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Research paper

Depressed patients' experiences with and perspectives on treatment provided by homeopaths. A qualitative interview study embedded in a trial

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ABSTRACT

Introduction: Depression is one of the clinical conditions patients most commonly consult homeopaths. This study therefore aimed to learn about patients' experiences having this intervention.
Methods: A semi-structured qualitative interview study was nested within a randomised controlled trial to learn about depressed patients' experiences with treatment provided by homeopaths. A purposive selection of adults with moderate to severe self-reported depression were included. Interviews were conducted post initial consultation and six months post-randomisation. Thematic analysis was used to develop themes describing participants' experiences, thoughts and understandings.
Results: Forty-six interviews were carried out with 33 adults. Sixteen themes were developed and have been categorised under three main headings: 1) changed understanding of the intervention, with themes such as understanding the intervention as being adapted; 2) experiences with the consultation and the medication, such as caring support, trust and optimism arising from consultations with homeopaths; and 3) changes in state of health, such as improvement in mood, wellbeing and ability to cope, or little or no change, or transient adverse events.
Conclusion: This is the first qualitative study of depressed patients' experiences with treatment provided by homeopaths. Results provide an insight into their experiences with consultations and homeopathic and antidepressant medication, their understanding of the intervention, and the changes in their state of health over time.

1. Introduction

Roughly one in four people in the UK suffer from recurrent depression, according to a large cross-sectional survey [1]. The World Health Organization predicts that depression will become the leading burden of disease worldwide by the year 2030 [2]. Interventions recommended by the National Institute for Health and Care Excellence include antidepressants and counselling interventions which benefit many patients, but not all [3]. However, some depressed patients use homeopathy, a complementary and alternative treatment approach. The 12-month prevalence of homeopathy use (medications and/or consultations) for patients overall was 3.9% (range 0.7–9.8%), according to a recently published systematic review including studies carried out in 11 countries [4]. It has been found to be more commonly used in Europe than the United States and Canada [5]. Homeopaths provide treatment involving a combination of consultations and homeopathic medicines [6]. Depression is one of the clinical conditions adults most often consult homeopaths for [7,8]. The medicines are prescribed on the basis of several underlying principles [6]. The core principle treat "like with like" suggests that patients' symptoms may be successfully treated with substances known to cause similar symptoms in healthy people [9]. Homeopathic medicines are produced though a process of serial dilution and succussion (shaking) in order to reduce the risk of side effects, but this has also been the subject of considerable controversy.

Qualitative studies can be used in order to learn about patients' experiences, beliefs and understandings [10]. The aim of this qualitative study was to explore depressed patients' experiences with treatment provided by homeopaths. The results of this study were originally published as part of one of our PhD Theses [11]. This article presents the results in a format more appropriate for a research journal. A systematic review recently carried out in this field failed to identify any published qualitative studies (P. Viksveen, P. Fibert, C. Relton. Homeopathy in the treatment of depression: a systematic review. Submitted). The research reported in this article therefore fills an evidence gap.

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2. Methods

2.1. Design and study setting

This qualitative study was nested within a large pragmatic randomised controlled trial, the Depression in South Yorkshire trial (DEPSY), testing the effectiveness of adjunctive treatment provided by homeopaths for adults who self-reported depression, compared to usual care alone [12]. Treatment was provided by seven homeopaths for up to 9 months, in three integrated health clinics in Barnsley, Doncaster and Sheffield, and a medical centre in Rotherham. Practitioners had been instructed to practise as usual. Further details have been reported in the trial article [13]. For the qualitative study, a purposive sample of participants was selected and interviewed in order to learn from their experiences with the intervention and to compare their experiences with antidepressants and other depression interventions. This research was approved by the National Regional Ethics Service (REC reference 12/YH/0379) and the protocol was published prior to trial start [12].

2.2. Participants and recruitment

The DEPSY trial recruited participants from the Yorkshire Health Study, a longitudinal cohort consisting of patients recruited through 43 general practitioners in South Yorkshire [14]. To be eligible for the trial a minimum score of 10 points on the 9-item self-report Patient Health Questionnaire (PHQ-9) (range 0–27 points) was required, corresponding to moderate depression and considered to be an appropriate cut-off score for major depressive disorder [15]. The screening measure (PHQ-9) has been found to be a valid and reliable screening tool with a high degree of sensitivity and specificity for identifying depression [16], and data suggested most participants suffered from chronic depression [13]. The trial included 566 participants aged 18 to 85 years, with about one third in each of three depression categories: moderate, moderately severe and severe depression [13]. One third (n = 185) were randomly selected to receive an offer of treatment provided by a homeopath. Forty percent (74/185) took up the offer of treatment, most of whom (90%) had two or more consultations with a homeopath within the following 9 months.

