

The use of alternative medicines by somatoform disorder patients in Spain

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SUMMARY

Somatisation disorder patients show a high rate of alternative medicine consultations but most of them do not disclose this fact to the doctor owing to fear of reprisals. The reasons given for using these medicines do not equate to sociodemographic characteristics, psychiatric diagnosis or personality traits but instead to dissatisfaction with medical care and with diagnosis. These patients appreciate the longer and more frequent consultations as well as the better doctor-patient relationship of alternative medicines.

Keywords: somatisation disorder; alternative medicine; communication.

Introduction

SOMATISATION disorder (SD) is defined by the presence of physical symptoms that suggest a medical condition but are not fully explained by a medical disorder. These patients are characterised by frequent medical visits and a difficult doctor-patient relationship.¹ The issue of the utilisation of alternative medicines by SD patients has been neglected and only some general reviews are referred to.² The objective of this study is to evaluate the frequency and characteristics of alternative medicine consultations by SD patients.

Method

Patients and setting

We interviewed 68 SD patients who attended the psychiatric practices of Miguel Servet Hospital in Saragossa or San Jorge Hospital Huesca, Spain between 1994 and 1999.

Instruments

Assessment of these patients included DSM-IV Axis I and Axis II diagnosis and personality traits with the Spanish versions of schedules for clinical assessment in neuropsychiatry (SCAN),³ international personality disorder examination (IPDE⁴), and Minnesota multiphasic personality inventory (MMPI⁵) respectively, as well as a self-administered questionnaire with closed questions on the following subjects:

- use of alternative medicines,
- reasons and advantages for their use, and
- the disclosure of this fact to their doctor.

Statistical methods

Chi-square and *t*-test were used, depending on the type of variable, to assess the demographic and clinical differences between

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users and non-users. Significance has been placed at the conventional level of 0.05.

Results

All patients agreed to answer the questionnaire but three (4.4%) were eliminated from the study so the final sample was 65 patients. Thirty out of the sample group (46.1%, 95% CI = 34% to 59%) had used alternative medicines. No significant differences were found between users and non-users in sociodemographic characteristics.

Psychiatric diagnosis (DSM-IV), personality disorders, and MMPI personality traits were similarly distributed in users and non-users without statistical differences between both groups.

The most frequently used alternative medicine was acupuncture (15.3%), followed by homeopathy (10.7%), healers (9.2%), and reflexology (7.6%).

The reasons for using alternative medicines were given as dissatisfaction with medical care (56.6%), dissatisfaction with diagnosis (36.6%), and that the patient believes natural remedies are healthier than drugs (6.6%). Patients using alternative medicines described the advantages as longer lasting and more frequent consultations (70%) and a better doctor-patient relationship (53.3%).

Finally, 60% of the patients who used alternative medicines did not disclose this fact to their physician because they feared reprisals from their doctor in terms of the quality of care provided.

Discussion

This is the first research study in medical literature on the use of alternative medicines by SD patients. The frequency of use of these medicines (46%) is higher than that found in both primary care patients (18%)⁶ and in cancer patients (21%).⁷ The most frequently used alternative medicine in Spain is acupuncture but this is dependent on the availability of such treatments in a particular country. Patients who use alternative medicines do not show significant differences in sociodemographic characteristics, or in psychiatric diagnosis, or in personality traits/disorders. The conclusion we draw is that these factors are not the reasons why these patients seek treatment with alternative medicines.

The main reasons for using alternative medicines are perceived as dissatisfaction with medical care (i.e. inefficacy of treatments and/or bad relationships with the doctor) and dissatisfaction with diagnosis, which implies that the patient did not agree with the explanations of their disease as given by their doctor. Only 6% of the patient sample believe that alternative medicines are safer or better than conventional therapies.

An important fact is that 60% of the patients who used alternative medicines did not disclose this fact to their physician because they feared reprisals; this should give cause for reflection on the low quality of the doctor-patient relationship.

There are a number of weaknesses in the execution of the study. First, the sample comes from a psychiatric setting, so it may not be representative of SD patients in the general population or in primary care settings. Secondly, the information was obtained from the patient themselves so a recall bias is possible. Thirdly, patients might underreport alternative medicine use or dissatisfaction with their doctors owing to fear of reprisals.

In conclusion, the trigger for seeking treatment with alternative medicines appears to be the doctor's failure to negotiate a diagnosis and treatment that is acceptable to the patient. These patients find that in alternative medicines longer-lasting and more frequent consultations facilitate a better doctor-patient relationship. Although it is necessary to replicate this study in other countries and with other types of disease, these findings should give cause to reflect on our style of communication with these patients.

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