

Complementary and Alternative Medicine

What People Aged 50 and Older Discuss With Their Health Care Providers

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Introduction

Do Americans aged 50 and older discuss the use of complementary and alternative medicine (CAM) with their health care providers? What do they talk about—or why don't they? To help answer these questions, in October 2010 AARP and the National Center for Complementary and Alternative Medicine (NCCAM) at the National Institutes of Health partnered on a telephone survey. The survey builds on a similar study conducted in 2006.

Use of CAM is widespread. The 2007 National Health Interview Survey, a nationwide Government survey, found that 38 percent of U.S. adults reported using CAM in the previous 12 months, with the highest rates among people aged 50–59 (44 percent)¹. The NHIS data also revealed that approximately 42 percent of adults who used CAM in the past 12 months disclosed their use of CAM to a physician (M.D.) or osteopathic physician (D.O.)². Because many adults also use over-the-counter medications, prescription drugs, or other conventional medical approaches to manage

U.S. DEPARTMENT OF HEALTH
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¹Barnes PM, Bloom B, Nahin R. Complementary and Alternative Medicine Use Among Adults and Children: United States, 2007. *CDC National Health Statistics Reports* #12. 2008.

²Calculated from 2007 National Health Interview Survey Data.



their health, communication between patients and health care providers about CAM and conventional therapies is vital to ensuring safe, integrated use of all health care approaches.

CAM is defined as a group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine. CAM includes such products and practices as herbal or dietary supplements, meditation, chiropractic care, and acupuncture.

Methodology

AARP commissioned SSRS, an independent research company, to conduct a telephone survey to assess the use of CAM among people 50 and older and the circumstances under which they discuss such use with their health care providers.

Questions covered the following topics:

- Whether respondents had used various types of CAM in the past 12 months or ever, and for what purposes
- Whether they had discussed CAM with their health care providers
- What they discussed or why they had not had a discussion
- Who initiated the discussion



- Their primary source of information about CAM
- Their current use of prescription medications.

Interviews were conducted October 13–26, 2010, with a random sample of 1,013 people aged 50 and older. Responses were weighted to reflect the U.S. population of that age. The survey's overall margin of error is plus or minus 3.1 percentage points at the 95 percent confidence level. The response rate for the survey was 11 percent. Where possible, comparisons were made with a similar study conducted in 2006 with 1,559 respondents aged 50 and older and a margin of error of plus or minus 2.48 percentage points at the 95 percent confidence level.



AARP is a nonprofit, nonpartisan organization with a membership that helps people 50+ have independence, choice and control in ways that are beneficial and affordable to them and society as a whole. AARP does not endorse candidates for public office or make contributions to either political campaigns or candidates. We produce *AARP The Magazine*, the definitive voice for 50+ Americans and the world's largest-circulation magazine with over 35.1 million readers; *AARP Bulletin*, the go-to news source for AARP's millions of members and Americans 50+; *AARP VIVA*, the only bilingual U.S. publication dedicated exclusively to the 50+ Hispanic community; and our Web site, AARP.org. AARP Foundation is an affiliated charity that provides security, protection, and empowerment to older persons in need with support from thousands of volunteers, donors, and sponsors. We have staffed offices in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.



The National Center for Complementary and Alternative Medicine (NCCAM) is 1 of the 27 institutes and centers that make up the National Institutes of Health, the primary Federal agency for medical research. The mission of NCCAM is to define, through rigorous scientific investigation, the usefulness and safety of complementary and alternative medicine interventions and their roles in improving health and health care. For more information, visit nccam.nih.gov.

Acknowledgments

This research was funded by Health Promotion, Education, and Outreach at AARP. Staff in NCCAM at the National Institutes of Health and in Research and Strategic Analysis at AARP prepared this report.

Findings

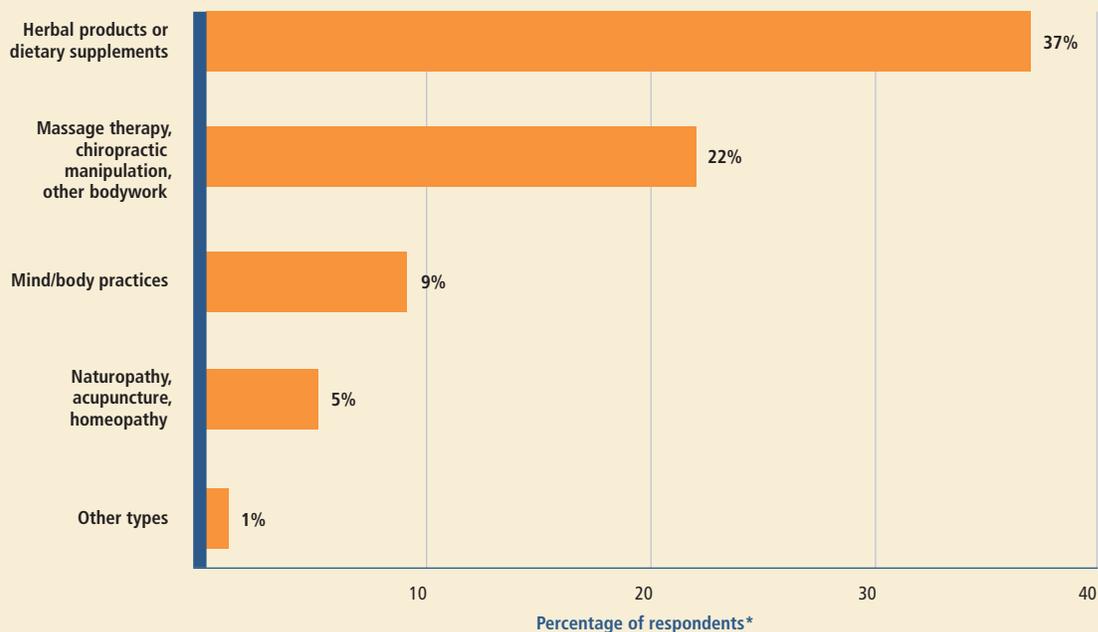
CAM Use

In the AARP/NCCAM survey, just over half (53 percent) of people 50 and older reported using CAM at some point in their lives, and nearly as many (47 percent) reported using it in the past 12 months. Herbal products or dietary supplements were the type of CAM most commonly used, with just over a third (37 percent) of respondents reporting their use, followed by massage therapy, chiropractic manipulation, and other bodywork, used by around a fifth (22 percent) of respondents (Figure 1).

