

UNIVERSIDADE FEDERAL DE MINAS GERAIS - UFMG  
ESCOLA DE ENFERMAGEM  
PROGRAMA DE PÓS-GRADUAÇÃO EM ENFERMAGEM

HELOÍSA HELENA MONTEIRO BRAGA

**PRÁTICAS INTEGRATIVAS E COMPLEMENTARES E EDUCAÇÃO PERMANENTE EM  
SAÚDE:**

Implicação na Atenção Primária à Saúde de Minas Gerais

Dissertação de mestrado

Área de Concentração: Saúde e Enfermagem.

Linha de Pesquisa: Gestão e Educação na Saúde e Enfermagem.

Orientadora: Prof<sup>a</sup>. Dra. Maria Flávia Gazzinelli Bethony.

**APÊNDICE E**

Belo Horizonte

2019

## APÊNDICE E – Lista completa dos resumos correspondentes aos títulos escolhidos

Total: 338 resumos.

Primeira expressão de busca:

BVS = 60 resumos:

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### **Auriculoterapia para profissionais de saúde: percursos possíveis da aprendizagem à implantação na Unidade de Saúde.**

HOHENBERGER, GLAUCIA FRAGOSO.

Porto Alegre; s.n; 2017. 20 p. Tese em Português | Coleciona SUS | ID: sus-35925.

**RESUMO:** Este trabalho aborda a “Formação em auriculoterapia para os profissionais de saúde da Atenção Básica”, oferecida através da parceria entre a Universidade Federal de Santa Catarina e o Ministério da Saúde, destacando a trajetória de implantação do atendimento de auriculoterapia em uma Unidade de Saúde do município de Porto Alegre/RS. A inserção das PIC - Práticas Integrativas e Complementares no Sistema Único de Saúde configura uma ação de ampliação de acesso e qualificação dos serviços, na perspectiva da integralidade da atenção à saúde da população; ademais, o espaço social das PIC tem valor antropológico e sua ascensão, juntamente com uma crise da atenção à saúde, reflete um cuidado à saúde mercantilizado e focado na doença, não no indivíduo e nas suas subjetividades. Trata-se de um relato de experiência em que a potencialidade está em compartilhar o impacto de uma formação em Auriculoterapia, repercutindo na implantação do atendimento em uma Unidade de Saúde da Família.(AU).

<http://pesquisa.bvsalud.org/portal/resource/pt/sus-35925>

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### **Medicina tradicional: as plantas medicinais no contexto de vida e trabalho dos agentes comunitários de saúde do município de Juiz de Fora**

ARAÚJO, JUAREZ SILVA

Orientadora: Rosângela Maria Greco. Dissertação (mestrado acadêmico) - Universidade Federal de Juiz de Fora, Faculdade de Medicina. Programa de Pós-Graduação em Saúde Coletiva, 2017.

**RESUMO:**

A medicina tradicional brasileira advém dos povos indígenas, e a partir do encontro de diferentes etnias, ocorrido durante o período colonial, práticas e recursos terapêuticos oficiais e tradicionais passam a conviver de forma híbrida. Com o desenvolvimento e a institucionalização da biomedicina, a partir do século XIX, dá-se um processo de criminalização das práticas tradicionais em saúde, ao passo em que a construção de novos e mais eficazes recursos tecnológicos em saúde acarreta, ao mesmo tempo, um esvaziamento nas relações interpessoais e vinculares entre profissionais de saúde e usuários. A Atenção Primária à Saúde (APS) tem sido abordada como proposta a este esvaziamento e à fragmentação do sistema de saúde atual, tendo o Brasil, ao longo das duas últimas décadas, trabalhado através da Estratégia de Saúde da Família (ESF) como forma de organizar a APS, implementando a equipe multiprofissional e fortalecendo os vínculos com a comunidade, constituindo uma teia de relações que, por sua vez, fornece um rol de possibilidades tecnológicas para alcançar a maior efetividade no cuidado em saúde. Entre estas possibilidades estão a prática da medicina tradicional e o uso de plantas medicinais pelas comunidades locais, as quais também fazem parte da realidade do Agente Comunitário de Saúde (ACS), que, pertencendo à comunidade e sendo membro da equipe de saúde da família, torna-se um elo natural entre estes dois universos. O objetivo deste trabalho é analisar e discutir o uso e a indicação do uso de plantas medicinais por ACS's do município de Juiz de Fora em seu processo de trabalho. Trata-se de uma revisão bibliográfica que identifica as características do ACS no tocante à sua construção como profissional de saúde e a seu ambiente de trabalho em relação à medicina tradicional. Foi realizado estudo transversal com amostra de ACS's que trabalham no município de Juiz de Fora, buscando evidenciar o estado atual de seu conhecimento quanto às plantas medicinais e quanto ao uso das mesmas, tanto no âmbito familiar como no profissional. Conclui-se que o ACS é, hoje, o profissional mais bem capacitado, dentro da estratégia de saúde da família, a abordar recursos tradicionais e comunitários para o cuidado em saúde, mas cuja atividade prospectiva precisa ser inserida e trabalhada dentro da equipe de saúde, não apenas na perspectiva de agregar conhecimento, mas no sentido de transformação e mudança da própria equipe e de seu processo de trabalho com a medicina tradicional.

**Palavras-chave:** Agentes Comunitários de Saúde. Medicina tradicional. Plantas medicinais.

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**Práticas interativas e complementares grupais nos serviços de saúde da atenção básica: possibilidades de diálogo com a educação popular**

NASCIMENTO, MARIA VALQUÍRIA NOGUEIRA DO.

Natal; s.n.; 2016. 250 p. Tese em Português | MTYCI | ID: biblio-878277

Apresentada a Universidade Federal do Rio Grande do Norte. Centro de Ciências Humanas, Letras e Artes. Departamento de Psicologia para obtenção do grau de Doutor. Orientador: Oliveira, Isabel Fernandes de.

**RESUMO:** A Política de Práticas Integrativas e Complementares [PNPIC] foi implantada em 2006, por meio da portaria GM nº 971, contemplando as práticas terapêuticas como Homeopatia, Fitoterapia, Acupuntura, Medicina Antroposófica, Termalismo/Crenoterapia, Práticas Corporais/Atividade Física e Técnicas em Medicina Tradicional Chinesa, com base nos princípios de uma escuta acolhedora, desenvolvimento do vínculo terapêutico, integração do ser humano com o meio ambiente e a sociedade, visão ampliada do processo saúde-doença, promoção global do cuidado humano e autocuidado. Embora não instituídas pela Política Nacional, as Práticas Integrativas e Complementares [PIC's] de natureza coletiva têm crescido gradativamente nos serviços de saúde, em razão das demandas locais e das próprias reivindicações da população. Nesse sentido, o objetivo deste estudo consistiu em analisar a inserção das PIC's Grupais como estratégia de cuidado e atenção integral à saúde na atenção básica e as possibilidades de diálogo com a educação popular. A pesquisa teve como cenário as Unidades Básicas de Saúde [UBS] e Unidades Básicas de Saúde da Família [UBSF], e como participantes profissionais que realizavam PIC's Grupais nos serviços. Em termos operacionais, desenvolvemos a pesquisa a partir das seguintes etapas: (a) visita à Secretaria Municipal de Saúde [SMS]; (b) mapeamento dos equipamentos de saúde e de profissionais da atenção básica que desenvolviam atividades em PIC's Grupais; (c) identificação e caracterização das PIC's Grupais; (d) realização de entrevistas e rodas

de conversa; (e) observação-participante nos grupos de PIC's. O estudo identificou 56 profissionais em saúde que desenvolviam PIC's Grupais, vinculados às seguintes categorias: 16 agentes comunitários de saúde, 09 enfermeiras, 08 educadores físicos, 07 médicas, 04 nutricionistas, 03 psicólogas, 03 auxiliares de enfermagem, 03 dentistas, 02 farmacêuticos e 01 fonoaudiólogo. Dos 66 equipamentos de saúde da atenção básica contactados, 37 realizavam PIC's Grupais, divididas em 14 modalidades, a saber: relaxamento, meditação, yoga, tai chi chuan, grupos de suporte mútuo, tenda do conto, grupo de prosa com mulheres, grupo de bordadeiras, grupo de idosos, grupo de caminhadas, grupo de terapia e arte, grupos de contação de histórias, terapia comunitária e teatro do oprimido. As PIC's Grupais atuam com ênfase na valorização das trocas interpessoais entre profissionais e usuários, com um olhar integral e interdisciplinar sobre os sujeitos, de modo a garantir uma participação mais efetiva e o compartilhamento de saberes, elementos essenciais na produção da autonomia. Nessa direção, a educação popular pode ser instrumento de reorientação da atenção à saúde e globalidade das PIC's Grupais, com base numa perspectiva participativa, criativa, dialogada e emancipadora.(AU).

<http://pesquisa.bvsalud.org/portal/resource/pt/biblio-878277>

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#### **Dificuldades enfrentadas por enfermeiros na aplicabilidade da fitoterapia na atenção básica: uma revisão integrativa**

ARAÚJO, ANNA KAROLINA LAGES DE

Capa > v. 7, n. 3 (2015) > Araújo

**RESUMO:** Objetivo: Analisar artigos disponíveis na literatura sobre as dificuldades encontradas por enfermeiros na aplicabilidade da fitoterapia na Atenção Básica. Método: A revisão integrativa foi o método adotado. Para busca dos estudos, as seguintes bases de dados foram selecionadas: PubMed, LILACS e Portal de Periódicos da Capes. Foram incluídos sete estudos. Resultados: Os artigos indicaram a ausência de planejamento na implantação da fitoterapia e de outras práticas integrativas e complementares na atenção básica, a falta de capacitação dos profissionais de saúde e a não valorização por parte da gestão e da própria equipe de saúde como as principais dificuldades encontradas. Conclusão: Fazem-se necessários investimentos por parte dos gestores na introdução de programas de implantação das terapias integrativas e complementares, além de capacitação e formação de recursos humanos na área. Descritores: Enfermagem, Fitoterapia, Atenção primária à saúde.

[http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/4039/pdf\\_1630](http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/4039/pdf_1630)

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#### **Integrating traditional medical practice with primary healthcare system in Eritrea**

GEBREMICHAEL KIBREAB HABTOM

**ABSTRACT:** Background: The purpose of this paper was to assess the perceptions and attitudes of modern medical practitioners (MMPs) and traditional medical practitioners (TMPs) about traditional medical practice and to analyze the utilization of traditional medicine in Eritrea. Methods: The data for this study were collected in a 10-month period from January to October 2004. A cross-sectional study was conducted in three sub-zones of Eritrea: Dekemhare, Ghinda, and Maekel. A total of 500 (250 each) MMPs and TMPs, and 1657 households were included in the study. Data were collected both by questionnaire and an interview (with key informants). Results: Our study reveals that there is a significant difference in perception and attitude between MMPs and TMPs about traditional medical practice in Eritrea. Their differences lie not only in their way of thinking but also in their perceptions of man and health. Our study further shows that in most rural communities in Eritrea, the use of traditional medicine and self-care is extensive. This is the case even in the presence of the supposedly free/subsidized health care available in government health centers. Conclusions: Higher confidence in traditional medicine for the treatment of serious illnesses, irrespective of availability of western medical service in many parts of Eritrea, indicates the need for selective integration of traditional medical practice with the primary healthcare system of the country. Keywords: complementary; Eritrea; integrative; modern medical practitioners; traditional medical practitioners

<https://www.degruyter.com/view/j/jcim.2015.12.issue-1/jcim-2014-0020/jcim-2014-0020.xml>

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#### **Role of complementary therapies in the understanding of primary healthcare professionals: a systematic review**

SCHVEITZER, MARIANA CABRAL; ZOBOLI, ELMA LOURDES CAMPOS PAVONE.

Rev Esc Enferm USP; 48(spe): 184-191, 08/2014. tab, graf. Artigo em Inglês | LILACS | ID: lil-731300

**RESUMO:** Objetivo Identificar a compreensão dos profissionais de saúde quanto ao papel das práticas complementares na Atenção Básica. Método Revisão sistemática cujas fontes de informação foram: PubMed, CINAHL, PeriEnf, AMED, EMBASE, Web of Science, PsycInfo e PsicoDoc, utilizando o descritor Atenção Básica associado, isoladamente, aos seguintes descritores:

Plantas Medicinais, Fitoterapia, Homeopatia, Medicina Tradicional Chinesa, Acupuntura, Medicina Antroposófica. Resultados Incluíram-se 22 estudos entre 1986-2011. Identificaram-se três estilos de prática: medicina convencional, práticas integrativas e medicina integrativa. Posicionar a prática profissional dentro desses três estilos pode facilitar a discussão de concepções de saúde e cuidado, ampliando o cuidado. Conclusão O processo de trabalho na Atenção Básica apresenta dificuldades para a realização de cuidado integrativo e holístico, mas essa prática vem sendo introduzida com profissionais que integram medicina convencional e práticas complementares, preocupados com o cuidado e o bem-estar do paciente.

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-731300>

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### **Opinião de médicos e enfermeiros sobre o uso da fitoterapia e plantas medicinais na Atenção Básica**

VARELA, DANIELLE SOUZA SILVA; AZEVEDO, DULCIAN MEDEIROS DE.

Rev. APS; 17(2)maio 2014. Artigo em Português | LILACS-Express | ID: lil-730221

**RESUMO:** OBJETIVO: investigar as vantagens e facilidades encontradas por médicos e enfermeiros da ESF de Caicó-RN, no uso da fitoterapia e plantas medicinais na Atenção Básica. MÉTODO: estudo descritivo e qualitativo desenvolvido com 19 profissionais de saúde. Os dados foram coletados por entrevista semiestruturada, entre janeiro e fevereiro de 2011, e os dados tratados conforme a Análise de Conteúdo. Pesquisa aprovada pelo Comitê de Ética em Pesquisa da Universidade do Estado do Rio Grande do Norte (CAAE 0081.0.428.000-10). RESULTADOS: Foram construídas seis categorias temáticas: Bom resultado terapêutico, principalmente atribuído aos poucos efeitos colaterais e adversos; Redução de custos e fácil acesso, devido à riqueza local e nacional; União do saber científico à prática popular, como meio de dialogar com a comunidade; Fundamentação teórica, conferida pela graduação ou pós-graduação; e Vigilância ao consumo, a partir da dispensação na Unidade Básica de Saúde da Família sob orientação de profissionais capacitados. CONCLUSÃO: mediante os argumentos apresentados pelos profissionais pesquisados e o interesse demonstrado por muitos, é percebido o potencial de desenvolvimento e implantação de projetos relacionados a essa temática no município de Caicó-RN. Contudo isso exige esforços da gestão municipal de saúde e do governo do estado na realização de investimentos. Enfatiza-se, sobretudo, a importância do ensino de Práticas Integrativas e Complementares na formação em saúde para que oportunidades de aprendizagem sejam oferecidas aos graduandos.

