This material is protected by U.S. copyright law. Unauthorized reproduction is prohibited. To purchase quantity reprints, please e-mail reprints@ons.org or to request permission to reproduce multiple copies, please e-mail pubpermissions@ons.org.

Frequency of Use of Complementary and Alternative Medicine in Women With Breast Cancer

Cecile A. Lengacher, RN, PhD, Mary P. Bennett, DNSc, RN, Kevin E. Kip, PhD, Rosemary Keller, PhD, RN, Melisa S. LaVance, MSN, RN, FNP, Lynette S. Smith, MSN, RN, FNP, and Charles E. Cox, MD

Purpose/Objectives: To estimate the frequency of use of complementary and alternative medicine (CAM) therapies among women diagnosed with breast cancer and to identify demographic and clinical factors associated with CAM use in these patients.

Design: A descriptive, cross-sectional survey.

Sample: A convenience sample of 105 predominantly Caucasian women (\overline{X} age = 59 years) with a diagnosis of breast cancer was recruited from the Tampa Bay area and a rural midwestern area.

Methods: Utilizing the "Use of Complementary Therapies Survey," frequency of CAM use was calculated for 33 individual therapies listed on the survey and among three survey-defined subscales of CAM therapies (i.e., diet and nutritional supplements, stress-reducing techniques, and traditional and ethnic medicines).

Main Research Variables: Use of CAM therapies and types of treatment in women with breast cancer.

Findings: Among diet and nutritional supplements, 64% of all participants reported regular use of vitamins and minerals and 33% regularly used antioxidants, herbs, and health foods. Among stress-reducing techniques, 49% of all participants regularly used prayer and spiritual healing, followed by support groups (37%) and humor or laughter therapy (21%). Traditional and ethnic medicine therapies rarely were used with the exception of massage, which 27% of all participants used at least once after diagnosis. More frequent CAM use was observed among study participants who had undergone previous chemotherapy treatment and those with more than a high school education. Also, being less satisfied with their primary physician was associated with patients' more frequent CAM use.

Conclusions: CAM use is increasing among women with breast cancer, and frequency of specific use according to type of CAM is higher than what has been reported in other studies. Use increased in patients who had undergone chemotherapy and in those with a high school education.

Implications for Nursing: Oncology nurses are in a key position to identify what treatments patients are using and implement CAM therapies that can be helpful to relieve patient symptoms related to treatment and psychological distress.

Key Points...

- ➤ Use of complementary and alternative medicine (CAM) therapies is common among women diagnosed with breast cancer.
- Use of CAM was associated with patients' use of chemotherapy, higher education, and not being satisfied with their primary physician.
- Assessment of CAM use is an important consideration and may have implications for treatments being administered.
- ➤ Effective implementation of CAM therapies may positively relieve physical symptoms and psychological distress.

omplementary and alternative medicine (CAM) is defined as methods used in the diagnosis, treatment, or prevention of disease that complement mainstream medicine, as opposed to alternative therapies, which are used as a direct substitute for mainstream medicine (Ernst & Cassileth, 1998; Ernst, Willoughby, & Weihmayer, 1995). Use of CAM by women with breast cancer is believed to be increasing, but limited research exists on the frequency and predictors of CAM use in this population.

Cecile A. Lengacher, RN, PhD, is a professor in the College of Nursing at the University of South Florida in Tampa; Mary P. Bennett, DNSc, RN, is an assistant dean and an associate professor at Indiana State University in Terre Haute; Kevin E. Kip, PhD, is an assistant professor of Epidemiology and Medicine in the Graduate School of Public Health at the University of Pittsburgh in Pennsylvania; Rosemary Keller, PhD, RN, is an assistant professor in the College of Nursing at the University of South Florida; Melisa S. LaVance, MSN, RN, FNP, is a graduate of the School of Nursing at Indiana State University; Lynette S. Smith, MSN, RN, FNP, is a graduate of the School of Nursing at Indiana State University; and Charles E. Cox, MD, is a professor of surgery and the director of the H. Lee Moffitt Cancer Center and Research Institute for the Breast Cancer Program in Tampa. (Submitted September 2001. Accepted for publication March 28, 2002.) (Mention of specific products and opinions related to those products do not indicate or imply endorsement by the Oncology Nursing Forum or the Oncology Nursing Society.)

Digital Object Identifier: 10.1188/02.ONF.1445-1452