Some demographic groups were more likely to use CAM than others:

- Women were more likely than men to report using any form of CAM in the past 12 months (51 vs. 43 percent) as well as two particular types: herbal products or dietary supplements (41 vs. 33 percent) and massage therapy, chiropractic manipulation, or other bodywork (27 vs. 16 percent).
- In most cases, the use of CAM increased with education. As Figure 2 illustrates, those who had attended or graduated from college were significantly more likely than those who had a high school education or less to use every form of CAM with one exception: Those who graduated from college were not significantly more likely than those with a high school education or less to use naturopathy, acupuncture, or homeopathy.
- Though relatively few respondents used mind/body practices or alternative medical systems, about twice as many in the younger age group did so.
 - Eleven percent of people aged 50–64 reported using mind/body practices including hypnosis and meditation, compared with 5 percent of those 65 and older.
 - About 7 percent of those aged 50–64 reported using naturopathy, acupuncture, or homeopathy, compared with 3 percent of those aged 65 and older.

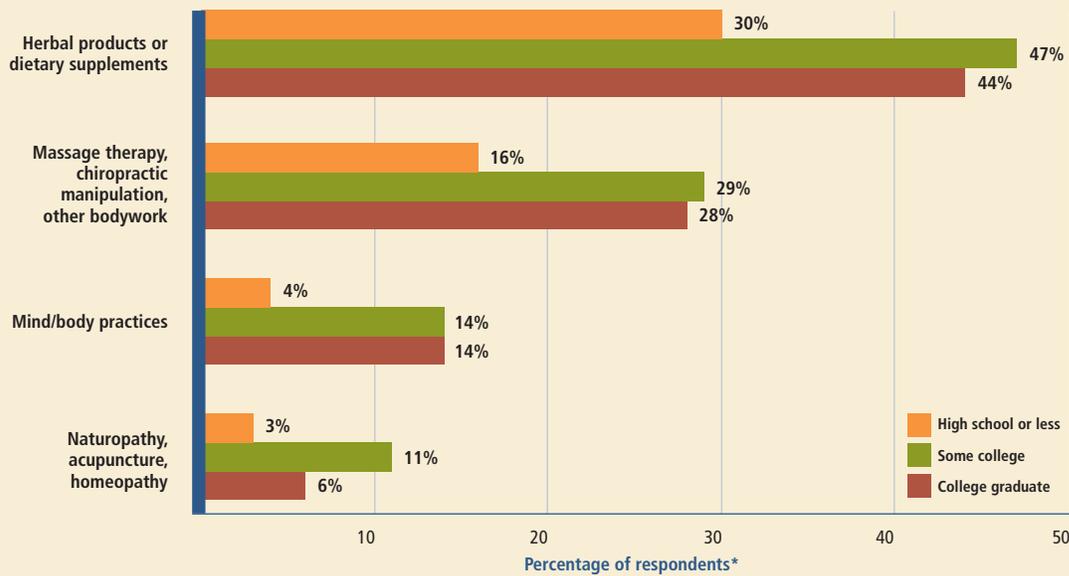
Figure 1 Type of CAM Used in the Past 12 Months



*Base: All respondents (n=1,013). Sampling error: ± 3.1 percentage points. Respondents could choose more than one answer.

Source: AARP/NCCAM Survey of U.S. Adults 50+, 2010

Figure 2 Education Level and Type of CAM Used in the Past 12 Months



*Base: All respondents (n=1,013). Sampling error: ± 3.1 percentage points. Respondents could choose more than one answer.

Source: AARP/NCCAM Survey of U.S. Adults 50+, 2010

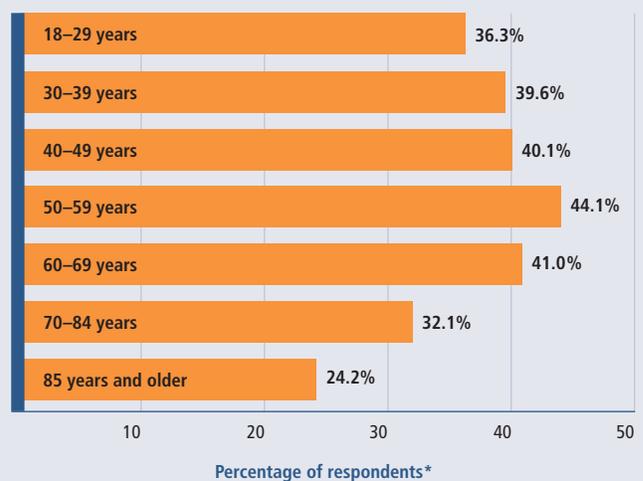
The National Health Interview Survey and CAM Use Among People 50+

The National Health Interview Survey (NHIS) provides the official Government estimates of CAM use. NHIS is a nationally representative survey of the civilian noninstitutionalized household population of the United States. The survey, conducted by the Centers for Disease Control and Prevention’s National Center for Health Statistics, is done through in-person interviews. Questions about CAM usage were included in NHIS in 2007. Over 23,000 adults were asked these questions. Overall, 38 percent of U.S. adults reported using CAM in the previous 12 months, with the highest rates among people aged 50–59 (44 percent).

