



Original article

Exploring frontiers: Use of complementary and alternative medicine among patients with early-stage breast cancer



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ABSTRACT

Introduction: Complementary and alternative medicine (CAM) is increasingly popular among cancer patients but can interfere with conventional therapies; timely data are needed to adapt current patients' care.

Materials and methods: This transversal, prospective study evaluated the use of CAM among patients receiving adjuvant chemotherapy or endocrine therapy for early stage breast cancer. We assessed the prevalence of use, the motivations and predictive factors for use, as well as patients' information needs over a three months period.

Results: 69/184 responders (37.5%) reported using at least one CAM. CAM use was associated with younger age ($p = 0.03$) and higher education level ($p < 0.001$). Pharmacological substances (e.g., homeopathy, phytotherapy) were the most commonly used (79.7%) before physical means (42%) and dietary methods (31.9%).

A total of 65.8% of users felt that these treatments have demonstrated evidence of efficacy and 74.8% that they were not associated with side effects. The main goal for use was improvement of treatment-related symptoms (28.3%); secondary goal was increasing the general health status (20.5%). Patients reported high needs for information on CAMs. CAM use was associated with mild differences in secondary adverse events reported by patients.

Conclusion: Breast cancer patients are common users of CAM concomitantly to their conventional cancer treatments and should be investigated regarding their current consumption of CAM. Furthermore, they need advice evidence-based data on these treatments and potential interactions with on-going treatments.

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Introduction

Seeking complementary and alternative medicine (CAM) is relatively new in Western countries but is growing very quickly.

CAM is defined as “being a group of medical and health care systems, practices and various products that are not presently considered part of conventional medicine”. (<http://nccam.nih.gov/health/whatisacam>). It brings in alternative medicine use of pharmacological substances (homeopathy, vitamin therapy, and herbal medicine), non-pharmacological agents (special diets), techniques

(e.g., acupuncture, osteopathy, massage, chiropractic) and care-referred psychotherapy (e.g., relaxation, hypnosis). The use of CAM is widespread in the general population [1]. It is estimated that 30%–40% of people use some form of CAM in the United States [2]. Patients treated for chronic illnesses and especially those treated for cancer are even more likely to use CAM, up to 80% of patients in the United States. Cancer patients often turn to CAM in the search for a reduction of side effects and gain in functional ability, which would in turn enable them to continue engaging in normal activities [3]. In France, a study in patients treated for cancer has found a proportion of 34% of CAM users [4]. There are cultural variations, for example, if 4% of Norwegian doctors believe that CAM may have a beneficial role, this figure rises up to 20% in Germany [5,6]. Similarly, the type of CAM used is variable; Europeans consume more vitamins, selenium and phytoestrogens while

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Asians would use more traditional Chinese and Japanese medicine, spiritualism and aromatherapy [7].

The use of CAM by cancer patients is often undisclosed to the treating physician or oncologist. But many of these substances or practices may interfere with the cancer therapy administered by the oncologist [8–13].

It is thus important to better understand the habits and needs of patients in terms of CAM, to be able to guide them and develop more integrated and individualized alternative approaches.

Breast cancer treatments induce frequent and sometimes debilitating side effects either acute after chemotherapy (nausea, vomiting, asthenia, mucositis, gastrointestinal disorders), or chronic after surgery and radiotherapy (such as neuropathic pain, scapular peri-arthritis and lymphedema). Hormonal treatments cause joint or muscle pains, climacteric disorders, dyslipidemia, bone loss, gynecological disorders and among others. Patients also report depressive and anxious symptoms, as well as sleep disorders.

Some CAM therapies have demonstrated their effectiveness to improve such symptoms. While a few approaches have been assessed in the frame of conventional clinical trials, such as acupuncture or auricular acupuncture in the treatment of pain [14], treatment related fatigue or flushing, few alternative drugs have been prospectively assessed in patients with breast cancer.

Several studies have investigated the use of CAM in cancer patients in general (often at an advanced stage) [15], no study has been addressing specifically the perspective of patients undergoing adjuvant treatment for early breast cancer.

