

Alternative Therapy for Atopic Dermatitis and Psoriasis: Patient-reported Motivation, Information Source and Effect

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In a questionnaire study, 227 patients with atopic dermatitis and 215 with psoriasis, who had used alternative medicine, were asked to state their main reason for trying alternative medicine. The answers indicated that the absence of satisfactory effect of physician-provided therapy was the most decisive factor. Their main information sources on alternative therapies were persons without skin disease, and the mass media. The majority reported no improvement, or even aggravation of their skin disease, as a result of alternative treatments (except for diet changes). These findings emphasize the need for documentation of effect of alternative medicine, as well as for further research and education efforts in order to improve therapy for atopic dermatitis and psoriasis. *Key words: Complementary medicine; Homoeopathy; Skin disease; Patient evaluation; Mass media.*

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Many patients with chronic skin diseases, such as atopic dermatitis (AD) and psoriasis (Ps), try various forms of alternative medicine (1,2). We were interested in ascertaining patients' motives for seeking alternative medicine, how forms of alternative medicine had been brought to their attention, and the patients' opinion of the effects of such treatments.

MATERIAL AND METHODS

In a questionnaire study among out-patients at the Department of Dermatology at Rikshospitalet, Oslo, Norway, 227 AD patients and 215 Ps patients reported use of alternative medicine (1). By questionnaire, these patients were asked to state their main reason for trying alternative therapy (with five closed alternatives and one open), to state their main source of information on alternative therapy (with five closed alternatives and one open), and to evaluate its effect on a five-point scale. The closed answers were formulated after a pilot study. Separate answers were to be given for each form of alternative medicine.

Only results regarding homoeopathy, herbal remedies, health food preparations, diet changes, and acupuncture will be reported here, results regarding foot zone therapy, magnet therapy, iris diagnosis and hair mineral analysis

Table I. Reasons for trying alternative medicine reported by patients with atopic dermatitis (AD) and psoriasis (Ps) (all values are percentages)

Question: You probably have many reasons for trying this treatment. What is, in your opinion, the main reason?

	Homoeopathy		Herbal remedies		Health food prep		Diet changes		Acupuncture	
	AD	Ps	AD	Ps	AD	Ps	AD	Ps	AD	Ps
Diagnostic group										
Used by (numbers of patients)	147	88	79	92	77	120	77	57	50	37
Question answered by	142	80	72	82	73	103	70	53	47	33
Poor results of physician/hospital therapy	37	26	21	13	26	11	23	8	26	18
Side effects of physician/hospital therapy	10	5	11	3	8	9	3	17	4	6
Doctors are not concerned enough about my case	8	8	4	5	7	5	3	11	4	3
Own confidence in therapy	4	8	7	15	8	13	23	15	13	6
I wish to try everything	39	51	54	62	48	61	39	45	51	61
Other	1	0	3	1	3	2	10	4	2	6

Table II. Sources of information on alternative medicine for patients with atopic dermatitis (AD) and psoriasis (Ps) (all values are percentages)

Question: In what way was this treatment brought to your attention? What was, in your opinion, the main way?

	Homoeopathy		Herbal remedies		Health food prep		Diet changes		Acupuncture	
	AD	Ps	AD	Ps	AD	Ps	AD	Ps	AD	Ps
Diagnostic group										
Used by (number of patients)	147	88	79	92	77	120	77	57	50	37
Question answered by	142	81	73	86	72	109	69	55	47	34
Recommended by physician	3	3	3	1	11	1	22	13	11	9
Recommended by nurse or other health personnel	3	3	3	8	7	2	10	7	15	0
Recommended by person with same skin disease	19	26	16	30	21	22	12	31	15	30
Recommended by person without same skin disease	47	37	44	24	24	17	25	24	30	38
TV/radio/magazines/papers	21	28	22	31	32	57	10	22	17	21
Other	8	4	8	5	6	2	22	4	13	3

being too few for proper evaluation. For epidemiological and statistical methods, see ref. 1.

