A MULTIMETHOD RESEARCH STUDY ON THE USE OF COMPLEMENTARY THERAPIES AMONG PATIENTS WITH INFLAMMATORY BOWEL DISEASE

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The use of complementary therapies is widespread in North America. Although most people rely on conventional medicine, they often turn to complementary healthcare if they feel that conventional medicine is limited or has somehow failed. This phenomenon applies especially to those with chronic conditions. Until recently, most North American physicians seemed unaware of the widespread use of complementary medicine and of the great diversity of the therapies involved. According to several studies, a substantial number of patients do not inform their physicians regarding their use of complementary therapies.

Inflammatory bowel disease (IBD) comprises a spectrum of diseases affecting the bowel—the most common of which are Crohn’s disease and ulcerative colitis. Those with IBD live with a chronic, incurable condition that impairs their quality of life. Conventional medical therapies are used to induce and maintain remission. However, long-term remission—especially for Crohn’s disease—is unusual. Patients therefore must frequently take intermittent courses of potent medications for the treatment of active disease. Unfortunately, the most effective remission-inducing medications, corticosteroids, have serious side effects that limit the patient’s acceptance of these drugs.

The use of complementary therapies among patients with IBD has received only limited attention. Quantitative studies have focused on the use of complementary therapies among gastrointestinal patients and on the examination of a limited number of mostly clinical and sociodemographic determinants. Only one study has focused explicitly on IBD patients. Apart from showing clinical characteristics, Moser et al indicate a relationship between the use of complementary therapies and the patient’s disease-related concerns regarding surgery, being treated as different, and feeling out of control.

No attention has been paid to the interrelations between different types of factors affecting the use of complementary therapies or to communication between patients and physicians regarding this use. In addition to a quantitative study assessing the extent of the patient’s use of complementary therapies, qualitative in-depth interviews were used in our study to obtain more detailed information concerning patients’ reasons for complementary therapy use. In what follows, the results of that qualitative study are reported. Participants were selected...
from the pool of patients who had participated in the quantitative study.

Because of their different strengths, quantitative and qualitative research can complement one another, compensating for weaknesses in either method.\(^{11,12}\) Quantitative studies are often strong in terms of generalizability, precision, control over extraneous variables, and reliability of measurement. The strength of qualitative research lies in its flexibility and potential to yield insights into the true nature of complex phenomena through in-depth information.

The purpose of this study was to (1) examine factors influencing the use of complementary therapies among IBD patients, (2) explore patient-physician communication regarding complementary therapies, and (3) assess the effect of combining qualitative research with quantitative research on understanding the use of complementary therapies in this patient group.

To provide context for the qualitative study, an overview of the quantitative study is provided. Details of the methods and results of the study have been published elsewhere.\(^\text{10}\)

**PREVIOUS RESEARCH**

The quantitative study consisted of a structured questionnaire mailed to 222 patients from the University of Calgary IBD patient database. The purpose of this quantitative study was to determine extent of use, clinical and sociodemographic determinants, reasons for use, and extent of patient-physician communication regarding the use of complementary therapies.

The response rate of the survey was 70%. According to the results, 33% of IBD patients were using complementary therapies, of whom two thirds used more than one type. Factors such as type of disease (eg, Crohn's disease and ulcerative colitis), duration of disease, previous hospitalization, previous surgery, and history of IV steroid use were significantly related to the use of complementary therapies. The main reasons for using complementary therapies were serious side effects of medication and the perception that conventional treatment was not helping. Approximately one third of complementary therapy users did not discuss the issue with their physicians.

**METHODS**

In qualitative research, the use of complementary therapies is studied from the point of view of the patient, rather than by means of questions developed by the investigators. Subjective meanings and perceptions of the subject are critical in qualitative research. They complement quantitative data, adding an important component to the results of the quantitative survey. In addition, qualitative inquiry emphasizes contextual factors and assumes that behavior is influenced by the physical, sociocultural, and psychological environment.\(^\text{13}\)

Participants in this stage were selected to ensure a wide range of respondents based on age, gender, disease type, and extent of complementary therapy use. Only respondents who had indicated a willingness to participate in an in-depth, personal interview were included in the study. Interviews were conducted by a trained and experienced interviewer. The sample size was determined by theoretical saturation, a point that is reached when no new themes or concepts emerge. The interview guide was developed on the basis of the questionnaire data. To enhance the validity of the qualitative data, a summary of the results was mailed to all interviewed patients for their review.