In order to gain knowledge about a variety of in depth experiences, maximum variation sampling [17], a type of purposive sampling, was used. Participants with a variety of characteristics were included (age, gender, employment status, city/borough of residence, degree of depression). They were treated by different homeopaths in different clinics. Only those who were or who had previously received antidepressant or "talking therapy" interventions were included, thereby enabling comparison of experiences with different interventions.

Participants were selected and invited to take part as interviews progressed with the goal of reaching theoretical saturation, i.e. when additional interviews did not contribute further to the development of themes [18,19]. However, due to resource constraints this was not reached.

Out of 47 trial participants invited (by post and then by telephone contact), 33 consented to participate and were interviewed (6 did not want to participate, 5 accepted the invitation but later cancelled, 2 agreed but did not turn up for interviews, 1 could not be reached). The 33 interviewed participants (female n = 18) were of different age groups (from 25 to 74 years), varying degrees of depression, including employed and unemployed participants, and varying socio-economic status, from all four districts in South Yorkshire. Each participant was treated by one of the seven trial homeopaths.

2.3. Data collection

Forty-six semi-structured interviews were carried out with 33 adults, 16 shortly after their first consultation with a homeopath in order to capture their initial experiences with and views of the treatment, and then 30 were interviewed about 6 months after randomisation in order to learn about their long-term experiences. All those interviewed in the first round of interviews were also invited to the second round of interviews, but 3 could not be reached. Therefore, 13 participants were interviewed twice, 3 were interviewed only at 1–2 months, and 17 were interviewed only at 6 months. Most interviews were carried out in the clinics where participants received homeopathic treatment, one was conducted at the University of Sheffield and two using Skype technology. Interview length varied from 27 to 119 min (median 51), depending on how much information participants had to share.

All interviews were carried out by one researcher (PV) using interview guides (Appendix A) approved by the National Regional Ethics Service. Interview guides were developed with advice from experienced researchers. The researcher explained the purpose of the interview and invited participants to 'tell their story', i.e. to talk about their experience with the treatment.

Interview themes do not emerge by themselves, but are developed through the researchers' understanding of the interviews. The interviewer's background is therefore also of importance. In this study, the interviewer had over 20 years of experience as a practising homeopath. He was therefore particularly cautious not to "put words into participant's mouth", but to use open-ended questions, in order to capture participants' thoughts, feelings, views and experiences with their depression, the tested intervention, as well as with other interventions. Moreover, interviewees' responses were followed up, rather than to guide them in any particular way. Due to his homeopathy background, as well as experience with other qualitative research, the interviewer was very much used to posing open-ended and non-leading questions. Moreover, the interview guide included "neutral" questions to avoid leading participants to respond in any particular way, but rather ask them e.g. "How has your mood been?" or "What is your experience with homeopathic treatment?"

Forty-five audio recorded interviews were transcribed by one person and checked by a second. In addition, the first researcher made notes throughout interviews. In one interview the audio recording equipment failed and the interviewee checked the researcher's notes. A second researcher was consulted in the event of any discrepancies between the first researcher's and the transcriber's understanding of the audio recordings. Most differences in understanding were resolved through consensus, with only two that required the assessment of a third researcher.

2.4. Data analysis

Inductive thematic analysis was used to learn from participants' experiences [20,21]. Codes and theory were developed through a "bottom up" approach, on the basis of participants' statements during interviews, as opposed to a "top-down" approach with pre-existing theories or concepts [22]. The analytic process started during interviews, but was mainly carried out following each individual interview. Each interview transcript was read at least three times. Initial codes were developed for relevant quotes that could contribute to answering the research question. A code could be a single word or a brief sentence to capture the essence of what participants said, using either their own words or codes developed by the researcher. Codes were developed by one researcher (PV) and checked by a second (CR). The process of coding contributed to the development of themes which could describe how depressed patients presented thoughts, understandings and feelings linked to their state of health and experiences with the intervention [23]. Themes were developed on the basis of codes and were supported by the use of several quotes from different interviewed participants. Codes and themes were developed, re-visited and compared to each other 94 times throughout the research process in order to determine which ones to keep, change, merge, split or exclude. Themes were aimed to be easily understandable and supported by rich descriptions.