

## A New Portrait of CAM Use in the United States

**A**mericans are using complementary and alternative medicine (CAM). But, it is often asked, how many Americans? What therapies are they using? For what health problems and concerns?

Since 1990, there have been 10 national surveys done to answer these types of questions, and they have yielded useful information. However, the findings between surveys have not been consistent—for example, because research teams have not asked about the same CAM therapies or have not had access to a large group that is truly representative of the United States in terms of age, race/ethnicity, and other important statistical factors. This inconsistency makes it difficult to detect trends or changes in the use of CAM.

The most complete and comprehensive findings to date on Americans' use of CAM were released on May 27, 2004, by NCCAM and the National Center for Health Statistics (NCHS, part of the Centers for Disease Control and Prevention). The new data came from a detailed survey on CAM included for the first time in 2002 in the National Health Interview Survey (NHIS). The NHIS, a survey done annually by the NCHS, interviews people in tens of thousands of American households about their health- and illness-related experiences.

The findings are yielding (and will continue to yield, through future analyses) a wealth of information on who uses CAM, what they use, and why. In addition, researchers can look at CAM use

as it relates to many other factors—such as age, race/ethnicity, place of residence, income, educational level, marital status, health problems, and the practice of certain behaviors that impact health (such as smoking cigarettes or drinking alcohol).

The survey showed that a large percentage of American adults are using some form of CAM—36 percent. (Statistics are for the past 12 months unless specified otherwise.) When prayer specifically for health reasons is included in the definition of CAM, that figure rises to 62 percent. Stephen E. Straus, M.D., NCCAM Director, said, “The survey data will provide new and more detailed information about CAM use and the characteristics of people who use CAM. One benefit will be to help us target NCCAM’s research, training, and outreach efforts, especially as we plan NCCAM’s second 5 years, 2005 through 2009.”

Richard L. Nahin, Ph.D., M.P.H., one of the study authors and NCCAM’s Senior Advisor for Scientific Coordination and Outreach, commented, “This survey is unique in that it combines an in-depth survey of CAM use with an in-depth survey of demographics, health status, health care utilization, and health behaviors. This combination of data allows researchers, policymakers, and third-party payers such as insurers to make informed decisions concerning CAM.”



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Ph.D., M.P.H.*

This brief article presents some highlights of the report.

### To Obtain the Report

The report’s citation is Barnes P, Powell-Griner E, McFann K, Nahin R. *CDC Advance Data Report #343*. Complementary and alternative medicine use among adults: United States, 2002. May 27, 2004. It is available, along with a press release and graphics, at [nccam.nih.gov/news/camsurvey](http://nccam.nih.gov/news/camsurvey). People who do not have access to the Internet can contact the NCCAM Clearinghouse (see box, pg. 2) for a copy.

### Who was surveyed

The survey supplement on CAM was completed by 31,044 adults aged 18 years or older, from the civilian noninstitutionalized population of the 50 U.S. states and the District of Columbia. The NHIS is designed to yield results that are statistically representative of the U.S. population.

*continued on pg. 2*

## What CAM therapies were surveyed

CAM is a group of diverse medical and health care systems, therapies, and products that are not presently considered to be part of conventional medicine. Respondents were asked whether they used (ever or within the past 12 months) any of the following types of CAM therapies.

An asterisk (\*) indicates a practitioner-based therapy. For definitions of any of these therapies, see the full report or contact the NCCAM Clearinghouse (see box below).

Acupuncture*	Meditation
Ayurveda*	Megavitamin therapy
Biofeedback*	Natural products (nonvitamin and nonmineral, such as herbs and other products from plants, enzymes, etc.)
Chelation therapy*	Naturopathy*
Chiropractic care*	Prayer for health reasons
Deep breathing exercises	Prayed for own health
Diet-based therapies	Others ever prayed for your health
Vegetarian diet	Participate in prayer group
Macrobiotic diet	Healing ritual for self
Atkins diet	Progressive relaxation
Pritikin diet	Qi gong
Ornish diet	Reiki*
Zone diet	Tai chi
Energy healing therapy*	Yoga
Folk medicine*	
Guided imagery	
Homeopathic treatment	
Hypnosis*	
Massage*	

The results were analyzed including and excluding two therapies—(1) prayer specifically for health reasons and (2) megavitamins—because earlier national surveys did not consistently include these therapies.