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-730221>

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### **Investigation into Factors Influencing Roles, Relationships, and Referrals in Integrative Medicine**

BIMBI GRAY, MOSTMED AND PAUL ORROCK, DO, MAPPSC

J Altern Complement Med. 2014 May 1; 20(5): 342–346. doi: 10.1089/acm.2013.0167

**ABSTRACT:** Introduction: Integrative medicine (IM) is a recent phenomenon within primary care practice. It is defined variously as a process of integration or convergence of complementary and alternative medicine (CAM) with mainstream medicine or as the incorporation of alternative therapies into mainstream medical practice. Little is known about the attitude of complementary medicine practitioners regarding their place within this model or the factors that influence referral between them and medical practitioners. Objectives: The aim of this research was to explore practitioners' perspectives of the theory and practice of the IM model, relevant to factors influencing referral among them. Design: This research applied a qualitative method with semi-structured interviews to determine practitioner perspectives of factors influencing referral in the IM setting. One family practice physician (called a general practitioner [GP] in Australia), one osteopath, and one naturopath were interviewed at each of two IM clinics in regional Australia. Thematic analysis was used to identify themes and concepts. Results: Thematic analysis of the transcribed data allowed for an in-depth understanding of themes and concepts surrounding practitioner perceptions of IM. Predominant themes centered on the notion of interpractitioner relationships and collaborations. Insight into these relationships within IM revealed concepts of interpractitioner trust and respect. In addition, sharing a philosophy of care and a common understanding pertaining to scope of practice and area of expertise appeared to support the IM framework. These concepts and themes were determined as important factors influencing referrals between GPs, osteopathic physicians, and naturopathic practitioners in the IM clinics studied. Conclusion: This research has highlighted the significance of interprofessional relationships and multidisciplinary referral networks as pivotal in the efficacy of the IM clinics represented in this sample. Further research is needed to define the practitioner roles and the factors influencing referrals within IM.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4011433/?tool=pubmed>

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### **Política de práticas integrativas e complementares: potência de ampliação do cuidado na Atenção Primária**

PEREIRA, ALINE GONÇALVES.

Porto Alegre; s.n; 2014. s.p.p p. Tese em Português | Coleciona SUS | ID: sus-31453

**RESUMO:** O Brasil dispõe de uma política nacional voltada para o cuidado integral, promoção global e protagonismo no autocuidado do indivíduo, a PNPIC - Política Nacional de Práticas Integrativas e Complementares. Partindo deste pressuposto, este estudo se propôs a conhecer práticas integrativas que estão sendo realizadas nas Unidades Básicas da zona norte do município de Porto Alegre, RS, vinculadas ao SSC - Serviço de Saúde Comunitária do Grupo Hospitalar Conceição/RS. Trata-se de um estudo de caráter exploratório com abordagem qualitativa. A pesquisa foi realizada em duas etapas: 1) mapeamento de profissionais que se autodeclaravam com formação em práticas integrativas; 2) entrevistas com alguns destes profissionais questionando sobre a sua percepção referente às práticas integrativas realizadas no serviço. A pesquisa permitiu localizar espaços potenciais para o desenvolvimento das práticas integrativas no SSC; maior aproximação dos profissionais da saúde com a temática e engajamento de apoio por parte dos gestores da instituição em sensibilizar os trabalhadores e criar espaços de discussão(AU)  
<http://pesquisa.bvsalud.org/portal/resource/pt/sus-31453>

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### **Paradigm Shift: Stages of Physicians' Entry into Integrative Practice**

SCOTTSHANNONMD, ABIHM

Volume 22, Issue 3, July 2013, Pages 479-491. Child and Adolescent Psychiatric Clinics of North America

**KEY POINTS:**The division between conventional allopathic (“against disease”) medicine and integrative medicine stands clearer and more rooted in a distinct philosophic divide between rationalists and empiricists. Rationalists prioritize efficacy and are more driven by the power of treatments to fight the disease. Empiricists focus on the observable effects of various different treatments or actions on health. The two paradigms reflect reductionism and holism. Neither is right or wrong. Integrative medicine represents the extension of holistic medicine as it enters academic medicine. The learning curve in integrative medicine is huge and is only limited by the scope of one’s intellectual curiosity and ambition. Keywords: Integrative medicine. Philosophic paradigm. Integrative mental health. Stages of practice. Clinic design. Collaboration. Professional development

<https://doi.org/10.1016/j.chc.2013.03.004>

<https://www.sciencedirect.com/science/article/pii/S1056499313000187?via%3Dihub>

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### **Relato de experiência do curso de plantas medicinais para profissionais de saúde**

CEOLIN, TEILA; CEOLIN, SILVANA; MARIA HECK, RITA; TUERLINCKX NOGUEZ, PATRÍCIA; DAIANE ZDANSKI DE SOUZA, ANDRIELI.

Rev. baiana saúde pública; 37(2)abr.-jun. 2013. Artigo em Português | LILACS-Express | ID: lil-729025

**RESUMO:** O objetivo deste estudo é investigar o conhecimento dos profissionais de saúde que participaram de um curso de extensão, sobre plantas medicinais. Trata-se de um relato de experiência de um curso de capacitação sobre plantas medicinais que ocorreu entre agosto e novembro de 2011, para 41 profissionais de nível superior, atuantes na atenção primária à saúde, oriundos de 9 municípios da região sul do Brasil. Os resultados demonstram que 88% dos profissionais trabalham na Estratégia da Saúde da Família, 61% têm conhecimento de que a comunidade da área de abrangência faz uso de plantas medicinais e 60% referiram que no seu cotidiano são solicitadas informações a respeito de plantas. Contudo, apenas 31% relataram que orientam a comunidade sobre o uso de plantas medicinais com frequência e 75% nunca realizaram cursos e/ou capacitação sobre terapias complementares. Destaca-se a necessidade de capacitar profissionais para que permitam a ampliação das práticas terapêuticas, em busca da integralidade da assistência.

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-729025>

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### **Integration of complementary and alternative medicine in primary care: What do patients want?**

MIEK C. JONG<sup>ABC</sup> LUCYVAN DE VIJVER<sup>A</sup> MARTINEBUSCH<sup>D</sup> JOLANDAFRITSMA<sup>E</sup> RUTHSELDENRIJK<sup>F</sup>

Volume 89, Issue 3, December 2012, Pages 417-422. Patient Education and Counseling

**ABSTRACT: OBJECTIVE:** To explore patients’ perspectives towards integration of Complementary

and Alternative Medicine (CAM) in primary care. METHODS: A mixed-methods approach was used. This included a survey on use, attitudes and disclosure of CAM, an e-panel consultation and focus group among patients with joint diseases. RESULTS: A total of 416 patients responded to the survey who suffered from osteoarthritis (51%), rheumatoid arthritis (29%) or fibromyalgia (24%). Prevalence of CAM use was 86%, of which 71% visited a CAM practitioner. Manual therapies, acupuncture and homeopathy were most frequently used. A minority (30%) actively communicated CAM use with their General Practitioner (GP). The majority (92%) preferred a GP who informed about CAM, 70% a GP who referred to CAM, and 42% wanted GPs to collaborate with CAM practitioners. Similar attitudes were found in the focus group and upon e-panel consultation. CONCLUSIONS: Most patients in primary care want a GP who listens, inquires about CAM and if necessary refers to or collaborates with CAM practitioners. PRACTICE IMPLICATIONS: To meet needs of patients, primary care disease management would benefit from an active involvement of GPs concerning CAM communication/referral. This study presents a model addressing the role of patients and GPs within such an integrative approach.

<https://doi.org/10.1016/j.pec.2012.08.013>

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### **Diálogo entre profissionais de saúde e práticas populares de saúde**

OLIVEIRA, SILVANA FARACO DE; OLIVEIRA, MARIA WALDENEZ DE.

Rev. APS; 15(4)2012. Artigo em Português | LILACS-Express | ID: lil-686953

**RESUMO:** O objetivo desta pesquisa de caráter investigativo e qualitativo foi analisar a inserção de práticas populares de saúde no cotidiano do trabalho de profissionais de saúde egressos de um curso de extensão de Práticas Populares de Saúde, oferecido pela Universidade Federal de São Carlos (UFSCar) a profissionais de saúde formados ou em formação. O referido curso faz parte do Projeto de Extensão Mapeamento e Catalogação de Práticas Populares de Saúde e tem o objetivo de trazer os praticantes populares dos bairros mapeados pelo projeto de Extensão à Universidade para que possam fazer a apresentação de suas práticas para estudantes e profissionais de saúde. O curso de extensão Práticas Populares de Saúde da UFSCar tem a intenção de ampliar a visão de profissionais da saúde em relação a saberes populares, possibilitando uma quebra de preconceitos e uma integração entre os saberes acadêmicos, cuja importância é irrefutável, com saberes populares, procurados por grande parte da população. Utilizou-se como referencial teórico a Medicina Alternativa, Medicina Tradicional, Educação em Saúde e Atenção Primária à Saúde. A pesquisa foi realizada em 2010, mediante aprovação pelo Comitê de Ética em Pesquisa com Seres Humanos da Universidade Federal de São Carlos. Primeiramente aplicou-se um questionário para coleta inicial de dados e seleção dos sujeitos a serem entrevistados. Foram respondidos 22 questionários, sendo identificados 12 egressos em exercício profissional. Destes, seis aceitaram a entrevista, sendo dois de cada edição do curso. As entrevistas foram realizadas entre os meses de março e abril de 2010 e seguiram um roteiro que tinha itens que questionavam a referência feita às práticas populares de saúde, a relação das mesmas com o serviço, além das barreiras que dificultam tal relação. A análise de dados levou em conta as respostas dos itens do roteiro. Todos entrevistados relataram que tanto os usuários de seus serviços fazem referências às práticas populares de saúde quanto os próprios entrevistados também têm contato com tais práticas, sendo comum entre eles o incentivo ao respeito a essas práticas nos seus ambientes de trabalho e orientações aos usuários para construção de sua autonomia, a qual passa pelas práticas cotidianas de cuidado. Na relação entre as práticas e o serviço, houve diferentes respostas, desde sua existência, passando por processos de construção dessa relação até a sua não existência. Os entrevistados relatam barreiras que dificultam tal relação, como a formação profissional centrada no cientificismo. Todos apontam que o curso propiciou quebra de preconceitos, sendo que quatro entrevistados apontam que o curso deu um forte apoio para suas relações com tais práticas, e dois, que o apoio foi menos aparente. Por fim, a pesquisa concluiu que é preciso trazer o conhecimento sobre práticas populares de saúde nos espaços da formação básica e na educação permanente em saúde, para que os profissionais possam enfrentar seus preconceitos e se abrirem ao diálogo com as práticas populares de saúde.

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-686953>

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### **Práticas integrativas e complementares na atenção primária em saúde: em busca da humanização do cuidado**

SCHVEITZER, MARIANA CABRAL; ESPER, MARCOS VENICIO; SILVA, MARIA JÚLISA PAES DA.

Mundo saúde (Impr.); 36(3): 442-451, jul.- set. 2012. Tab Artigo em Português | LILACS | ID: lil-757701

**RESUMO:** Esta pesquisa objetivou identificar como a incorporação de práticas integrativas e complementares na Atenção Primária em Saúde tem auxiliado a promover a humanização do

cuidado. Foi realizada uma Revisão Sistemática de Literatura que utilizou os descritores 'Atenção Primária em Saúde' (Primary Health Care) e 'Práticas Integrativas e Complementares' (Complementary Therapies), por meio do conector AND, nas seguintes bases de dados: PubMed e EMBASE, para buscar artigos publicados até 2011. Foram encontradas 1434 referências; dessas, 680 foram selecionadas pelo título e 15, pelo resumo. O ideal para incluir as PIC na APS é pensar dentro da lógica de cuidado humanizado e, para tal, deve-se considerar: fomentar pesquisas sobre PIC, inserir PIC nos cursos de graduação e em treinamentos de profissionais de saúde, promover a colaboração internacional, aproximar curadores tradicionais e profissionais da APS e organizar lista de fitoterápicos e plantas medicinais recomendadas pelos sistemas de saúde. <http://pesquisa.bvsalud.org/portal/resource/pt/lil-757701>

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### **Development and implementation of an herbal and natural product elective in undergraduate medical education**

KELLY KARPA

BMC Complement Altern Med. 2012; 12: 57.

