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Original article

Characteristics associated with use of homeopathic drugs for psychiatric symptoms in the general population

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ABSTRACT

Objective: To explore which patient characteristics are associated in naturalistic conditions with the lifetime use of homeopathic treatment for psychiatric symptoms.

Method: Lifetime use of psychotropic treatment was explored in a sample of 36,785 persons, participating in the Mental Health Survey in the General Population. Characteristics associated with use of homeopathic treatments, associated or not with conventional psychotropic drugs, were explored using multivariate analyses.

Results: Use of homeopathic treatment for psychiatric symptoms was reported by 1.3% of persons. Younger age, female gender and high educational level were associated with use of homeopathy. Half of homeopathy users presented at least one Mini International Neuropsychiatric Interview (MINI) diagnosis, most frequently anxiety disorders. Their diagnostic profile was similar to that of persons reporting use of anxiolytics or hypnotics. Compared to persons with no lifetime use of psychotropic drugs, persons using homeopathy were more likely to present with a diagnosis of mood disorder or anxiety disorder. Compared to those using conventional psychotropic drugs, they presented less frequently with psychiatric disorders, with the exception of anxiety disorders.

Conclusion: Homeopathic treatment for psychiatric symptoms appears to be used mainly to reduce anxiety symptoms in the general population.

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1. Introduction

The complementary and alternative medicines (CAMs) are now widely used in developed countries [2,6,17,21] and their use has grown since the 1990s [6,21]. The definition of CAMs covers an impressive variety of therapies. A Swiss study conducted in a representative sample from the canton of Zurich indicated that a large proportion of persons (22.6%) used CAMs involving a physical treatment and a more limited proportion of persons (7.2%) used CAMs in the form of oral medication, among whom most used homeopathy (5.3%) [21]. The annual prevalence of homeopathy use in the general population was estimated at 1.9% in Great Britain [23], 3.4% in the United States [6] and 4.3% in South Australia [17]. To our knowledge no published study has assessed the prevalence of homeopathy use in the French general population. A study carried out in workers of a French city found that 2.1% of participants reported use of homeopathy in the past week [13].

In France homeopathy can be obtained without a medical prescription and is partly reimbursed by the social security insurance when prescribed by a medical practitioner. Consultations with homeopathic physicians may be reimbursed at the same rate than consultations with general practitioners but in real practice, are often more expensive. The extra costs are reimbursed by some private insurances.

Studies examining persons using CAMs in representative samples from the general population showed that the main associated characteristic was to present with chronic health conditions, particularly mental health problems [6,7,11,12,18,25]. An American national telephone survey found that respondents reporting use of CAMs were significantly more likely to fulfill diagnostic criteria for at least one mental disorder than those who did not use this treatment (respectively, 21.3% vs. 12.8%) [25]. Studies on homeopathic general practitioners showed that their patients presented mainly with neurological and psychiatric diagnoses [24,26].

Few studies have evaluated the use of homeopathy for psychiatric symptoms in general population samples. A US study carried out in older adults from the general population found that

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the prevalence of homeopathy use was not different in persons with self-reported anxiety or depression (1.0%) compared to persons who did not report these problems (0.6%) [11]. In an Australian postal survey, homeopathic practitioners indicated that their patients treated for depression received homeopathy mainly in association with another treatment such as conventional psychotropic treatment, psychotherapy and counseling [18].

The efficacy or the effectiveness of the CAMs for psychiatric symptoms is difficult to demonstrate [28]. In fact, few published studies have addressed these issues. Two randomized double-blind controlled trials comparing homeopathy versus placebo for anxiety symptoms did not show any difference between the placebo and homeopathy groups [4,5]. The difficulty to demonstrate the evidence basis for the use of psychotropic complementary medicine was pointed out by a review of the literature on the effectiveness of 20 complementary medicines (homeopathy not mentioned) [28]. According to another literature review on homeopathy for depression, several uncontrolled studies and observational studies indicated positive results, but the lack of control group prevented assessment of whether these results were solely due to the homeopathy [20].

To our knowledge, no prior study has assessed whether the demographic and clinical profiles of users of homeopathy differ from those of users of conventional psychotropic drugs. This issue has clinical and public health implications. It is of interest to better characterize which types of psychiatric disorders are presented by users of homeopathic drugs in order to assess the congruence between the need for care and the treatment. The benefit/risk ratio of being treated by homeopathic drugs alone, *i.e.* by drugs with a lack (or modest) efficacy but without adverse effects, is indeed different in persons with severe psychiatric disorders compared to persons with mild psychiatric disorders. Better knowledge of the characteristics of persons using homeopathic drugs instead of conventional psychotropic drugs for comparable psychiatric conditions may also be helpful to appraise the impact of public health decisions such as removal of homeopathic drugs from the list of drugs reimbursed by the social security.

