

Complementary and alternative medication and alternative therapy use by nursing home residents

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ABSTRACT

Background

Community surveys have found widespread use of complementary and alternative medications in older patients but it is not known how common usage is in nursing homes.

Objectives

This study sought to ascertain the prevalence of complementary and alternative medication usage as well as other alternative therapies in a sample of nursing home residents. Potential harmful interactions with regularly prescribed medications were also investigated.

Methods

One hundred and two residents from a random sample of nursing homes were asked to complete a questionnaire with a researcher. Their medication charts were also reviewed.

Results

Twenty-one per cent of the participants were currently using a complementary or alternative medication. Thirty-four per cent of participants reported using alternative therapies. No potentially harmful interactions between the complementary medications and residents' usual prescribed medications were identified.

Conclusions

A significant proportion of nursing home residents used complementary medications and alternative therapies. This proportion was similar to that found in community surveys.

Keywords

Complementary therapies, aged, nursing homes

(NZFP 2006; 33:101–103)

Introduction

Complementary and alternative medication (CAM) use in older people has been studied in large population surveys.^{1,2} These surveys have found widespread (30–41%) use of CAM in people aged 65 and older. No studies on CAM usage amongst nursing home residents appear to have been published. We sought to describe the prevalence of CAM and alternative therapy (AT) use in nursing home residents in Christchurch, New Zea-

land. We also sought to identify the CAM used, their potential for interaction with prescribed medications and how residents obtained CAM.

Studies of CAM use have used varying definitions of what constitutes a CAM and have generally included alternative treatments such as chiropractic, massage, acupuncture and even prayer in their definition of CAM. In this report we define CAM as any ingested medication NOT available on a medical doctor's pre-

scription. This definition encompasses herbal, naturopathic and homeopathic medications as well as folk or traditional remedies, mega-vitamins and diet supplements not available on doctor's prescription. We also investigated the use of alternative therapies, which we define as therapies not taught in medical schools. These alternative treatments included acupuncture, massage, meditation and chiropractic treatment. Vitamins and mineral supplements available on

doctor's prescription were not considered as CAM for the purposes of this study.

Methods

Nursing homes in New Zealand are private, long-term care facilities, caring for low level dependency residents. These residents are usually dependent in some activities of daily living but able to walk with aids, participate in dressing and feed themselves. Their medical care is delivered by visiting general practitioners. We did not study residents in high level dependency homes or specialised dementia care homes as these residents may not have been able to give informed consent or answer questionnaires. We randomly selected 23 of the 97 rest homes in Christchurch, New Zealand (population 330 000.) Thirteen of these nursing homes agreed to participate in our study. Inclusion criteria for residents

Table 1. Characteristics of 102 nursing home residents interviewed

Age (Mean)	85 (SD 7.09)
Number (%) female	76 (75%)
Number (%) currently using complementary and alternative medications (CAM)	21 (21%) (95% CI 0.13, 0.30)
Number (%) currently using alternative therapies (AT)	35 (34%) (95% CI 0.25, 0.44)
Number (%) using either CAM or AT	39 (38%) (95% CI 0.29, 0.48)
Number (%) using both CAM and AT	17 (17%) (95% CI 0.10, 0.25)
Number (mean) of prescribed regular medications per resident	7.6 (SD 3.5)

were that they were aged over 65, able to give informed consent and fluent in English. Each nursing home gave study information sheets to each resident they considered suitable for inclusion and who indicated a willingness to participate in this study. We were not able to ascertain the response rate of residents. The

study aimed to recruit 100 residents. The questionnaire was piloted in eight residents and consequently modified.

Residents who agreed to participate had the study explained to them in more detail by the researcher (KL) and then gave informed consent. The researcher then interviewed each resident regarding their use of CAM and AT. We also ascertained where residents obtained information regarding CAM and AT as well as how they accessed their CAM and AT. Responses were both pre-coded categorical responses and free text responses. Demographic data were also collected as well as a record of the participants' prescribed medications. All data collected were entered into an EXCEL database and simple descriptive statistics calculated.

Results

One hundred and two nursing home residents from 13 nursing homes were interviewed in December 2003. Characteristics of the residents are summarised in Table 1 as well as the main results. Twenty-one per cent of the participants currently used CAM. Thirty-four per cent of the participants currently used some form of AT. Details of CAM and AT used are presented in Table 2. Residents usually obtained information regarding CAM from friends (29%) or nursing home staff (24%.) Only one resident was using a CAM on the advice of a doctor. CAM were usually obtained

Table 2. Complementary and alternative medications and alternative therapies used by residents.

A. Complementary and alternative medications currently used by 21 residents	Number of residents using this CAM or AT (%)*
Laxative supplements	6 (6%)
Supplements for arthritis	7 (7%)
Supplements for urinary tract infections	3 (3%)
Naturopathic remedies	3 (3%)
Homeopathic remedies	1 (1%)
Others [†]	10 (10%)
B. Alternative therapies currently used by 35 residents	
Acupuncture	15 (15%)
Massage	12 (12%)
Chiropractic	9 (9%)
Spiritual healing	6 (6%)
Osteopathy	3 (3%)
Meditation	3 (3%)
Other therapies [‡]	4 (4%)

* Many residents using CAM or AT used more than one medication or modality.

† Other CAM included bee pollen, spirulina, peanut oil, linseed oil, Irish Moss, liquorice, and several proprietary products.

‡ Other AT included 'Indian healing', yoga, energy healing, TENS.

from pharmacies. No potential harmful interactions between CAM and residents' prescribed medications were found.

Discussion

Previous studies have included varying definitions of what constitutes complementary and alternative medicine.¹⁻⁴ Some studies have included prayer as a complementary medicine which would inflate the numbers of patients categorised as using CAM.⁵ We have chosen to differentiate complementary and alternative medications from alternative therapies in this study. Thirty-eight per cent of our survey sample used either CAM or AT. This prevalence of CAM and AT usage is similar to

that found in a recent community survey in the USA but less than that reported from a survey of a geriatric ambulatory practice in the USA.^{3,6}

This study had a relatively low response rate (56%) from the sample of selected rest homes as well as non-random selection of participants which may limit the validity of our findings.

Physicians looking after patients in nursing homes should routinely ask about CAM use and be alert to the potential for interactions between CAM and prescribed medications

The potential for harmful interactions between CAM and prescribed medications has been highlighted in several studies.⁷ We used a recent review of herbal medicines and prescribed drug known interactions to identify potentially harmful interactions between ingested CAM and residents' prescribed medications.⁷ Although residents we interviewed were taking an average

of 7.6 prescribed medications, we did not identify any potentially harmful interactions between CAM used and the resident's prescribed medications.

In this study we were not able to ascertain whether the residents' physicians were aware of their use of CAM. In view of the widespread use of CAM we identified in nursing home residents, physicians looking after patients in nursing homes should routinely ask about CAM use and be alert to the potential for interactions between CAM and prescribed medications.

This study was approved by the Canterbury Ethics Committee.

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Competing interests

None declared.

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