

Complementary Therapies for Arthritis

Rao JK, Mihaliak K, Kroenke K, Bradley J, Tierney WM, Weinberger M. Use of complementary therapies for arthritis among patients of rheumatologists. *Ann Intern Med* 1999;131:409–16.

Study Overview

Objective. To identify correlates of use of complementary and alternative medicine (CAM) for rheumatologic conditions and to describe patients' perspectives on CAM use.

Design. Telephone survey.

Setting and participants. Six outpatient clinics: 3 university practices and 3 private community rheumatology practices. 232 community-dwelling, adult patients who had scheduled appointments with a rheumatologist during a 2-week period in 1997 and who responded to the survey.

Main outcome measures. Patient self-reported use of CAM therapies (including history, magnitude, and frequency of CAM use and communication about CAM use with a physician), functional status, pain, provider satisfaction, and health services utilization. CAM was defined as any intervention not usually prescribed by physicians, including (but not limited to) herbal remedies, chiropractic manipulations, special diets and diet supplements, acupuncture, and high-dose vitamins. Demographic information and rheumatologic diagnoses were obtained from chart review.

Main results. Mean age of respondents was 56 years; 72% were women; 88% were white. The most common rheumatologic diagnoses were rheumatoid arthritis (41%), fibromyalgia (19%), and osteoarthritis (16%), with an overlap of less than 5% among the 3 diagnoses. Mean duration of disease was 10.8 years, with 53% of respondents reporting severe pain and 71% receiving immunosuppressive therapy.

Although about 63% of respondents ($n = 146$) had ever used at least 1 type of CAM for their rheumatologic condition, only 35% ($n = 82$) currently used CAM. The most commonly cited reasons for CAM use were pain control and having heard that "CAM will help my condition." Nearly half reported ineffectiveness of their prescribed medicines as the reason for use, and 10% hoped CAM would "cure their condition." In multivariate analyses, persons who used CAM regularly were more likely to have osteoarthritis (odds ratio [OR], 5.6; 95% confidence interval [CI], 1.9 to 16.8), severe pain (OR, 2.5; 95% CI, 1.4 to 4.8), and a college degree (OR, 2.6; 95% CI, 1.3 to 5.4) than those who had never used CAM.

Nearly half of respondents discussed CAM use with their

physicians. The most common reasons for not disclosing CAM use were that the physician had not asked about it and that the patient forgot to tell the physician; fear of disapproval was rarely cited. Discussions about CAM use between patient and physician occurred more frequently among patients with fibromyalgia and persons who regularly used CAM or used several types of CAM.

Conclusion

Many patients with rheumatologic conditions use CAM, particularly those with severe pain and those with osteoarthritis. A majority of these do not discuss use of CAM with their physicians.

Commentary

A 1997 population-based survey of Americans with chronic conditions indicated that 40% used CAM therapies, that 629 million visits were made to CAM practitioners in 1997 compared with 388 million visits to primary care physicians, and that patient out-of-pocket expenditures for CAM totaled \$27 billion in 1997, an amount comparable to the out-of-pocket expenditures for all physician services that year [1]. Physicians are becoming more attentive to their patients' use of CAM therapies because of its potential risks (eg, interactions with prescribed therapies or deferral of effective conventional therapies) [2]. This current study of CAM use by patients with rheumatologic conditions is important because these conditions have a high prevalence and some of them are treated with immunosuppressive drugs that may interact with CAM [3].

Applications for Clinical Practice

Physicians should note that many patients with chronic rheumatologic conditions use CAM therapies, especially for symptom relief, but often do not tell their physicians about it. Therefore, physicians should take a proactive approach to discussing CAM with their patients and should regularly assess whether their conditions are being managed effectively.

References

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