

Research Article

Knowledge and Attitudes of Complementary and Alternative Medicine among General Practitioners in Farwaniya Health Region, Kuwait

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ABSTRACT

Objective: Our objective is to study the knowledge and attitudes of General Practitioners (GPs) in primary health care centers in Farwaniya health region towards Complementary and Alternative Medicine (CAM).

Design: A cross-sectional study using a structured self-administered questionnaire for data collection to a random sample of 88 general practitioners working in primary health care centers in Farwaniya health region was carried out.

Results: Data of 88 GPs Was analyzed. The majority of the GPs (78.4%) stated that their knowledge about Cam therapy was poor. Self-reported knowledge about specific CAM therapies was highest for herbal and acupuncture (33.0%), and was the lowest for chiropractic (2.3%). The great majority of the GPs (86.4%) were interested in attending future courses in CAM. Around 90.9% favored CAM as a useful supplement to conventional medicine. Most of the respondents (90.9%) agreed that CAM should be regulated and practiced in Kuwait.

Conclusion: The results of our study show that most GPs did not feel qualified to make use of CAM. It suggests that Knowledge about CAM among GPs in Farwaniya Health Region is not as widespread as the public demand seems to require. Clearly most GPs need more training and resources about CAM.

Keywords: General Practitioners, Complementary and Alternative Medicine, Attitudes, Knowledge.

INTRODUCTION

Complementary and Alternative Medicine (CAM) is defined by the national center for Complementary and Alternative Medicine as "a group of diverse medical and health care systems, practices and products that are not presently considered to be part of conventional medicine" (CAM, 2005). Complementary and Alternative Medicine is a term which covers a very wide range of therapies. Some of these therapies are on the border of acceptance by the medical Profession whereas others that have little evidence behind them are still viewed with much skepticism (Louise et al., 2006). There is evidence that Cams are not always safe and that the CAM knowledge of GPs is not always sufficient to correctly advise safe use. Estimates of the extent of use of CAM in industrialized countries range from about one-third to half of the general population (Ernst, 2000; Bodeker and Kronenberg, 2002). Faced with the increasing demand for CAM by their patients, general practitioners have to be prepared to discuss its uses and limitations, as well as its possible adverse effects (Jonas, 1998). Other studies have described GPs' views (Ernest et al., 1995) and practices (Pirotta et al., 2002) about CAM. However, such studies are often hampered by methodological problems such as small sample sizes, convenience sampling or unsatisfactory response rates. Several New Zealand (NZ) studies on General Practitioners' Attitudes toward Complementary and Alternative Medicine have been carried out, predominantly at regional level. Notably, in 1988, 27% of Wellington GPs currently practiced some form of CAM and 80% had referred patients for one or more therapies; 54% expressed an interest in training in CAM Therapies (Hadley, 1998). A study in Doha, Qatar conducted in 2008 report that 39.1 % of General Practitioners had poor knowledge about Complementary and Alternative Medicine [9]. More data about CAM is needed from countries of the eastern Mediterranean Region.

METHODS

Our study design was a cross-sectional study targeting General Practitioners working in primary health care clinics in Farwaniya health region. The study conducted during period June 2012 to December 2012. We used a structured self-administered questionnaire for data collection. The questionnaire consisted of 3 sections. The first section included Demographic Data: Sex, Age, Nationality, Postgraduate Qualification, and Length of Practice. The second section included questions about GPs knowledge of CAM. The third section included questions about the attitudes of physicians towards CAM. We took permission from joint committee for the protection of human subjects in research. The questionnaires were distributed among the General Practitioners working in primary health care centers in Farwaniya health region by self-administration for those who agree to participate in the study, and the questionnaires were collected by the investigators. In the course of this study 100 General Practitioners enrolled from 19 primary health care centers participated in this study. We included all General Practitioners working in primary health care centers in Farwaniya health region for at least one year. The collected data was analyzed using *Spss*, version 20. For cross-tabulation and computation, statistical significance using 95% confidence interval was calculated. P -values ≤ 0.05 was considered statistically significant.

RESULTS

Of the 100 questionnaires distributed, 88 questionnaires were returned with complete information, a response rate of 88%. Of the respondents 32 (36.4%) were males and 56 (63.6%) were females. 43% of respondents had their age between 30-40 and only 10.2% less than 30 years of age. Only 20.5% of the respondents were of Kuwaiti nationality. 20.5% of the GPs had a postgraduate qualification in family medicine and 53.4% had more than 10 years' experience as primary care GPs (table 1).

