

# THE USE OF AND EXPENDITURE ON COMPLEMENTARY THERAPIES BY PATIENTS ATTENDING CHRONIC PAIN CLINICS IN EDINBURGH, AND FACTORS INFLUENCING THIS



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## Introduction

Chronic Pain (CP) is common within the community in Scotland with almost 50% reporting some degree of CP and 20-25% reporting significant or severe CP<sup>1</sup>. Patients with CP are known to be heavy users of medical care but out-of-pocket expenditure on Complementary and Alternative Medicine (CAM) and other aids and devices in Scotland is not previously reported in the literature.

## Methods

Patients attending the Pain Clinics at Western General Hospital, Edinburgh (WGH) were recruited between November and January 2005. Exclusion criteria included patients with communication difficulties or who were clearly distressed, or where clinic timings interfered with data collection. Ethical permission was obtained following standard procedures for options projects at Edinburgh University. A questionnaire was developed following discussion with Lothian Pain Service staff and a pilot study. Self-reported information was collected regarding lifetime CAM use specifically for pain relief and details of knowledge, extent of use and reasons for not using or discontinuation were collected for common CAM modalities. Self-efficacy was assessed and basic demographic data was collected. Conservative and a non-conservative estimates of expenditure were calculated using local prices for CAM and catalogue prices for aids and devices.

## Results

Of 221 patients identified from clinic lists as potential participants, 165 were asked to participate, of whom 141 (85.5%) completed their questionnaire satisfactorily. Patients reported using a wide range of CAM modalities (therapies and medications) and devices (Table 1) and 78% had used at least one CAM modality (Figure 1). Age group, gender, condition duration, SEQ score and deprivation index were included in the binomial logistic regression analysis. Early analysis had implicated self-efficacy but gender was found to be the only predictor, with females using CAM more than males ( $p < .05$ ).

Our estimates of expenditure were very approximate but showed that expenditure varied widely between individuals with 37% spending nothing and some individuals having spent thousands of pounds according to our non-conservative estimate (Figure 2). The true figure probably lies between the conservative and the non-conservative estimates. Lack of information from doctors, cost and doubts over efficacy were common reasons for not trying CAM. Private patients often discontinued treatment due to cost, whereas NHS patients were subject to limitation of the number of treatments given on the NHS.

## Discussion

As in previous studies<sup>2</sup> CAM use is much higher than reported formally to medical staff. Some patients are clearly accessing many other modes of management at some cost to themselves. Edinburgh is a historical stronghold for CAM with hundreds of practitioners and clinics. It would be interesting to compare CAM use in other CP populations.

## Conclusions

Pain clinic patients may be accessing more CAM than reported. This should be remembered when taking a history of chronic pain.

## References

- Elliott, A. M.; Smith, B. H.; Penny, K. I.; Smith, W. C.; Chambers, W. A. *Lancet* 1999, **354**, 1248-1252.
- Featherstone, C.; Godden, D.; Selvaraj, S.; Emslie, M.; Took-Zozaya, M. *Complement Ther Med* 2003, **11**, 168-176.

\* Not published. With thanks to INPUT PMP for this questionnaire which is regularly in use by the Lothian Chronic Pain Service.

Therapies	Medications
Acupuncture*	Herbal medicine*
Acupressure*	Homoeopathic medicine*
Aromatherapy/massage*	Marijuana
Biofeedback*	OTC Painkillers & Supplements
Chiropractic*	<u>Aids &amp; devices</u>
Hydrotherapy*	TENS machines
Hypnotherapy*	PAINGONE pens
Kinesiology*	Magnetic devices
Osteopathy*	House & car adaptations
Reflexology*	Special furniture, pads and pillows
Reiki* & Crystals*	
Shiatsu*	

Table 1: Main therapies, medications aids and devices used. \* indicates modalities counted in Figure 1

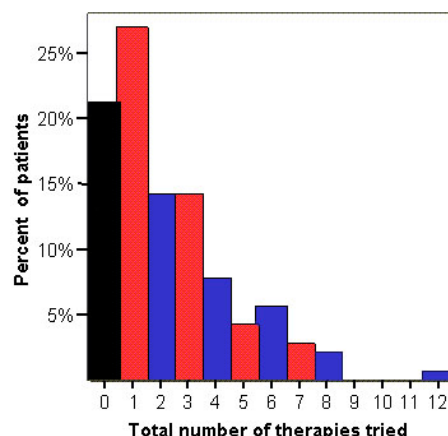


Figure 1: Number of CAM modalities patients had tried

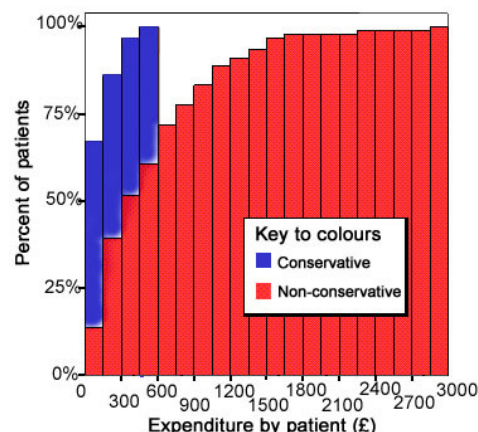


Figure 2: Cumulative histogram of estimated expenditure on therapies, aids and devices