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Review and Critique of the Literature of Complementary and Alternative Therapy Use Among Hispanic/Latino Women With Breast Cancer

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Breast cancer does not respect the boundaries of ethnicity or culture. With an estimated 11,000 new cases diagnosed in 2003, breast cancer is the most commonly diagnosed cancer among Hispanic/Latino women (O'Brien et al., 2003). For Caucasian populations, the five-year survival rate after diagnosis of breast cancer is 85%, compared to 70% for Hispanics/Latinos (O'Brien et al.). Eliminating disparities in breast cancer morbidity and mortality is mandatory (Institute of Medicine, 2003), and explaining key aspects of care in a manner that is sensitive to patients' ethnic and cultural characteristics is necessary for quality patient care. This article reviews complementary and alternative therapy (CAT)

use by Hispanic/Latino women with breast cancer and offers suggestions for providing culturally sensitive care.

Background

A 35-year-old Hispanic/Latino woman with stage III breast cancer became totally platelet refractory in the first day of the nadir after an autologous bone marrow transplant. She was married and the mother of a five-year-old child. When she died of massive hemorrhage the following day, her healthcare providers wondered what could have caused the fatal hemorrhage. The hemorrhage could

Healthcare providers often care for patients who use complementary and alternative therapy (CAT). Despite recent advances in cross-cultural research, little is known about how Hispanic/Latino women being treated for breast cancer use CAT to manage the disease and the side effects of treatment. A woman's cultural heritage, education, healthcare beliefs, degree of acculturation, and socioeconomic factors influence her decision to use CAT and the choice of a specific CAT. Only five studies specifically investigating CAT use by Hispanic/Latino women with breast cancer have been published, and more research in this area is needed. Although information about CAT use by this population is limited, nurses can use it to promote culturally sensitive care.

Key Words: breast neoplasms, complementary therapies

have occurred for many reasons, but the most haunting reason that the authors of this article considered was whether the woman had taken an herb prescribed by a *curandero* (folk healer) in addition to obtaining conventional health care.

CAT use in the United States has proliferated in recent years. About one-third of American adults use some form of CAT on an annual basis, and CAT is becoming one of the fastest-growing expenditures for health care in the United States (Cassileth, Schraub, Robinson, & Vickers, 2001). CAT practitioners view good health as a balance of forces to achieve optimum well-being of body,

mind, and spirit; conventional health care focuses on the prevention, diagnosis, and treatment of disease (Lewis, Heitkemper, & Dirksen, 2003). Complementary therapy refers to supportive methods that are used along with conventional healthcare treatments (National Cancer Institute, 2001). Complementary methods do not cure disease; rather, they help control symptoms or side effects and enhance well-being (Tagliaferri, Cohen, & Tripathy, 2001).

Reasons for the current interest in CAT are complex but include the social and cultural environment (Gallagher, 2000; Kaptchuk & Eisenberg, 2001; Verhoef & Sutherland, 1995). CAT (e.g., herbal teas, massage, acupuncture) may provide

people with chronic illness with more active roles in their self-care or provide a sense of control over the symptoms of their illnesses (Fryback & Reinert, 1997; Montbriand, 1995). Tension, stress, anxiety, and fear are common reasons for CAT use cited in the literature (Ernst & Kanji, 2000; Mitzdorf et al., 1999).

Survey and qualitative research have queried people with chronic illnesses about the

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