Table 1: Demographic Characteristics of the Studied General Practitioners (GPs) in Farwaniya Health Region (N=88)

Characteristics	Number	%
Age(Years)		
<30	9	10.2
30-40	38	43.2
40-50	30	34.1
>50	11	12.5
Sex		
Male	32	36.4
Female	56	63.6
Nationality		
Kuwaiti	18	20.5
Non-Kuwaiti	70	79.5
Qualification		
Family medicine MB Bch	18	20.5
Other	23	26.1
	47	53.4
Experience as a GP(Years)		
<5	11	12.5
5-10	30	34.1
>10	47	53.4

Majority of the GPs (78.4%) stated that their knowledge about CAM therapy was poor, while 14.8% described it as good and only 6.8% classified their knowledge about CAM as don't know. Learning about CAM as part of medical education was the less common source of knowledge (23.9%), followed by medical journals (26.1%) (Table 2).

Table 2: Self-Reported Level of Knowledge of General Practitioners in Farwaniya Health Region about Complementary and Alternative Medicine (CAM) (N=88)

Item	%
Level Of Knowledge About CAM	
Good	14.8
Poor	78.4
Don't Know	6.8
Main Source Of Knowledge About CAM	
As Part Of Medical Education	23.9
Medical Journals	26.1
Other	50.0

GPs' self-reported knowledge about specific CAM therapies was highest for the following: Herbal and Acupuncture (33.0%), Reflexology (6.8%), and was the lowest for Chiropractic (2.3%) (Table3).

Table 3: Self- Reported Level of Knowledge of General Practitioners in Farwaniya Health Region about Different Complementary and Alternative Medicine (CAM) Therapies (N=88)

TYPE OF CAM	LEVEL OF KNOWLEDGE		
	GOOD	POOR	DON'T KNOW
	%	%	%
Acupuncture	33.0	55.7	11.4
Chiropractic	2.3	58.0	39.8
Homeopathy	4.5	55.7	39.8
Herbal	33.0	62.5	4.5
Spiritual Healing	4.5	58.0	37.5
Osteopathy	4.5	50.0	45.5
Hypnotherapy	4.5	60.2	35.2
Reflexology	6.8	60.2	33.0

The great majority of the GPs (86.4%) were interested in attending future courses in CAM (table 4). Around 64.8% of the GPs had poor previous training in CAM. However, almost 95.5% of the GPs stated that CAM needs more scientific testing before being used in conventional medicine. However, 56.8% believed that CAM are safe and have very few side effects while only 43.2% believed they were not safe (Table 4). The majority of the GPs (90.9%) favored CAM as a useful supplement to conventional medicine and described it as a lead to better patient care (88.6%). Most of the respondents (90.9%) agreed that CAM should be regulated and practiced in Kuwait (Table 4). Some, however, believed that CAM worked only with the placebo effect (36.4%) and almost all (100%) agreed that CAM therapists should have some basic medical training. Around 77.3% of the GPs reported that they should regularly ask about patients' history of CAM use (table 4).

Table 4: Attitudes of General Practitioners (GPs) in Farwaniya Health Region towards Complementary and Alternative Medicine (CAM) (N=88)

Item	Agree %	Disagree %
GP knowledge of CAM practices leads to better patients care	88.6	11.4
CAM needs more scientific testing before being used in conventional medicine	95.5	4.5
Were you interested in attending future courses in CAM	86.4	13.6
The result from CAM is mainly due placebo effect	36.4	63.6
Most CAM therapies are safe and have very few side effects	56.8	43.2
CAM has more holistic approach to health than conventional medicine	58	42
CAM therapists should have some basic medical training	100	0
General practitioners should regularly ask patients if they are using CAM	77.3	22.7
CAM should be regulated and practiced in Kuwait	90.9	9.1
CAM is a useful supplement to conventional medicine	90.9	9.1

Around half of the GPs (58.0%) think that CAM has more holistic approach to health than conventional medicine. There was a statistically significant relationship between GPs' experience in years and the attitude about regulation and practice of CAM in Kuwait ($p < 0.05$) (table 5).

Table 5: Experience in Years of General Practitioners (GPs) in Farwaniya Health Region by Attitude about Regulation and Practice of Complementary and Alternative Medicine (CAM) in Kuwait (N=88)

Experience as a GP (In Years)	CAM Should Be Regulated and Practiced in Kuwait		Total	X ² (P-Value)
	Agree % Of Total	Disagree % Of Total		
<5	12.5%	0.0%	12.5%	6.750(.034)
5-10	27.3%	6.8%	34.1%	
>10	51.1%	2.3%	53.4%	

DISCUSSION

It seems clear that CAM will be a part of healthcare for much of the population for the future. Fortunately, the research base in this field has been growing rapidly (Lewith et al., 2006; Leweth, 2005). A high proportion of the GPs in our study in Kuwait (78.4%) perceived their knowledge about CAM to be poor. This is not surprising given that many of the respondents went there through medical training when CAM was not widely discussed. Of the various CAM therapies, GPs reported more knowledge about herbal and acupuncture (33.0%), same results were found in a study conducted in the United Arab Emirates (UAE), which showed that GPs were more aware about and supportive of herbal medicine, acupuncture (Hassan et al., 2000). Different results were found in a study conducted in the Qatar which showed that GPs were more aware about and supportive of psychotherapy counseling and, diet/ supplements (Shaar et al., 2010). Ernest et al. (1995) in their global meta-analysis found that manipulative therapies such as chiropractic osteopathy, acupuncture and homeopathy (in that order) were believed by physicians to be the most useful or effective forms of CAM therapy (Ernest et al., 1995). The attitude of GPs in our study appears to be supportive of CAM, as the majority agreed that it was a useful supplement to conventional medicine and it included ideas and methods that could be of benefit to the primary care physician. They also supported and recommended