**ABSTRACT:** BACKGROUND: Medical students have consistently expressed interest in learning about alternative healing modalities, especially herbal and natural products. To fill this void in medical education at our institution, a novel elective was developed and implemented for fourth year medical students. This herbal/natural product course uses guest lecturers, classroom presentations, and active learning mechanisms that include experiential rotations, case-based learning, and team-based learning to increase student knowledge of herbal/natural product safety and efficacy. METHODS: Knowledge outcomes were evaluated via administration of a pre- and post-course test (paired student t-test). End-of-course evaluations (Likert-type questions and narrative responses) were used to assess student opinion of knowledge and skills imparted by the elective and overall course content (mean, standard deviation). RESULTS: Over three academic years, 23 students have enrolled in this elective. More than 60% of participants have been female and nearly half of the students (43%) have pursued residencies in primary care. Completion of the course significantly increased student knowledge of common herbal/natural product mechanisms, uses, adverse effects, and drug-interactions as determined by a pre- and post-course knowledge assessment ( $45\% \pm 10\%$  versus  $78\% \pm 6\%$ ;  $p < 0.0001$ ). The course was highly rated by enrollees (overall course quality, 4.6 of  $5.0 \pm 0.48$ ) who appreciated the variety of activities to which they were exposed and the open classroom discussions that resulted. While students tended to view some alternative medical systems with skepticism, they still believed it was valuable to learn what these modalities encompass. CONCLUSIONS: Development and implementation of a herbal/natural product elective that engages undergraduate medical students through active learning mechanisms and critical analysis of the literature has proven effective in increasing knowledge outcomes and is deemed to be a valuable curricular addition by student participants. In the future, it will be of interest to explore mechanisms for expanding the course to reach a larger number of students within the time, financial, and logistical constraints that currently exist. KEYWORDS: Complementary and alternative medicine, Dietary supplements, Herbal, Integrated therapy, Natural product, Undergraduate medical education

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3358235/?tool=pubmed>

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### **Knowledge and Attitudes of Primary Health Care Physicians Towards Complementary and Alternative Medicine in the Riyadh Region, Saudi Arabia**

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Forsch Komplementmed 2012;19:7–12

**ABSTRACT:** BACKGROUND: The aim of this study was to assess the level of knowledge, attitudes, and utilization of complementary and alternative medicine (CAM) of primary health care (PHC) physicians in Riyadh, Saudi Arabia. MATERIAL AND METHODS: A cross-sectional study including all physicians working at PHC centers in the Riyadh region, Saudi Arabia, was carried out from the beginning of April 2010 to the end of June 2010. Using a self-administered questionnaire, 1,113 physicians answered questions regarding their socio-demographic data, and knowledge, attitudes and utilization of CAM. RESULTS: About 8% of the participants had attended a continuous medical education or a training activity. Most of them were unfamiliar with reflexology, energy healing, aromatherapy, ozone therapy, homeopathy, or chiropractic care (77.4, 71.3, 71.2, 67.2, 65.7, and 63.9%, respectively). On the other hand, most physicians felt that they could understand and feel comfortable about counseling patients about Ruqyah (spiritual healing), honey and bee products, dietary supplements, massage therapy, relaxation, herbal medicine, and cupping (40.3, 38.3, 34.9, 34.4, 25.8, 22.8, and 21.4%, respectively). More than half (51.7%) of the physicians used CAM for themselves or their family, but only 14.2% referred their patients to CAM practitioners. 85.1% of



studied physicians agreed that physicians should have knowledge about CAM therapies commonly used in the region. 82.5% agreed that health authorities should have a role in regulating CAM, and 75.7% agreed that the physicians' knowledge about CAM practices leads to better patient outcome. CONCLUSION: There is a positive attitude regarding the concept of CAM, but there is a reluctance to refer or to initiate discussion with patients regarding CAM practices, which may be attributed to a lack of knowledge.

<https://doi.org/10.1159/000335814>

<https://www.karger.com/Article/Abstract/335814>

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**A pilot study to compare the views of traditionally trained and CAM-trained therapists using the clinical exemplar of the management of neck/upper limb pain to assess barriers to effective integration of approaches**

DENYER, KAREN; SMITH, HELEN; DAVIES, KEVIN; HORNE, ROB; HANKINS, MATTHEW; WALKER-BONE, KAREN.

**Complement Ther Med; 20(1-2): 38-44, 2012 Feb-Apr. Artigo em Inglês | MEDLINE | ID: mdl-22305247**

**ABSTRACT:** BACKGROUND: In the UK, patients frequently choose complementary (CAM) therapies, particularly for chronic painful musculoskeletal conditions. It is widely agreed that better integration of complementary and traditional healthcare is desirable. We piloted the Benefits and Risks of Treatment Questionnaire to compare the views of different healthcare practitioners about traditional and alternative approaches in one clinical scenario in order to assess barriers to effective integration. METHODS: A cross-sectional survey of healthcare practitioners (primary care practitioners, physiotherapists, pharmacists, osteopaths, chiropractors and acupuncturists) in the UK. The views of all healthcare providers were compared using the exemplar of neck, shoulder and upper arm pain to explore the perceived risks and benefits of different types of therapeutic intervention using a mathematical cluster approach. RESULTS: 448/1254 (36%) useable replies were received representing all six professions. A mean of 14.9 years of experience was reported by participants. The cluster analyses revealed distinct clusters of opinion of benefit: primary care physicians, physiotherapists and pharmacists were significantly more likely to rate a cluster including: anti-inflammatory drugs, steroid injections, steroids, physiotherapy, paracetamol and antidepressants as beneficial for neck, shoulder and upper arm pain. In contrast, osteopaths and chiropractors, but not physiotherapists were significantly more likely to rate a cluster including chiropractic, osteopathy and physiotherapy as beneficial. CONCLUSION: The Beliefs about Risks and Benefits of Treatments Questionnaire can be applied using a postal approach and achieves similar response rates to other surveys amongst healthcare practitioners. Despite widespread agreement that increased integration of traditional and alternative approaches is desirable, the results of this study suggest that experienced practitioners show the strongest belief in the benefit of approaches closest to their own training and background and the most wariness of risk to those therapies furthest from their background.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-22305247>

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**A model for the incorporation of the traditional healers into the national health care delivery system of South Africa**

PINKOANE, MARTHA G; GREEFF, MINRIE; KOEN, MAGDALENA P.

*Afr J Tradit Complement Altern Med; 9(3 Suppl): 12-8, 2012. Artigo em Inglês | MEDLINE | ID: mdl-23983350*

**RESUMO:** In South Africa the patient uses both the traditional healers and biomedical personnel's services out of need for the best healing therapy to fulfil his/ her health needs. Failure of one to yield the expected results leads to the use of the other. This shunting back and forth prompted the researcher to undertake research and formulated a model demonstrating how the traditional healers can be incorporated into the National Health Care Delivery System of South Africa. The research used both qualitative and theory generating designs to attain the set objective. Firstly, a qualitative research design used semi-structured interviews to investigate the perceptions and attitudes of biomedical personnel, traditional healers, patients and policy makers, regarding the process of incorporation. A non-probable purposive voluntary sample was used, selection was done according to a set criteria. Data was analysed and the results of phase one as well as initial literature review were used to construct a conceptual framework for the model. Secondly, a theory generating design was employed using the three phases of Dickoff, James and Wiedenbach (1968:435) to formulate a model which was systematically, logically and consistently conceptualized. In evaluation of this model a predetermined criteria was used. The results showed that the constructed model demonstrated the

government formulating policy to legalize traditional healing and affording the traditional healers legal authority to be official partners to the biomedical personnel and avail the quality health care services that fulfils the patients health needs using the primary health care approach.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-23983350>

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**O conhecimento dos profissionais de saúde acerca do uso de terapias complementares no contexto da atenção básica**

NEVES, ROSÁLIA GARCIA; PINHO, LEANDRO BARBOSA DE; CARDOZO GONZÁLES, ROXANA ISABEL; HARTER, JENIFER; SCHNEIDER, JACÓ FERNANDO; LACCHINI, ANNIE JEANNINNE BISSO.

Rev. pesqui. cuid. fundam. (Online); 4(3): 2502-2509, jul.-set. 2012. Artigo em Português | BDEFN - Enfermagem | ID: bde-22535

**RESUMO:** Descrever o conhecimento dos profissionais de saúde acerca do uso de terapias complementares (TCs) no contexto da atenção básica. **MÉTODO:** Pesquisa qualitativa, de caráter descritivo, que foi realizada em uma Unidade Básica de Saúde (UBS), de um município da Região Sul do Brasil. Utilizou-se a entrevista semiestruturada com quatro profissionais de saúde atuantes nesta unidade, sendo um profissional de cada área da saúde. **RESULTADOS:** Demonstrouse que os profissionais que conhecem as Terapias Complementares em geral as indicam à população. Ao contrário, aqueles que desconhecem aplicações ou situações no cotidiano da prática ficam mais atrelados à medicação alopática. Pela falta de evidências científicas, dificilmente indicam o tratamento complementar. **CONCLUSÃO:** Espera-se que o estudo possa refletir sobre a necessidade de incorporação das práticas complementares como coadjuvantes do tratamento, da prevenção e da promoção em saúde, uma motivação a mais para profissionais e pacientes no contexto da atenção básica.(AU)

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**Attitude of conventional and CAM physicians toward CAM in India**

TELLES, SHIRLEY; GAUR, VAISHALI; SHARMA, SACHIN; BALKRISHNA, ACHARYA.

J Altern Complement Med; 17(11): 1069-73, 2011 Nov. Artigo em Inglês | MEDLINE | ID: mdl-22070443

**ABSTRACT:** **OBJECTIVES:** The aim of the present study was to compare the attitude toward complementary and alternative medicine (CAM) of primary care physicians trained in conventional medicine with CAM physicians whose training was for a comparable duration. The CAM physicians included practitioners of Ayurveda, homeopathy, and naturopathy. **PARTICIPANTS:** Two hundred and ninety five (295) physicians with aged 20-60 (group mean±standard deviation, 48.2-12.3 years, 87 females) participated. Eighty-six (86) of them were trained in Ayurveda, 90 in homeopathy, 82 in conventional medicine, and 37 in naturopathy. They were attending a 4-day residential program on Indian culture. All of them gave their signed consent to take part in the study, and the institution's ethics committee approved the study. **STUDY DESIGN:** The study was a cross-sectional survey. Since the participants had self-selected to join for the program on Indian culture, the sampling could be considered as convenience sampling. **RESULTS:** The number of conventionally trained and CAM physicians were similar in number and in their reasons for selecting CAM treatments. **CONCLUSIONS:** Conventionally trained and CAM physicians were comparably likely to prescribe CAM treatments for their patients. Their reasons for prescribing CAM treatments appeared to be (1) the idea that CAM treatments deal with the cause, and (2) a belief in the treatments. A limiting factor of the survey is that it did not determine whether the belief was based on evidence or on faith alone.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-22070443>

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**Atención en salud con pertinencia intercultural: Módulo técnico - teórico. Dirigido a personal facilitador de salud**

VERÁSTEGUI SÁNCHEZ, MÓNICA

**PRESENTACIÓN:** En el marco de los respectivos mandatos internacionales y nacionales, el Fondo de Población de las Naciones Unidas sede Perú (UNFPA PERÚ) viene promoviendo procesos de desarrollo; uno de ellos es la incorporación de la pertinencia intercultural en los servicios de salud. Por ello, viene trabajando articuladamente con la Dirección Regional de Salud Ucayali y con el Movimiento Manuela Ramos para implementar una propuesta metodológica para el desarrollo de servicios de salud con pertinencia intercultural para las y los ciudadanos indígenas, la cual considera la mejora de las competencias interculturales en el personal de salud. Para este fin se ha diseñado este módulo, el cual esperamos cumpla con su objetivo y sea de utilidad como soporte técnico, y contribuya a mejorar la calidad de vida de las y los ciudadanos indígenas.

<http://www.unfpa.org.pe/publicaciones/publicacionesperu/SSL-Atencion-en-Salud-Modulo-Tecnico.pdf>

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**Responding to GPs' information resource needs: implementation and evaluation of a complementary medicines information resource in Queensland general practice**

JANAMIAN, TINA; MYERS, STEPHEN P; O'ROURKE, PETER; EASTWOOD, HEATHER.

BMC Complement Altern Med; 11: 77, 2011 Sep 20. Artigo em Inglês | MEDLINE | ID: mdl-21933434

**BACKGROUND:** Australian General Practitioners (GPs) are in the forefront of primary health care and in an excellent position to communicate with their patients and educate them about Complementary Medicines (CMs) use. However previous studies have demonstrated that GPs lack the knowledge required about CMs to effectively communicate with patients about their CMs use and they perceive a need for information resources on CMs to use in their clinical practice. This study aimed to develop, implement, and evaluate a CMs information resource in Queensland (Qld) general practice. **METHODS:** The results of the needs assessment survey of Qld general practitioners (GPs) informed the development of a CMs information resource which was then put through an implementation and evaluation cycle in Qld general practice. The CMs information resource was a set of evidence-based herbal medicine fact sheets. This resource was utilised by 100 Qld GPs in their clinical practice for four weeks and was then evaluated. The evaluation assessed GPs' (1) utilisation of the resource (2) perceived quality, usefulness and satisfaction with the resource and (3) perceived impact of the resource on their knowledge, attitudes, and practice of CMs. **RESULTS:** Ninety two out of the 100 GPs completed the four week evaluation of the fact sheets and returned the post-intervention survey. The herbal medicine fact sheets produced by this study were well accepted and utilised by Qld GPs. The majority of GPs perceived that the fact sheets were a useful resource for their clinical practice. The fact sheets improved GPs' attitudes towards CMs, increased their knowledge of those herbal medicines and improved their communication with their patients about those specific herbs. Eighty-six percent of GPs agreed that if they had adequate resources on CMs, like the herbal medicine fact sheets, then they would communicate more to their patients about their use of CMs. **CONCLUSION:** Further educational interventions on CMs need to be provided to GPs to increase their knowledge of CMs and to improve their communication with patients about their CMs use.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-21933434>

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**Integralidade da assistência na compreensão dos profissionais da estratégia saúde da família**

LINARD, ANDREA GOMES; CASTRO, MARINA MARTINS DE; CRUZ, ANA KELLY LIMA DA.

Rev Gaucha Enferm; 32(3): 546-553, set. 2011. Artigo em Português | LILACS | ID: lil-606024

**RESUMO:** O estudo teve como objetivo analisar o princípio do Sistema Único de Saúde (SUS) integralidade da assistência na perspectiva dos integrantes da equipe de Saúde da Família médicos, odontólogos e enfermeiros. Estudo descritivo, com abordagem qualitativa, realizado com 47 profissionais lotados em nove Unidades de Saúde da Família em Fortaleza, Ceará. A coleta de dados aconteceu por meio de entrevista semiestruturada, no período de agosto a setembro de 2008. Utilizou-se a análise de conteúdo para organização e interpretação dos dados. Nos resultados os profissionais compreenderam a integralidade associada aos termos: holismo, atendimento nos três níveis de atenção, interdisciplinaridade e conceito ampliado de saúde. A característica polissêmica da integralidade e sua transversalidade enquanto princípio do SUS sinaliza a necessidade de repensar os diversos sentidos atribuídos a integralidade ampliando as possibilidades de discussão do tema nos cenários de prática de saúde.