As Figure 3 illustrates, CAM usage peaks from 50–59 and then begins to decline with age. Among all NHIS respondents aged 50 and over, approximately 39 percent³ reported using CAM in the past 12 months.

³Calculated from 2007 National Health Interview Survey Data.

Figure 3 CAM Use in the Past 12 Months Among U.S. Adults, by Age Category **

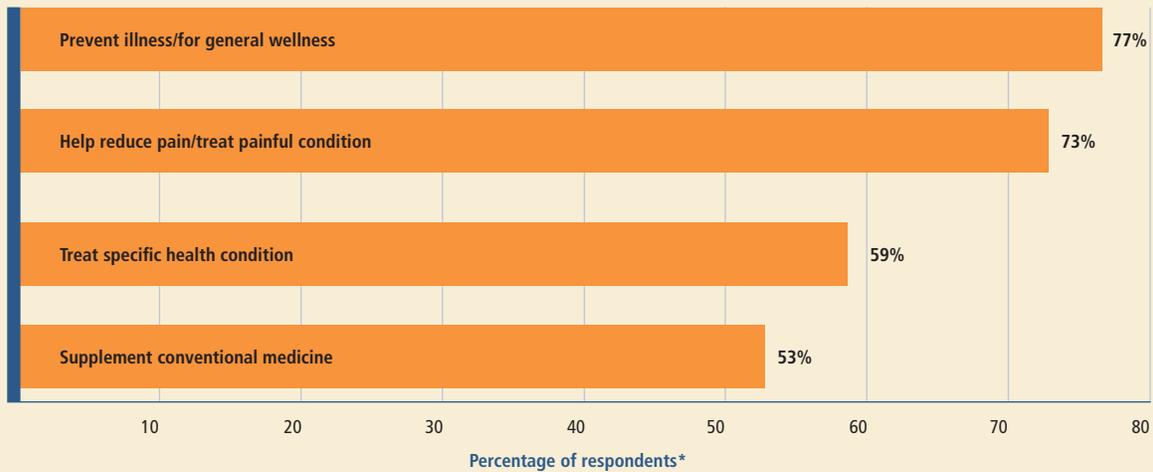


*Base: All adult respondents 18+ (n=23,393)

**Barnes PM, Bloom B, Nahin R. Complementary and Alternative Medicine Use Among Adults and Children: United States, 2007. *CDC National Health Statistics Reports #12*. 2008.

Source: National Health Interview Survey, 2007

Figure 4 Reasons for CAM Use



*Base: Respondents who used CAM in past 12 months or ever (n=539). Sampling error: ± 4.2 percentage points. Respondents could choose more than one answer.

Source: AARP/NCCAM Survey of U.S. Adults 50+, 2010

Reasons for CAM Use

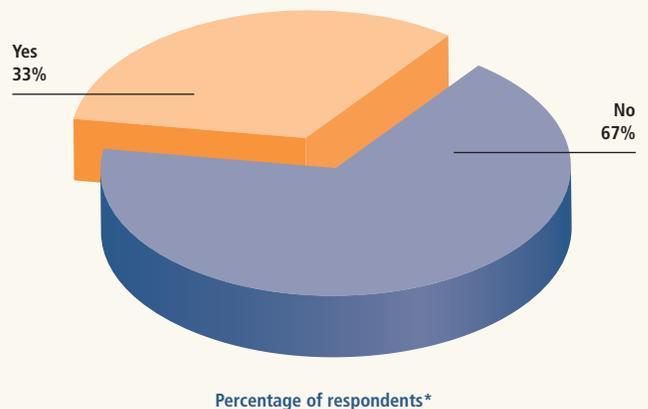
When those who used CAM were asked why they used these approaches, the most common reasons were to prevent illness or for overall wellness (77 percent) or to reduce pain or treat painful conditions (73 percent) (Figure 4). Other popular uses were to treat a specific health condition (59 percent) or to supplement conventional medicine (53 percent).

Discussing CAM With Health Care Providers

Overall, two-thirds of respondents (67 percent) reported that they had not discussed CAM with any health care provider versus a third (33 percent) of respondents who reported that they had discussed CAM with a health care provider (Figure 5): a physician, nurse practitioner or nurse, pharmacist, physician assistant, chiropractor, physical therapist, or any other health care provider.

Among respondents who reported ever using CAM, a higher percentage, 58 percent, said they had discussed CAM with a health care provider⁴.

Figure 5 Respondents Who Discussed CAM With Health Care Provider



*Base: All respondents (n=1,013). Sampling error: ± 3.1 percentage points.

Source: AARP/NCCAM Survey of U.S. Adults 50+, 2010

⁴Base: Respondents who used CAM in the past 12 months or ever (n=539); sampling error: ± 4.2 percentage points

As Figure 6 illustrates, people aged 50 and older were most likely to have discussed CAM with their physician; less than half as many discussed it with other types of health care providers. Some demographic groups were more likely to talk to certain types of providers about CAM:

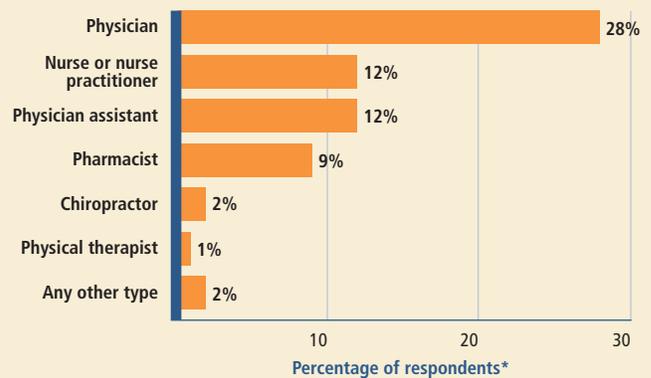
- Physicians:** Women were more likely than men to have discussed CAM with their physicians (32 vs. 24 percent), as were those with more education. Just over a third of respondents with some college or more education (36 percent) said they talked with their physician, versus a fifth of those with high school education or less (21 percent).
- Nurses and nurse practitioners:** Those aged 50–64 were nearly twice as likely than those aged 65 and older to say they had spoken with a nurse or nurse practitioner about CAM (15 vs. 8 percent).

