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Why Seek Complementary Medicine? An Observational Study in Homeopathic, Acupunctural, Naturopathic and Mainstream Medical Practice

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ABSTRACT

There is a steady increase in patients seeking complementary medicine (CM). Little is known about Dutch CM patients and the extent in which they differ from those of mainstream health care seekers. 1839 consecutive new patients consulting one of 40 CM physicians completed a questionnaire before entering the consulting room. Resulting CM patient data was compared with that from 2784 mainstream general practice patients. Differences in patient profiles were tested using multilevel regression analysis. CM patients most often appeared to report general complaints. Half of them consulted a CM physician because they were looking for information and advice from a different angle. One fifth had doubts about mainstream healthcare. The CM patients foremost expected to be treated as a person and to get ample time to talk. The profiles of the patients attending the different types of CM physicians did not differ much. Compared to mainstream patients, CM patients more often appeared to be female and higher educated. We conclude that, contrary to expectations, patients do not consult a CM physician for reasons of disappointment with mainstream GP care. CM consulters primarily appear to seek a physician who takes time and who treats their complaints from a holistic viewpoint.

INTRODUCTION

In Europe, North-America and other industrialized countries more than half the population has used complementary or alternative medicine at least once in their life.¹ More recent figures from the second Dutch national survey in general practice (DNSGP-2) indicate that 6.5% of mainstream general practice patients attended a complementary medicine (CM) professional, such as a homeopathic physician, a physician acupuncturist or a naturopathic physician, in the year preceding the interrogation.² This percentage appears especially high among patients who report poor health as well as in patients with a chronic illness.³⁻⁵ Current paradigms in mainstream healthcare, like self-management and empowerment,⁶ more and more resemble those of traditional CM principles which advocate patients' self-healing power and abilities.⁷ At the same time, an increasing number of conventionally educated physicians specialize in CM.⁷ These movements suggest that CM practices will, in time, become integrated in mainstream health care and society,⁸ at least for specific healthcare consumers such as the chronically ill. However, current debates within the Royal Dutch Medical Association between advocates and opponents of CM practices, suggest a policy move in another direction. These debates focus on the absence of an evidence base for CM interventions and related potential health risks and have so far elicited clear statements regarding safe use

of CM practices within the medical association.⁹ Possibly as a side effect of these continuing debates, many Dutch users, like in other countries,^{10,11} refuse to disclose CM use to their physician,^{4,12} which strengthens the prevailing obscurity of CM interventions and users.

Despite these controversies, more and more patients are using complementary medicine,¹³ which raises the question who they are and for what reason they attend CM practitioners. Previous research has shown that the trust patients attribute to health care professionals is an important predictor for using CM.⁵ To what extent other factors, such as patients' complaints and their reasons for encounter, play a role is, however, less well known.¹⁴ In addition, insight is lacking into the so called placebo factors that, apart from specific therapeutical factors, are thought to influence the outcome of CM practices positively, e.g. high outcome expectations and negative experiences with mainstream practices on the part of the patient and the influence of ample time and empathy on the part of the physician.¹⁵ In the present paper, we aim to shed some light on this so far hardly transparent, but frequently used health care branch. First this will be done by examining factors known to determine patients' help-seeking behaviour, i.e.

sociodemographics, the nature and attributed causes of complaints and the way patients cope with their complaints as well as the level of emotional distress and related healthcare preferences.¹⁶ Second, differences will be examined between the patient profiles of CM and mainstream general practice patients. In this paper, the following research questions will be addressed: 1. What characterizes CM patients in terms of sociodemographic characteristics, health complaints, attributed causes, coping behaviour, anxiety, reasons for encounter, expectations and preferences for CM? 2. Does the resulting profile of CM patients differ by type of CM practice? 3. Does the profile of CM patients differ from that of mainstream general practice patients? In view of the inherent differences between CM specialities and mainstream general practice, we expect to find a relatively higher number of chronically ill patients consulting CM physicians with negative experiences with mainstream healthcare and a high need for a caring and attentive CM physician.