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-606024>

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**Integration of complementary and alternative medicine information and advice in chronic disease management guidelines**

VICTORIA TEAM <sup>A B</sup>, RACHEL CANAWAY <sup>A</sup> AND LENORE MANDERSON <sup>A</sup>

+ Author Affiliations. Australian Journal of Primary Health 17(2) 142-149  
<https://doi.org/10.1071/PY10013>. Submitted: 7 May 2010 Accepted: 9 December 2010 Published: 7 June 2011

**ABSTRACT:** The growing evidence on the benefits and risks of complementary and alternative medicine (CAM) and its high rate of use (69% of Australians) – particularly for chronic or recurrent conditions – means increasing attention on CAM. However, few people disclose CAM use to their GP, and health professionals tend to inadequately discuss CAM-related issues with their patients, partly due to insufficient knowledge. As clinical and non-clinical chronic condition management guidelines are a means to educate primary health care practitioners, we undertook a content analysis of guidelines relevant to two common chronic conditions – cardiovascular disease (CVD) and type 2 diabetes mellitus (T2DM) – to assess their provision of CAM-related information. Ten current Australian guidelines were reviewed, revealing scant CAM content. When available, the CAM-

relevant information was brief, in some cases unclear, inconclusive and lacking in direction to the GP or health care provider. Although we focus on CVD and T2DM, we argue the value of all chronic condition management guidelines integrating relevant evidence-informed information and advice on CAM risks, benefits and referrals, to increase GP awareness and knowledge of appropriate CAM therapies, and potentially to facilitate doctor–client discussion about CAM.

<http://www.publish.csiro.au/py/PY10013>

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### **Percepção de médicos e enfermeiros da estratégia de saúde da família sobre terapias complementares**

THIAGO, SÔNIA DE CASTRO S; TESSER, CHARLES DALCANALE.

Rev Saude Publica; 45(2): 249-257, abr. 2011. graf, tab Artigo em Português | LILACS | ID: lil-577050

**OBJETIVO:** Analisar a percepção de profissionais da Estratégia de Saúde da Família sobre práticas integrativas e complementares. **MÉTODOS:** Estudo com 177 médicos e enfermeiros a partir de um questionário auto-aplicado em 2008. As variáveis desfecho foram "interesse pelas práticas integrativas e complementares" e "concordância com a Política Nacional de Práticas Integrativas e Complementares". Sexo, idade, graduação, pós-graduação, tempo de formado e de trabalho, possuir filhos, oferta de práticas integrativas e complementares no local de trabalho e uso de homeopatia ou acupuntura compuseram as variáveis independentes. Os dados foram analisados pelo teste do qui-quadrado e teste exato de Fisher. **RESULTADOS:** Dezesete centros de saúde ofereciam práticas integrativas e complementares; 12,4 por cento dos profissionais possuíam especialização em homeopatia ou acupuntura; 43,5 por cento dos médicos eram especialistas em medicina de família e comunidade/saúde da família. Dos participantes, 88,7 por cento desconheciam as diretrizes nacionais para a área, embora 81,4 por cento concordassem com sua inclusão no Sistema Único de Saúde. A maioria (59,9 por cento) mostrou interesse em capacitações e todos concordaram que essas práticas deveriam ser abordadas na graduação. A concordância com a inclusão dessas práticas mostrou-se associada significativamente com o fato de ser enfermeiro ( $p = 0,027$ ) e com o uso de homeopatia para si ( $p = 0,019$ ). Interesse pelas práticas complementares esteve associado a usar homeopatia para si ( $p = 0,02$ ) e acupuntura para familiares ( $p = 0,013$ ). **CONCLUSÕES:** Existe aceitação das práticas integrativas e complementares pelos profissionais estudados, associada ao contato prévio com elas e possivelmente relacionada à residência/especialização em medicina de família e comunidade/saúde da família.

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-577050>

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### **Family Health Strategy doctors and nurses' perceptions of complementary therapies**

THIAGO, SÔNIA DE CASTRO S; TESSER, CHARLES DALCANALE.

Rev Saude Publica; 45(2): 249-57, 2011 Apr. Artigo em Inglês | MEDLINE | ID: mdl-21271210

**RESUMO:** **OBJECTIVE:** To analyze Estratégia de Saúde da Família (Family Health Strategy) professionals' perception of complementary and integrative therapies. **METHODS:** A study with 177 doctors and nurses was conducted in 2008, based on a self-administered questionnaire. The outcome variables were "interest in complementary and integrative therapies" and "agreement with the National Policy on Complementary and Integrative Therapies. Sex, age, graduate level of education, postgraduate level of education, length of time since graduation, length of time of work, having children, providing complementary and integrative therapies in the workplace, and using homeopathy or acupuncture comprised the independent variables. Data were analyzed using Chi-square test and Fisher's exact test. **RESULTS:** A total of 17 health centers provided complementary and integrative therapies; 12.4% of professionals had a specialization in homeopathy or acupuncture; 43.5% of doctors were specialists in family and community medicine/family health. Of all participants, 88.7% did not know the national directives for this area, although 81.4% agreed with their inclusion in the Sistema Único de Saúde (Unified Health System). The majority (59.9%) showed an interest in qualifications and all agreed that these therapies should be approached during the graduate course. Agreement with the inclusion of such therapies was significantly associated with the fact of being a nurse ( $p = 0.027$ ) and using homeopathy for oneself ( $p = 0.019$ ). Interest in complementary therapies was associated with the use of homeopathy for oneself ( $p = 0.02$ ) and acupuncture by family members ( $p = 0.013$ ). **CONCLUSIONS:** Complementary and integrative therapies are accepted by the professionals studied. This acceptance is associated with previous contact with such therapies and, probably, with residency/specialization in family and community medicine/family health.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-21271210>

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### **A study to examine the attitudes, knowledge, and utilization of CAM by primary care professional in West Texas**

YANZHANG<sup>A</sup> KIMPECK<sup>A</sup> MARYSPALDING<sup>B</sup> TOMXU<sup>A</sup> MIKERAGAIN<sup>A</sup>

**SUMMARY:** Objective: This study examined the attitudes, knowledge, and utilization of CAM among primary care providers at two campuses of the Texas Tech University Health Sciences Center (TTUHSC). Design and setting: A cross-sectional study design and a convenient sampling method were used. This study employed the questionnaire adapted from the Wahner-Roedler's study to survey participants in TTUHSC. Primary survey collection was conducted at the two campuses where all Family Medicine healthcare professionals were recruited. Main outcome measures: We measured participants' knowledge of, their familiarity and experience with, their attitudes towards and utilization of CAM. Results: Of the 69 respondents, more than half (56.5%) were female and younger than 36 years. Overall, our study revealed a positive attitude towards CAM. More than 60% of the providers would like to refer a patient to a CAM practitioner and about 75% of them believed that incorporation of CAM therapies into the practice would have a positive impact. Providers were most familiar with and felt most comfortable counseling their patients about massage therapy and St. John's Wort among all CAM modalities. About 70% of the participants believed that the institution should offer proven CAM therapies to patients. Conclusions: This study provides some preliminary findings that may lead to further exploration of healthcare professional's attitudes towards CAM.

<https://doi.org/10.1016/j.ctim.2010.09.009>

<https://www.sciencedirect.com/science/article/pii/S0965229910001056?via%3Dihub>

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### **Sentidos da integralidade do cuidado na saúde da família/ Sentidos de la integralidad del cuidado en la salud de la familia/ Meanings of comprehensiveness in family health care**

PIRES, VILARA MARIA MESQUITA MENDES

Rev. enferm. UERJ, Rio de Janeiro, 2010 out/dez; 18(4):622-7

**RESUMO:** Pesquisa de abordagem dialética, visando compreender os sentidos da integralidade do cuidado em saúde. Foram aplicados os métodos de observação sistemática e hermenêutico-dialético e a técnica de análise documental. Para a coleta de dados, em 2006, foi utilizada entrevista semiestruturada. Os sujeitos do estudo foram 20 trabalhadores das equipes de saúde da família (ESF) e sete usuários das unidades de saúde da família pesquisadas do município de Jequié/BA. Os resultados mostraram que os sentidos da integralidade, a partir dos cuidados das ESF, estão embasados nos dispositivos das tecnologias leves; entretanto, observou-se, em certos momentos, contradição entre teoria e prática, privilegiando o superado modelo de saúde biomédico. Todavia, para a concretização da integralidade do cuidado, as políticas públicas de saúde devem articular-se à política de formação de profissionais de saúde, visando à resolubilidade dos problemas. **Palavras-Chave:** Programa saúde da família; atenção básica à saúde; serviços de saúde; integralidade em saúde.

**ABSTRACT:** This dialectical study sought to understand the meanings of comprehensiveness in health care. The methods applied were systematic observation and hermeneutics-dialectics and document analysis. Data were collected in 2006 by semi-structured interview. The study subjects were 20 Family Health Team workers and seven users of family health units in the municipality of Jequié, Bahia State. The results showed that the meanings of comprehensiveness deriving from ESF care are grounded in soft technology devices, although, at times a contradiction was observed between theory and practice, favoring the outdated biomedical model of health care. However, in order to achieve comprehensive care, health policies must engage with health care capacity building, with a view to problem solving.

**Keywords:** Family health program; primary health care; health service; health care.

**RESUMEN:** Investigación de abordaje dialéctico, buscando comprender los significados de la integralidad del cuidado en salud. Fueron aplicados los métodos de observación sistemática y hermenéutico-dialéctica y la técnica de análisis documental. Para la recolección de datos, en 2006, se utilizó entrevista semiestruturada. Los sujetos del estudio fueron 20 trabajadores de los equipos de salud de la familia (ESF) y siete usuarios de las unidades de salud de la familia encuestados en el municipio de Jequié/BA, Brasil. Los resultados mostraron que los significados de la integralidad del cuidado de los ESF se basan en los dispositivos de las tecnologías blandas; entre tanto, se observó a veces una contradicción entre teoría y práctica, privilegiando el superado modelo de salud biomédico. Sin embargo, para el logro de la integralidad del cuidado, las políticas públicas de salud deben articularse a la política de formación de profesionales de salud, mirando a la resolución de los problemas.

**Palabras Clave:** Programa salud de la familia; atención primaria de salud; servicios de salud; atendimento em salud.

<http://www.facenf.uerj.br/v18n4/v18n4a20.pdf>

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### **Integrative medicine: enhancing quality in primary health care**

GRACE, SANDRA

**ABSTRACT:** OBJECTIVES: Integrative medicine (IM) is an emerging model of health care in Australia. However, little is known about the contribution that IM makes to the quality of health care. The aim of the research was to understand the contribution IM can make to the quality of primary care practices from the perspectives of consumers and providers of IM. DESIGN: This interpretive research used hermeneutic phenomenology to understand meanings and significance that patients and practitioners attach to their experiences of IM. Various qualitative research techniques were used: case studies; focus groups; and key informant interviews. Data sets were generated from interview transcripts and field notes. Data analysis consisted of repeatedly reading and examining the data sets for what they revealed about experiences of health care and health outcomes, and constantly comparing these to allow themes and patterns to emerge. SETTING: The setting for this research was Australian IM clinics where general medical practitioners and CAM practitioners were

co-located. RESULTS: From the perspective of patients and practitioners, IM: (1) provided authentically patient-centered care; (2) filled gaps in treatment effectiveness, particularly for certain patient populations (those with complex, chronic health conditions, those seeking an alternative to pharmaceutical health care, and those seeking health promotion and illness prevention); and (3) enhanced the safety of primary health care (because IM retained a general medical practitioner as the primary contact practitioner and because IM used strategies to increase disclosure of treatments between practitioners). CONCLUSIONS: According to patients and practitioners, IM enhanced the quality of primary health care through its provision of health care that was patient-centered, effective (particularly for chronic health conditions, nonpharmaceutical treatments, and health promotion) and safe.

<http://dx.doi.org/10.1089/acm.2009.0437>

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### **Can we rapidly identify traditional, complementary and alternative medicine users in the primary care encounter? A RIOS Net study**

SUSSMAN, ANDREW L; WILLIAMS, ROBERT L; SHELLEY, BRIAN M.

Ethn Dis; 20(1): 64-70, 2010. Artigo em Inglês | MEDLINE | ID: mdl-20178185

**ABSTRACT:** OBJECTIVE: Pressed for time to address competing clinical demands within the brief clinical encounter, primary care clinicians often rely on observations of patients to select topics to address. Use of traditional, complementary, or alternative medicine (TM/CAM) may be an important topic for discussion with a patient, but identification of patients using TM/CAM is problematic. We conducted this study to determine if observable characteristics--among southwestern Hispanic and Native American persons--might suggest to the clinician that a patient is likely to use TM/CAM. DESIGN: A combination of clinic staff focus groups, patient and clinician interviews, and a clinician focus group was used to explore possible predictors of TM/CAM use among primary care patients in practices serving predominantly Hispanic and Native American communities. RESULTS: No easily observable characteristics were identified that clinicians might use to predict TM/CAM use in their patients. Less readily observable characteristics--identification with culture, family of origin, health condition--were more likely to be associated with TM/CAM use, but not infallibly so. CONCLUSIONS: Rather than attempt to predict TM/CAM use by an individual patient, clinicians may be better served by assuming its use by all, by applying strategies for rapid and effective communications with patients about the topic, by selecting which patients to discuss TM/CAM use with based on clinical circumstances, and/or by gathering information about TM/CAM use as part of routine initial database development.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-20178185>

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### **Das medicinas tradicionais às práticas integrativas de saúde: caracterização dos recursos humanos nas práticas alternativas de saúde adotadas no Distrito Federal**

MARQUES, ADRIANA MARIA PARREIRAS; PEREIRA NETO, MANOEL RODRIGUES.

Brasília; UnB/ObservaRH/NESP; 2010. 184 p. tab. Monografia em Português | LILACS | ID: biblio-878412

**RESUMO:** INTRODUÇÃO: A pesquisa intitulada - Das Medicinas Tradicionais às Práticas Integrativas de Saúde - Caracterização dos Recursos Humanos nas Práticas Alternativas de Saúde adotadas no Distrito Federal faz parte de uma das linhas de investigação do Observatório de Recursos Humanos em Saúde (ObservaRH) que é vinculado ao Núcleo de Estudos de Saúde Pública do Centro de Estudos Avançados Multidisciplinares da Universidade de Brasília (Nesp/Ceam/UnB), e seu desenvolvimento é fruto da parceria com o Ministério da Saúde (MS) e com a Organização Pan-Americana da Saúde/ Organização Mundial da Saúde (OPAS/OMS). O ObservaRH vem buscando desenvolver estudos e promover a difusão de informações relacionadas aos processos de regulação profissional, formação e gestão de trabalhadores de saúde, bem como de formulação e avaliação de políticas de recursos humanos no setor saúde no Brasil. O acompanhamento do mercado de trabalho na área da saúde e do percurso de seus recursos humanos levaram o ObservaRH a detectar o significativo aumento da visibilidade social e da inserção das Práticas Alternativas na área da saúde, bem como a necessidade de aprofundar e ampliar estudos e informações sobre as características e a abrangência dessas práticas e dos recursos humanos que as adotam. OBJETIVO: Nesse contexto, foi planejada a presente pesquisa que teve como objetivo central a investigação dessa nova realidade e a consequente produção de conhecimento mais preciso e sistemático acerca dos aspectos essenciais que configuram as Práticas Alternativas de Saúde, com destaque para o perfil dos recursos humanos que as adotam e desenvolvem. MATERIAL E MÉTODO: Tendo como alvo o setor público e o setor privado do DF, a investigação se iniciou em setembro de 2006, a partir de sua aprovação pelo 42 Observação Comitê de Ética em Pesquisa da Faculdade de Ciências da Saúde da UnB (Anexo A), sendo concluída em

março de 2007. Neste período foram realizadas as atividades previstas pelo projeto, organizadas em três fases: fase I. Pesquisa documental, fase II. Pesquisa de campo - entrevistas telefônicas, fase III. Pesquisa de campo - entrevistas presenciais.