that the practice of CAM in Kuwait be regulated by law and legal supervision. Similar opinions and attitudes were found among Canadian physicians (Verhoef and Sutherland, 1995). Most of our participants had no previous training in CAM; however, 76% showed a great interest in attending future courses in CAM. Canadian and Australian GPs reported a higher level of training than our GPs but only 50% of those without training were found to be interested in learning about CAM (Verhoef and Sutherland, 1995; Pirotta et al., 2000). Previous studies have shown that certain demographic factors such as age, sex, ethnicity, practice type and location of medical training have a significant effect on physicians' attitudes (Gordon et al., 2000). Contrary to these studies, our study showed only a statistically significant relationship between GPs' experience in years and the attitude about regulation and practice of CAM in Kuwait (Table 5). The variations between countries regarding the familiarity of GPs with different CAM therapies, their attitude can be explained by cultural and geographical differences and beliefs. Such differences, however, are considerable and indicate the need for regional studies before designing educational programs or making decisions about any reforms to health care systems. Our study had several limitations. First, the study represent Farwaniya region only and hence results cannot be generalized to all Kuwait regions. Second, collection of data depended on the previous memory and this may decrease the accuracy of data and cannot be taken as facts; but this is the scientific method used in these types of studies all over the world. Also the survey only included primary care physicians. Attitudes and knowledge about CAM could be considerably different in physicians at different levels and specialties of health care. Thus, it would be interesting to compare attitudes and knowledge across such varied practice settings.

CONCLUSION

The results of our study show that most GPs did not feel qualified to make use of CAM. It suggests that knowledge about CAM among GPs in Farwaniya health region is not as widespread as the public demand seems to require. Clearly most of GPs need more training and resources about CAM.

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REFERENCES

- What Is Complementary And Alternative Medicine (CAM) (2005)? 1. Bethesda, Maryland, National Center for Complementary and Alternative Medicine (Publication No. D156).
- Louise Poynton, Anthony Dowell, Kevin Dew, Tony Egan (2006). General Practitioners' Attitudes Toward (and Use of) Complementary and Alternative Medicine: A New Zealand Nationwide Survey. *New Zealand Medical Journal* Vol119 No 1247 ISSN 1175 8716.
- Ernest E (2000). The Role of Complementary and Alternative Medicine. *British Medical Journal*. 321:1133–5.
- Bodeker G, Kronenberg F (2002). A Public Health Agenda for Traditional, Complementary, and Alternative Medicine. *American Journal of Public Health*.92:1582–91.
- Jonas WB (1998). Alternative Medicine and the Family Physician. *Journal of the American Board of Family Practice*.11:244–6.
- Ernest E, Resch KL, White AR (1995). Complementary Medicine. What Physicians Think Of It: A Meta-Analysis. *Archives of Internal Medicine*.155:2405–8.
- Pirotta M, Et Al (2002). Characteristics of Victorian General Practitioners Who Practice Complementary Therapies. *Australian Family Physician*.31:1133–8.
- Hadley CM (1998). Complementary Medicine and the General Practitioner: A Survey of General Practitioners in the Wellington Area. *NZ Med J*.101:766–8.
- Shaar IAMS AL, Ismail MFS, Yousuf WAAA, Salama RE (2010). Knowledge, Attitudes and Practice of General Practitioners towards Complementary and Alternative Medicine in Doha, Qatar. *Eastern Mediterranean Health Journal*. Vol. 16 No. 5.
- Lewith G, Et Al (2006). Developing CAM Research Capacity for Complementary Medicine. *Evidence-Based Complementary and Alternative Medicine*.3:283–9.

- Lewith G (2005). Complementary Medicine Research Unit. Evidence-Based Complementary and Alternative Medicine.2:399–407.
- Hassan MY, Das M, Behjat S (2000). Alternative Medicine and the Medical Profession: Views of Medical Students and General Practitioners. Eastern Mediterranean health journal.6(1):25–33 (<http://www.emro.who.int/publications/emhj/0601/03.htm>).
- Verhoef MJ, Sutherland LR (1995). Alternative Medicine and General Practitioners: Opinions and Behavior. Canadian Family Physician.41:1005–11.
- Pirotta MV, Et Al (2000). Complementary Therapy: Have They Become Accepted In General Practice? Medical Journal of Australia.172(3):105–9.
- Gordon D, Et Al (2000). Complementary and Alternative Medicine: Canadian Psychiatrists' Attitudes and Behavior. Archives of Physical Medicine and Rehabilitation.81(5):662–7.