All qualitative interviews were audiorecorded and transcribed. In the analysis of these data, the "constant comparative" method was used—a procedure in which newly collected data are compared in an ongoing fashion with data obtained earlier to refine theoretically relevant categories. The method assumes that data collection and data analysis take place concurrently, or that the interview guide was modified as new themes emerged during the process of interviewing. The Ethnograph\(^\text{14}\) software was used to assist in data analysis. Ethnograph is based on a "code and retrieve" process consisting of labeling data (words, sentences, or paragraphs) according to themes (coding) and then providing a way of collecting identically labeled data (retrieving).

The study was approved by the University of Calgary Conjoint Medical Research Ethics Board.

**RESULTS**

Fourteen interviews were needed to reach theoretical saturation. Among the patients invited for an in-depth interview, only one refused to participate due to severe health problems. The demographics of the 14 respondents were as follows:

- 9 had Crohn’s disease, 5 had ulcerative colitis
- 5 were male, 9 were female
- the average age was 43 years
- 11 respondents had been hospitalized
- the mean duration of disease was 13 years

Participants were asked what complementary therapies they were using or had used in the treatment of their disease. The most common responses included special diets, herbal therapies, homeopathy, naturaphy, vitamin therapies, and psychological therapies such as imagery, relaxation, and stress management. It was not uncommon for participants to have used multiple therapies within the last 1 or 2 years. Often they had used or were using more than 5 different therapies. According to these data, participants did not consistently use the same types of therapies; instead, the therapies were changed according to changing needs or circumstances.

**Factors Influencing the Use of Complementary Therapies**

According to the interview data, the serious side effects of conventional treatments and the patients’ wish to avoid these side effects were a major consideration when deciding whether to use complementary therapies. In contrast, there was general agreement among patients regarding the safety of using complementary therapies. One patient remarked, “[T]here’s no side effects. It’s like it’s harmless. Which is what is great about it.”

The interview data also confirmed that conventional treatments often were perceived by participants as ineffective. According to one patient:
I never found that it made much ... difference with the big doses when I [went] to [the] hospital and [got] it intravenously. I think it help[ed] the diarrhea some and I think it does work, but I never found ... that I would be much better the next month....

Patients expressed a strong desire to have individualized disease management and to have the choice of using complementary therapies. The individualization of treatments involved experimenting with different therapies to determine the best treatment.

Most patients emphasized the need to be knowledgeable about their disease as well as individual needs, and selected complementary health practices to meet those needs. Management of the disease, including the decision whether to use complementary therapies, was influenced by biological, psychological, and social factors. Biological factors include disease symptoms and drug side effects. Participants emphasized that, whereas IBD symptoms may be similar among patients who have the disease, factors that trigger the symptoms and the impact of each symptom will vary from person to person.

The need to assume responsibility for the management of their condition and to be in control of their own care were psychological factors most often and most consistently mentioned by the participants. In the words of one patient:

My sacred trust is to preserve my life in the best way that I can.... I cannot expect someone to live my life for me. So my responsibility is to keep this body going and to fulfill my function.... A lot of people put the responsibility on the caregiver ... [but] they are facilitators. They are there to facilitate healing but ultimately the healing process and ... gaining the knowledge and asking the questions—that's my responsibility.

The importance of positive thinking was emphasized in many different ways. Social factors such as support from relatives, friends, and caregivers also were important; however, participants commented most often on the support that came from their physician. Physicians who were perceived as supportive did not discourage the use of complementary therapies. The respondents also valued the ability to speak openly about such options with their physician. Most study participants did not perceive support groups as helpful: “They were too depressing. Everyone was sick there. I couldn’t take it.” Others made similar remarks: “I found that too many of the patients [who] were there were still in the loop. They were still [saying], ‘Poor me, I have this.’”

These comments reinforce the importance of psychological factors such as positive thinking. Management of IBD also was influenced by the impact of the disease on social roles and relationships:

I could barely take care of my kids. I couldn’t work anymore. So our income level dropped.... I couldn’t wake up my husband [when I was in pain]. He needed to sleep. He needed to go to work.... I just had to depend on myself. And I used some of these things, like I had heard.... [T]he aromatherapy ... was there and the pillows were just so and I already took the painkiller.... I’d visualize the painkiller working. I’d go, “O.K., the pain’s gone now.” Even if it wasn’t....