Who Raises the Topic: Patients or Practitioners?

If CAM is discussed at a medical appointment, it is most likely brought up by the patient: Respondents were twice as likely to say they raised the topic rather than their health care provider—as was also true in 2006 (Figure 7).

Differences in who raises the topic of CAM were seen based on respondents' education: People with a high school education or less were more likely than those who had attended or graduated from college to say that their health care provider initiated the discussion (35 vs. 21 percent).

Figure 6 Types of Health Care Providers CAM Is Discussed With**

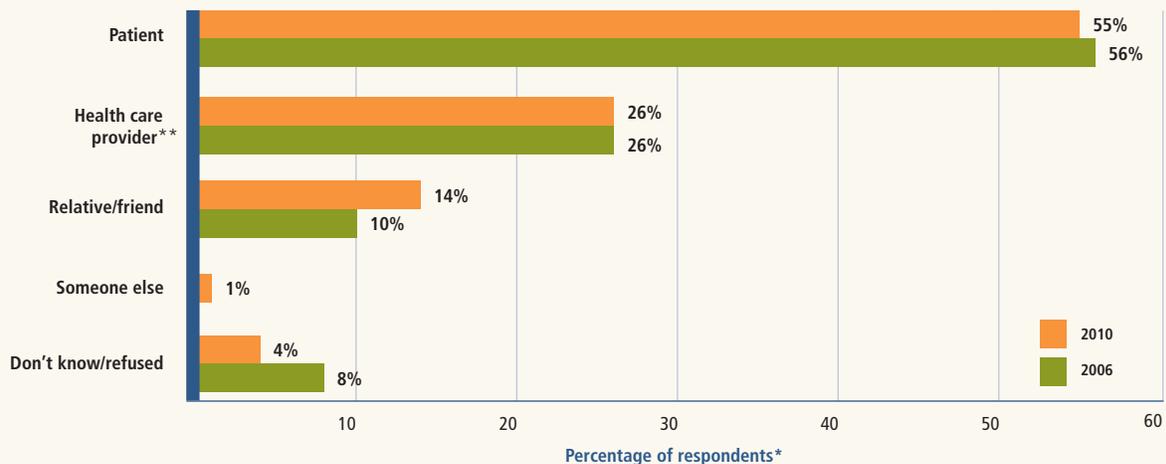


*Base: All respondents (n=1,013). Sampling error: ± 3.1 percentage points. Respondents could choose more than one answer.

**All respondents were asked if they had discussed CAM with each type of practitioner; only "yes" responses are shown ("no" and "don't know/no response" are excluded).

Source: AARP/NCCAM Survey of U.S. Adults 50+, 2010

Figure 7 Who Brought Up CAM

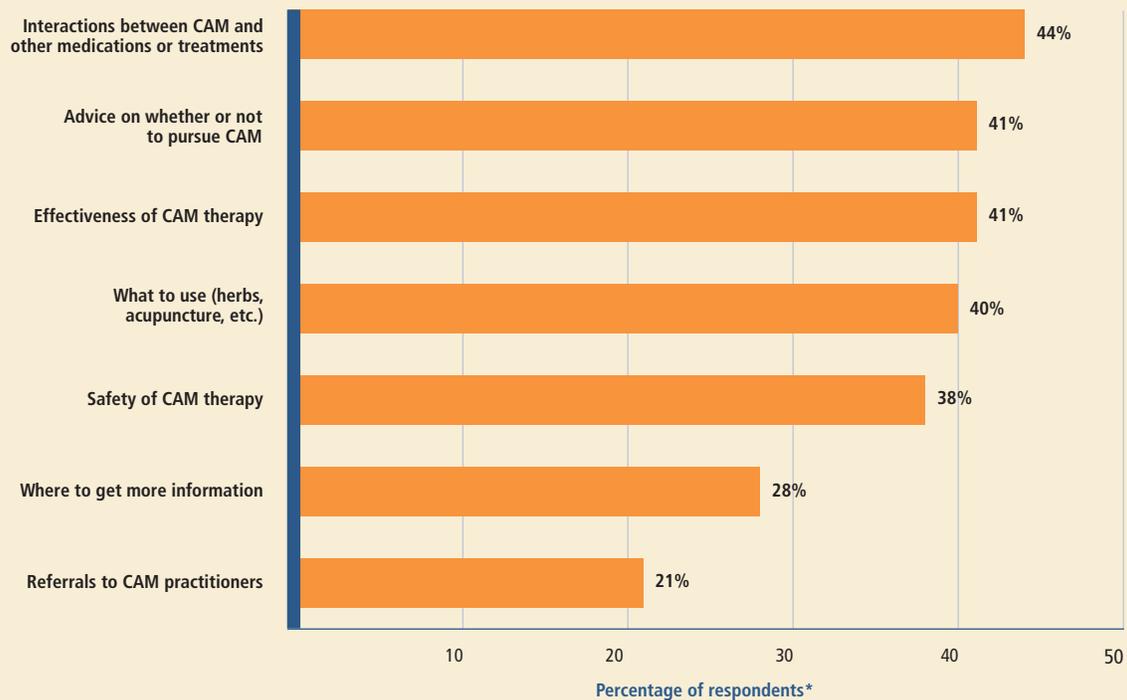


*Base: Respondents who have discussed CAM with a health care provider. 2010: n=345; sampling error = ± 5.3 percentage points. 2006: n=344; sampling error = ± 5.3 percentage points.