<http://pesquisa.bvsalud.org/portal/resource/pt/biblio-878412>

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**The integration of bio-medicine and culturally based alternative medicine: implications for health care providers and patients**

LOVELL, BRENDA.

Glob Health Promot; 16(4): 65-8, 2009 Dec. Artigo em Inglês | MEDLINE | ID: mdl-20028672

**RESUMO:** Complementary and alternative medicine (CAM) are therapies used along with or in place of bio-medicine. Many forms of CAM originate in culture, referred to as culturally based alternative medicines. Usage of CAM is high with large numbers of patients using CAM for mental health, pain and musculoskeletal problems. Their desire for holistic care may be the impetus for this interest, as alternative care practitioners spend more time analyzing illness symptoms. These factors along with the global migration of immigrants accustomed to traditional medicine but now immersed in biomedical health care systems, has created potential for misunderstanding. Drug interactions for some forms of CAM taken with bio-medicine can occur. Insufficient scientific studies about CAM has reduced acceptance and educational opportunities to learn about CAM are limited. Ideas for policy and research are forming.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-20028672>

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**Sistematización de experiencias de medicina alternativa y terapias complementarias en el sistema de atención formal de Bogotá, D. C**

MARTÍNEZ MEDINA, SANTIAGO; FORERO, LIBIA ESPERANZA; CASAS, ARMANDO.

Investig. segur. soc. salud; 11: 69-80, ene.-dic. 2009. tab Artigo em Espanhol | LILACS | ID: lil-610090

**RESUMEM:** INTRODUCCIÓN: La Secretaria Distrital de Bogota ha liderado un proceso para implementar áreas demostrativas de prestación de servicios de medicina alternativa y terapias complementarias en la red pública distrital. Como parte de la revisión de los antecedentes, la Secretaria Distrital de Salud de Bogota y el Hospital Pablo VI Bosa ESE sistematizaron experiencias de prestación de este tipo de servicios. OBJETIVOS: Identificar avances, dificultades y aprendizajes obtenidos por diferentes experiencias en las que se han integrado servicios de Atención convencional con servicios de medicina alternativa. MÉTODOS: Se diseñó un instrumento de sistematización, diligenciado por los responsables de los servicios; se sistematizó la información disponible. RESULTADOS: Las experiencias de implementación de servicios de medicina alternativa y terapias complementarias son diversas. En la red pública estos servicios no se han articulado con los servicios convencionales, cuentan con poco tiempo de implementación y se enfrentan a las dificultades de la productividad financiera. Aun existe gran desinformación sobre la medicina alternativa en los profesionales de la salud. CONCLUSIONES: Se debe avanzar en la discusión de lo que implica integrar la medicina alternativa en un sistema de salud como el colombiano. Es imperativo consolidar una política específica para disminuir las brechas inequitativas de acceso a estos servicios.

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-610090>

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**A utilização da fitoterapia e de plantas medicinais em unidades básicas de saúde nos municípios de Cascavel e Foz do Iguaçu – Paraná: a visão dos profissionais de saúde**

BRUNING, MARIA CECILIA RIBEIRO.

Rio de Janeiro; s.n; 2009. 53 p. mapas, graf. Tese em Português | LILACS | ID: lil-600438

**RESUMO:** A fitoterapia e o uso de plantas medicinais fazem parte da medicina popular, que diminuiu frente ao processo de industrialização nas décadas de 1940 e 1950, aumentando a busca, pela população, por terapias menos agressivas destinadas ao atendimento primário à saúde. O objetivo deste trabalho foi analisar o conhecimento dos gestores e profissionais de saúde que atuam na atenção primária, sobre fitoterapia e o uso de plantas medicinais, nos municípios de Cascavel e Foz do Iguaçu - Paraná. Para tanto, no período de fevereiro a julho de 2009, foi realizado estudo exploratório, descritivo, qualitativo, empregando como instrumentos de pesquisa entrevistas semi-estruturadas e um questionário estruturado, autoaplicado, com perguntas fechadas, a fim de contemplar os seguintes aspectos: perfil dos profissionais; aceitabilidade quando à implantação da fitoterapia na atenção básica; confiança nos tratamentos com fitoterápicos; capacitação e formação profissional relacionados à fitoterapia, entre outros itens. Um dos gestores do município de Cascavel relatou interesse na implantação do programa. Os demais profissionais entrevistados relataram não haver recebido formação sobre o tema durante a graduação, nem mesmo dentro das UBS onde

trabalham. Entre os profissionais entrevistados seis (60%) relataram o acesso às informações sobre fitoterapia através do conhecimento popular, uma (10%) formação na UBS, dois (20%) através de periódicos, quatro (40%) através de meio de comunicação, sendo que quatro citaram mais que uma das opções. Em Foz do Iguaçu, nas UBS onde a terapêutica está implantada, os profissionais relataram não terem sido consultados antes de sua implantação, e a avaliação das plantas utilizadas pelos pacientes atendidos ocorre somente através de avaliação objetiva e subjetiva do tratamento. Para implantação da fitoterapia nas USB desses dois municípios, é necessário capacitar os profissionais quanto ao tema, desde o cultivo até a prescrição, melhorando o uso...  
<http://pesquisa.bvsalud.org/portal/resource/pt/lil-600438>

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### **Use of complementary and alternative medicine by physicians in St. Petersburg, Russia**

BROWN, SAMUEL.

J Altern Complement Med; 14(3): 315-9, 2008 Apr. Artigo em Inglês | MEDLINE | ID: mdl-18380609

**ABSTRACT:** BACKGROUND: Interest in complementary and alternative medicine (CAM) is increasing worldwide, although relatively little is known of physician use of CAM, and there are no quantitative reports of CAM use by Russian physicians. OBJECTIVE: The objective of this study was to determine the prevalence of CAM therapies among practicing physicians and determine predictors of CAM usage. DESIGN: This was a convenience sample prevalence survey. SETTING: The study involved 3 urban academic hospitals in St. Petersburg, in Russia. SUBJECTS: Participants included 192 physicians practicing at the three study hospitals. MEASUREMENTS: The study determined the number (from a list of 32) of CAM therapies that physicians used on themselves, used on their patients, or referred their patients to receive. RESULTS: One hundred and seventy-seven (177; 92%) of the surveyed physicians responded. One hundred percent (100%) of the respondents had practiced CAM or referred patients for at least two CAM therapies. One hundred and seventy-five (175; 99%) had themselves practiced at least two therapies. On average, each physician had practiced or referred patients for 12.7 (95% confidence interval, 11.9-13.6) therapies. On multivariate analysis, knowledge of a foreign language, surgical specialty, and female gender were significantly ( $p < 0.05$ ) associated with increased CAM usage, while critical care specialty and completion of only an internship were associated with lower rates of CAM practice. CONCLUSIONS: Physician use of CAM in Russia appears very high. The high prevalence of CAM may complicate adoption of Western evidence-based practices. Predictors and effects of CAM usage in Russian society warrant further study.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-18380609>

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### **Homeopathy and complementary medicine in Tuscany, Italy: integration in the public health system**

ROSSI, ELIO; BACCETTI, SONIA; FIRENZUOLI, FABIO; BELVEDERE, KATIA.

Homeopathy; 97(2): 70-5, 2008 Apr. Artigo em Inglês | MEDLINE | ID: mdl-18439967

**RESUMO:** The healthcare programmes of the Region of Tuscany, Italy have contained references to various types of non-conventional medicine since 1996, and the last three Regional Health Plans have included a chapter on non-conventional medicine that arguably represent the greatest degree of integration of such therapies in the public health care system achieved thus far in Italy. The Plan aims to guarantee definitive integration in the Regional Health Service of types of non-conventional medicine which are supported by a sufficient level of scientific evidence to allow them to be defined as forms of complementary medicine (acupuncture, herbal medicine, homeopathy and manual medicine). Moreover, in 2007 the Regional council of Tuscany, for the first time in Italy, approved a regional law disciplining the practice of complementary medicines on the part of doctors, dentists, Veterinarians and pharmacists.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-18439967>

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### **Attitudes toward integration of complementary and alternative medicine in primary care: perspectives of patients, physicians and complementary practitioners**

BEN-ARYE, ERAN; FRENKEL, MOSHE; KLEIN, ANAT; SCHARF, MOSHE.

Patient Educ Couns; 70(3): 395-402, 2008 Mar. Artigo em Inglês | MEDLINE | ID: mdl-18201857

**ABSTRACT:** OBJECTIVE: Our study explored the attitudes of patients toward complementary and alternative medicine (CAM) use, their family physicians' role regarding CAM, and models for CAM referral and treatment. We compared patients' perspectives regarding integration of CAM into primary care with attitudes of primary care physicians (PCPs) and CAM practitioners. METHODS: We conducted a comprehensive literature review and focus group discussions to develop a questionnaire, which we gave to three groups: a random sample of patients receiving care at an academic family medicine clinic and PCPs and CAM practitioners employed in the largest health



maintenance organization in Israel. RESULTS: A total of 1150 patients, 333 PCPs, and 241 CAM practitioners responded to our questionnaire. Compared with PCPs, patients expected their family physician to refer them to CAM, to have updated knowledge about CAM, and to offer CAM treatment in the clinic based on appropriate training. When asked about CAM integration into medical care, more patients expected to receive CAM in a primary care setting compared to PCPs' expectations of prescribing CAM (62% vs. 30%;  $p=0.0001$ ). Patients, CAM practitioners, and PCPs expected family practitioners to generate CAM referrals in an integrative primary care setting (85.6% vs. 82.4% vs. 62.6%;  $p<0.0001$ ). Patients supported CAM practitioners providing CAM treatments in the primary care setting, regardless of whether the practitioner held a medical degree (MD). Also, more patients than PCPs or CAM practitioners expected their family physician to provide CAM (28.2% vs. 14.5% vs. 3.8%;  $p<0.0001$ ). CONCLUSION: Patients, PCPs, and CAM practitioners suggested that family physicians play a central role in CAM referral and, to a lesser extent, that they actually provide CAM treatment themselves. PRACTICE IMPLICATIONS: PCPs need to be aware of their present and future role in informed referral to CAM and, to a lesser degree, in providing CAM in integrative primary care clinics. With the increasing use of CAM, patients may expect their family physician to be more knowledgeable, skillful, and have a balanced approach regarding CAM use. In addition, practitioners should learn how to communicate effectively and better collaborate with CAM practitioners to the benefit of their patients.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-18201857>

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### **Attitudes toward integration of complementary and alternative medicine in primary care: perspectives of patients, physicians and complementary practitioners**

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<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-18201857>

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### **Complementary and alternative medicine: attitudes and patterns of use by German physicians in a national survey**

STANGE, RAINER; AMHOF, ROBERT; MOEBUS, SUSANNE.

J Altern Complement Med; 14(10): 1255-61, 2008 Dec. Artigo em Inglês | MEDLINE | ID: mdl-19123879

**RESUMO:** OBJECTIVE: To generate valid data on attitudes about complementary and alternative medicine (CAM) as well as patterns of use in a large stochastic sample of general practitioner physicians and specialists. DESIGN: Cross-sectional survey in a large random sample of 516 German outpatient care physicians with qualifications in 13 medical fields representative of a basic population of 118,085 statutory health insurance physicians. MATERIALS AND METHODS:

Telephone interviews with 36 wide-ranging questions about CAM attitudes and preferred techniques were conducted in November and December 2005 as part of a national healthcare survey. RESULTS: In our sample, 51% were in favor of CAM use (26% were very much in favor, 25% were in favor). The methods most frequently prescribed (combining answers for "very often" and "at times") were physical therapy (71%), phytomedicine (67%), exercise (63%), nutrition and dieting (62%), massage (61%), relaxation techniques (55%), followed by more typical CAM interventions such as homeopathy (38%), acupuncture (37%), and traditional Chinese medicine (18%). Primary care physicians were significantly more inclined to use CAM than were specialists. No striking differences were observed with respect to gender or age. CONCLUSIONS: This survey demonstrates a broader acceptance and practice of CAM by physicians than hitherto believed. Methods traditionally known as "natural medicine" were more frequently used than more typical CAM procedures. Further research should focus on physicians' differing motivations and observed results.  
<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-19123879>

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#### **Turkish general practitioners and complementary/alternative medicine**

OZCAKIR, ALIS; SADIKOGLU, GANIME; BAYRAM, NURAN; MAZICIOGLU, M MUMTAZ; BILGEL, NAZAN; BEYHAN, ISIK.

J Altern Complement Med; 13(9): 1007-10, 2007 Nov. Artigo em Inglês | MEDLINE | ID: mdl-18047448

**ABSTRACT:** BACKGROUND: Complementary and alternative medicine (CAM) is in the spotlight of society. However, what is the position of physicians at this point? OBJECTIVES: To determine general practitioners' (GP) knowledge, attitudes, and approaches to CAM. METHODS: All GPs (n=521) practicing in Bursa Province, Turkey were surveyed by a questionnaire. RESULTS: Responses from 49% of GPs were analyzed. Altogether, most of our physicians (96.5%) had not received any education about CAM, wanted to learn more (74.4%), and their knowledge levels were low (60.8%). About half of them (51%) believed in the efficiency of CAM, whereas 38.0% did not. GPs desire more information about herbal medicine and acupuncture. Only 29% of GPs were using some type of CAM for themselves. CONCLUSIONS: GPs are aware of the subject's importance and want to learn more about CAM and improve their knowledge. It would be reasonable to provide training possibilities for GPs, primarily for the CAM types highly used by the population and most requested by the physicians.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-18047448>

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#### **Towards a model for integrative medicine in Swedish primary care**

SUNDBERG, TOBIAS; HALPIN, JEREMY; WARENMARK, ANDERS; FALKENBERG, TORHEL.

