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Differences between Complementary and Alternative Medicine use Among Chinese Immigrants

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Differences between complementary and alternative medicine use among Chinese immigrants

Emily Wang, Heet Patel, Jiexi Hu

Background:

Complementary and alternative medicine (CAM) has been reported to be widely utilized among Asian-American patients in response to various health complaints. In comparison to conventional medicine, CAM can be more readily accessible and/or a more affordable price point. Asian cultures also tend to emphasize their traditional medicine.¹

Methods:

Several publications created their own instruments to survey different populations to collect data. Other publications used survey data from the National Center for Health Statistics to retrospectively analyze CAM use.

Expected Outcomes:

- Surveys conducted by Mackenzie et al investigated demographical links to CAM use with female patients reporting higher CAM use with an odds ratio of 1.29.²
- In addition, patients who were uninsured saw higher CAM use with an odds ratio of 1.52.²
- Patients with an education level of high school or higher reported higher CAM use with an odds ratio of 1.27-1.5.²
- Previous studies conducted by Mehta et al demonstrated that patients with 1+ chronic conditions saw an increased use of CAM.³
- Furthermore, CAM use were noted to be higher in households with a 75,000+ annual income.³

Table 3. Adjusted prevalence of CAM use during the past 12 months for selected characteristics by race/ethnicity

Characteristic	Asian (n=917), %	NHW (n=20,442), %
Age		
18-24	40	38
25-44	43	39
45-64	42	36
≥65	48	23
Sex		
Female	47	43
Male	38	32
Education		
<High school	35	31
High school graduate	52	43
College or higher	51	57
Family income		
80-\$19,999	43	36
\$20,000-\$44,999	42	38
\$45,000-\$74,999	41	39
≥\$75,000	48	39
Region		
Northeast	40	31
Midwest	38	32
South	34	30
West	43	41
Place of birth		
U.S.-born	46	38
Foreign-born	41	35
Insurance		
Uninsured	38	38
Medicaid	26	36
Medicare	27	38
Private	43	39
Other	40	36
Access to conventional health setting		
Yes	42	38
No	42	39
Self-rated health		
Excellent, very good, or good	42	38
Fair or poor	47	38
# of chronic conditions		
0	39	34
1	52	45
≥2	52	48
BMI		
<25 kg/m ²	42	38
≥25 kg/m ²	42	38

Prevalence rates were adjusted for the other factors presented in the table and were weighted to reflect national estimates

Data adapted from Journal of general internal medicine.³

TABLE 2. Background Characteristics of the Study Subgroups

Characteristic	Overall		Asian		Black/AA		Latin		Native Americans	
	n	%	n	%	n	%	n	%	n	%
Female*	1007	47.0	470	51.3	270	47.0	180	47.0	187	47.0
Age†										
18-24	150	14.0	60	6.5	30	5.3	30	7.7	30	7.5
25-44	200	18.8	80	8.7	40	7.0	40	10.3	40	10.0
45-64	250	23.4	100	10.9	50	8.7	50	12.8	50	12.5
≥65	457	42.8	180	19.6	140	24.7	130	33.2	137	34.0
Sex†										
Female	500	46.7	210	22.8	110	19.3	110	28.2	110	27.8
Male	497	46.3	210	22.8	160	28.4	70	17.8	77	19.2
Education†										
<High school	150	14.0	60	6.5	30	5.3	30	7.7	30	7.5
High school graduate	200	18.8	80	8.7	40	7.0	40	10.3	40	10.0
College or higher	657	61.2	260	28.3	270	47.7	220	56.0	217	54.3
Family income†										
80-\$19,999	150	14.0	60	6.5	30	5.3	30	7.7	30	7.5
\$20,000-\$44,999	200	18.8	80	8.7	40	7.0	40	10.3	40	10.0
\$45,000-\$74,999	250	23.4	100	10.9	50	8.7	50	12.8	50	12.5
≥\$75,000	457	42.8	180	19.6	140	24.7	130	33.2	137	34.0
Region†										
Northeast	150	14.0	60	6.5	30	5.3	30	7.7	30	7.5
Midwest	200	18.8	80	8.7	40	7.0	40	10.3	40	10.0
South	250	23.4	100	10.9	50	8.7	50	12.8	50	12.5
West	457	42.8	180	19.6	140	24.7	130	33.2	137	34.0
Place of birth†										
U.S.-born	500	46.7	210	22.8	110	19.3	110	28.2	110	27.8
Foreign-born	497	46.3	210	22.8	160	28.4	70	17.8	77	19.2
Insurance†										
Uninsured	150	14.0	60	6.5	30	5.3	30	7.7	30	7.5
Medicaid	200	18.8	80	8.7	40	7.0	40	10.3	40	10.0
Medicare	250	23.4	100	10.9	50	8.7	50	12.8	50	12.5
Private	457	42.8	180	19.6	140	24.7	130	33.2	137	34.0
Other	150	14.0	60	6.5	30	5.3	30	7.7	30	7.5
Access to conventional health setting†										
Yes	500	46.7	210	22.8	110	19.3	110	28.2	110	27.8
No	497	46.3	210	22.8	160	28.4	70	17.8	77	19.2
Self-rated health†										
Excellent, very good, or good	500	46.7	210	22.8	110	19.3	110	28.2	110	27.8
Fair or poor	497	46.3	210	22.8	160	28.4	70	17.8	77	19.2
# of chronic conditions†										
0	150	14.0	60	6.5	30	5.3	30	7.7	30	7.5
1	200	18.8	80	8.7	40	7.0	40	10.3	40	10.0
≥2	457	42.8	180	19.6	140	24.7	130	33.2	137	34.0
BMI†										
<25 kg/m ²	500	46.7	210	22.8	110	19.3	110	28.2	110	27.8
≥25 kg/m ²	497	46.3	210	22.8	160	28.4	70	17.8	77	19.2

Data adapted from Alternative therapies in health and medicine.²

Discussion:

Asian cultures place greater emphasis on traditional treatments, whether they be herbal, ayurvedic or otherwise. In accordance with this, they prefer to try traditional remedies and often mistrust certain conventional treatments. A health care provider must be aware of these issues and spend a little more time understanding the patient's viewpoint and in detailing the importance of why they must adhere with conventional therapies. In addition, a provider must also take into consideration potential side effects that may occur due to a combination of the two types of treatments. At this point, it becomes pertinent to discuss the importance of patient-provider relationships. Asian patients are less likely to report their use of traditional medications. This can occur due to a variety of factors and as such the patient-physician relation must be strong in order for the physician to obtain the needed information and to treat the patient adequately.³

Conclusion:

Immigrant patients living in Philadelphia are more likely to use traditional therapies and are more likely to adhere to them in the long term. Physicians should consider this when prescribing medications to these patients.

References:

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