**The term "health care provider" was used in the 2010 survey; "doctor" was used in the 2006 survey.

Source: AARP/NCCAM Survey of U.S. Adults 50+, 2006 and 2010

Figure 8 Topics Discussed by Health Care Provider



*Base: Respondents who have discussed CAM with a health care provider (n=345). Sampling error: ± 5.3 percentage points. Respondents could choose more than one answer.

Source: AARP/NCCAM Survey of U.S. Adults 50+, 2010

Specific Information Discussed

As shown in Figure 8, respondents said their health care providers most often discussed:

- the potential of interactions between CAM and other medications or treatments (44 percent)
- advice on whether to pursue CAM treatments (41 percent)
- the effectiveness of CAM therapies (41 percent), what type of CAM to use (40 percent)
- the safety of CAM therapies (38 percent).

Those with a high school education or less were more likely than college graduates to report that their health care provider had discussed how the CAM therapy might interact with other medications or treatments (50 vs. 35 percent). No other demographic differences were noted.

Respondents who said they had discussed CAM with a health care provider but had not discussed a specific topic were asked if they would like to do so. From one-quarter to about one-third of respondents indicated interest in discussing each of the specific CAM topics shown in Figure 8.

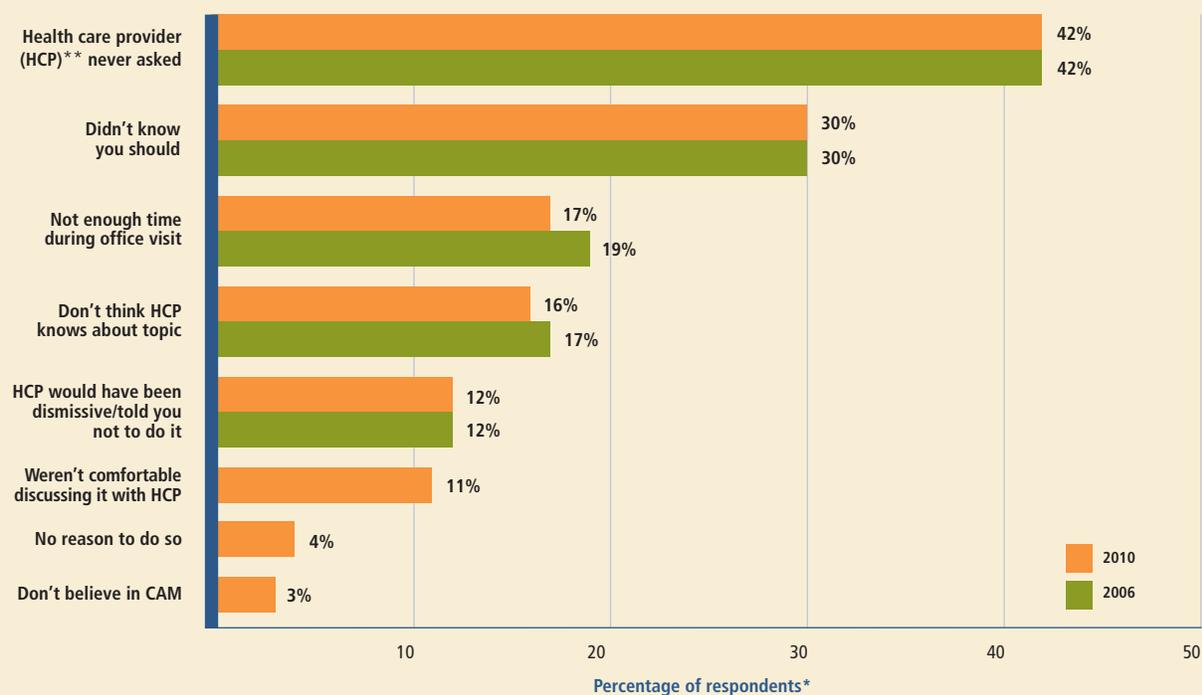
Why CAM Is Not Discussed With Health Care Providers

From patients' point of view, the two main reasons that they and their health care providers do not discuss CAM are that the provider never asks (42 percent), or that they did not know they should bring it up (30 percent). As Figure 9 illustrates, the same was true 4 years ago.

Reasons differed somewhat based on respondents' education:

- A third (33 percent) of those with some college or less education said they had not discussed CAM with a health care provider because they did not know they should, compared with about a fifth (18 percent) of college graduates.
- 15 percent of those with a high school education or less thought their health care provider would have been dismissive or told them not to do it, compared with 7 percent of college graduates.
- 14 percent of those with a high school education or less were more likely to say they were not comfortable discussing CAM with their health care provider compared with 5 percent of college graduates.

Figure 9 Reasons CAM Was Not Discussed With Health Care Provider



*Base: Respondents who have never discussed CAM with a health care provider. 2010: n=656; sampling error = ± 3.8 percentage points. 2006: n=1,097; sampling error = ± 3.0 percentage points.

**The term "health care provider" was used in the 2010 survey; "doctor" was used in the 2006 survey.

Source: AARP/NCCAM Survey of U.S. Adults 50+, 2006 and 2010

Primary Sources of Information About CAM Treatments

People aged 50 and older who use CAM get their information about it from a variety of sources, as Figure 10 shows. They are most likely to learn about CAM from family or friends (26 percent), followed by the Internet (14 percent), their physician (13 percent; 21 percent for all health care providers), publications including magazines, newspapers, and books (13 percent), and radio or television (7 percent). College graduates are less likely to report getting information from radio and television (1 vs. 9 percent of those who attended college or have less education); no other demographic differences were found.

Only one significant difference exists in the sources they consulted in 2010, compared with 4 years earlier: they are more likely to turn to the Internet in 2010 than in 2006 (14 vs. 10 percent).