BMC Health Serv Res; 7: 107, 2007 Jul 10. Artigo em Inglês | MEDLINE | ID: mdl-17623105

**RESUMO:** BACKGROUND: Collaboration between providers of conventional care and complementary therapies (CTs) has gained in popularity but there is a lack of conceptualised models for delivering such care, i.e. integrative medicine (IM). The aim of this paper is to describe some key findings relevant to the development and implementation of a proposed model for IM adapted to Swedish primary care. METHODS: Investigative procedures involved research group and key informant meetings with multiple stakeholders including general practitioners, CT providers, medical specialists, primary care administrators and county council representatives. Data collection included meeting notes which were fed back within the research group and used as ongoing working documents. Data analysis was made by immersion/crystallisation and research group consensus. Results were categorised within a public health systems framework of structures, processes and outcomes. RESULTS: The outcome was an IM model that aimed for a patient-centered, interdisciplinary, non-hierarchical mix of conventional and complementary medical solutions to individual case management of patients with pain in the lower back and/or neck. The IM model case management adhered to standard clinical practice including active partnership between a gate-keeping general practitioner, collaborating with a team of CT providers in a consensus case conference model of care. CTs with an emerging evidence base included Swedish massage therapy, manual therapy/naropathy, shiatsu, acupuncture and qigong. CONCLUSION: Despite identified barriers such as no formal recognition of CT professions in Sweden, it was possible to develop a model for IM adapted to Swedish primary care. The IM model calls for testing and refinement in a pragmatic randomised controlled trial to explore its clinical effectiveness.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-17623105>

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#### **Crenças populares referentes à saúde: apropriação de saberes sócio-culturais**

SIQUEIRA, KARINA MACHADO; BARBOSA, MARIA ALVES; BRASIL, VIRGINIA VISCONDE; OLIVEIRA, LIZETE MALAGONI CAVALCANTE; ANDRAUS, LOURDES MARIA SILVA.

Texto & contexto enferm; 15(1): 68-73, jan.-mar. 2006. Artigo em Português | LILACS | ID: lil-439020  
**RESUMO:** Esta pesquisa objetivou identificar as primeiras condutas adotadas pelos clientes antes de procurarem os serviços de saúde e evidenciar mudanças de comportamento quanto a crenças populares relacionadas à prevenção e cura de doenças, após orientações dos profissionais. Estudo qualitativo, tipo descritivo-exploratório, desenvolvido em Goiânia - GO. A coleta de dados foi realizada por meio de entrevista individual junto a usuários de três serviços do Sistema Único de Saúde. Detectou-se que, antes de procurar os serviços de saúde, os clientes utilizam recursos populares tais como chás caseiros, benzeduras, banhos e emplastos para prevenção e tratamento de doenças. Os dados evidenciaram a determinação dos sujeitos de não abandonar a prática popular, mesmo diante de orientações de profissionais de saúde, porque acreditam em sua eficácia. Concluiu-se que a mudança de hábitos relacionados à saúde é um processo difícil e que é preciso respeitar tradições e opiniões do usuário ao se estabelecerem condutas e tratamentos...  
<http://pesquisa.bvsalud.org/portal/resource/pt/lil-439020>

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#### **Attitudes of traditional healers towards Western medicine in rural Cameroon**

HEINZERLING, LUCIE M.

Trop Doct; 35(3): 161-4, 2005 Jul. Artigo em Inglês | MEDLINE | ID: mdl-16105343

**RESUMO:** A range of AIDS prevention programmes suggested that cooperation between traditional healers and the biomedical primary health-care system would benefit patients. To assess the knowledge and attitudes of traditional healers in Cameroon towards Western medicine and evaluate their willingness to cooperate with the district health-care system, a qualitative study was undertaken. In this study, 16 randomly chosen traditional healers in Kumba, Cameroon, were interviewed. Western medicine was well accepted for certain indications and referral of patients to health-care centres was frequently practised. All healers stated that they wished to cooperate more extensively with the district primary health-care system and to obtain more biomedical knowledge. Closer cooperation between traditional healers and the district primary health-care system is possible. The frequent occurrence of illiteracy must be considered when designing health education for traditional healers.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-16105343>

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#### **Knowledge and practice of complementary medicine amongst public primary care clinic doctors in Kinta district, Perak**

ISMAIL, I A; CHAN, S C.

Med J Malaysia; 59(1): 4-10, 2004 Mar. Artigo em Inglês | MEDLINE | ID: mdl-15535328

**RESUMO:** The knowledge and practice of doctors (n=40) towards complementary medicine (CM) in 16 health clinics in the Kinta District were assessed by questionnaire. Thirty-four (85%) responded. More than half felt that acupuncture (73.50), homeopathy (59%) and herbal medicine (59%) were occasionally harmful. Forty-four percent felt manipulative therapy was frequently harmful. Relaxation technique (79%) and nutritional therapy (44%) were considered most frequently useful. 59% used some form of CM. There were no significant differences found in usage rates by gender, age group and exposure to CM during undergraduate training. Sixty-seven percent had encouraged patients to seek CM. Seventy-three percent perceived an increasing demand for CM. Eighty-eight percent were in favour of a hospital based CM referral center. Only 6% were trained in CM.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-15535328>

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#### **Effectiveness gaps: a new concept for evaluating health service and research needs applied to complementary and alternative medicine**

FISHER, PETER; VAN HASELEN, ROBERT; HARDY, KATE; BERKOVITZ, SAUL; MCCARNEY, ROB.

J Altern Complement Med; 10(4): 627-32, 2004 Aug. Artigo em Inglês | MEDLINE | ID: mdl-15353018

**RESUMO:** BACKGROUND: An effectiveness gap (EG) is an area of clinical practice in which available treatments are not fully effective. EGs have not been previously researched. Complementary and alternative medicine (CAM) interventions, by definition, are not generally available through normal health care channels. Therefore, if effective, they have the potential to increase achieved community effectiveness. AIMS: A pilot study to determine whether EGs exist, and if so to provide initial data on their nature, frequency, and causes. To obtain preliminary data on whether CAM may offer effective interventions in these clinical areas. DESIGN: Semistructured telephone interviews; literature search. SETTING: Twenty-two (22) general practitioners (GPs) in London, U.K. METHOD: One hundred and fifty-two (152) doctors who had responded to an earlier survey on attitudes to CAM were approached. Respondents were asked to specify EGs and to give reasons why available treatment is unsatisfactory and to estimate the frequency and severity of

clinical problems relating to EGs. Sampling was continued to redundancy. A bibliometric study examined the volume and type of published evidence on the effectiveness of CAM interventions in the identified clinical areas. RESULTS: There was good concordance among respondents on EGs encountered in general/family practice. Seventy-eight (78) clinical problems were cited. EGs are encountered quite frequently: 68 of 78 (85%) of EGs were encountered at least once per month. Musculoskeletal problems were cited by 20 of 22 (90%) of respondents as being affected by EGs. Depression, eczema, chronic pain, and irritable bowel syndrome were also frequently mentioned. Systematic reviews and meta-analyses conclude that there is evidence for the effectiveness of various CAM interventions in most of these areas. CONCLUSIONS: EGs, mapped against evidence, have the potential to inform service development and research policy. Further study should be undertaken: it should incorporate improved sampling and data collection methodology. Specifically, where effective CAM interventions exist but are not being applied, EGs form part of the "avoidable burden of illness" identified by early work on evidence-based medicine. Practice guidelines should incorporate CAM interventions where there is evidence. The CAM research agenda should focus on areas affected by EGs.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-15353018>

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#### **Providing Complementary and Alternative Medicine in primary care: the primary care workers' perspective**

VAN HASELEN, R A; REIBER, U; NICKEL, I; JAKOB, A; FISHER, P A G.

Complement Ther Med; 12(1): 6-16, 2004 Mar. Artigo em Inglês | MEDLINE | ID: mdl-15130567

**RESUMO:** BACKGROUND: The use of Complementary and Alternative Medicine (CAM) in primary care is growing, but still not widespread. Little is known about how CAM can/should be integrated into mainstream care. OBJECTIVES: To assess primary care health professionals' perceptions of need and of some ways to integrate CAM in primary care. METHOD: Questionnaire survey of primary health care workers in Northwest London. General Practitioners (GPs) were targeted in a postal survey, other members of the primary care team, such as district and practice nurses, were targeted via colleagues. The questionnaire assessed health care professionals' perspective on complementary medicine, referrals, ways to integrate complementary medicine into primary care and interest in research on CAM. RESULTS: Responses were obtained from 149 GPs (40% response rate after one reminder) and 24 nurses and 32 other primary care team members. One hundred and seventy-one (83%) respondents had previously referred (or influenced referral) for CAM treatments, the main reasons cited were: patients request (68%), conventional treatments failed (58%) and evidence (36%) (more than one reason could be given). Acupuncture and homoeopathy were the therapies for which patients were most frequently referred, followed by manual therapies. There was a significant interest in more training/information on CAM (66%). Only 12 respondents (6%) were against any integration of CAM in mainstream primary care. Most respondents felt that CAM therapies should be provided by doctors (66%) or other health professionals trained in CAM (82%). Twenty-six percent of respondents agreed with provision of CAM by non-state-registered practitioners. It was felt that the integration of CAM could lead to cost savings (70%), particularly in conditions involving pain, but also cost increases (55%) particularly in 'poorly defined conditions'. Fifty-six percent of respondents would consider participating in studies investigating CAM. The greatest interest was in acupuncture (41% of those who expressed an interest in research), homoeopathy (30%) and therapeutic massage/aromatherapy (26%). CONCLUSIONS: There is considerable interest in CAM among primary care professionals, and many are already referring or suggesting referral. Such referrals are driven mainly by patient demand and by dissatisfaction with the results of conventional medicine. Most of our respondents were in favour of integrating at least some types of CAM in mainstream primary care. There is an urgent need to further educate/inform primary care health professionals about CAM.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-15130567>

47

#### **Complementary and alternative medicine: the move into mainstream health care**

O'BRIEN, KYLIE.

Clin Exp Optom; 87(2): 110-20, 2004 Mar. Artigo em Inglês | MEDLINE | ID: mdl-15040779

**RESUMO:** The use of complementary and alternative medicine (CAM) in Australia is extensive with over 50 per cent of the Australian population using some form of complementary medicine and almost 25 per cent of Australians visiting CAM practitioners. Expenditure on CAM by Australians is significant. The scope of CAM is extremely broad and ranges from complete medical systems such as Chinese medicine to well-known therapies, such as massage and little known therapies, such as pranic healing. There is a growing focus on CAM in Australia and worldwide by a range of stakeholders including government, the World Health Organization, western medical practitioners and

private health insurance companies. CAM practices may offer the potential for substantial public health gains and challenge the way that we view human beings, health and illness. Several issues are emerging that need to be addressed. They include safety and quality control of complementary medicines, issues related to integration of CAM with western medicine and standards of practice. The evidence base of forms of CAM varies considerably: some forms of CAM have developed systematically over thousands of years while others have developed much more recently and have a less convincing evidence base. Many forms of CAM are now being investigated using scientific research methodology and there are increasing examples of good research. Certain forms of CAM, including Chinese medicine in which ophthalmology is an area of clinical specialty, view the eye in a unique way. It is important to keep an open mind about CAM and give proper scrutiny to new evidence as it emerges.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-15040779>

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### **Complementary And Alternative Medical Practices: Training, Experience, And Attitudes Of A Primary Care Medical School Faculty**

LEVINE, STEPHEN M; WEBER-LEVINE, MARGARET L; MAYBERRY, ROBERT M.

J Am Board Fam Pract; 16(4): 318-26, 2003 Jul-Aug. Artigo em Inglês | MEDLINE | ID: mdl-12949033

**RESUMO:** BACKGROUND: Interest in alternative and complementary medical practices has grown considerably in recent years. Previous surveys have examined attitudes of the general public and practicing physicians. This study examined the training, experience, and attitudes of medical school faculty, who have the primary responsibility for the education of future family physicians. METHODS: A 24-item, self-administered questionnaire was distributed to all 200 faculty at a medical school with a mission of training primary care physicians. RESULTS: Of 30 therapies listed, 5 were considered legitimate medical practices by more than 70% of the faculty. Eighty-five percent of the respondents reported some training in alternative medical therapies, and 62% were interested in additional training. Eighty-three percent of the faculty reported personal experience with alternative therapies and most rated these as effective. Eighty-five percent of the respondents indicated that their general attitude toward alternative medicine is positive. CONCLUSIONS: The results indicate that respondents have had substantial exposure to complementary therapies, are interested in learning more about these therapies, and have generally positive attitudes toward alternative medical practices and their use. Because of the role of these therapies in prevention, the positive attitudes might reflect the mission of this medical school to train primary care physicians.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-12949033>

49

### **An approach for integrating complementary-alternative medicine into primary care**

FRENKEL, MOSHE A; BORKAN, JEFFREY M.

Fam Pract; 20(3): 324-32, 2003 Jun. Artigo em Inglês | MEDLINE | ID: mdl-127387

**RESUMO:** BACKGROUND: Despite family practitioners frequently being requested to assist their patients with advice on or referrals to complementary-alternative medicine (CAM), there is an absence both of evidence about the efficacy of nearly all specific treatments or modalities and of guidelines to assist with the integration of conventional and CAM therapies. OBJECTIVE: The aim of this article is to suggest a comprehensive and rational, best-evidence strategy for integrating CAM by primary care practitioners into primary care, within the context of the limitations of the current knowledge base and the local milieu. METHODS: The suggested approach was developed by a combination of literature review, key informant interviews, focus groups, educational presentations for family practice residents and practitioners, and field testing. An iterative model was utilized whereby more refined drafts of the suggested approach were subjected to later discussions and groups, as well as further field testing. Drafts of the strategy were utilized in consultations of patients requesting advice on alternative medicine in a primary care setting and in a CAM clinic. RESULTS: Both family physicians and CAM practitioners provided useful comments and recommendations throughout the process. These can be categorized in terms of knowledge, attitudes and skills. Our strategy suggests that patients requesting advice on the use and integration of CAM modalities as part of their health care should be evaluated initially by their primary care physician. The physician's responsibilities are to evaluate the appropriateness of that use, and to maintain contact, monitoring outcomes. Advice on referrals should be based on the safety of the method in question, current knowledge on indications and contraindications of that modality, and familiarity and an open dialogue with the specific therapist. CONCLUSIONS: Given patients' demands and utilization of CAM therapies, despite the lack of evidence, there is an increasing need to address how CAM therapies can be integrated into conventional medical systems. These suggestions should respond to patient's expectations and needs, but at the same time maintain accepted standards of medical and scientific principles of practice.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-12738703>

50

**Primary care physicians' attitudes and practices regarding complementary and alternative medicine**

KURTZ, MARGOT E; NOLAN, ROBERT B; RITTINGER, WILLIAM J.