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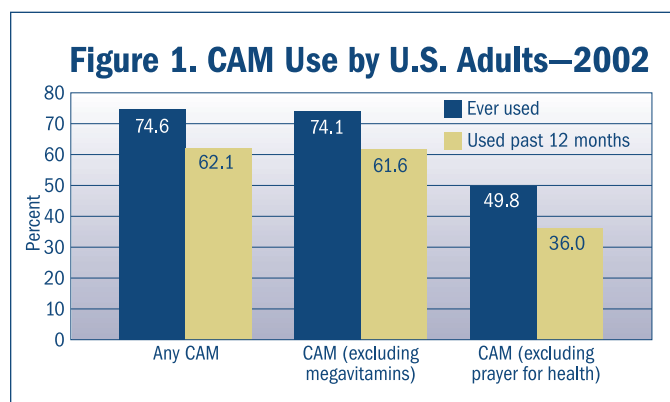
**Our mission:** NCCAM is dedicated to exploring complementary and alternative healing practices in the context of rigorous science, training complementary and alternative medicine researchers, and disseminating authoritative information to the public and professionals.

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## How many respondents used CAM

Seventy-five percent of respondents had used CAM at some point in their lives, and 62 percent had used it in the past 12 months. When megavitamins were not included, these figures stayed about the same—74 percent and 62 percent, respectively. When prayer for health was not included, 50 percent of respondents had used CAM at some time, and 36 percent used it within the past 12 months. (Percentages have been rounded off for this discussion.) See figure 1.



## Selected characteristics of CAM users

**Gender.** Women were more likely than men to use CAM. The largest differences were seen in mind-body therapies, including prayer.

**Age.** The use of CAM was likely to increase with age (when megavitamin therapy and prayer were excluded, use increased until age 60). The researchers noted that prayer specifically for health reasons played an important role in this. When all CAM therapies were considered individually, the only ones in which the rate of use increased along with age were the mind-body therapies (including the prayer therapies).

**Racial and ethnic groups.** African American adults (71%) were more likely to use CAM than white (60%) or Asian (62%) adults when megavitamin use and prayer were included in the definition of CAM. When these two therapies were not included, Asian adults (43%) were more likely to use CAM than white (36%) or African American (26%) adults.

**Education level.** The use of CAM increased as the level of education increased, except for the use of prayer.

**Income.** The rate of use of CAM was about the same (62% to 65%) regardless of family income, when megavitamin therapy and prayer were included in the definition of CAM. When they were not included, the rate of CAM use rose from 30 percent at income levels of less than \$20,000 to 43 percent at income levels of \$75,000 or more.

**Place of residence.** People from urban areas were slightly more likely to use CAM than those from rural areas. People living in states bordering the Pacific Ocean were more likely to use CAM

than people living in other states, if the definition of CAM did not include prayer specifically for health purposes.

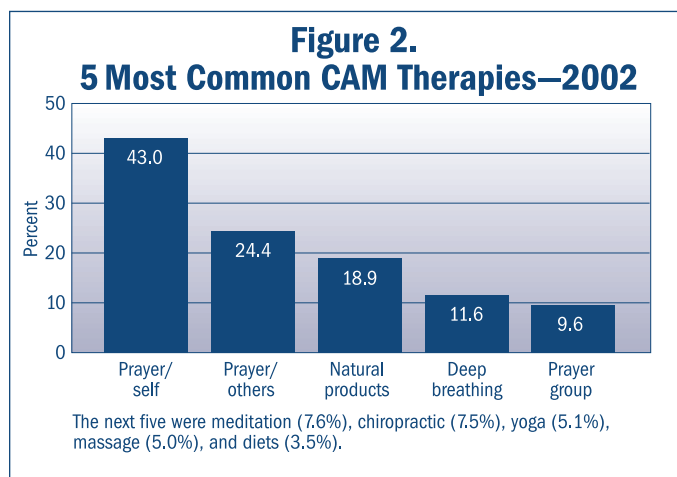
**Cigarette smoking.** Former smokers were more likely to use CAM than were current smokers or people who had never smoked.

