

LIFELONG LEARNING AND THE SAFE USE OF COMPLEMENTARY AND ALTERNATIVE MEDICINE

Rute F. Meneses¹, Anna Rita Giovagnoli², & Maria Cristina Miyazaki³

¹FCBS & FP-131D, CTEC, Universidade Fernando Pessoa (Portugal)

²Department of Diagnostic and Technology, Fondazione IRCCS Istituto Neurologico "C. Besta" (Italy)

³Laboratório de Psicologia e Saúde & Grupo de Pesquisa em Psicologia da Saúde, FAMERP - Faculdade de Medicina de São José do Rio Preto; Grupo de Pesquisa "Psicologia da Saúde em Instituições e na Comunidade", ANPEPP - Associação Nacional de Pesquisa e Pós-graduação em Psicologia (Brazil)

Abstract

Research has shown the frequent use of complementary and alternative medicine (CAM), its potentialities and risks. Aim: To characterize adults' knowledge and practices of CAM in order to identify the need to develop lifelong learning programs. After obtaining the necessary authorizations, between 1/10-5/12/2021, 115 adults living in Portugal, mostly women with a higher education degree, working full-time, with a monthly income perceived as medium, answered a Google Forms questionnaire on health (self-)care practices (HsCP). Most considered their health as good (44.3%), being satisfied with it (53%). The majority: took some care of their health (60.5%; 28.1% a lot); had no physical (56.1%) or psychological (78.3%) health problem diagnosed by a conventional health care professional. Regarding the extent to which the participants had knowledge of non-conventional health (self-)care practices (NCHsCP), most (39.5%) knew little about it (10.5% had no knowledge). The majority: had already looked for information about NCHsCP (55.8%), was interested in having (more) knowledge about it (77.2%), and had someone close to them who used and/or was using some non-conventional practice - NCP (57%). Only 14.2% had done training in some NCP and 5.3% considered it impossible to reconcile conventional and NCHsCP. The majority (65.8%) stated that knowledge about NCP is important to them as (future) health professionals (not applicable to 26.3%). As for the last time participants performed any HsCP, 30.2% considered it a NCP (19.8% were not sure). In terms of HsCP, 66.7% reported using conventional and NCP. Among those who have ever used any NCP: 47.1% did it with a professional and 34.3% by themselves and with a professional; 45.8% use it rarely; 93.2% had never done it against the recommendation of a (conventional) health professional. Among those regularly (at least once a year) accompanied by one or more conventional health care professionals, 54% had never talked about NCP. Regarding negative experiences with NCP, 89.8% never had any. The minor children of 13.9% had done some NCP (not applicable to 60.2%). Among the health care professionals, 80.2% had no course during their training mentioning NCP; in their professional experience, 64.2% had knowledge of situations in which conventional and NCP were used simultaneously; in the context of their professional activity: 51.9% had recommended, and 40.7% had referred someone to NCP. Even though these preliminary results are not worrying, they suggest adults living in Portugal would greatly benefit from lifelong learning programs focusing on the potentialities and risks of CAM.

Keywords: *Alternative therapies, complementary medicine, health care, self-care, health knowledge, attitudes, practice.*

1. Introduction

Nowadays, there is a considerable volume of available information, for researchers, healthcare professionals and the general population, regarding what can be termed "Complementary and Alternative Medicine" or CAM. Nevertheless, the denomination, definition and correct use of the terms "complementary", "alternative" and "non-conventional", among other, are controversial, with no consensus on the concept of CAM, probably due to the high diversity and heterogeneity of practices included in it (Aguilar Júnior & Costa, 2011; Dipierri, 2004; Meneses, 2018, 2021; Neto, Faria, & Figueiredo, 2009; Nogales-Gaete, 2004).

According to the World Health Organization (WHO, n.d.),

The terms “complementary medicine” or “alternative medicine” refer to a broad set of health care practices that are not part of that country’s own tradition or conventional medicine and are not fully integrated into the dominant health-care system. They are used interchangeably with traditional medicine in some countries.