METHODS

By definition, complementary medicine is used together with conventional or mainstream medicine.¹⁷ In this study, we confine ourselves to complementary medicine being practised by conventionally educated physicians specialised in one of three frequently used branches of CM in the Netherlands, i.e. homeopathy, acupuncture and naturopathy. The profiles of CM patients are examined using questionnaires that patients completed before their first visit to one of these CM physicians. Physicians registered their practices and therapies in the first series of visits of these patients. Results of these registrations are reported elsewhere.¹⁸

Procedure

CM physicians were recruited via the professional organizations for physician acupuncturists (NAAV), homeopathic physicians (VHAN) and naturopathic physicians (ABNG-2000) in the Netherlands. In 2007, these organizations had 191, 317 and 77 members, respectively. We opted for 20 practices in each of these three CM specialties and an inclusion of 75 first time consulters in a period of 6 months in each practice. Initially, 51 physicians volunteered to participate in the study. Of this convenience sample, 44 physicians started after they had been instructed about the whole procedure. The lack of assistance in their practice was the main reason for seven physicians not to start in the end. Later on, four other physicians discontinued their participation, because they had experienced that the patient registrations took more time than expected.

Mainstream patient population

The CM patient questionnaire was an adapted version of the questionnaire used in the video-observation part of the DNSGP-2 which provided the mainstream medical practice population with 2784 patients with which the CM patient profile in the current study was compared.^{19,20} General practitioners (GPs) who participated in the DNSGP-2 were representative for the population of Dutch GPs.

Patient questionnaire

Between April 2007 and March 2008, consecutive patients consulting one of the 40 physicians in the included practices for the first time were invited to participate in the study. If patients were willing to participate, they were asked to attend the physician office 20 minutes before the scheduled appointment and

to complete a questionnaire in the waiting room prior to entering the consulting room. The patient questionnaire included:

Sociodemographics and complaints

Sociodemographic characteristics (gender, age, educational background, ethnicity), expectations of CM practices, (secondary) complaints and chronic illnesses in the way assessed in the DNSGP-2.21

Coping style

Patients' coping style was measured with the 21, five-point Likert scaled item version of the Coping Inventory for Stressful Situations (CISS), measuring the task (7 items, Cronbach's $\alpha = .86$), the emotion (7 items, $\alpha = .84$), and the avoidance (6 items, $\alpha = .77$) dimension of coping.²²

Health care needs and preferences

Health care needs and preferences were measured with the QUOTE-COM (quality of communication through the patient's eyes), in which patients report for 18, four-point Likert-type scaled items how important these aspects are in view of the forthcoming visit. In conformity with previous studies, factor analysis revealed an affect-oriented scale with 7 items ($\alpha = .86$) and a task-oriented scale with 6 items ($\alpha = .76$).^{16,20,23}

Causal complaint attributions

Causes patients attribute to their health problems were assessed using the causal dimension of the 18, five-point Likert scaled item version of the revised Illness Perception Questionnaire (IPQ-R).²⁴ Factor analysis revealed three dimensions. The first could be identified as stress attributions, including distress or family problems (7 items, $\alpha = .87$). The second dimension concerns external attributions, such as germs or pollution (5 items, $\alpha = .69$). The third factor containing lifestyle attributions had a too low internal consistency (4 items, $\alpha = .60$) and was therefore skipped from the analysis.

Emotional distress

Level of emotional distress was measured with the 10, fourpoint Likert scaled items of the shortened State Anxiety Inventory, in which a sumscore of ≥ 21 reflects an increased level of anxiety ($\alpha = .90$).²⁵

Statistical analysis

All analyses were carried out using multilevel (logistic) regression analysis which yielded weighted mean scores and percentages.²⁶ Multilevel regression analysis was necessary to account for the clustering of patients within CM physicians.

Because of multiple tests, a significance level of $p \leq 0.01$ was applied throughout the paper. In analysing differences between CM and regular patients, 95% confidence intervals were provided as well.

RESULTS

A total of 1839 new CM patients completed the patient questionnaire; 502 patients in the sixteen participating homeopathic practices; 808 patients in the thirteen acupuncture practices and 529 in the eleven naturopathy practices.

[TABLE 1]

Overall CM patient profile

Overall, the CM patients appeared to have a mean age of 44.2 years. Almost three-quarter of them were women (Table 1, second column). The health problems experienced by the CM patients most often were of a general or unspecified nature, like fatigue or headaches, followed by musculoskeletal and psychological complaints, such as nervousness (Table 2). The most frequently reported chronic conditions were migraine, hypertension and arthrosis (Table 3).