The objective of the present study was to explore in a representative sample of the French general population the demographic and clinical profile of persons reporting a lifetime use of homeopathic treatment for psychiatric symptoms.

2. Method

2.1. Sample and evaluation

The present study was carried out using data collected in the French cross-sectional survey “Santé Mentale en Population Générale” (SMPG, Mental Health in the General Population survey). This study was approved by the Ethics Committee and was performed in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki. The method has previously been described [3,9,16]. Around 900 participants were recruited in public places (streets, supermarkets, postal agencies, etc.) in 47 centres between 1999 and 2003. The participants fulfilled the following criteria: (i) informed consent to participate in the survey; (ii) aged 18 and over; (iii) non-institutionalized and non-homeless. Persons were selected by quota sampling stratified by age, gender, occupational and educational levels with the general population of the centre as the sampling frame. Data on the population structure of each centre were obtained from the 1999 French national census. Since the recruitment was based upon a quota sampling method, the next person fulfilling the inclusion criteria of the quota was selected when a person refused to participate in the survey. Hence, no information was available on persons who refused to participate.

Information was collected by 1700 nursing students using face-to-face interviews. In the current study, we used the data collected in metropolitan French centers on the following variables: (i) demographic characteristics; (ii) psychiatric diagnosis according to the criteria of the International Classification of Diseases version 10 (ICD-10) [30] assessed using the Mini International Neuropsychiatric Interview (MINI) [15] (Table 2 for the duration criteria of each diagnosis); (iii) lifetime treatment by psychotherapy explored by the question “Did you ever have psychotherapy?” and (iv) lifetime use of psychotropic drugs explored by an open question “Have you ever taken drugs for your nerves or head?”

Among the 37,063 individuals interviewed in metropolitan France, the answer to the question exploring use of psychotropic drugs was documented for 36,785 persons (99.2%). If the answer to that question was positive, the person was asked to specify the brand names of these drugs. The conventional psychotropic drugs were subsequently classified into the five following therapeutic classes according to the WHO Anatomical Therapeutic Chemical (ATC) classification system [29]: anxiolytics, hypnotics, antidepressants, mood stabilizers, antipsychotics and homeopathic drugs. Hence, treatments for neurological symptoms were not considered in the present study. However, considering how homeopathic drug are prescribed and used, the brand name gives little information on the underlying medical condition. Hence we have postulated in the present study that all homeopathic drugs reported to be used for “nerves or head” were actually used for psychiatric symptoms and not for neurological symptoms, as this question translated in French makes mostly reference to psychological or psychiatric symptoms.

We had not enough information in the database to explore use of other CAMs such as for example phytotherapy. A category called “traditional remedies” was identified in the database, with 141 persons (0.4%) reporting use of such a treatment. However, no detailed information was available regarding which specific treatments were considered in this category, hence we chose not to consider these treatments in the present study.

To explore the characteristics associated with use of homeopathic drugs, four exclusive categories of reported lifetime psychotropic treatment were defined: the first category “homeopathic drug alone” was defined as including use of at least one homeopathic drug without use of conventional psychotropic drugs (anxiolytics, hypnotics, antidepressants, mood stabilizers and antipsychotics). The second category included persons who reported no lifetime use of psychotropic treatment. The third included lifetime use of conventional psychotropic drugs alone (*i.e.* without lifetime use of homeopathy). The fourth category included lifetime use of conventional psychotropic drugs and lifetime use of homeopathic drugs; since no information was collected on the date and the duration of drug use, these two types of drugs may have been used concurrently or at different times.

2.2. Statistical analyses

Analyses were performed using STATA 9.0 [22]. A national database was constituted by pooling the data collected in all sites [3]. The sample data were weighted to compensate for the disparities between the sample and the entire metropolitan French general population. Post-stratification weights were calculated and applied to the data in order to correct for imbalances regarding age, gender, occupational and educational levels between the total sample surveyed and the French metropolitan general population characteristics according to the 1999 national census. By pooling data collected in all sites, the hypothesis of a homogeneous geographical distribution was made and thus, the weights did not take into account the place of residence. All analyses were weighted by using the STATA “IWEIGHTS” procedure. Results of

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