Why do people use complementary and alternative medicines when the evidence is decidedly dodgy?
Kate Baddock

There are two parts to the question of why people choose to use CAM (complementary and alternative medicine). The first is a little more mundane and addresses the question of just what CAMs are and how they differ from regular medicines. The second is somewhat more fraught and poses the question of why are people turning to CAMs, and is it a "this or that" choice, or rather "this AND that"?

CAMs include that vast array of supplements, remedies (both herbal and homeopathic), and therapies like massage, yoga and acupuncture.

Under current regulations, there is no requirement to prove these CAMs work as claimed (efficacy does not have to be scientifically proven), and many of them have claims that include the words: "may" and "boost" or "improve".

They are not designed to be specific in their claims - unlike a proton pump inhibitor, which we know will reduce the amount of gastric acid in the stomach by virtue of its mechanism of action.

CAM claims are often deliberately vague such as "boost the circulation" (or immunity or energy or amount of sleep…) such that it is difficult to decry their accuracy.

The NZMA believes CAM should be subjected to the same evidence-based scientific testing as conventional medicines and has called for this.1

So, who uses them? And how many? According to a 2005 Australian study2 there were as many visits to CAM practitioners as to medical practitioners over a period of 12 months, and over $4 billion spent on CAM products in that year. The most likely users were well-educated females between the ages of 18 and 34 with above-average incomes and private health insurance. Fewer than 50 per cent of them told their doctors that they were using CAMs.

By 2007 the main CAMs included yoga, massage, meditation, manipulation and diet-based therapies, and non-vitamin and non-mineral supplements. In that year, the most commonly used CAM product was omega-3 fish oils or DHEA, followed by glucosamine, echinacea, flaxseed oil and ginseng.3

Another interesting question is where do those who use CAMs get their information from? There is good research indicating over 60 per cent of adults (at least in the US) use online resources to seek health-related information, looking for "someone with a problem like me". They then talk to at least one other person about those findings. What this tells us is that the pursuit of health information does not take place in a social vacuum.4 We also know there is no meaningful correlation between the level of published scientific evidence for a CAM and its use by the public. In other words, what CAM people try bears no correlation to whether it works scientifically, but relies more on how they found out about it and whom they talked to.5

So, why do people turn to CAMs? Are they turning away from conventional medicine or are they exploring new and different approaches to their health without expressing dissatisfaction with more conventional therapies? In a fairly robust study published in 1998,6 most CAM users were both more educated and perceived themselves to have poorer health status than those who did not use CAMs. Their reasons were not dissatisfaction with
conventional medicine but an alignment with the thinking that these CAMs were "more congruent with their own values and beliefs, and philosophical orientation towards health and life". Interestingly, only 4 per cent of those who used CAMs did so exclusively - the vast majority of individuals use CAMs in conjunction with conventional medicine, rather than instead of it.

To put it another way, users of CAMs are no more distrustful of, or dissatisfied with, conventional care than non-users are. This view does not appear to have changed.

Research suggests most medical symptoms are self-diagnosed (not always accurately) and self-treated (not always effectively), and that a significant portion of CAM use therefore falls into the realm of self-care. People want to be involved in their own care and the growing use of CAMs, and the search for health information, reflect this.

As doctors, we need to understand why our patients turn to CAMs if we are to effectively support them in making informed, safe and appropriate choices about their health. Furthermore, we need to have an overview, if not an in-depth understanding, of CAMs to assist the patient with reasonable information to make those choices.

The boundary between CAMs and conventional medicine can be fluid, and changes with societal attitudes and beliefs. Without that working knowledge of CAMs, we cannot effectively help our patients help themselves.

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References
1. NZMA position statement on Alternative Therapy 1999
4. Fox, S, The Social Life of Health Information, Pew Internat and American Life Project