

The use of Acupuncture for adults and older people: An exploratory study in Oporto

Abstract

Recent studies suggest that older people are significant consumers of complementary and alternative medicine (CAM). Acupuncture is one of many CAM. In Portugal acupuncture is not regulated as provided by Law No. 45/2003 (Lei do Enquadramento Base das Terapêuticas Não Convencionais). Regardless of the fact that acupuncture is still not regulated in Portugal, its practice is a reality. The aim of this study was to know the people with 50 years old and over that use acupuncture in private clinics of Oporto and identify the circumstances of their use (reasons, benefits and satisfaction). It was applied a questionnaire on acupuncture patients in the period of 11 January 2010 to 11 March 2010 in 12 clinics. The sample of this study was constituted by 84 individuals, 57 females (68%), in most cases with high levels of education and income, and the presence of chronic disease. The control of pain was the main reason for using these treatments, and the benefits most mentioned were the control of pain and emotional benefits. In general, acupuncture users revealed to be satisfied with this medicine and have the opinion that acupuncture must be included in the National Health System.

Purpose

The purpose of this study was to discover and describe the characteristics of persons aged 50 and over who use acupuncture in the private clinics of Oporto city. Specifically, describe the sociodemographic characteristics, identify the reasons for using acupuncture, determine the benefits achieved with these treatments, and determine the level of satisfaction with conventional medicine and acupuncture.

Methods

This research is a descriptive study with a quantitative approach. Seeks to know and characterize the acupuncture users, a population ever studied in Portugal. The limitation of the Oporto city was for convenience.

It was conducted a survey of acupuncture clinics in this city by computerized search in the yellow pages and google search engine. This research, conducted in December 2009, was based in a combination of the words "acupuncture" and "Oporto" and it was identified 16 clinics. To these were joined six clinics of the researchers' knowledge and not on the initial list. As it was establishing contact with the professionals of the clinics another 5 clinics were referred by this professionals. In total, 27 clinics were identified. During the fieldwork of personal contact with the therapists of the clinics identified, it was found that 5 clinics were not in operation, 6 refused to participate in the study and four were excluded because the acupuncture treatments were associated with other complementary and alternative therapies. Thus, the 27 clinics initially identified only 12 contributed to the formation of the sample.

The questionnaire was developed based on the literature previously searched. The pre-test was applied to 20 individuals of the population, which were included in the sample.

The study population includes people aged 50 and over who resorted to acupuncture treatments (minimum of four sessions) in one of this 12 clinics during the period 11 January 2010 to 11 March 2010.

Questionnaires were given to the therapists who in turn handed over to patients, who self-completed questionnaires. In total 132 questionnaires were delivered, having been completed and delivered 88. Of these, four were excluded because participants did not meet the inclusion criteria.

Data analysis was performed in statistical software SPSS (Statistical Package for Social Sciences) version 17.0 and considering the level of statistical significance equal to 0.05.

Results

The sample consists of 84 individuals, 57 females (67.9%) and 27 males (32.1%) with a mean age of 62.33 years (SD = 9.795), ranging from 50 to 91 years. Residents in the district of Oporto. Are mostly catholic (76.2%) and married (67.9%). With regard to schooling, 35.4% (n = 29) of respondents have university education, 22.0% (n = 18) completed secondary school, 34.2% (n = 28) basic education, 3, 7% (n = 3) attended the 1st cycle of basic education and only 4.9% (n = 4) read and / or write. Regarding employment status, number of employees is equal to the retired (44.0%), reaching the other between the categories "domestic" (9.5%) and "unemployed" (2.4%). The data on monthly personal income show that 25.0% (n = 21) have an

income above 1800 Euros / month, 11.9% (n = 10) has an income between 1350 and 1800 euros, 15, 5% (n = 13) receives between 900-1350 euros, 20.2% (n = 17) receives between 450-900 euros, and 17.9% (n = 15) fails to receive 450 euros. 9.5% (n = 8) refers not earn any income.

Self-assessment of health status as *very good* or *good* was reported by 31.7% of the participants, 48.8% rated their health as being *reasonable*, and 19.5% *poor* or *very poor*. The presence of chronic disease was observed in 65.1% (n = 54) sample. The type of chronic illness and their respective frequencies are presented in Table 1; in which one can observe that musculoskeletal diseases are most prevalent, followed by visual impairment, hypertension and diabetes. Regarding the number of chronic diseases for each participant, the majority (n = 29) presents only one, ranging up to six chronic diseases.