**Alcohol drinking.** Former drinkers were more likely to use CAM (69%) than were current drinkers or lifetime abstainers, when megavitamin therapy and prayer were included in the definition of CAM. When these therapies were not included, people who were current drinkers (regardless of the frequency or amount of drinking) had the highest rate of CAM use (about 39%).

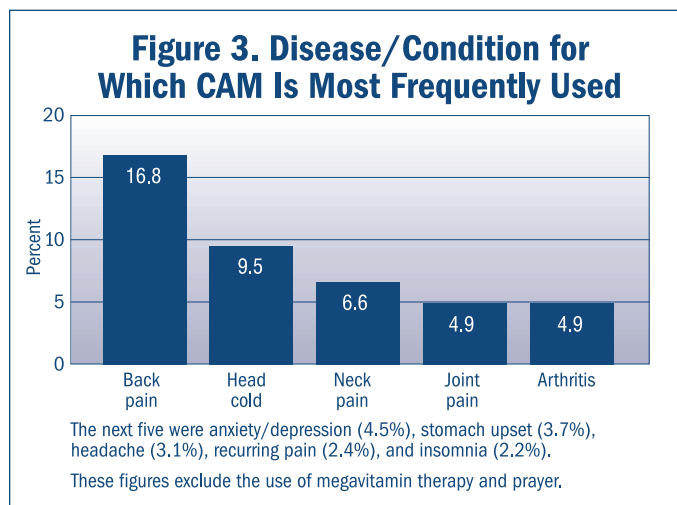
**Hospitalization within the past year.** People who had been hospitalized within the past year were more likely to use CAM than those who had not.

## Use of CAM therapies within the past 12 months

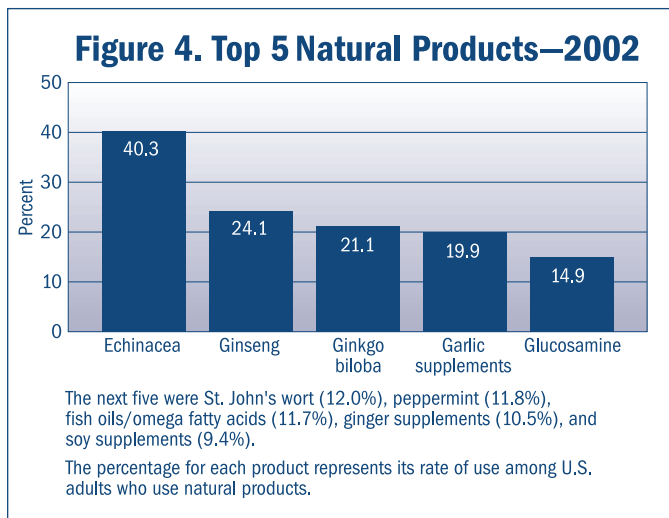
See figure 2 for the five CAM therapies most commonly used by respondents within the past 12 months.



Of the people who used CAM, only 12 percent used CAM given by a practitioner. This indicates that the majority of CAM users treated themselves.



Respondents using any type of CAM, except for megavitamin therapy or prayer, were most likely to use it for back pain or problems (17%), followed by head and chest colds (10%), and neck (7%) or joint (5%) pain or stiffness. According to the authors, this appears to confirm past findings that most people use CAM to treat and/or prevent musculoskeletal conditions or other conditions involving chronic or recurring pain. (See figure 3.) The finding about colds is new among surveys on this topic and appears to fit with a 40 percent use rate of echinacea among those who used natural products. (See figure 4.)