RESULTS

The patients' main reason for trying alternative medicine was "I wish to try everything", but also "poor results from physician/hospital treatment" was reported by many, especially by those with AD (Table I). For diet changes, a rather larger proportion answered "own confidence in treatment" than was the case for the other forms of alternative medicine.

"Person without same skin disease" was most fre-

quently stated as being the main source of information, although the mass media most often predominated in the case of health food preparations (Table II).

The patients' general opinion of the effect of alternative medicine is shown in Table III. Of those who had tried homoeopathy, the majority of both AD patients (60%) and Ps patients (62%) reported "no improvement" or "aggravation" of their skin disease. Of the AD patients, 23% reported "aggravation". The patients' evaluations were quite similar for the other forms of alternative medicine, except for "diet changes (other than those advised by the

Table III. Evaluation of the results of alternative therapies by patients with atopic dermatitis (AD) and psoriasis (Ps) (all values are percentages)

Question: If treatment was completed, what, in your own opinion, has its effect been on your skin disease in general?

	Homoeopathy		Herbal remedies		Health food prep		Diet changes		Acupuncture	
	AD	Ps	AD	Ps	AD	Ps	AD	Ps	AD	Ps
Diagnostic group										
Used by (number of patients)	147	88	79	92	77	120	77	57	50	37
Question answered by	137	83	73	86	75	110	73	54	43	31
Very good	7	5	10	6	7	9	14	7	9	3
Good	9	7	16	10	11	6	8	13	12	16
Some improvement	25	25	18	29	29	24	48	39	21	10
No change	37	61	37	50	47	59	29	37	44	65
Aggravation	23	1	19	5	7	2	1	4	14	7

physician)" where a majority of the patients reported improvement.

DISCUSSION

The growing interest in alternative medicine has been seen by some as a reflection of the independence and emancipation of patients from scientific medicine. The findings in this study, however, indicate that the absence of satisfactory long-term effects of physician-provided therapy is the main reason for AD and Ps patients' trying alternative medicine. This is consistent with the findings of other studies (1, 3–7).

"Poor results from physician/hospital treatment" was more frequently stated as being the main motive among AD patients than among Ps patients. This is consistent with our observation that AD patients are less satisfied with the results of physician-provided treatment than are Ps patients (1).

Persons without skin disease and the mass media were the main sources of information on alternative medicine for the majority of the patients (except regarding dietary changes). This finding is consistent with the clinical impression that many patients with chronic skin disease are given a great deal of advice, and even pressure, by family and friends to seek various forms of alternative therapy, often based on uncritical reports in the media.

The results regarding the patients' general evaluation of effects do not permit of any conclusion as to whether alternative medicine is effective against AD and Ps or not. Patients who may have experienced beneficial results of alternative therapy, have less need to attend the clinic and are consequently not included in the study. Some of the patients may not have carried out treatment as instructed. The evaluation is retrospective, open and subjective. The numbers of patients reporting "some improvement" or "good"/"very good" results are low, as in other similar reports (3–5). In a recent German survey, however, a larger proportion reported positive results (2).

The majority of both patient groups reported some form of improvement from dietary changes. It is possible, however, that many of these diet changes among the AD patients are consistent with established medical practice, since 22% of the patients who had tried this name the physician as their most important source of information. The reported effects of dietary changes on Ps cannot be explained in

this way. Herbal remedies include creams and ointments containing herbal extracts (according to additional comments), and these may well have a moisturizing effect.

Many patients with AD reported aggravation of their disease as a result of alternative therapy. Aggravation may be due to simultaneous discontinuation of scientific medical therapy, to the alternative therapy *per se*, or to spontaneous variations in disease intensity. Patients are often told by homoeopathic practitioners that they will experience a flare-up of their condition initially and that this is necessary for the ultimate effect.

The results of this study emphasize the need for documentation of the possible effects on skin disease of alternative medicine. Ideally, double-blind tests should be performed, but these are often difficult to carry out (8, 9) and may be claimed to be of limited relevance to certain forms of alternative medicine (10). The study also emphasized the need for a critical attitude by the mass media to claims of excellent results of any form of therapy. Further research regarding AD and Ps in order to improve therapy is needed, as well as improved patient/doctor communication and education.

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