Table 1 - Prevalence of chronic diseases of the sample

Disease	Number participants (n=83)	(%)
Musculoskeletal diseases	26	31,3
Visual impairment	11	13,3
Hypertension	11	13,3
Diabetes	10	12,0
Bronchitis	7	8,4
Depression	6	7,2
Cardiac disease	6	7,2
Cancer	4	4,8
Stroke	3	3,6
Parkinson's disease	2	2,4
Rhinitis	2	2,4
Psoriasis	1	1,2
Behcet's disease	1	1,2
Hepatitis	1	1,2
Sleep apnea	1	1,2
Anemia	1	1,2

Health surveillance of participants is in almost all cases performed by a medical care (96.3%). This is provided by family doctors (65.9%), doctors from other specialties (15.9%), and / or by private physicians (42.7%). Most participants (69.0%) reported that their doctors are aware that use acupuncture treatments. Most participants (77.1%) reports being satisfied with conventional medicine.

The average number of drugs used is 2.52 (SD = 2.108, range 0-9 drugs). Noted that seven participants reported not knowing how much medication you take.

The average use of acupuncture is 6.3 years (SD = 7.930), ranging from 1 month to 30 years. The reasons that led to its use are varied, but mainly concern the "pain management", as can be seen in Table 2.

Table 2 - Reasons for the use of acupuncture in the sample

Reasons	Number participants (n=83)	(%)
Pain management	51	61,4
Prevent disease / improve health	26	31,3
Disease	26	31,3
Musculoskeletal diseases	15	18,1
Sinusitis	3	3,6
Bronchitis	1	1,2
Rectal carcinoma	1	1,2
Diabetes	1	1,2
Myomas	1	1,2
Migraine	1	1,2
Obesity	1	1,2
Vision problems	1	1,2
Psoriasis	1	1,2
Breast cysts	1	1,2
Depression	1	1,2
Behcet's disease	1	1,2
Dissatisfaction with conventional medicine	16	19,3
Search for a holistic treatment	15	18,1
Emotional problems	10	12,0
Fear of side effects of drugs	7	8,4

Over half the sample (64.6%, n = 53) resorted to acupuncture at the suggestion of another person, while the remaining (35.4%, n = 29) used their own initiative. In the first case, the indication is mainly given by relatives or friends (52.5%). Note that 10 participants (12.5%) relied on medical indication.

The choice for acupuncture occurred in over half the cases, as a complementary treatment to conventional medicine (54.2%, n = 45), and 34.9% (n = 29) appealed for not having found the solution with the medicine conventional. Approximately 10.8% (n = 9), presented the acupuncture treatment as their first and only choice.

In general, (91.5%) are satisfied with this energetic therapy. The benefits that this provided them are various; however, the "pain management" is the most mentioned (Table 3), in line with the main reason that led to the search, especially below the "emotional benefits" and "general improvements". In the category "other" match the benefits mentioned by only one or two participants and refer to the "regularization of bowel movements" (indicated by two consultants), the "control of bleeding", the "treatment of sinusitis", the "treatment cyst in

the breast”, the “treatment of psoriasis”, the “benefits in the hearing”, “benefits in controlling diabetes” and “benefit the spiritual level” (each indicated by only one consultant).

Table 3 - Benefits obtained with acupuncture in the sample

Benefits	Number participants (n=84)	(%)
Pain management	48	57,1
Emotional benefits	19	22,6
General improvements	16	19,0
Avoid taking drugs	9	10,7
Improvement in body movements	7	8,3
Better quality of life	3	3,6
"More energy"	3	3,6
Avoid surgery	3	3,6
Other	9	10,7
No benefits	5	6,0
No answer	4	4,8

Regarding integration of acupuncture on the National Health System (NHS), the vast majority of participants (96.4%) is of the opinion that acupuncture should incorporate it. This view is justified by the effectiveness of this therapy (56.3%) by the need to increase the accessibility to such therapy (53.8%), absence of side effects (20%), the economic gains for the NHS (12.5%), and also by the need to promote a safe practice of acupuncture as a medicine (3.8%).

When asked about the use of another type of unconventional therapies, about half of the sample (48.8%) states do so, presenting the herbs as the most commonly used, which follows osteopathy and homeopathy, respectively.

Like the other variables considered in this study (health status and use of conventional medicine), also here there were no statistically significant differences in the associations between variables related to the use of acupuncture.