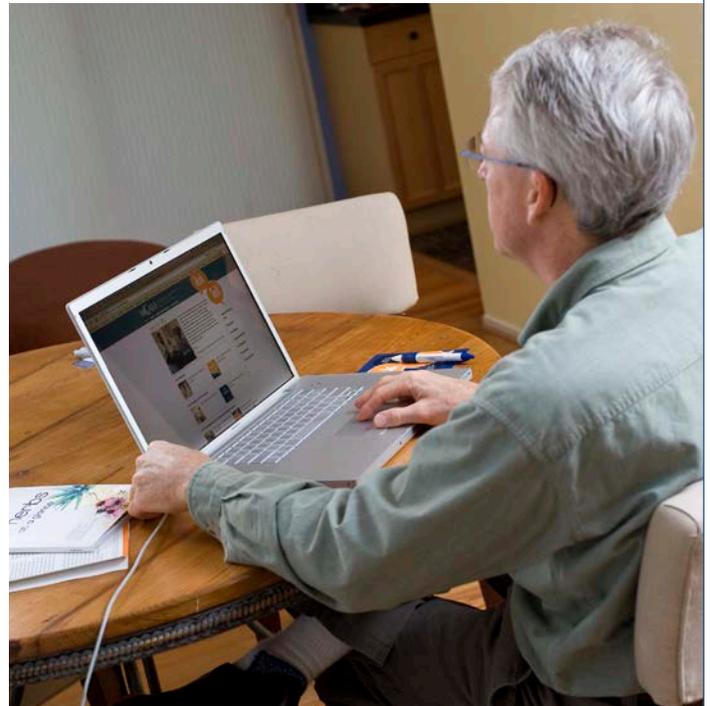
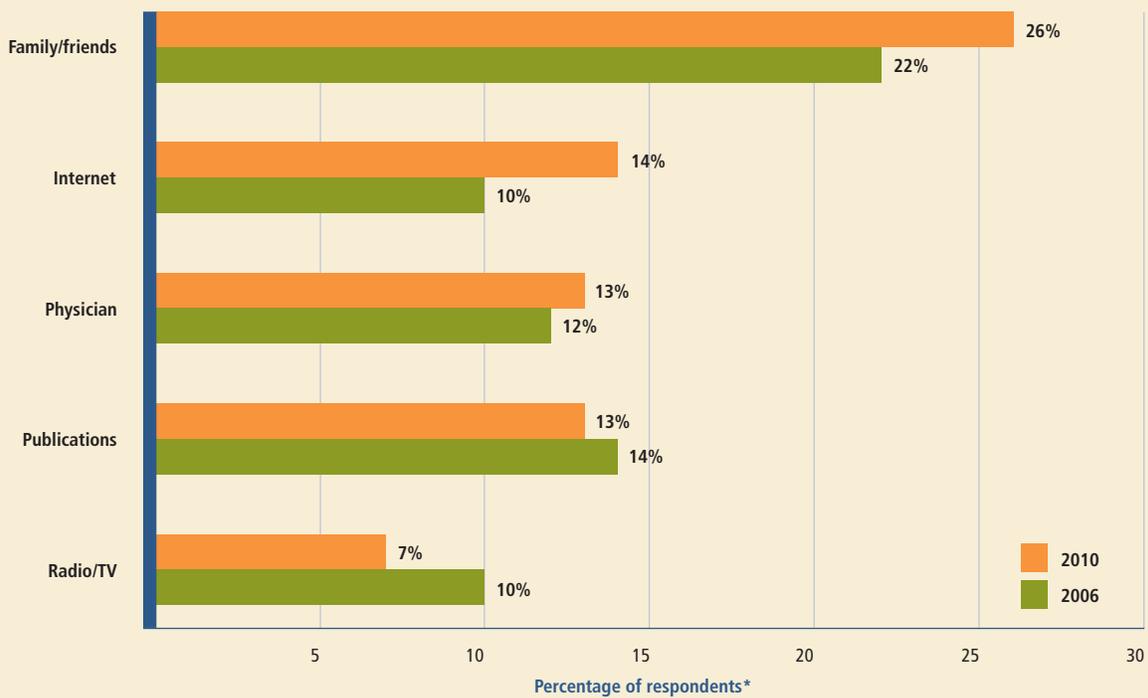


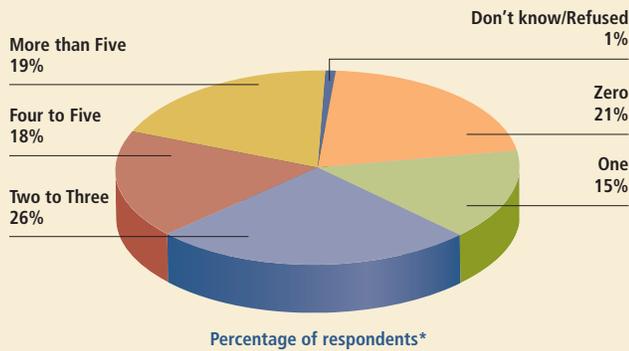
Figure 10 Primary Source of CAM Information



*Base: Respondents who used CAM in past 12 months or ever. 2010: n=539; sampling error = ± 4.2 percentage points. 2006: n=1,005; sampling error = ± 3.1 percentage points.

