

ORIGINAL PAPER

Motivations of patients seeking supportive care for cancer from physicians prescribing homeopathic or conventional medicines: results of an observational cross-sectional study



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Background & aims: The motivations of patients who consult a homeopathic (GP-Ho) or conventional (GP-CM) general practitioner for supportive care during cancer treatment have not been widely studied. We investigated the reasons why cancer patients consult a GP-Ho *versus* a GP-CM for supportive care and the GPs' motivations for their prescriptions.

Methods: This observational survey was carried out in France between October 2008 and October 2011. GPs across France were randomly selected and asked to recruit four cancer patients each. At inclusion, the sociodemographic and clinical (including psychological) characteristics and medical history of the patients were recorded by the GPs and the patients noted their quality of life (QoL) and anxiety/depression using the Quality of Life Questionnaire-C30 (QLQ-C30) and Hospital Anxiety and Depression Scale (HADS) self-questionnaires. The main motivations of the patients regarding the type of GP consultation and the main reasons for the GPs' prescriptions were recorded.

Results: Six hundred and forty four patients were included in the analysis: 399 consulted a GP-CM (n = 112) and 245 a GP-Ho (n = 73). Patients consulting a GP-Ho were more often female [OR = 1.93; 95%CI: 1.11–3.35; p = 0.02], employed in a professional capacity [OR = 6.57; 95%CI: 1.96–21.99; p = 0.002], have a shorter time since cancer diagnosis [OR = 2.19; 95%CI: 1.24–3.87; p = 0.007], have received targeted anticancer therapy [OR = 3.70; 95%CI: 1.67–8.18; p = 0.001] and have a high QLQ-C30 score for constipation [OR = 1.01; 95%CI: 1.00–1.02; p = 0.001]. Patients mainly consulted a GP-Ho to receive overall care (73.5% vs. 64.9%; p = 0.024) and medicines to prevent anticancer treatment-related side-effects (63.7% vs. 41.4%; p < 0.0001). In contrast, patients consulted a GP-CM to receive psychological care (50.1% vs. 40.8%; p = 0.021) and more information regarding the oncologists' strategic decisions (p < 0.0001). There was a significantly greater prescription of psychotropic drugs by GP-CM (53.7% vs. 22.4%, p < 0.0001).

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Conclusions: Patients consulting a GP-Ho or GP-CM had different motivations for seeking supportive care. There was a significantly greater prescription of psychotropic drugs by GP-CM. *Homeopathy* (2016) **105**, 289–298.

Keywords: Cancer; General practice; Cross-sectional survey; Supportive care; Homeopathy; Complementary medicine

Introduction

Complementary and alternative medicines (CAMs) are a diverse set of medical systems, practices or products that fall outside the realm of conventional Western medicine and are used alongside or instead of it. In practice few people forego conventional medicine so the term integrative medicine is increasingly preferred. CAM focuses on the whole person and includes physical, emotional, mental and spiritual health.¹ Despite the fact that many CAM techniques are controversial and are not validated by evidence-based medicine, the use of CAM as integrative therapy by cancer patients, in parallel with anticancer treatments prescribed by oncologists, has increased considerably over the past 30 years.² Studies in France have shown that 30–60% of cancer patients report consulting a CAM practitioner in addition to their cancer specialist.^{3–5} A more recent review of the English literature published between 2000 and 2015 suggests that CAM use may be as high as 94.7% in some groups of cancer patients.⁶

In France, the cancer plan of 2009–2013 aimed to guarantee each cancer patient a personalized, equivalent and effective care programme and to reinforce the coordination of care between health professionals to allow a better quality of life (QoL) during and after the disease.⁷ Regular consultations with an oncologist are scheduled in advance and the oncologists' reports are sent to the patient's regular (treating) general practitioner (GP). The patient is then free to consult their GP for supplementary care if any problems arise between oncology consultations.

Although there is no evidence of cancer 'cure' with CAM, CAM can play an important role in supportive and palliative care in oncology.⁸ Homeopathy is practised as complementary medicine to cancer treatments and helps in patient support. Supportive therapy is defined as "*all care and supports necessary for ill people, at the same time as specific treatments, along all severe illnesses*".⁹ Several publications have attempted to define the motivations of cancer patients using CAM as supportive therapy. The majority of patients use CAM to increase the body's chance of fighting the cancer, to reduce their symptoms and to improve their physical and emotional health and wellbeing.^{2,4,10–14} However, in two reports, 13–20% of patients considered CAM as a potential cure for their cancer^{2,14} and 17% thought it could prevent recurrence,¹⁴ even though the CAM was given in addition to conventional anticancer treatments.

In a large cross-sectional study of European cancer centres providing integrative oncology treatments, 40.4% of patients using CAM used homeopathy.¹⁵ In cancer patients, homeopathic medicines have been reported to in-

crease global health status, subjective wellbeing and QoL,^{16,17} increase life-expectancy,¹⁸ decrease fatigue,¹⁷ reinforce the natural defences of the body³ and improve tolerance to anticancer treatments.³ In an ethnographic study carried out among practitioners and users of homeopathy¹⁹ it was suggested that homeopathy can provide some support to patients, especially to combat the stress and uncertainty that derives from cancer and conventional treatments. Homeopathy can be seen as a supportive therapy to help patients live a better life with their cancer.

We present the results of survey carried out in France to describe the motivations of patients seeking either homeopathic or conventional integrative care from their GP during treatment for cancer and the reasons GPs give for their prescriptions.

Material and methods

Study design

This prospective, observational cross-sectional survey was carried out in France between October 2008 and October 2011 among GPs known to prescribe either homeopathic or conventional medicines, within the framework of their usual medical practice. A scientific committee was set up to agree the study protocol and monitor the study progress.

The study was approved by the French National Data Protection Commission (CNIL), the Advisory Committee on Information Processing in Material Research in the Field of Health (CCTIRS) and the French National Council of Physicians (CNOM). As this was an observational study and did not involve any modifications to the anticancer treatments given to the patients or to the assessment of any possible new treatments for cancer, ethical approval was not required according to French law.

Recruitment of general practitioners

A list of approximately 1200 GPs was randomly generated from a list of all GPs in France. These GPs were contacted by telephone by a clinical research associate (CRA) and the study was explained to them with the aim finding 400 GPs who would agree to participate (200 GP-Ho and 200 GP-CM). The GPs were asked to recruit four patients each over a 6-month period with the aim of recruiting 1600 patients overall. Because of patient recruitment below the desired level an additional 110 GPs were contacted by telephone in March 2011 and asked to take part; thus a total of 1310 GPs were contacted.

Of these 1310 GPs, 679 (51.8%) agreed to participate in the study. The study was explained to these GPs again and

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