

Review Article

# An integrative review of complementary and alternative medicine use for back pain: a focus on prevalence, reasons for use, influential factors, self-perceived effectiveness, and communication

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## Abstract

**BACKGROUND CONTEXT:** Back pain is the most prevalent of musculoskeletal conditions, and back pain sufferers have been identified as high users of complementary and alternative medicine (CAM). Despite lacking evidence, CAM treatments (eg, acupuncture, chiropractic, and massage) and CAM products (eg, vitamins, supplements, and aromatherapy oils) for back pain care have become widely available internationally, and CAM use by back pain sufferers has become a significant health service issue. However, to date, there has been no integrative review on CAM use for back pain.

**PURPOSE:** This study aims to conduct an integrative review on CAM use for back pain focusing on prevalence of use, commonly used CAM, characteristics of users, factors influencing decision making, self-perceived effectiveness, and communication with health-care providers.

**STUDY DESIGN/SETTING:** The study is based on an integrative literature review.

**METHODS:** A comprehensive search of international literature from 2000 to 2014 in MEDLINE, CINHAL, AMED, DARE, EMBASE, ExcerptaMedica, psycINFO, and SCOPUS databases was conducted. The search was limited to peer-reviewed articles published in English language and reporting empirical research findings on CAM use for back pain.

**RESULTS:** The review reveals a considerable variation in prevalences of CAM use for back pain internationally. Acupuncture, chiropractic, osteopathy, and massage therapy are the commonly used CAM treatments besides a range of self-prescribed CAM, and back pain sufferers use CAM alongside conventional medical treatments. Female gender, chronicity of back pain, and previous exposure to CAM are key predictors of CAM use for back pain as highlighted from the reviewed literature. Family, friends, and recommendation by doctors appear to influence decision making on CAM use for back pain. The review reveals that users of CAM for back pain tend to report CAM as beneficial, but there is little knowledge on communication between CAM users with back pain and health-care providers about such use. Existing literature is largely based on the research investigating CAM use for back pain among a range of other health conditions. Further rigorous research is needed to investigate the use of a wider range of CAM treatments, particularly self-prescribed CAM for back pain.

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**CONCLUSIONS:** The review findings provide insights for health-care providers and policy makers on the range of CAM treatments used by back pain sufferers. Conventional medical and CAM practitioners should be aware of back pain sufferers' decision making regarding a range of CAM treatments and be prepared to communicate with patients on safe and effective CAM treatments for back pain. © 2015 Elsevier Inc. All rights reserved.

**Keywords:** Complementary and alternative medicine; Back pain; Review; Self-prescribed CAM; Prevalence; Perceived effectiveness; Communication

## Introduction

Complementary and alternative medicine (CAM) refers to a broad range of healing modalities external to the biomedical models of health care with an array of nonprescription products and health-care services not linked to the medical profession or the medical curriculum [1–3]. Despite lacking evidence base, CAM has become widely available internationally and has become popular in recent years in Australia and United States among many other countries [4,5]. Complementary and alternative medicine and its use have become the topic of significant international public health investigation [6,7], and the use of CAM in the treatment of chronic health conditions such as “back pain” [8] has become a significant health service issue.

Back pain is the most prevalent of musculoskeletal conditions and is the second most common complaint in general practice [9–13] with a lifetime prevalence of up to 75% affecting a large proportion of the adult population [14–17]. Back pain poses major constraints on individuals, health systems, and social care systems across developed countries [18–23]. Nonsteroidal anti-inflammatory drugs, although effective for symptomatic pain relief in back pain, have shown more adverse effects than paracetamol during long-term use [8]. As unresolved back pain results in reduced physical function and psychological distress [24], back pain sufferers tend to explore a wide range of treatments, including CAM [13,25–33]. Although evidence for CAM treatments in back pain is inconclusive [34–41], a wide range of CAM treatments are available in the market place consisting of practitioner-based CAM treatments (eg, acupuncture, chiropractic, and massage) and self-prescribed CAM for back pain (eg, vitamins, supplements, and aromatherapy oils) [13,26–30,42–47].

Although the treatment for back pain is known to be a continuing challenge and that back pain sufferers are likely to explore multiple treatments, to date, there has been no integrative review on prevalence of CAM use, characteristics of CAM users, CAM users' decision making, self-perceived effectiveness of CAM in back pain, and users' communication about CAM use with health-care providers. In response, this article provides the first synopsis and evaluation of CAM use for back pain by reviewing research findings from the recent international empirical literature. This article aims to identify relevant studies that investigate

the use of CAM for back pain, analyze the quality of these studies, report key findings from these studies employing a theme-based analysis, and highlight gaps in the current literature and make recommendations for future research on this important health service issue.

## Methods

### Search design

The MEDLINE, CINHALL, AMED (Allied and Complementary Medicine database), DARE, EMBASE, Excerpta Medica, psycINFO, and SCOPUS databases were searched for articles published from 2000 to 2014 using the following keywords and phrases: “back pain” OR “low back ache” AND “complementary medicine” OR “complementary therapies” OR “alternative medicine” OR “alternative therapies” OR “manipulative therapies” OR CAM OR chiropract\* OR massage OR osteopath\* OR yoga OR naturopath\* OR herbal\* OR aromatherapy OR “Chinese medicine” OR homeopathy OR acupuncture OR prayer OR supplement\* OR meditation. The CINHALL, MEDLINE, and DARE are the most popular databases for health scholarship, whereas the AMED database provides an important resource focused specifically on allied health and CAM scholarship.

The search results were imported into EndNote X6 (Thomson Reuters, New York, NY, USA), a bibliographic management system software program. All duplicate items were removed, and the remaining articles were screened and assessed by titles and abstracts. Articles included in the review were required to be peer-reviewed, research-based articles reporting new empirical findings with a focus on CAM use among people with back pain or CAM use among a broader population (where CAM use for back pain is clearly identifiable). Individual case reports and CAM clinical trials on back pain were excluded from the review. In those circumstances where an abstract provided insufficient detail with which to assess the manuscript, the full article was retrieved and examined to make a final decision regarding inclusion or exclusion status.

To ensure all relevant literature on CAM use for back pain were identified, the authors also conducted hand searches in relevant peer-reviewed journals such as *Spine*, *Clinical Rheumatology* and *Complementary Therapies in Medicine*.

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