
Use of complementary and alternative medicine among adults with skin disease: Updated results from a national survey

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Background: In the United States, complementary and alternative medicine (CAM) is used for a variety of diseases, including those of the skin. An estimate of the prevalence of CAM use among adults with skin disease using the alternative health supplement of the 2002 National Health Interview Survey (NHIS) has been published.

Objective: We sought to analyze the 2007 NHIS data to update the prevalence of CAM use among adults with skin disease in the United States.

Methods: We conducted a cross-sectional survey using the 2007 alternative health supplement of the NHIS.

Results: Among those reporting skin problems in the past year, 84.5% (95% confidence interval 76.9-92.0) used CAM. Only 1.1% of this group (95% confidence interval 0.7-1.6) used CAM specifically for skin disease. Adjusting for race, sex, income, education level, and region, those reporting skin problems were more likely to use CAM than those who did not report skin problems (adjusted odds ratio 2.5, $P \leq .002$, 95% confidence interval 1.4-4.4). Vitamin/mineral and herbal supplements were the most common CAM modalities used among those with skin disease in general, and among those who used CAM specifically for skin problems.

Limitations: As this is not a dermatology-focused database, the definition of skin disease is limited. It was not possible to comment on trends between the 2002 and 2007 data because the 2007 survey was significantly changed.

Conclusion: CAM use among adults with skin problems in the United States continues to be common. Addition of a specific dermatology supplement to a future NHIS survey would allow for population-based estimates not only of CAM use but of associations with other comorbid conditions among adults with skin disease in the United States. (J Am Acad Dermatol 2010;63:1000-5.)

Key words: complementary therapies/use; cross-sectional studies; health care surveys; human beings; National Health Interview Survey; skin diseases/therapy; United States.

The use of complementary and alternative medicine (CAM) is prevalent among those with skin disease in the United States.¹ Past

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Abbreviations used:

CAM:	complementary and alternative medicine
CI:	confidence interval
NCCAM:	National Center for Complementary and Alternative Medicine
NHIS:	National Health Interview Survey

studies at a single institution estimated that CAM use varied from 50% to 61% among adults with dermatologic disease in the United States.²⁻⁴ These studies were limited by their small patient populations and a nonstandardized definition of CAM. In 2002, the inclusion of the alternative health supplement to the National Health Interview Survey (NHIS) provided a population-based survey by which to estimate the prevalence of CAM use, including its use for skin

conditions.⁵ This supplement is beneficial because it uses the current National Center for CAM (NCCAM) definition of CAM,⁶ which is “a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine.” NCCAM separates CAM into the following categories: alternative medical systems, biologically based therapies, manipulative and body-based therapies, and mind-body therapies. In 2007, the additional therapies of traditional healers and movement therapies were included in the NCCAM definition of CAM, and thus, were added to the NHIS.⁷

Based on the 2002 alternative health supplement of the NHIS, approximately 50% of subjects reporting skin problems in the past year also reported using CAM during the past year.¹ Six percent of these individuals used CAM specifically for skin problems. Given the paucity of efficacy evidence and risk of adverse events of CAM, including skin disease (eg, contact dermatitis),⁸⁻¹⁰ it is important to expand our understanding of the scope, nature, and trends of CAM use among people with dermatologic conditions.

The purpose of this study was to estimate the prevalence of CAM use among adults with skin disease and to describe the demographic characteristics of this group in 2007. The group of adults that use CAM *specifically* for skin disease is also described.

METHODS

Survey development, administration, and sampling techniques

This cross-sectional study was a subpopulation analysis of data collected from the 2007 NHIS. Details of the survey development and methodology have been previously published and the database is publicly available.¹¹ For this reason, this study was determined exempt from review by our institutional review board.

In 2002 and 2007 the NHIS included a supplement questionnaire called the alternative health/CAM supplement, which asked questions about various types of CAM use.⁵ Although this supplement has also

been described previously, there are important differences between the 2007 and 2002 versions.⁷ The 2007 version included new questions about the use of traditional healers (curandero, espiritista, Hierbero or Yerbero, shaman, botanica, Native American healer, sobador) and movement therapies (Feldenkreis, Alexander technique, Pilates, Trager

psychosocial integration) not asked in the 2002 survey. After examining the data, which revealed the prevalence of the use of traditional healers and movement therapies among those with skin disease to be very low, the decision not to include these in our definition of CAM was made. This decision made the 2007 results as generalizable as possible to those of the 2002 survey. In 2007, there was also an increase in questions regarding specific diseases treated with CAM. A total of 81 diseases were included compared with 73 diseases in 2002. Similar to the 2002 survey, the only questions asked

about dermatology disease refer to skin problems or skin cancer. In addition, the nonvitamin, non-mineral, natural products section was altered in 2007 to increase the number of products from 35 to 45. These products are now referred to as “herbal supplements.” There was also a new question about combination herb pills. Another important difference between years is that in 2002 subjects were asked about the use of megavitamins, which are combinations pills that often contain much higher doses than the recommended daily intake. In 2007, the question about megavitamin use was replaced by questions about individual vitamin use and the use of combination vitamin pills (no dosage specified). An a priori decision was made to include vitamin use in our definition of CAM because it was present in 2002. Finally, the reference period for using these products was changed to the last 30 days in the 2007 survey compared with the last year in the 2002 survey.

Data analysis

The statistics shown in this study are based on merging of data from the sample adult core component and the alternative health supplement of the 2007 NHIS. The data analysis was identical to that used in our previously published article.¹

CAPSULE SUMMARY

- We recently reported an estimated prevalence of complementary and alternative medicine use among adults with skin disease in the United States using the 2002 National Health Interview Survey alternative health supplement.
- We performed a cross-sectional study of the 2007 data.
- Complementary and alternative medicine use among adults with skin disease in the United States is still common and has increased since 2002. The most commonly used complementary and alternative medicine modalities were herbal and vitamin/mineral supplements.

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