Health Literacy: Does health literacy affect the use of complementary and alternative medicines (CAM) in Australian general practice settings?

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Abstract
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Keywords
australian, practice, (cam), medicines, alternative, complementary, affect, literacy, general, does, literacy:, health, settings?

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Health Literacy

Does health literacy affect the use of complementary and alternative medicines (CAM) in Australian general practice settings?

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If you have any further queries with regards to this project please contact Alyssa Horgan at the Graduate School of Medicine, University of Wollongong on (02) 4221 5819.

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The project was coordinated by Illawarra and Southern Practice Research Network (ISPRN), a partnership between the University of Wollongong’s Graduate School of Medicine (GSM) and the Illawarra Health and Medical Research Institute (IHMRI).

About ISPRN

The Illawarra and Southern Practice Research Network (ISPRN) is a partnership between the University of Wollongong’s Graduate School of Medicine (GSM) and the Illawarra Health and Medical Research Institute (IHMRI).

ISPRN supports individual investigator projects and provides a framework for other researchers to partner with GP practices in research.

About IHMRI

IHMRI is an independent health and medical research institute based on the University of Wollongong campus.

IHMRI’s vision — excellence and innovation in health and medical research supporting better health services leading to a healthier Illawarra community — encapsulates our belief that by linking academic and clinician researchers around common health and medical issues, research findings can be rapidly translated into improved clinical practice in the Illawarra region and beyond.

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Aims
The aim of this study was to assess whether health literacy is associated with the use of complementary and alternate medicines (CAM).

WHAT IS COMPLEMENTARY AND ALTERNATE MEDICINE?
The terms “complementary medicine” or “alternate medicine” refer to a broad set of health-care practices that are not part of conventional medicine and are not fully integrated into the dominant health-care system.

WHAT IS HEALTH LITERACY?“The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.”

Methods
A questionnaire was developed and piloted in a rural general practice in Tasmania. The questionnaire was then amended and distributed to patients in eight general practices across major Australian cities, as well as inner and outer regional areas.

Participants were asked to indicate which treatments they used, and how often. They were also asked to select the main reason for using this treatment and how helpful they found it to be.

Results
In total, 377 participants completed the questionnaire.

The results clearly indicate that less CAM is used by people who feel they understand health information well. This is an interesting finding as, in this study, CAM use was higher among people with higher levels of education. This may point to the fact that high levels of education are not necessarily associated with improved levels of comprehension of health information.

It is important to remember that health literacy is distinct from literacy in that it refers not only to the understanding of health information, but how this information is processed and how it affects decision-making. Therefore, people with high levels of education may not necessarily make wise health-related decisions.

• CAM use was higher amongst women (77 per cent).
• CAM use was highest in the 40 to 70 year-old age group.
• CAM use was highest in participants who had a university education (76 per cent) and lowest in participants who attended primary school only (43 per cent).
• The main reason for all CAM use was to improve wellbeing (51 per cent).
• When patients were asked about their beliefs regarding CAM:
  • 51 per cent agreed that CAM improves wellbeing
  • 23 per cent agreed that CAM can treat illness
  • 11 per cent felt that CAM could prevent sickness.

Recommendations
The study highlights that CAM use is prevalent among Australian adults and needs to be integrated into the conversation during the medical consultation.

The results also show that high levels of health literacy are associated with a reduction in CAM use. Therefore it should not be assumed that a person would make wise health-related decisions based on their educational achievement.

Patient education and a focus on ensuring that patients understand their health remains a cornerstone of the medical consultation process and may result in more judicious use of CAM.