## Reasons people used CAM

The survey asked people to select from five reasons in describing why they used CAM. People could select more than one reason. Results were as follows:

- ▶ CAM would improve health when combined with conventional medical treatment, 55%
- ▶ CAM would be interesting to try, 50%
- ▶ Conventional medicine would not help, 28%
- ▶ A conventional medical professional suggested trying CAM, 26%
- ▶ Conventional medical treatments are too expensive, 13%

## Use of CAM recently vs. use further back

Most of the respondents (55%) who had ever used CAM used it in the 12 months preceding the survey.

## Future analyses

NCCAM and NCHS will collaborate to analyze from these data: (1) the relationship of CAM use to various health behaviors, race, and gender; and (2) differences between people who use CAM with conventional medicine and those who use only CAM or only conventional medicine. Future reports will be published. ■

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## Strategic Planning Update

Are you interested in the future direction of NCCAM's research on CAM? The Center invites your input as it continues its strategic planning for the years 2005 to 2009. To find out more, go to [nccam.nih.gov/about/plans/2005](http://nccam.nih.gov/about/plans/2005). The draft written plan will be posted on NCCAM's Web site in October 2004, with public feedback again invited. NCCAM thanks those who attended its Strategic Planning Stakeholder Forums, held in Spring 2004 in Bethesda, Maryland, and Seattle, Washington.

## Calendar of Events

This calendar lists events on complementary and alternative medicine (CAM) that are sponsored or organized by NCCAM or other components of NIH, and includes information available at press time.

### SEPTEMBER 2004

**Meeting of the National Advisory Council for Complementary and Alternative Medicine:** September 10. Location: NIH Neuroscience Building, 6001 Executive Boulevard, Rockville, Maryland. For more information, go to [nccam.nih.gov/about/advisory/naccam](http://nccam.nih.gov/about/advisory/naccam).

### OCTOBER 2004

**Distinguished Lectures in the Science of Complementary and Alternative Medicine:** October 26, 12 noon. "Reverse Herbology: Predicting and Preventing Adverse Herb-Drug Interactions." Speaker: Steven A. Kliewer, Ph.D., professor, Departments of Molecular Biology and Pharmacology, University of Texas Southwestern Medical Center at Dallas. Location: Masur Auditorium, NIH, Bethesda, Maryland. For more information, go to [nccam.nih.gov/news/lectures/upcoming](http://nccam.nih.gov/news/lectures/upcoming).

## NEWS FOR RESEARCHERS

Visit [nccam.nih.gov/research/announcements](http://nccam.nih.gov/research/announcements) for more information on funding opportunities.

- ▶ Program Announcement (PAR-04-087): **General Clinical Research Center (GCRC) Complementary and Alternative Medicine Program.** This NCCAM initiative will fund preliminary studies on CAM conducted at GCRCs nationwide. NIH's National Center for Research Resources supports 80 GCRCs, which provide advanced technologies and environments for conducting research. NCCAM's GCRC initiative is intended to uncover a range of knowledge about CAM and lay the groundwork for future clinical research studies.
- ▶ Program Announcement (PAR-04-097): **CAM Practitioner Research Education Project Grant Partnership.** This NCCAM initiative seeks to enhance content related to biomedical research at institutions where CAM practitioners are educated and trained.
- ▶ **NIH Roadmap Initiatives:** The NIH Roadmap for Medical Research, an initiative spearheaded by NIH Director Elias A. Zerhouni, M.D., is a strategic plan to speed the progress of discoveries in biomedical research and translation of that knowledge into effective prevention strategies and new treatments. The Roadmap brings together the work of many NIH Institutes and Centers through various initiatives, including collaborative funding opportunities (see [nihroadmap.nih.gov](http://nihroadmap.nih.gov)). Stephen E. Straus, M.D., Director of NCCAM, co-leads the steering committee for "Re-engineering the Clinical Research Enterprise," a key part of the Roadmap (see [nihroadmap.nih.gov/clinicalresearch](http://nihroadmap.nih.gov/clinicalresearch)). Watch for more information soon about the NIH Roadmap on the NCCAM Web site. ■