Source: AARP/NCCAM Survey of U.S. Adults 50+, 2006 and 2010

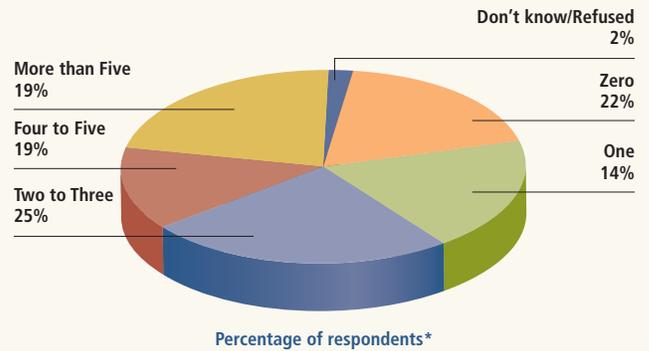
Figure 11 **Number of Prescription Medications Currently Taken**



*Base: All respondents (n=1,013). Sampling error: ± 3.1 percentage points.

Source: AARP/NCCAM Survey of U.S. Adults 50+, 2010

Figure 12 **Number of Prescription Medications Currently Taken by CAM Users**



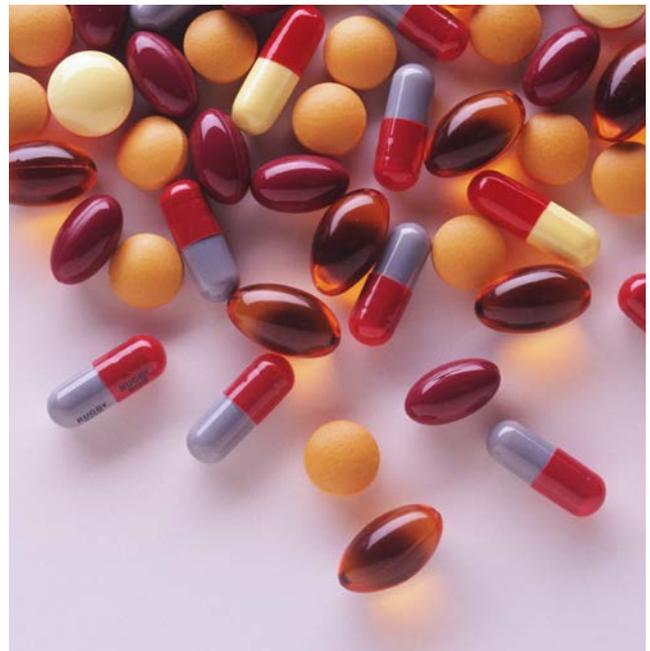
*Base: Respondents who used CAM in the past 12 months (n=473). Sampling error: ± 4.5 percentage points.

Source: AARP/NCCAM Survey of U.S. Adults 50+, 2010

Use of Prescription Medications

Overall, four out of five respondents (78 percent) reported taking one or more prescription medications (Figure 11). Younger respondents were less likely to take prescription medications: Of those aged 50–64, 1 in 4 (28 percent) reported taking no prescription medications, compared with 1 in 10 (10 percent) of those aged 65 and older. In addition to any CAM therapies they take, 77 percent of people who have used CAM in the past 12 months reported taking one or more prescription medications (Figure 12).

CAM users who also take prescription medications were more likely to report that they had discussed CAM with a health care provider. Sixty-four percent of those who have used CAM in the past 12 months and reported currently taking prescription medicines said they have discussed CAM with a health care provider; among those who used CAM in the past 12 months but said they take no prescription medicines, 51 percent reported discussing CAM with a health care provider.



Discussion and Conclusions

Half of people aged 50 and older surveyed reported using complementary and alternative medicine. Over a third take some type of herbal product or dietary supplement. Over three-fourths take one or more prescription medications. Using herbal products and supplements in conjunction with certain prescription medications may cause interactions, yet only a third of all respondents and a little over half of CAM users said they have ever discussed CAM with their health care providers.

When respondents do talk with their providers about CAM, twice as many respondents say they, not the practitioner, initiated the conversation. If respondents have not had that conversation, it is most often because their health care provider did not ask or they did not know it was something they should discuss. The fact that respondents are the primary initiators of a discussion about CAM or are not talking to their health care providers about CAM because they are not asked or do not

know they should discuss it remains largely unchanged from 2006. Thus, the need continues to educate consumers and health care providers about the importance of this dialogue and provide tools and strategies to facilitate this conversation.

Considered together, these data indicate that people aged 50 and older may be missing an opportunity to improve their health care by ensuring that all of their providers have a full picture of the ways in which they seek to improve their health. And, while CAM users who also take prescription medications were more likely to report that they had discussed CAM with a health care provider, other respondents may unknowingly put their health at risk by not discussing CAM use with their health care providers. Clearly, providers need to ask about CAM use at every patient visit, and people aged 50 and older need to know that CAM use is something that is important to discuss with their conventional medical providers.



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Appendix A: Detailed Methodology

Telephone interviews were conducted from October 13 to 26, 2010, with 1,013 people aged 50 and older over two waves of the twice-weekly EXCEL omnibus survey. Each wave used a fully replicated, stratified, single-stage, random-digit-dial sample of telephone households. Within each sample household, one adult respondent was randomly selected using a computerized procedure based on the last-birthday method of respondent selection. If the household respondent was aged 50 years or older, he or she was asked to respond to the survey questions. No other criteria were used to include or exclude respondents. The survey response rate was 11 percent. At least three attempts were made to a telephone number on various days, including weekends, and at different time periods. The number of attempts is limited because each wave is in the field for only 5 days. The attained response rate is typical for quick-turnaround surveys conducted by random-digit-dial telephone interviewing.

Data were weighted to account for disproportionate probabilities of household selection due to the number of separate telephone lines and the probability associated with random selection of an individual household member. Data were then stratified and balanced based on the national distribution of people 50 years and older by age, sex, race and ethnicity, educational attainment, and U.S. Census region to ensure reliable and accurate representation of persons in the target population. Before weighting, the sample was somewhat older, more female, lower income, better educated, and white than the U.S. population aged 50 and older.