More than half of the CM patients mentioned having received positive information about the specific CM physician as a reason for attending. The second most often mentioned reason, reported by more than 40% of the patients, was that they wanted information and advice from a different angle (Table 4). One in every five patients contacted the CM physician because they had doubts about mainstream health care. Negative experiences with mainstream health care were a reason to attend a CM physician in 6.3% of the patients.

The expectations most often reported by the patients was that they expected that the physician would look at them as a person instead of a complaint and that the CM physician would take more time to talk with them (Table 5).

Patient profile by type of CM practice

When broken down by type of CM practice the patients visiting a homeopathic physician appeared to be on average significantly younger (39.5 yrs) than patients visiting a physician acupuncturist or a naturopathic physician (46.5 and 46.0, respectively). In addition, patients visiting a homeopathic physician appeared to be significantly less often immigrants than those visiting a naturopathic physician (Table 1).

[TABLE 2]

[TABLE 3]

No differences were found between the CM patients of different types of physicians in anxiety, coping styles, communication needs or complaint attributions. Between CM specialities, significant differences emerged in the number of patients experiencing nausea, abdominal cramps, stuffy nose, itching and musculoskeletal pain (Table 2).

[TABLE 4]

In addition, chronic illnesses, such as cancer and intestinal problems appeared to be especially present among naturopathic patients, whereas physician acupuncturists encountered significantly more wrist and hand problems.

Homeopathic physicians encountered relatively more eczema (Table 3). Patients attending a physician acupuncturist less often attended their CM physician out of a need for information and advice from a different angle than patients visiting a homeopathic or naturopathic physician (Table 4).

[TABLE 5]

Patients visiting a naturopathic physician expected more help with selfmanagement and a more thorough physical examination than those visiting a homeopathic physician. Positive expectations related to getting ample time and attention appeared to be higher among naturopathic and homeopathic patients than among patients attending a physician acupuncturist (Table 5).

CM versus mainstream patient profile

Compared to CM patients, mainstream GP patients appeared to be significantly less educated and less often female, to have more profound coping styles and more affective communication needs. In addition, mainstream GP patients also appeared to contribute their complaints less to psychological as well as external factors (Table 6). Finally, the pre-visit anxiety levels of CM patients appeared to be lower than those of mainstream GP patients.

DISCUSSION

This study aimed to increase insight in the profiles of patients who seek a CM physician, and to compare these profiles with those of mainstream GP patients.

For this purpose, we questioned a large number of patients visiting one of forty participating, university trained physicians specialized in either homeopathy, acupuncture or naturopathy. Results of this survey were compared with those from a comparable survey in mainstream general practice (DNSGP-2). Overall, the profiles of the patients visiting a physician for acupuncture, homeopathy or naturopathy, appeared to be quite similar. The only difference we found in sociodemographic characteristics was that patients visiting a naturopathic physician more often have a different ethnic background than patients visiting a homeopathic physician. However, the percentage of naturopathic patients with a different ethnic background was still quite small. Irrespective of the type of CM being contacted and in correspondence with previous studies,⁴ CM patients appeared to be higher educated and more often female compared to the average mainstream GP patients. The predominance of female patients was, however, not reflected in more higher pre-visit

anxiety levels in CM patients, like found in mainstream health care;²⁷ on the contrary, mainstream GP patients appeared to experience a lower mood upon entering the consulting room.

Looking at the complaints patients present to their physician, this indicates that most patients suffer from general ailments, such as headache and fatigue. These general complaints also constitute the major part of the complaints presented to mainstream healthcare.²¹ As such, CM and mainstream patient profiles do not differ much. This suggests that other reasons than the experienced health problem trigger the patients to seek CM care. Typical complaints presented to the different types of CM physicians participating in the present study, like musculoskeletal complaints presented to physician acupuncturists, resemble those found by others.²⁸ Our results reveal that the way CM physicians are expected to treat patients' problems is an important reason to consult a CM physician.

[table 6] Another reason for consulting a CM physician is that patients had received positive information about the physician and that they wanted information and advice from a different angle. The patients furthermore expected to be treated more as a person by CM versus mainstream physicians and that CM patients also expected to get enough time to talk with their physician. When the CM patients attended the physician office, they appeared to be less anxious than mainstream patients awaiting the GP visit, to have more clear ideas about the origin of their complaints and to have less need for affective communication. Overall, the results of this study suggest that seeking CM is a well-considered, adaptive ²⁹ action made by a group of somewhat higher educated patients not asking more than what reasonably can be expected from a health care provider, i.e. to be treated as a person and to get advice from different angles. This positive attitude is strengthened by the observation that, in conformity with the results from others,³⁰ only one in every five patients reported doubts about what mainstream healthcare can offer them. In addition, a minority had negative experiences with mainstream health care.