In mid-2017, WHO’s Traditional and Complementary Medicine unit was renamed Traditional, Complementary and Integrative Medicine (TCI), but the 2019 WHO global report is on T&CM - Traditional and Complementary Medicine (WHO, 2019).

In Portugal, where the legislation on the subject started in 2003 and was expanded in 2013 (WHO, 2019), the terminology in use is different. According to the National Health Service (Serviço Nacional de Saúde, n.d.),

Non-Conventional Therapeutics (NCT) are those practices based on philosophical approaches different than conventional medicine and apply specific diagnostic processes and therapeutics of their own.

The following professions are recognized as Non-Conventional Therapeutics: acupuncture, homeopathy, osteopathy, Chinese traditional medicine, naturopathy, herbalism and chiropractic (Law n. 71/2013, 2 September).

Even though difficulties begin as early as the phase of concept delimitation, research has shown the frequent use of CAM, its correlates, potentialities and risks (e.g., Aguiar Júnior & Costa, 2011; cf. Dipierri, 2004; Meneses, 2018, 2021; cf. Neto et al., 2009; Nogales-Gaete, 2004; WHO, 2013, 2019).

In individuals older than 18 years, Neto et al. (2009), for instance, reported that use of CAM involving costs (e.g., homeopathy, acupuncture, chiropractics, techniques of relaxation/ meditation, massage) was of 8.93% in the general population and of 13.6 % among those with health problem; when all modalities were included, it was of 70.0%. Based on their findings, the authors argued that access of those with less income and education could increase the use of the modalities that involve costs.

The high use rates are not limited to adults. In fact, among patients from 0 to 18 years of age, Aguiar Júnior and Costa (2011) found that 63.5% were using or had used CAM in the treatment of atopic dermatitis and 29.4% used CAM due to indication of friends and/or relatives. Considering previous data, the authors defended that health care professionals should routinely question patients about the use of CAM as drug interactions and worsening of the health condition may occur.

This is extremely pertinent when: T&CM is used by at least 80% of the Member States across all WHO regions, with more than 90% of Member States in the Eastern Mediterranean, South-East Asia and Western Pacific regions reporting its use; and a minority of Member States (16 out of 61; Portugal was not one of those) reported there was a consumer education project or program for self-health care using T&CM, which “reinforces the need for policy development, appropriate laws and regulations, safety and monitoring systems, and integration of T&CM products, practices and practitioners into health systems” (WHO, 2019, p. 45).

Unfortunately, the 2019 WHO global report reveals that, even though T&CM practices are used by Portugal’s population, the percentages of use are not available and the number of practitioners is unknown (WHO, 2019).

This may be particularly relevant during the COVID-19 pandemic, since “patients and members of public across the world are known to be relying on self-care practices including the use of Complementary and Alternative Medicines (CAM) for COVID-19 prevention and symptoms relief” and/or treatment, and many governments have supported the use of CAM in COVID-19 (Paudyal, Sun, Hussain, Abutaleb, & Hedima, 2022, p. 2524).

In India traditional medicines and household treatment strategies are very important and easily available, making unsupervised use simple, even when there is insufficient scientific evidence on efficacy and safety (Charan et al., 2021). The Ministry of AYUSH (Ayurveda, Yoga, and Naturopathy, Unani, Siddha, and Homeopathy), Government of India established an interdisciplinary AYUSH research and development task force and guidelines for AYUSH clinical studies in COVID-19 to stimulate research of several traditional drugs on COVID-19 (Government of India, 2020., cited in Charan et al., 2021). In this context, a study was conducted at an Isolation center, where asymptomatic COVID-19 patients were admitted and discharged after 10 days if no symptoms developed during this period (Charan et al., 2021).