Discussion

Data showed a relatively homogeneous sample, consisting mainly of females, with high levels of education and income and the presence of chronic disease. This description is consistent with that seen in the international literature.¹ Acupuncture in Portugal is mainly

practiced in the private sector which can justify the high income of the acupuncture users and the almost universal belief of participants that acupuncture should be integrated into the NHS.

The quest for the care of acupuncture has proven to be especially healing and the main cause for the action was pain control and / or disease. This is also the reality portrayed in international studies, the presence of chronic disease, especially those for which conventional medicine has not provided a satisfactory solution.^{2, 3, 4} However it is important to refer the small number of participants, 4.7% (n = 4), without the presence of chronic illness and who resorted to acupuncture to prevent disease or improve health.

The benefits achieved with the acupuncture treatments indicate that 57.1% of participants achieved the relief of their pain and know that the pain control led to the use of acupuncture in 61.4% of cases. Studies reveal the pain management as one of the main conditions for the use of these treatments, which provide, in more than half the cases, relief of symptoms.^{5, 6}

The emotional benefits were reported by 22.6% of participants but only 12% pointed out the emotional problems on the reasons for resorting to acupuncture. These data suggest that these benefits are due to the holistic approach of acupuncture. Key⁷ says that is to appreciate the fact that simultaneously at the analgesic effect of acupuncture there is also a psychological calming effect.

In general, participants feel satisfied with the care of acupuncture, as has been evidenced by the literature.^{3, 4} This result reinforces the urgent need to regulate this medicine to promote not only their greater accessibility but also the security of their practice, as regards the World Health Organization.^{8,9,10,11}

Conclusion

The use of acupuncture treatments is a reality in the city of Oporto. Although the sample is small, when considering the short time devoted to the application of questionnaires, we believe that it proved to be significant by the data obtained and the numerical expression achieved in so little time. This suggests that there is a potentially significant number of elderly people and middle-age, who use this therapy and reinforces the need for regulation, which is fundamental to their safe practice and accessible to all, whether in economic terms, as in

informative terms; because we believe that many are those who do not know the effectiveness of this therapy.

REFERENCES

1. Bishop, F. L. & Lewith, G. T. (2008). Who uses CAM? A narrative review of demographic characteristics and health factors associated with CAM use. *eCAM*, 1-18.
2. MacPherson, H., Sinclair-Lian, N. & Thomas, K. (2006). Patients seeking care from acupuncture practitioners in the UK: a national survey. Document available at [http://www.frtcm.org/Patient%20profiles%202006%20CTM%2014\(1\)%2020-30.pdf](http://www.frtcm.org/Patient%20profiles%202006%20CTM%2014(1)%2020-30.pdf)
3. Neto, J., Faria, A. & Figueiredo, M. (2009). Medicina complementar e alternativa: utilização pela comunidade de Montes Claros, Minas Gerais. *Rev Assoc Bras*, 55(3),296-301.
4. Pal, S. K. (2002). Complementary and alternative medicine: an overview. *Current Science*, 82, 518-524.
5. Astin, J.A., Pelletier, K. R., Marie, A. & Haskell, W.L. (2000). Complementary and Alternative Medicine Use Among Elderly Persons: one-year analysis of a blue shield medicare supplement. *Journal of Gerontology: Medical Sciences*, 55A (1), M4-M9.
6. Buono, M., Urciuoli, O., Marietta, P., Padoani, W. & Leo, D. (2001) – Alternative medicine in a sample of 655 community-dwelling elderly. *Journal of Psychosomatic Research*, 50, 147-157.
7. Key, S. (1995). Attitudes towards the use of acupuncture in the treatment of the elderly mentally ill. *Complementary Therapies in Medicine*, 3, 242-247.
8. WHO, World Health Organization (1999). *Guidelines on Basic Training and Safety in Acupuncture*. Document available at http://www.who.int/topics/traditional_medicine/en/
9. WHO, World Health Organization (2002). *Who Traditional Medicine Strategy 2002-2005*. Document available at http://whqlibdoc.who.int/hq/2002/WHO_EDM_TRM_2002.1.pdf
10. WHO, World Health Organization (2003). *Acupuncture: Review and Analysis of Reports on Controlled Clinical Trials*. Document available at http://www.who.int/topics/traditional_medicine/en/
11. WHO, World Health Organization (2008). *Beijing Declaration*. Document available at http://www.wpro.who.int/NR/rdonlyres/A0AB4D18-5B18-4513-BC4C-2FF15369C6FE/0/TRM_BeijingDeclarationEN.pdf