J Am Osteopath Assoc; 103(12): 597-602, 2003 Dec. Artigo em Inglês | MEDLINE | ID: mdl-14740982

**RESUMO:** Data were gathered from 423 osteopathic primary care physicians who are members of the Michigan Osteopathic Association, assessing their attitudes and practices regarding complementary and alternative medicine (CAM). Family physicians and general internists were more likely than pediatricians to talk to their patients about CAM. Similarly, female physicians were more likely than male physicians to talk to their patients about CAM or refer their patients for CAM. Finally, physicians aged 35 years and younger were more likely than those 60 years and older to use CAM for themselves or their families. Predominant among the conditions for which the physicians would refer for CAM were long-term problems, traditional therapy failures, psychiatric disorders, and behavioral problems. Results reveal wide variations in the way osteopathic primary care physicians view and use complementary and alternative care.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-14740982>

51

**Developing and evaluating complementary therapy services: Part 1. Establishing service provision through the use of evidence and consensus development**

RICHARDSON, J.

J Altern Complement Med; 7(3): 253-60, 2001 Jun. Artigo em Inglês | MEDLINE | ID: mdl-11439846

**RESUMO:** The integration of complementary therapies within the British National Health Service (NHS) in the context of limited evidence of effectiveness has been much debated, as has the need for the provision of health services to be more evidence-based. In June 1994, a project was launched within a South-East London NHS Hospital Trust to introduce complementary therapy (acupuncture, homeopathy, and osteopathy), in the context of an evaluation program. This followed approximately 4 years of working toward raising the profile of complementary therapies within the hospital through study days, workshops, and providing a massage and osteopathic service for staff. A survey of local general practitioners highlighted areas of complementary therapy provision and interest in referring patients to a hospital-based service. A steering group was established to draw together a proposal for funding the service. Evidence for the effectiveness of acupuncture, homeopathy, and osteopathy was presented at a multidisciplinary seminar. A consensus development process, using a modified Delphi technique to establish referral indicators followed this. This study provides a useful model of service development in the absence of good quality evidence for the effectiveness of clinical interventions.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-11439846>

52

**The attitude of community health nurses towards integration of traditional healers in primary health care in north-west province**

PEU, M D; TROSKIE, R; HATTINGH, S P.

Curationis; 24(3): 49-55, 2001 Aug.

Artigo em Inglês | MEDLINE | ID: mdl-11971603

**RESUMO:** South Africa is called "the rainbow nation" because it has so many different cultures. These have an impact on the provision of primary health care. The purpose of this research is to foster good relationships between community health nurses and traditional healers and to explore, identify and describe the attitude of community health nurses towards the integration of traditional healers into primary health care. A non-experimental, explorative and descriptive research strategy was designed to explore the working relationship between community health nurses and traditional healers. Data was collected using a structured questionnaire. Quantitative as well as qualitative data analysis techniques were adopted to interpret the findings. The results indicated that respondents demonstrated positive attitudes towards working with traditional healers, especially in the provision of primary health care. Positive opinions, ideas and views were provided about the integration of traditional healers into primary health care. Respect, recognition and sensitivity were emphasized by respondents.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-11971603>

53

**Alternative medicine and the medical profession: views of medical students and general**

#### **practitioners**

HASAN, M Y; DAS, M; BEHJAT, S.

East Mediterr Health J; 6(1): 25-33, 2000 Jan. Artigo em Inglês | MEDLINE | ID: mdl-11370337

**RESUMO:** A survey was undertaken to explore the attitudes and practices of general practitioners and medical students in the United Arab Emirates with regards to forms of therapy not generally accepted by conventional medicine, including herbal medicine, acupuncture, homeopathy, spiritual therapy and osteopathy/chiropractic. The study found that alternative medicine is in common use to complement conventional medicine by a section of educated people within the health care system. Our observations lead us to appreciate its role in community health care and indicate a need to design culturally appropriate medical curricula which incorporate information about alternative medicine.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-11370337>

54

#### **Primary care physicians and complementary-alternative medicine: training, attitudes, and practice patterns**

BERMAN, B M; SINGH, B B; HARTNOLL, S M; SINGH, B K; REILLY, D.

J Am Board Fam Pract; 11(4): 272-81, 1998 Jul-Aug.

Artigo em Inglês | MEDLINE | ID: mdl-9719349

**RESUMO:** BACKGROUND: Physician interest in complementary medicine is widely documented in many Western countries. The extent of level of training, attitudes toward legitimacy, and use of complementary therapies by US primary care physicians has not been extensively surveyed. We conducted a national mail survey of primary care physicians to explore these issues. METHODS: Primary care specialties represented were family and general practice, internal medicine, and pediatrics. A total of 783 physicians responded to the survey. For the multivariate analysis, sample weights were assigned based on specialty. Assessments were done for training, attitudes, and usage for complementary medicine. Additional data collected included years in practice, specialty, and type of medical degree. RESULTS: Biofeedback and relaxation, counseling and psychotherapy, behavioral medicine, and diet and exercise were the therapies in which physicians most frequently indicated training, regarded as legitimate medical practice, and have used or would use in practice. Traditional Oriental medicine, Native American medicine, and electromagnetic applications were least accepted and used by physicians. CONCLUSIONS: Many psychobehavioral and lifestyle therapies appear to have become accepted as part of mainstream medicine, with physicians in this study having training in and using them. Such therapies as chiropractic and acupuncture appear to be gaining in acceptance despite low training levels among physicians. Those in practice more than 22 years had the least positive attitudes toward and use of complementary therapies. Osteopathic physicians were more open than medical physicians to therapies that required administering medication or a procedural technique. In the multivariate analysis, attitude and training were the best predictors of use.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-9719349>

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#### **Support for non-conventional medicine in Israel: cognitive and sociological coherence**

LEISER, DAVID.

Sociol Health Illn; 25(5): 457-80, 2003 Jul. Artigo em Inglês | MEDLINE | ID: mdl-14498920

**RESUMO:** This study investigated patterns of beliefs concerning CAM (complementary/alternative medicine) in 403 subjects in Israel. Multidimensional scaling and generalised linear model analyses of their answers to a questionnaire evidenced two sources of organising factors: (1). commitment to CAM approaches and techniques is dependent on the specific approach, and this differentiation may be related to corresponding explanatory principles such as powerful action, healthy living, and fighting stress; and (2). broad support for CAM in general, correlated with New Age ideological cultural themes (ecology, the paranormal, Eastern wisdom) which share an underlying framework of demedicalisation. It did not prove possible to cluster respondents into types, and factor analysis uncovered but a single factor. This suggests that subjects combine the organising factors in a pragmatic blend, a finding congruent with a postmodern interpretation that emphasises the blending of high and low, ideological and practical.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-14498920>

56

#### **The role of culture in primary health care. Two case studies**

CHIPFAKACHA, V.

S Afr Med J; 84(12): 860-2, 1994 Dec. Artigo em Inglês | MEDLINE | ID: mdl-7570240

**RESUMO:** The purpose of this article is to show the importance of traditional healers in primary health care (PHC) services. Most countries, despite adopting PHC, have not incorporated traditional healers into this service. The article also illustrates how traditional healers fulfil three of Morrell's four PHC objectives, and how incorporating traditional healers into health services will fulfil the fourth objective. The first contact between a black African patient and health care services usually takes place in the traditional healing system. Therefore health workers should realise that the traditional care system is important if PHC is to succeed. Traditional healers are the most important primary health care service in an African setting. This is highlighted by 2 cases described in the article.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-7570240>

57

### **Orientation of medical residents to the psychosocial aspects of primary care: influence of training program**

EISENTHAL, S; STOECKLE, J D; EHRLICH, C M.

Acad Med; 69(1): 48-54, 1994 Jan.

Artigo em Inglês | MEDLINE | ID: mdl-8286000

**RESUMO:** PURPOSE: To describe the attitudes of residents in general medicine to the psychosocial dimensions of primary care and to evaluate the influences of selected variables. METHOD: A cross-sectional analysis-of-variance design (two training programs involving residents in all three residency years) was used in the analysis of 21 psychosocial attitude items from a survey questionnaire completed by general medicine residents. In 1991-92, 77 general medicine residents in ambulatory care group practices associated with the Massachusetts General Hospital were surveyed. Eighteen of the residents were in a primary care program (PCP), and 59 were in a traditional medicine program (TMP). RESULTS: The overall response rate was 82% (63 of 77 residents), with slightly lower rates for four items. The residents' attitudes to the psychosocial role of the primary care physician were positive but with reservations: 55 (87%) endorsed asking psychosocial questions, while only 28 (44%) indicated that most internists felt competent to diagnose and treat. Most residents did not feel defensive about enacting the role (neither uncomfortable asking questions in ambulatory care settings, 58, 92%; nor nosey, 56, 89%; nor personally interfering, 47, 76%). Fifty-two residents (83%) perceived patients to be receptive to psychosocial questions, yet 31 (49%) indicated that patients were resistant to psychosocial attributions, and 48 (76%) indicated that patients need to be prompted to talk about life problems. The clearest and strongest influence on attitudes was setting: ambulatory care over inpatient ( $p < .0001$ ). Overall, the responses of the residents from the PCP and TMP were more similar than different. CONCLUSION: The residents accepted the psychosocial role of the primary care physician, found it most appropriate in ambulatory care settings, felt ambivalent about their ability to carry it out, and assigned it a secondary priority in patient care. To interest residents in primary care, more training should be based in ambulatory care settings and more emphasis should be placed on improving residents' competency in psychosocial skills.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-8286000>

58

### **Alumni perspectives comparing a general internal medicine program and a traditional medicine program**

Kiel, D P; O'Sullivan, P S; Ellis, P J; Wartman, S A.

J Gen Intern Med; 6(6): 544-52, 1991 Nov-Dec. Artigo em Inglês | MEDLINE | ID: mdl-1765871

**RESUMO:** OBJECTIVE: To evaluate a primary care internal medicine curriculum, the authors surveyed four years (1983-1986) of graduates of the primary care and traditional internal medicine residency programs at their institution concerning the graduates' preparation. DESIGN: Mailed survey of alumni of a residency training program. SETTING: Teaching hospital alumni. SUBJECTS/METHODS: Of 91 alumni of an internal medicine training program for whom addresses had been found, 82 (90%) of the residents (20 primary care and 62 traditional) rated on a five-point Likert scale 82 items for both adequacy of preparation for practice and importance of training. These items were divided into five groups: traditional medical disciplines (e.g., cardiology), allied disciplines (e.g., orthopedics), areas related to medical practice (e.g., patient education), basic skills and knowledge (e.g., history and physical), and technical procedures. MAIN RESULTS: Primary care residents were more likely to see themselves as primary care physicians versus subspecialists (84% versus 45%). The primary care graduates felt significantly better prepared in the allied disciplines and in areas related to medical practice ( $p$  less than 0.01). There was no significant difference overall in perceptions of preparation in the traditional medical disciplines, basic skills and knowledge, and procedures. The same results were obtained when the authors looked only at graduates from the two programs who spent more than 50% of their time as primary care physicians versus subspecialists.



There was no significant difference between the two groups in the perceived importance of these areas to current practice. **CONCLUSIONS:** These results suggest that the primary care curriculum has prepared residents in areas particularly relevant to primary care practice. Additionally, these individuals feel as well prepared as do their colleagues in the traditional medical disciplines, basic skills and knowledge, and procedural skills.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-1765871>

59

**Community health workers in Bolivia: adapting to traditional roles in the Andean community**

BASTIEN, J W.

Soc Sci Med; 30(3): 281-7, 1990. Artigo em Inglês | MEDLINE | ID: mdl-2309125

**RESUMO:** Community health workers (CHW) constitute an outreach program where community members become involved in their health concerns and elect someone to be trained and administer primary health care. A major problem is that CHWs do not fit into leadership roles of either modern or traditional medicine. CHWs of Oruro, Bolivia, are discussed to examine the success of this program in which CHWs adapted to political, economic, and cultural patterns of Andean communities.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-2309125>

60

**Traditional practitioners as primary health care workers: a study of effectiveness of four training projects in Ghana, Mexico and Bangladesh**

WORLD HEALTH ORGANIZATION. DEPARTMENT OF ESSENTIAL DRUGS AND MEDICINES POLICY - WHO / EDM.

Recurso na Internet em Inglês | LIS - Localizador de Informação em Saúde | ID: lis-LISBR1.1-5751

**RESUMO:** This study evaluated the effectiveness of four projects where traditional practitioners were being trained to provide various primary health care services to communities. Document in pdf format; Acrobat Reader required.

<http://pesquisa.bvsalud.org/portal/resource/pt/lis-LISBR1.1-5751>

LILACS = 0 resumo.

SCIELO = 4 resumos:

1

**Role of complementary therapies in the understanding of primary healthcare professionals: a systematic review**

SCHVEITZER, MARIANA CABRAL; ZOBOLI, ELMA LOURDES CAMPOS PAVONE.

Revista da Escola de Enfermagem da USP, Ago 2014, Volume 48 N° spe Páginas 184 - 191

**RESUMO:** Objetivo Identificar a compreensão dos profissionais de saúde quanto ao papel das práticas complementares na Atenção Básica. Método Revisão sistemática cujas fontes de informação foram: PubMed, CINAHL, PeriEnf, AMED, EMBASE, Web of Science, PsycInfo e PsycDoc, utilizando o descritor Atenção Básica associado, isoladamente, aos seguintes descritores: Plantas Medicinais, Fitoterapia, Homeopatia, Medicina Tradicional Chinesa, Acupuntura, Medicina Antroposófica. Resultados Incluíram-se 22 estudos entre 1986-2011. Identificaram-se três estilos de prática: medicina convencional, práticas integrativas e medicina integrativa. Posicionar a prática profissional dentro desses três estilos pode facilitar a discussão de concepções de saúde e cuidado, ampliando o cuidado. Conclusão O processo de trabalho na Atenção Básica apresenta dificuldades para a realização de cuidado integrativo e holístico, mas essa prática vem sendo introduzida com profissionais que integram medicina convencional e práticas complementares, preocupados com o cuidado e o bem-estar do paciente.

