomedical researchers and Ph.D. students surveyed were as follows: chemical pharmaceutical biologist (33%), physician (26%), biologist (23%), nutritionist (8%), and other (10%). From the group of physicians, the medical specialties represented were family medicine (87, 81.3%), pediatrics (7, 6.5%), gynecology–obstetrics (5, 4.7%), and other (8, 7.5%). Of all the addressed professionals, 28 (11.9%) refused to answer the questionnaire; 2 were researchers and 26 were physicians. The reasons for refusing to answer included lack of time (24), conflict of interest (1), and other (3).

CAM Knowledge and Use

In Table 2, we show that in both the groups, the most well-known CAM therapy was homeopathy (100%), and the least well-known was reflexology (72%) for researchers and reiki for physicians (72.9%). Other CAM therapies mentioned were prayer, ionization, chromotherapy, and ozone therapy; these were only mentioned once. In the group of researchers, the most commonly used CAM therapy was homeopathy, followed by herbal therapy and then massage therapy; in the group of physicians, the most commonly used CAM therapy was also homeopathy, but this was followed by massage therapy and then herbal therapy. In both the groups, the least commonly used CAM therapy was hypnosis. In regard to CAM use by family members, homeopathy was also the most commonly used in both groups, and hypnosis, and reflexology were the least commonly used.

Download English Version:

<https://daneshyari.com/en/article/2687116>

Download Persian Version:

<https://daneshyari.com/article/2687116>

[Daneshyari.com](https://daneshyari.com)