The methodology for the 2010 survey largely replicates the methodology for the survey conducted in 2006 with a total of 1,559 respondents aged 50 and older. The 2006 response rate

was 30 percent and the margin of error was plus or minus 2.48 percentage points at the 95 percent confidence level. Before weighting, the 2006 sample was somewhat older, better educated, somewhat wealthier, and more non-Hispanic white than the U.S. population aged 50 and older.

Limitations of Method

As with all telephone surveys, people who live in nonresidential settings or in households without landline telephones were excluded, as were individuals who do not speak English well enough to participate. The extent to which the views of these and other nonrespondents (people in households that were called who were not reached or refused to participate) differ from those of respondents is unknown. In addition to sampling error, question wording and practical difficulties in administering surveys may have introduced error or bias into the findings of this, or any, poll of public opinion.

Differences Between 2010 and 2006 Questionnaires

The 2010 and 2006 surveys were carried out using the same methodology and covered the same topics and in many instances contained questions that are materially similar. However, substantial differences in the wording of some questions and response categories limit the extent to which data from the two time periods can be compared. Appendix B contains the 2010 survey instrument. Where possible, statistical testing was performed to identify significant differences in responses between the 2 years; z-tests were used to compare column proportions and identify differences significant at $p < .05$ (using a two-sided test of equality and adjusted for pairwise comparisons using the Bonferroni correction).

Appendix B: Survey Instrument

(ASK INSERT OF RESPONDENTS 50+)

Complementary and alternative medicine is a group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine.

In the questions I ask you, I will refer to complementary and alternative medicine therapies as CAM (one word).

(SCRAMBLE ITEMS a–d)

CM-1 Have you used any of the following types of CAM in the past 12 months? Have you used (INSERT ITEM) in the past 12 months?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. Herbal products or dietary supplements
- b. Massage therapy, chiropractic manipulation (*ki-row-PRAC-tick*), or other bodywork
- c. Mind/body practices, including hypnosis, meditation
- d. Naturopathy (*na-tu-rop-A-thy*), acupuncture (*acu-PUNC-ture*), or homeopathy (*ho-ME-op-a-thy*)
- e. Are there any other types of CAM that you have used? (SPECIFY _____)

(ASK CM-1aa IF CM-1a-e=2, D OR R TO ALL)

CM-1aa Have you EVER used any type of CAM?

- 1 Yes
- 2 No, never used any type
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK CM-2 IF CM-1a-e=1 TO ANY) OR (IF CM-1aa = 1)

(SCRAMBLE ITEMS a–d)

CM-2 What did you use CAM for? Do you use it (INSERT ITEM)?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. To prevent illness or for overall wellness?
- b. To treat a specific health condition?
- c. (IF CM-2b is YES: To help reduce pain or treat painful conditions?)
- d. To supplement conventional medicine?
- e. For anything else (SPECIFY): _____?

(SCRAMBLE ITEMS a–d)

CM-3 Have you ever discussed CAM with your...?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. Physician
- b. Nurse or nurse practitioner
- c. Pharmacist
- d. Physician's assistant
- e. Any other health care provider (SPECIFY): _____

(ASK CM-4a-f if CM-3= 2 TO ALL)

(SCRAMBLE ITEMS a–f)

CM-4 Which of the following are reasons why you did not talk with your health care provider about CAM? How about (INSERT ITEM)?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. Didn't know you should
- b. Not enough time during office visit
- c. Your health care provider never asked
- d. You don't think your health care provider knows about the topic
- e. You weren't comfortable discussing it with your health care provider
- f. Your health care provider would have been dismissive or told you not to do it
- g. Any other reasons (SPECIFY): _____

(ASK CM-5 IF CM-3 = 1 FOR ONE OR MORE ITEMS)

CM-5 Who brought up the subject?
(READ LIST) (ACCEPT ONE RESPONSE)

- 1 You
- 2 Your health care provider
- 3 Relative/friend, or
- 4 Someone else (SPECIFY): _____
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK CM-6 IF CM-3 = 1 FOR ONE OR MORE ITEMS)

(ASK CM-6/B for each if CM-6=1
(SCRAMBLE ITEMS)

CM-6 Has your health care provider ever discussed this specific information about CAM with you?

CM-6b Would you like to discuss this information with your health care provider?

- 1 Yes
 - 2 No
 - D (DO NOT READ) Don't know
 - R (DO NOT READ) Refused
- a. Safety of complementary and alternative medicine therapy
 - b. Effectiveness of complementary and alternative medicine therapy
 - c. How the complementary and alternative medicine therapy might interact with other medications or treatments you receive
 - d. Referrals to complementary and alternative medicine practitioners
 - e. What to use (herbs, acupuncture, massage, etc.)
 - f. Advice on whether or not to pursue
 - g. Where to get more information

(ASK CM-7 IF CM-1a-f = 1 TO ANY) OR (IF CM-1aa = 1)

CM-7 What is your primary source for information about CAM treatments? Is it...?

(SCRAMBLE ROTATE)

(READ LIST) (ACCEPT ONE RESPONSE)

- 01 Pharmacist
- 02 Family/friends
- 03 Internet
- 04 Nurses or Nurse Practitioner
- 05 Nutritionist
- 06 Health Food Stores
- 07 Publications (please specify)
- 08 Radio/TV
- 09 Physician
- 10 Physician Assistant
- 11 Other (SPECIFY _____)
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

CM-8 How many different prescription medicines do you currently take?

(DO NOT READ LIST)

- 1 Zero
- 2 1
- 3 2–3
- 4 4–5
- 5 More than 5
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK CM-9 IF CM-1a-f = 1 TO ANY) OR (IF CM-1aa = 1)

CM-9 How many different over-the-counter medicines such as a multivitamin or calcium supplement, in addition to any CAM therapies, do you currently take?

(DO NOT READ LIST)

- 1 Zero
- 2 1
- 3 2–3
- 4 4–5
- 5 More than 5
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused