



Deposited via The University of Sheffield.

White Rose Research Online URL for this paper:

<https://eprints.whiterose.ac.uk/id/eprint/91802/>

Version: Accepted Version

Article:

Sirois, F.M. (2009) Comment on "Preventive Screening of Women Who Use Complementary and Alternative Medicine Providers". *Journal of Women's Health*, 18 (8). 1119 - 1120. ISSN: 1540-9996

<https://doi.org/10.1089/jwh.2008.1356>

Final publication is available from Mary Ann Liebert, Inc., publishers
<http://dx.doi.org/10.1089/jwh.2008.1356>

Reuse

Items deposited in White Rose Research Online are protected by copyright, with all rights reserved unless indicated otherwise. They may be downloaded and/or printed for private study, or other acts as permitted by national copyright laws. The publisher or other rights holders may allow further reproduction and re-use of the full text version. This is indicated by the licence information on the White Rose Research Online record for the item.

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.

Running head: Comment on CAM and Preventive Screening

Please cite as:

Sirois, F. M. (2009). Comment on "preventive screening of women who use complementary and alternative medicine providers". *Journal of Women's Health, 18*(8), 1119-1120.
doi:[10.1089/jwh.2008.1356](https://doi.org/10.1089/jwh.2008.1356)

Comment on “Preventive Screening of Women Who Use Complementary and Alternative
Medicine Providers”

Fuschia M. Sirois, PhD, BSc

Department of Psychology, University of Windsor, Windsor, Ontario, Canada.

Correspondence concerning this article should be addressed to Fuschia M. Sirois, PhD,
Department of Psychology, University of Sheffield, 309 Western Bank, Sheffield, S10 2TP,
United Kingdom. Email: f.sirois@sheffield.ac.uk

Key words: complementary and alternative medicine, preventive screening

The importance of cancer screening behaviors for disease prevention and early intervention is clear, yet finding ways to motivate women to improve these behaviors and identifying those who may be more or less likely to engage in screening practices remains a challenge. Emerging research on the use of complementary and alternative medicine (CAM) suggests that CAM use may be a marker for the practice of a variety of positive health behaviors.¹ Yet there has been little if any research to date on how CAM use and women's preventive practices such as cancer screening behaviors are linked. The paper by Downey, Tyree, and Lafferty makes an important and timely contribution to our knowledge of the spectrum of positive health behaviors that are associated with CAM use, and which may or may not be facilitated by consultations with CAM providers.

Despite the growing literature on CAM use and preventive practices we know very little about how and why the use of provider-based CAM is linked to positive health behaviors. The authors admit that a full consideration of the causal dynamics underlying the differential relationships between CAM use and preventive screening was beyond the scope of the paper. However, their results hint at several possible explanations which warrant further elaboration. Indeed, finding that CAM use was differentially related to preventive screening practices depending on the type of CAM practitioner, and the type of CAM consumer (complementary versus alternative use) indicates that there may be a combination of causal factors at work.

Although only a limited set of CAM providers were examined, finding that the use of naturopaths and chiropractors was negatively associated with preventive screening practices is intriguing. The majority of the research linking CAM use to screening practices has found either positive associations or no associations with positive health behaviors, perhaps in part because

overall CAM use rather than the use of specific CAM modalities were examined. The findings from this paper provide an important reminder that CAM includes a diverse set of healing practices which for the most part share a common holistic health philosophy, but otherwise may have little else in common.

The authors suggest that this negative association may be due to lack of screening recommendations or advice against screening among certain CAM practitioners, and that interventions with CAM providers to improve preventive behaviors among their patients may therefore be needed. A review of qualitative research on patients' perspectives of their experiences with CAM providers suggests, however, that the former rather than the latter explanation may be more likely. That is, if preventive health behaviors are mentioned by CAM providers to their patients what little research there is suggests that it is usually done for the purpose of promoting rather than discouraging such behaviors. In fact, there is emerging evidence from several studies that CAM providers encourage their patients to practice positive health behaviors,^{2,3} and may therefore play a critical role in the adoption of health promoting behaviors. This is, of course, one obvious explanation for why complementary CAM use was associated with screening practices. As suggested though, women who rely solely on CAM providers for their care may be at risk for not receiving necessary recommendations if they happen to consult with certain CAM providers that fail to make such recommendations. Nonetheless, the low levels of Chlamydia screening found in the study sample indicate that interventions to increase screening recommendations from both CAM and conventional medicine providers may be necessary.

Practically speaking, it may be the relatively longer and more frequent consultations of most CAM providers that afford them an opportunity to discuss positive health behaviors such as

screening practices with their patients. In contrast, many physician consultations are relatively brief and in most cases may not be as frequent as those with CAM providers. Indeed, national survey data suggest that on average family physicians spend less than one minute discussing health preventive behaviors with their patients.⁴ Because CAM providers tend to have multiple and frequent consultations with their patients, perhaps the topic of preventive care and screening practices are addressed after several visits, and after immediate health concerns are addressed. The wide variability in the number of visits made with CAM providers found in this paper introduces another barrier when trying to understand when and if screening recommendations were made. The problem is that we know very little about what occurs between CAM providers and their clients with respect to health promotion recommendations, or how such interactions may differ across CAM modalities. Clearly this is an important area for future research if we are to gain a better understanding of the role of CAM providers in preventive health behavior.

Downey, Tyree, and Lafferty also allude to the idea that patient rather than provider characteristics contribute to the pattern of associations between CAM use and screening practices found. With respect to the increased screening behaviors, it may indeed be that individuals who are inclined to using health services in general, including CAM, are those who will be more likely to take proactive steps towards managing their health. Having a proactive attitude toward health is one characteristic that is known to distinguish CAM consumers from non-consumers.^{5,6} It is also possible, though, that those who are more proactive towards their health may be more receptive to listening to and acting upon screening recommendations, whether these come from conventional or CAM providers. If so, complementary CAM use may be one way of identifying these individuals.

At the other end of the spectrum, the profile of those who use CAM in an alternative manner may be very different. Clearly, the lack of screening practices among this group indicates that there are limits to the proactive health behaviors of CAM consumers and further reminds us to not assume that all CAM consumers are more or less similar in their beliefs and behaviors. As suggested, it may well be that these CAM consumers are skeptical of any conventional care practices. If this is true, then who delivered the screening recommendations (CAM versus conventional medicine provider) may not make much difference. Thus, interventions aimed at getting CAM providers to increase their recommendations for cancer screening may also be unsuccessful at improving screening practices with these patients. Much more work is needed to better understand the barriers to screening among alternative CAM consumers and how they can be addressed.

Ultimately, it is self-regulation which is essential for the practice of cancer screening behaviors, and from this perspective understanding patient characteristics that help or hinder such practices should be a primary concern. Even so, this paper reminds us to also consider the influence of provider characteristics and how they may operate synergistically with patient characteristics to predict women's screening behaviors. Clarifying the roles of both is a critical research area for the future if we are to further our understanding about how to improve women's preventive screening practices.

References

1. Nahin RL, Dahlhamer JM, Taylor BL, Barnes PM, Stussman BJ, Simile CM, et al. Health behaviors and risk factors in those who use complementary and alternative medicine. *BMC Public Health* 2007;7(217).
2. Cartwright T, Torr R. Making sense of illness: The experiences of users of complementary medicine. *J Health Psychol* 2005 Jul;10(4):559-72.
3. Gould A, MacPherson H. Patient perspectives on outcomes after treatment with acupuncture. *J Altern Complement Med* 2001;7(3):261-8.
4. Stange KC, Woolf SH, Gjeltema K. One minute for prevention: The power of leveraging to fulfill the promise of health behavior counseling. *Am J Prev Med* 2002;22:320-3.
5. Sirois FM. Provider-based complementary and alternative medicine use among three chronic illness groups: Associations with psychosocial factors and concurrent use of conventional health-care services. *Complement Ther Med* 2008;16(2):74-81.
6. Bishop FL, Yardley L, Lewith GT. A systematic review of beliefs involved in the use of complementary and alternative medicine. *J Health Psychol* 2007;12(6):851–67.