Those for whom the impact of the disease had been great generally had done the most experimenting with complementary therapies. Biological, psychological, and social factors appear to be interrelated and to reinforce each other.

**Doctor-Patient Communication**

Physicians who did not discourage the use of complementary therapies were considered by patients to be the most supportive. Communication between patients and their physicians played an important part in the interviews. Half of the participants talked about reasons for not discussing the use of complementary therapies with their physicians, though the survey data showed that 10 of the 14 participants had discussed this topic with their doctor and that only 2 indicated they had been discouraged to use complementary therapies. Some believed, based on previous experience, that their physician would reject the use of complementary therapies: “I don’t know whether it is the old school of let’s ‘bomb’ them with the regular prednisone steroid therapies and forget about the rest, or why should we listen to somebody when they’re doing complementary therapies?”

As the following quote demonstrates, physicians also were perceived as having little or no knowledge about complementary therapies: “I’ve talked to specialists of different kinds of things and they say, oh yeah, there’s a possibility it could do that but there’s not really anything I can say to you.” Lack of time with their doctor also was seen among patients as a barrier to communication. Physicians’ lack of understanding of the patient’s life and general lack of interest were mentioned as well. Despite these barriers to communication, however, participants indicated that they would welcome the opportunity to have detailed discussions with their physicians regarding the use of complementary therapies.

**Combining Qualitative With Quantitative Methods**

Qualitative data added considerable detail and understanding to the quantitative data. For example, the frequent changes in complementary therapy use (which is related to the need for individualization and experimentation with different treatments) was not revealed in the survey data. Also of interest was the interrelatedness of factors influencing complementary therapy use. This type of information is difficult to obtain by means of a structured questionnaire.

The similarities between quantitative and qualitative data confirmed the main reasons behind complementary therapy use and the fact that patients tend to use multiple therapies, thus enhancing the validity of the results.
The results of the questionnaires were instrumental in developing an interview guide for the in-depth interviews. The surprisingly high percentage of patients who indicated that they had discussed complementary therapies with a physician needed clarification in the interviews.

A new direction for research with IBD patients emerged in this study. There clearly was a profound need for information among the respondents concerning the disease itself, its symptoms, and conventional and complementary treatments.

**DISCUSSION**

Whereas the survey results provided information regarding the use of complementary therapies as well as their clinical and sociodemographic determinants, the qualitative interviews provided insight into the complexity of the reasons behind such use. Although symptoms and side effects of conventional therapies are important, they must be considered in combination with psychological and social factors to better understand the use of complementary therapies.

As the results make clear, behaviors in health and illness cannot be understood solely from the biomedical perspective—a multidisciplinary biopsychosocial perspective is needed to understand the interrelationships among various factors. For example, the need to take responsibility for one’s health and healthcare will become stronger as conventional treatments fail to work or are shown to have serious side effects.

Most studies on the use of complementary therapies have identified factors that deter patients from conventional therapies as well as factors that draw them to complementary therapies; however, few studies have explored the interrelationships among these factors. An examination of these interrelationships strongly suggests the importance of developing treatments and therapies that both meet the unique needs of the individual and address those needs in a biopsychosocial context.

It seems there was limited awareness among patients in this study concerning risks and interaction effects that may occur with complementary therapy use. Although the percentage of patients disclosing complementary therapy use to their physicians was much higher than found in previous studies, several patients felt that they could not discuss their use of complementary therapies with their physicians. The reasons for this were clear. From the patient’s point of view, physicians are perceived as biased against complementary therapies, lacking in knowledge, seem to have little interest in the subject, and seem to take little or no time to discuss these issues with patients.

Physicians can address these issues by discussing their patients’ use of complementary therapies in a nonjudgmental manner. They also must educate themselves about the nature, benefits, and risks of complementary therapies. Undergraduate, graduate, and continuing medical education can help to meet this need. It is increasingly clear that whereas chronic diseases cannot be cured, they must be well managed. To provide good medical care, healthcare professionals should understand disease management and the meaning of the illness from the patient’s point of view as well as understand the role of social environment. With its emphasis on individual experience, exploration of process data, and focus on the setting in which people live, qualitative research is eminently suited to provide this type of information and to complement quantitative research.

**References**