The aim of our study was to assess the prevalence of use of these medicines in a homogeneous population of women treated for localized breast cancer during adjuvant chemotherapy or hormone therapy, and to better understand CAM needs of this population, the reasons for taking these medicines, as well as factors associated with such a decision.

Materials and methods

Patients and procedure

In this prospective cross-sectional study we considered a population of patients treated and followed for an early breast cancer at Gustave Roussy Comprehensive Cancer Centre in Villejuif. Patients were selected and assessed over a 3-month period between May and July 2012. Eligible patients had to be over 18 years old, and fluent in French. Two populations were selected: patients undergoing neo-adjuvant or adjuvant chemotherapy and patients undergoing adjuvant endocrine therapy (tamoxifen or aromatase inhibitor).

The primary objective was to assess the prevalence of the use of CAM during adjuvant treatment for breast cancer. Secondary objectives were to describe alternative medicine use and categorize and evaluate the factors influencing the use of alternative medicines, to assess the correlations between the use of alternative medicine and side effects experienced and finally evaluate patients' information and medication needs in this context.

This study has been the subject of a declaration to the French Data Protection Authority (CNIL).

Questionnaire

In the absence of any validated questionnaire addressing specifically this research question, we have built our own dedicated questionnaire based on the items of questionnaires used in previous studies with the same objectives [4,16,17] selecting questions that were applicable to our specific population. We tried to

reproduce as much as possible existing questionnaires. The full questionnaire is provided in [Supplementary File 1](#). Patients were asked to fill it only once. An accompanying letter defined the concept of alternative medicine and complementary medicine. In this questionnaire, we did not address religious practices; psychotherapy, relaxation and support groups were not included in the questionnaire as they are part of the conventional supportive care offered by our cancer center. The questionnaire was either given to the patient by the physician in charge during a consultation or sent by mail prior to chemotherapy or during a follow-up visit, and had to be sent back anonymously by mail with a pre-paid envelope. The questionnaire included demographic and social aspects (age, gender, professional category, sports), questions about the use of CAM (type of medicine used, duration, frequency, objectives of the use and sources of information about the CAM). To clearly identify the product used, the name of the laboratory and the bar code were asked to the patient. Information about the disease (tumor size, lymph node involvement, hormone receptor status, HER2 status, type of surgery, radiotherapy, and chemotherapy or hormone therapy) was collected in the medical record. Patients were also inquired about their wishes for further information and if so in what context (medical consultation, paramedical or open space information). Finally, the questionnaire collected information on self-described side effects of treatments and symptoms experienced over the last month (e.g., nausea, fatigue, muscle and bone pain).

Each eligible patient receiving a questionnaire was assigned a study number that allowed identifying her. Patients' names were not displayed on the questionnaires, but only blinded numbers. The information from patients' files was used to create a research database for the sole purpose of this study where each patient was identified by its number. Patients' names were not available on returned questionnaires, nor were the information contained in the questionnaire available to the clinician.

Data analysis

We considered as CAM users patients who reported using at least one of the popular methods, physical (such as acupuncture), and especially pharmacological or dietary (e.g., vitamin therapy, trace elements, homeopathy). Concerning side effects, we considered the quotes "not at all" and "some" as nil and the quotes "average intensity", "important" and "very important" as positive. For questions expressed as continuous variables (perception of side effects, effectiveness of CAM and scientific input) we considered 1 and 2 as negative notes, 3 and 4 as positive notes.

The study included a descriptive analysis.

A Chi2 test was performed to check for correlation of demographics and clinico-pathological factors and reported secondary effects with the intake of CAM.

Results

Prevalence and predictors for use of CAM

Sixty questionnaires were distributed directly by the oncologist during the medical visit and 382 were sent by mail for a total of 442 questionnaires to 205 women undergoing chemotherapy (46.4%) and 237 in the course of hormone therapy (53.6%). One hundred eighty four questionnaires were returned (41.6%). Sixty-one patients received chemotherapy (33.2%) and 123 hormone therapy (66.8%). A total of 69 patients reported using a CAM (37.5%). The average age of patients was 55 years (29–81). Patients using CAM were significantly younger than non-users: their average age was

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