The present study was complicated by the fact that many CM physicians had no administrative infrastructure or practice assistant which could take care of the data gathering. In addition, the aim of including 75 new patients within six months in every CM practice was not feasible in many practices, although CM physicians did indicate beforehand that such a number was realistic. This problem is known as Lasagna's law and is also quite common in research in mainstream health care.³¹ Nevertheless, with the help of forty, seemingly representative CM physicians,¹⁸ we were able to include no less than 1839 patients and to show that, contrary to expectations, patients do not consult a CM physician for reasons of disappointment with mainstream GP care. What CM patients appear to want most is to be treated in a human and holistic way.

TABLE 1

Table 1. Weighed mean scores (and 95% confidence intervals) on patients' socio-demographics and factors in their healthcare seeking behaviour

	Overall CM patients		Naturopathic patients		Homeopathic patients		Acupuncturist patients	
	M	95% CI	M	95% CI	M	95% CI	M	95% CI
Sociodemographics								
Gender (% women)	71.5	(69.0 - 73.9)	73.4	(68.8 - 77.7)	72.5	(67.9 - 76.7)	69.4	(65.4 - 73.1)
Ethnicity (% immigrants)	5.3	(3.6 - 7.7)	8.9 ¹	(4.7 - 16.2)	2.2 ¹	(1.0 - 4.7)	6.9	(3.9 - 12.0)
Education (range 1-4) *	3.2	(3.1 - 3.2)	3.3	(3.1 - 3.4)	3.0	(2.9 - 3.1)	3.2	(3.1 - 3.3)
Age (in years)	44.2	(42.5 - 45.9)	46.0 ¹	(42.8 - 49.3)	39.5 ^{1,2}	(36.7 - 42.4)	46.5 ²	(43.8 - 49.3)
State anxiety								
	20.0	(19.6 - 20.3)	19.7	(19.0 - 20.4)	19.9	(19.2 - 20.6)	20.3	(19.7 - 20.8)
Coping style								
Task	20.4	(20.0 - 20.9)	20.9	(20.1 - 21.8)	20.4	(19.6 - 21.3)	20.9	(20.2 - 21.6)
Emotional	14.0	(13.6 - 14.4)	13.9	(13.0 - 14.8)	14.3	(13.5 - 15.2)	14.1	(13.3 - 14.8)
Avoidance	12.1	(11.8 - 12.3)	12.5	(11.8 - 13.3)	12.4	(11.7 - 13.1)	12.9	(12.3 - 13.6)
Communication needs								
Task	19.1	(18.8 - 19.4)	19.2	(18.8 - 19.8)	18.5	(18.1 - 18.9)	19.0	(18.6 - 19.5)
Affective	21.6	(21.4 - 21.9)	21.5	(21.1 - 21.9)	21.5	(21.1 - 21.9)	21.5	(21.2 - 21.8)
Causal complaint attributions								
Psychological	17.4	(16.9 - 17.9)	17.2	(16.2 - 18.2)	17.6	(16.7 - 18.6)	17.7	(16.8 - 18.5)
External	11.1	(10.8 - 11.5)	11.9 ³	(11.4 - 12.6)	11.5 ²	(10.9 - 12.1)	10.4 ^{2,3}	(9.9 - 10.9)

Multilevel (logistic) regression analysis, $p \leq 0.01$

¹ significant difference between naturopathic and homeopathic patients

² significant difference between homeopathic and acupuncturist patients

³ significant difference between naturopathic and acupuncturist patients

* Education level 1 'no education finished (yet)', 2 'primary education', 3 'secondary education', 4 'college or university'

TABLE 2

Table 2. Prevalence of complaints experienced by $\geq 8\%$ of the sample in the last 14 days in weighed mean percentages of patients, categorized from most to least common