Between one to two months after discharge, researchers contacted these patients on the telephone and asked about the use of CAM products or home remedies before, during, or after the discharge from the center (Charan et al., 2021). Out of the 495 participants who responded, 74.1% had not used any CAM product or home remedies while 25.8% had used 161 CAM products and home remedies during the treatment and afterward. Many participants used more than one CAM product or home remedy. Most confirmed taking household preparations of herbs. None were aware of details like the brand or

manufacturer of the products used. None reported any acute or severe side effects while consuming these products.

Nevertheless, in line with Aguiar Júnior and Costa (2011), Charan et al. (2021) stressed that it is essential to guarantee the safety of these interventions on long-term use, since patients with comorbidities can experience an unexpected adverse events due to these products or interactions with ongoing medications, by implementing long-term follow-up studies of recovered patients.

Paudyal et al. (2022) also pointed in the same direction and underscored that research from human clinical trials regarding the effectiveness of CAM in prevention, treatment, or symptom relief in COVID-19 is still limited. They also affirmed that international clinical guidelines do not stimulate healthcare professionals to investigate patients' use of CAM but collecting patients' points of views and experiences of CAM use in COVID-19 are key to future practices, namely healthcare professionals' advice and counseling regarding CAM use.

Jeon et al. (2022) presented an overview of systematic reviews on the effectiveness and safety of CAM interventions for COVID-19 patients for which PubMed, Embase and Cochrane Library were searched from inception to October 2021. They identified 24 systematic reviews: 21 for Traditional Chinese Medicine (TCM) medications, two for vitamin D and one for home-based activity (including exercise, yoga and muscle relaxation techniques). TCM medications showed good results in decreasing the rate of disease progression, time to the resolution of fever and rate of progression to severe COVID-19 cases, but gastric disturbance was a major adverse event. The evidence for other interventions makes it essential to keep on evaluating evidence for the effectiveness of most CAM interventions.

In this context, the aim of the present study is to characterize adults' knowledge and practices of CAM in order to identify the need to develop lifelong learning programs in Portugal.

2. Method

After obtaining all the necessary authorizations, including an Ethics Committee's approval, the study/questionnaire was disseminated through the first author's social media, her institution's Communication Office, and the measure to Support Research in Psychological Health (AISP – medida de Apoio à Investigação em Saúde Psicológica), from the Portuguese Psychologists Association (OPP – Ordem dos Psicólogos Portugueses).

Consequently, between 1/10/2021 and 5/12/2021, 115 adults living in Portugal answered a Google Forms questionnaire on health (self-)care practices (HsCP).

The questionnaire used was developed for this study, based on (inter)national research on the subject and, therefore, was not previously validated.

The participants were mostly Portuguese (95.6% of 114 answers), women (84.2% of 114 answers), single (42.6%) or married/cohabiting (41.7%), with a higher education degree (more than 50%), working full-time (52.2%), with a monthly income perceived as medium (72.7% of 99 answers).

Most participants considered their health as good (44.3%), being satisfied with it (53%). The majority: took some care of their health (60.5%; 28.1% a lot; of 114 answers); had no physical (56.1% of 114 answers) or psychological (78.3%) health problem diagnosed by a conventional healthcare professional.

3. Results

Knowledge/beliefs. Regarding the extent to which the participants had knowledge of non-conventional health (self-)care practices (NCHsCP), most (39.5% of 114 answers) knew little about it (10.5% had no knowledge). The majority: had already looked for information about NCHsCP (55.8% of 113 answers), was interested in having (more) knowledge about it (77.2% of 114 answers), and had someone close to them who used and/or was using some non-conventional practice - NCP (57% of 114 answers). Only 14.2% (of 113 answers) had done training in some NCP and 5.3% (of 113 answers) considered it impossible to reconcile conventional and NCHsCP.

The majority (65.8% of 114 answers) stated that knowledge about NCP is important to them as (future) health professionals (not applicable to 26.3%).