Complaint	Overall CM patients	Naturopathic patients	Homeopathic patients	Acupuncturist patients
	Mean	Mean	Mean	Mean
Fatigue	63.8	66.6	61.7	63.3
Headache	42.5	40.7	45.2	42.0
Sleeplessness	42.1	37.4	40.9	46.1
Pain in neck/shoulder	39.3	38.5	34.4	43.2
Nervousness	35.3	35.8	37.0	33.7
Low back pain	29.0	31.0	22.5 ²	32.5 ²
Apathy	27.5	25.3	30.7	27.1
Stuffy nose	25.7	23.3 ¹	33.3 ^{1,2}	22.8 ²
Aggressive	24.1	22.9	28.7	22.1
Pain in hips or knees	22.9	25.5	19.3	23.9
Excessive sweating	22.7	22.1	25.7	21.2
Abdominal cramps	22.5	26.6 ³	25.6 ²	18.3 ^{2,3}
Dizziness	21.0	20.2	23.3	19.9
Itching	20.3	21.2	25.2 ²	16.9 ²
Pain in elbows, wrists or hands	19.1	18.5	15.4	22.3
Coughing	19.1	18.4	22.0	17.8
Nausea	18.6	22.7 ³	19.1	15.9 ³
Tachycardia	17.7	17.6	17.7	17.7
Sore throat	16.8	16.5	18.7	15.8
Tightness of the chest	16.3	16.7	16.9	15.8
Pain in ankles or feet	15.9	16.4	11.8 ²	18.8 ²
Agitated	15.6	15.2	15.9	15.8
Local redness skin	15.4	16.9	19.7 ²	12.1 ²
ringing in the ears	14.7	15.4	14.1	14.6
Constipation	14.1	18.2	12.8	12.5
Stomach ache	13.1	15.6	13.0	11.6
Diarrhoea	12.6	14.8	12.7	11.3
Excessive crying	12.3	11.8	14.3	11.3
Chestpain	11.8	12.4	12.2	11.0
Ill with flu	11.8	12.0	12.6	11.2
Weight gain	10.9	12.7	9.7	10.7
Hard of hearing	10.7	11.1	10.1	10.7
Heartburn	10.2	11.3	9.3	10.2

¹ significant difference between naturopathic and homeopathic patients

² significant difference between homeopathic and acupuncturist patients

³ significant difference between naturopathic and acupuncturist patients

TABLE 3

Table 3. Prevalence of chronic illnesses experienced in the last 12 months, in weighted mean percentages of patients

Illness	Overall CM patients	Naturopathic patients	Homeopathic patients	Acupuncturist patients
	Mean	Mean	Mean	Mean
Diabetes	3.2	1.9	3.6	4.3
Stroke	0.6	0.4	0.5	1.1
Coronary attack*	-	0	0.2	0.6
Heart failure*	-	1.1	1.1	1.2
Cancer	2.5	6.8 ¹	1.2	2.0
Migraine	15.4	14.7	15.1	16.1
Hypertension	12.4	14.0	9.3	13.7
Arterio-sclerosis	0.8	1.2	0.5	0.8
Asthma/COPD	9.3	9.2	10.2	8.8
Psoriasis	2.7	2.8	2.2	3.1
Eczema	10.5	10.5	13.8 ²	8.7 ²
Dizziness with falling	3.4	4.8	3.4	2.7
Persistent intestinal problems	8.8	15.5 ^{1,3}	8.2 ¹	6.1 ³
Urine incontinence	7.0	9.2	5.2	7.0
Persistent back problems	10.0	9.0	8.6	11.8
Arthrosis	11.9	11.0	10.1	13.9
Arthritis	5.2	6.4	4.2	5.1
Persistent neck problems	10.9	8.5	11.5	12.5
Persistent wrist and hand problems	6.2	3.3 ³	6.1	9.4 ³

* due to too low percentages differences between CM specialities can not be averaged and tested

¹ significant difference between naturopathic and homeopathic patients

² significant difference between homeopathic and acupuncturist patients

³ significant difference between naturopathic and acupuncturist patients

TABLE 4

Table 4. Reasons for contacting this particular CM physician, in weighed mean percentages of patients (patients could indicate more than one reason)