Practices. As for the last time participants performed any HsCP, 30.2% (of 96 answers) considered it a NCP (19.8% were not sure). In terms of HsCP, 66.7% (of 99 answers) reported using conventional and NCP.

Among those who have ever used any NCP: 47.1% (of 70 answers) did it with a professional and 34.3% by themselves and with a professional; 45.8% (of 72 answers) use it rarely; 18.7% (of 75 answers) reported having used it more frequently since the beginning of the pandemic; 93.2% (of 73 answers) had never done it against the recommendation of a (conventional) health professional.

Among those regularly (at least once a year) accompanied by one or more conventional healthcare professionals, 54% (of 100 answers) had never talked about NCP and 15.3% (of 85 answers) reported not informing them when using a NCP. Regarding negative experiences with NCP, 89.8% (of 108 answers) never had any.

The underage children of 13.9% (of 108 answers) had done some NCP (not applicable to 60.2%).

Among the healthcare professionals, 80.2% (of 86 answers) had no course during their training mentioning NCP; in their professional experience, 64.2% (of 81 answers) had knowledge of situations in which conventional and NCP were used simultaneously; in the context of their professional activity: 51.9% (of 81 answers) had recommended, and 40.7% (of 81 answers) had referred someone to NCP.

4. Discussion

It is important to stress that these results have to be analyzed carefully, since the sample is not representative of the adult population living in Portugal and the questionnaire was not previously validated. Considering how and for how long the study/questionnaire was disseminated it is possible that the sample over represents individuals interested in CAM.

Even though these preliminary, non-generalizable, results are not worrying, they suggest adults living in Portugal (and their children) would greatly benefit from lifelong learning programs focusing on the potentialities and risks of CAM or NCHsCP.

In fact, participants reported a limited knowledge of NCHsCP, even though the majority had someone close using it at the moment and/or in the past, was (professionally) interested on the subject and had looked for information before. Their answers regarding the possibility to reconcile conventional and non-conventional practices also suggest they could be interested in enrolling in a learning program.

The data on the sample's practices points in that direction too. It is also in accordance with data presented by Neto et al. (2009), WHO (2019), and Charan et al. (2021), and Aguiar Júnior and Costa (2011), regarding underage children, although the studies are very different, requiring careful comparisons.

In terms of safety, less than 20% (18.6%, $n=13$) admitted to having used a NCP solely by self-administration, 26.4% ($n=19$) to using it very frequently (8.3%) or frequently, 6.8% ($n=5$) to using it against the recommendation of a (conventional) health professional, and 10.2% ($n=11$) to having had a negative experience with NCP. If these values are not alarming they, nonetheless, underscore the need to make individuals more aware of the risks they may be taking when using (some forms of) NCP.

More dangerous are the percentages concerning the communication between participants and their conventional healthcare professionals about NCP. They support the points of view expressed by Aguiar Júnior and Costa (2011) and Paudyal et al. (2022). Therefore, lifelong learning programs could be a useful ally to improve patient-healthcare professional communication and, consequently, patient safety.

This kind of program would also make Portugal integrate the minority of WHO Member States with a consumer education program for self-health care using T&CM (WHO, 2019).

Although less than 20% of participants revealed increasing the frequency of NCP use since the beginning of the pandemic, and the specific NCP in question were not identified, the alerts from Charan et al. (2021), Paudyal et al. (2022) and Jeon et al. (2022) should not be ignored.

Finally, the results also support the relevance of continuous learning programs for healthcare professionals, since the majority's training did not include NCP, but, professionally, they knew of situations in which conventional and NCP were used simultaneously, they had recommended it and many had referred someone to NCP.

5. Conclusions

The participants' answers to a Google Form questionnaire are in line with previous research, suggesting high percentages of individuals interested in and using CAM, even though with limited information regarding CAM. Healthcare professionals were no exception. Therefore, developing lifelong learning programs targeting healthcare professionals and the general population could foster a safer use of CAM and improve the health of individuals living in Portugal, during and after the COVID-19 pandemic.

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