Reason	Overall CM patients	Naturopathic patients	Homeopathic patients	Acupuncturist patients
	Mean	Mean	Mean	Mean
I need information and advice from a different angle	41.6	51.6 ³	45.5 ²	32.7 ^{2,3}
I have doubts about what mainstream health care can offer me	21.9	24.6	23.4	19.4
I want to discuss my complaints with someone else, to be able to compare it with the treatment my GP/specialist offers	19.7	22.9	20.6	17.1
I expect that this physician treats my complaints in the best way	23.0	20.8	21.7	25.7
I have negative experiences with mainstream health care	6.3	7.3	6.7	5.5
My GP/specialist referred me to this physician	8.7	6.5	11.6	8.8
I know that mainstream health care has no more treatment options left for me	18.9	21.3	16.9	18.7
The risky treatment proposed by my GP/specialist worries me	4.6	5.6	4.5	4.1
I have positive experiences with CM physicians	19.9	22.8	19.8	18.2
I got positive information about this CM physician	52.5	52.2	53.4	52.1
I trust CM more than mainstream health care	13.2	17.1	12.1	11.7

¹ significant difference between naturopathic and homeopathic patients

² significant difference between homeopathic and acupuncturist patients

³ significant difference between naturopathic and acupuncturist patients

TABLE 5

Table 5. Extent in which patients expect to be treated differently by CM compared to mainstream physician, in weighed mean scores

I expect this CM physician...*	Overall CM patients	Naturopathic patients	Homeopathic patients	Acupuncturist patients
		Mean	Mean	Mean
Takes more time to talk with me	3.8	3.9	4.0 ²	3.8 ²
Allows me more room to tell my story	3.8	3.8	3.8	3.7
Listens to me more	3.8	3.7	3.8	3.7
Does not look only at my complaints, but treats me as a person	4.0	4.0	4.1 ²	3.9 ²
Has an office with a pleasant atmosphere	3.4	3.4	3.4	3.5
Is more relaxed	3.6	3.5	3.5	3.6
Is more caring and empathic	3.4	3.4	3.4	3.4
Is more positive	3.4	3.4	3.4	3.5
Contributes more to my self- management skills	3.5	3.6 ¹	3.4 ¹	3.5
Gives more information about my complaint/problem	3.7	3.7	3.7	3.7
Stimulates me to take a role in decision- making	3.4	3.5	3.4	3.4
Performs a more thorough physical examination	3.3	3.4 ¹	3.0 ^{1,2}	3.3 ²
Pays more attention to my feelings, lifestyle and experiences	3.8	3.8	3.9 ²	3.7 ²

* range 1-5; 1 = completely disagree; 5 = completely agree

¹ significant difference between naturopathic and homeopathic patients

² significant difference between homeopathic and acupuncturist patients

³ significant difference between naturopathic and acupuncturist patients

TABLE 6

Table 6. Weighed mean scores (and 95% confidence intervals) on patients' socio-demographics and factors related to their healthcare seeking behaviour

	Overall CM patients		Mainstream GP patients	
	M	95% CI	M	95% CI
Sociodemographics				
Gender (% women) ¹	71.5	(69.0 - 73.9)	58.9	(56.9 - 60.7)
Ethnicity (% immigrants)	5.3	(3.6 - 7.7)	5.4	(4.2 - 6.8)
Education (range 1-4) ¹	3.2	(3.1 - 3.2)	2.7	(2.7 - 2.8)
Age (in years)	44.2	(42.5 - 45.9)	45.1	(44.0 - 46.2)
State anxiety^{1,2}				
	20.0	(19.6 - 20.3)	20.7	(20.3 - 21.1)
Coping style				
Task ^{1,2}	20.4	(20.0 - 20.9)	22.8	(22.4 - 23.3)
Emotional ^{1,2}	14.0	(13.6 - 14.4)	16.8	(16.3 - 17.2)
Avoidance ^{1,2}	12.1	(11.8 - 12.3)	13.5	(13.1 - 13.9)
Communication needs				
Task ^{1,2}	19.1	(18.8 - 19.4)	18.5	(18.2 - 18.7)
Affective ^{1,2}	21.6	(21.4 - 21.9)	22.5	(22.2 - 22.7)
Causal complaint attributions				
Psychological ^{1,2}	17.4	(16.9 - 17.9)	12.7	(12.2 - 13.2)
External ^{1,2}	11.1	(10.8 - 11.5)	8.6	(8.3 - 8.9)

Multilevel (logistic) regression analysis, $p \leq .01$

¹ significant difference between mean CM- and mainstream patients

² significant difference in mean CM- and mainstream patients controlled for sociodemographics

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