DOI: 10.1590/S0080-623420140000500026

[http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0080-62342014000700184&lang=pt](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342014000700184&lang=pt)

2

**Atenção primária, atenção psicossocial, práticas integrativas e complementares e suas afinidades eletivas**

TESSER, CHARLES DALCANALE; SOUSA, ISLÂNDIA MARIA CARVALHO DE.

Saúde e Sociedade, Jun 2012, Volume 21 N° 2 Páginas 336 - 350

**RESUMO:** Discutem-se afinidades eletivas entre três fenômenos na área da saúde: a atenção primária à saúde (APS), a abordagem psicossocial no cuidado à Saúde Mental e uso crescente das práticas integrativas e complementares (PIC). Apesar de suas diferenças, eles convergem como

críticas e respostas a problemas do modelo médico hegemônico. Embora regulamentados e em implantação no Sistema Único de Saúde (as PIC de forma quase incipiente), tais fenômenos portam um caráter contra-hegemônico. Suas concepções de objeto, de meios e de fins do trabalho ou cuidado apresentam relevantes afinidades, como: centramento nos sujeitos em seus contextos sociais/familiares; abordagens ampliadas e holísticas; valorização de saberes/práticas não-biomédicas e de múltiplas formas, vivências e técnicas de cuidado; estímulo à auto-cura, participação ativa e empoderamento dos usuários; abordagem familiar e comunitária. Na organização das práticas e no relacionamento com a clientela há afinidades quanto à adequação sócio-cultural; parceria, dialogicidade e democratização das relações; trabalho territorial e construção/exploração de vínculos terapêuticos. Assinalam-se também convergências quanto aos efeitos terapêuticos e ético-políticos e discute-se o caráter relativamente desmedicalizante desses fenômenos, mais acentuado na atenção psicossocial e na procura pelas PIC. Tais afinidades significam sinergia entre os três fenômenos, ora relativamente independentes e isolados entre si. O reconhecimento e exploração dessas afinidades pela Saúde Coletiva, pelos movimentos sociais, bem como de profissionais e gestores do SUS, podem contribuir para qualificar a APS e a atenção em saúde mental e sua abertura para as PIC, ampliando as possibilidades de cuidado e fortalecendo os três fenômenos tematizados.

DOI: 10.1590/S0104-12902012000200008

[http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0104-12902012000200008&lang=pt](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-12902012000200008&lang=pt)

3

### **Percepção de médicos e enfermeiros da Estratégia de Saúde da Família sobre terapias complementares**

THIAGO, SÔNIA DE CASTRO S; TESSER, CHARLES DALCANALE.

Revista de Saúde Pública, Jan 2011, Volume 45 Nº 2 Páginas 249 – 257

**RESUMO:** OBJETIVO: Analisar a percepção de profissionais da Estratégia de Saúde da Família sobre práticas integrativas e complementares. MÉTODOS: Estudo com 177 médicos e enfermeiros a partir de um questionário auto-aplicado em 2008. As variáveis desfecho foram "interesse pelas práticas integrativas e complementares" e "concordância com a Política Nacional de Práticas Integrativas e Complementares". Sexo, idade, graduação, pós-graduação, tempo de formado e de trabalho, possuir filhos, oferta de práticas integrativas e complementares no local de trabalho e uso de homeopatia ou acupuntura compuseram as variáveis independentes. Os dados foram analisados pelo teste do qui-quadrado e teste exato de Fisher. RESULTADOS: Dezesete centros de saúde ofereciam práticas integrativas e complementares; 12,4% dos profissionais possuíam especialização em homeopatia ou acupuntura; 43,5% dos médicos eram especialistas em medicina de família e comunidade/saúde da família. Dos participantes, 88,7% desconheciam as diretrizes nacionais para a área, embora 81,4% concordassem com sua inclusão no Sistema Único de Saúde. A maioria (59,9%) mostrou interesse em capacitações e todos concordaram que essas práticas deveriam ser abordadas na graduação. A concordância com a inclusão dessas práticas mostrou-se associada significativamente com o fato de ser enfermeiro ( $p = 0,027$ ) e com o uso de homeopatia para si ( $p = 0,019$ ). Interesse pelas práticas complementares esteve associado a usar homeopatia para si ( $p = 0,02$ ) e acupuntura para familiares ( $p = 0,013$ ). CONCLUSÕES: Existe aceitação das práticas integrativas e complementares pelos profissionais estudados, associada ao contato prévio com elas e possivelmente relacionada à residência/especialização em medicina de família e comunidade/saúde da família.

DOI: 10.1590/S0034-89102011005000002

[http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0034-89102011000200003&lang=pt](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-89102011000200003&lang=pt)

4

### **Crenças populares referentes à saúde: apropriação de saberes sócio-culturais**

SIQUEIRA, KARINA MACHADO; BARBOSA, MARIA ALVES; BRASIL, VIRGINIA VISCONDE; OLIVEIRA, LIZETE MALAGONI CAVALCANTE; ANDRAUS, LOURDES MARIA SILVA.

Texto & Contexto - Enfermagem, Mar 2006, Volume 15 Nº 1 Páginas 68 – 73

**RESUMO:** Esta pesquisa objetivou identificar as primeiras condutas adotadas pelos clientes antes de procurarem os serviços de saúde e evidenciar mudanças de comportamento quanto a crenças populares relacionadas à prevenção e cura de doenças, após orientações dos profissionais. Estudo qualitativo, tipo descritivo-exploratório, desenvolvido em Goiânia - GO. A coleta de dados foi realizada por meio de entrevista individual junto a usuários de três serviços do Sistema Único de Saúde. Detectou-se que, antes de procurar os serviços de saúde, os clientes utilizam recursos populares tais como chás caseiros, benzeduras, banhos e emplastos para prevenção e tratamento de doenças. Os dados evidenciaram a determinação dos sujeitos de não abandonar a prática popular, mesmo diante de orientações de profissionais de saúde, porque acreditam em sua eficácia. Concluiu-se que a mudança de hábitos relacionados à saúde é um processo difícil e que é preciso respeitar tradições e opiniões do usuário ao se estabelecerem condutas e tratamentos.

DOI: 10.1590/S0104-07072006000100008

MEDLINE (via PUBMED) = 36 resumos:

1

**Use of medicinal plants by health professionals in Mexico**

ALONSO-CASTRO AJ, DOMÍNGUEZ F, MALDONADO-MIRANDA JJ, CASTILLO-PÉREZ LJ, CARRANZA-ÁLVAREZ C, SOLANO E, ISIODIA-ESPINOZA MA, DEL CARMEN JUÁREZ-VÁZQUEZ M, ZAPATA-MORALES JR, ARGUETA-FUERTE MA, RUIZ-PADILLA AJ, SOLORIO-ALVARADO CR, RANGEL-VELÁZQUEZ JE, ORTIZ-ANDRADE R, GONZÁLEZ-SÁNCHEZ I, CRUZ-JIMÉNEZ G, OROZCO-CASTELLANOS LM.

J Ethnopharmacol. 2017 Feb 23;198:81-86. doi: 10.1016/j.jep.2016.12.038. Epub 2016 Dec 24. PubMed PMID: 28025163.

**ABSTRACT:** ETHNOPHARMACOLOGICAL RELEVANCE: The use of medicinal plants in Mexico has been documented since pre-Hispanic times. Nevertheless, the level of use of medicinal plants by health professionals in Mexico remains to be explored. AIM OF THE STUDY: To evaluate the use, acceptance and prescription of medicinal plants by health professionals in 9 of the states of Mexico. MATERIALS AND METHODS: Direct and indirect interviews, regarding the use and acceptance of medicinal plants, with health professionals (n=1614), including nurses, physicians, pharmacists, and odontologists from nine states in Mexico were performed from January 2015 to July 2016. The interviews were analyzed with the factor the informant consensus (FIC). RESULTS: The information obtained indicated that 46% of those interviewed feel patients should not use medicinal plants as an alternative therapy. Moreover, 54% of health professionals, and 49% of the physicians have used medicinal plants as an alternative therapy for several diseases. Twenty eight percent of health professionals, and 26% of the physicians, have recommended or prescribed medicinal plants to their patients, whereas 73% of health professionals were in agreement with receiving academic information regarding the use and prescription of medicinal plants. A total of 77 plant species used for medicinal purposes, belonging to 40 botanical families were reported by the interviewed. The results of the FIC showed that the categories of diseases of the digestive system (FIC=0.901) and diseases of the respiratory system (FIC=0.898) had the greatest agreement. CONCLUSIONS: This study shows that medicinal plants are used for primary health care in Mexico by health professionals. Copyright © 2017 Elsevier Ireland Ltd. All rights reserved. KEYWORDS: Factor of informant consensus; Health professionals; Mexican traditional medicine

<https://www.ncbi.nlm.nih.gov.ez27.periodicos.capes.gov.br/pubmed/?term=28025163>

2

**Integrating traditional medical practice with primary healthcare system in Eritrea**

HABTOM GK.

J Complement Integr Med. 2015 Mar;12(1):71-87. doi: 10.1515/jcim-2014-0020. PMID: 25720130 DOI: 10.1515/jcim-2014-0020

**ABSTRACT:** BACKGROUND: The purpose of this paper was to assess the perceptions and attitudes of modern medical practitioners (MMPs) and traditional medical practitioners (TMPs) about traditional medical practice and to analyze the utilization of traditional medicine in Eritrea. METHODS: The data for this study were collected in a 10-month period from January to October 2004. A cross-sectional study was conducted in three sub-zones of Eritrea: Dekemhare, Ghinda, and Maekel. A total of 500 (250 each) MMPs and TMPs, and 1657 households were included in the study. Data were collected both by questionnaire and an interview (with key informants). RESULTS: Our study reveals that there is a significant difference in perception and attitude between MMPs and TMPs about traditional medical practice in Eritrea. Their differences lie not only in their way of thinking but also in their perceptions of man and health. Our study further shows that in most rural communities in Eritrea, the use of traditional medicine and self-care is extensive. This is the case even in the presence of the supposedly free/subsidized health care available in government health centers. CONCLUSIONS: Higher confidence in traditional medicine for the treatment of serious illnesses, irrespective of availability of western medical service in many parts of Eritrea, indicates the need for selective integration of traditional medical practice with the primary healthcare system of the country.

<https://www.ncbi.nlm.nih.gov.ez27.periodicos.capes.gov.br/pubmed/?term=25720130%5Buid%5D>

3

**Integration of complementary and alternative medicine with primary health care in croatia – opinions of primary health care physicians**

RADOVČIĆ Z, NOLA IA.

Acta Med Croatica. 2015;69(5):451-8. PMID: 29087090. [Article in Croatian]

**ABSTRACT:** Since the turn of the century, Complementary and Alternative Medicine (CAM) has been on the fast track in Croatia, particularly in big cities. Following the examples of developed health systems in the world, it was to be expected that sooner or later CAM would be integrated within primary health care system in Croatia as well. The main aim of this survey was to reveal the actual attitude and opinion of the Croatian primary health care physicians toward CAM. Specific aims were to reveal the physicians' need for additional education and to reveal the need for keeping CAM therapy records in patient history of illness. On-line questionnaire consisted of 10 questions with two possible answers, Yes or No. The questionnaire was sent to 388 e-addresses and 84 (21.6%) of them responded. This response rate we considered sufficient for further statistical analyses. Although most of the respondents could differentiate alternative and complementary medicine, 21.4% of them still did not know the difference between these two types of medical approach. Furthermore, 79.8% of the respondents confirmed patient interest in CAM. Almost 72% of the respondents considered they did not have sufficient knowledge for informative conversation about CAM with their patients. Only 27.4% of the respondents had enrolled some kind of formal education related to CAM, and almost 73% confirmed their need for formal education on the topic; 88.1% of the respondents considered that CAM methods should be combined with conventional medicine and 97.6% believed that primary health care physicians should keep records on patient use of CAM methods. Interestingly, 76.2% of the same randomly chosen primary health care physicians considered that there is strong resistance among medical doctors towards CAM methods, but our results did not show it. According to the results of our survey, although the majority of respondents (primary care physicians) distinguished alternative and complementary medicine, 21.4% of respondents still did not differentiate these two concepts. Accordingly, it is concluded that as many as 21.4% of general practitioners and family physicians lack even basic knowledge about CAM and thus are not qualified for even initial communication with their patients on the subject of CAM. These physicians show no interest in CAM since they could have learned about this difference independently of their formal education through numerous articles published daily in popular media. Furthermore, the results showed that 79.8% of respondents received queries from their patients with regards to CAM, and this indicator clearly shows that there is strong market demand for this service. In order to meet this demand, it is necessary to urgently organize or expand the existing formal education with regards to CAM with the aim of encompassing as many primary health care physicians as possible, which is also considered necessary by physicians themselves (76.2%). These data indicate the need for urgent organization of teaching and training programs on the subject of CAM, as well as expansion and increased scope of the existing programs. Unresolved legislation and lack of appropriate registered academic state and private institutions and programs for education in CAM certainly contribute to the current situation in which the position of CAM in Croatia is not regulated. Acts and declarations do not automatically make CAM services safer, but will start the new age of CAM integration in the health care system, thus empowering patient rights.

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#### **Investigation into factors influencing roles, relationships, and referrals in integrative medicine.**

GRAY B<sup>1</sup>, ORROCK P.

J Altern Complement Med. 2014 May;20(5):342-6. doi: 10.1089/acm.2013.0167. Epub 2014 Jan 17. PMID: 24437357 PMCID: PMC4011433 DOI: 10.1089/acm.2013.0167

**ABSTRACT:** INTRODUCTION: Integrative medicine (IM) is a recent phenomenon within primary care practice. It is defined variously as a process of integration or convergence of complementary and alternative medicine (CAM) with mainstream medicine or as the incorporation of alternative therapies into mainstream medical practice. Little is known about the attitude of complementary medicine practitioners regarding their place within this model or the factors that influence referral between them and medical practitioners. OBJECTIVES: The aim of this research was to explore practitioners' perspectives of the theory and practice of the IM model, relevant to factors influencing referral among them. DESIGN: This research applied a qualitative method with semi-structured interviews to determine practitioner perspectives of factors influencing referral in the IM setting. One family practice physician (called a general practitioner [GP] in Australia), one osteopath, and one naturopath were interviewed at each of two IM clinics in regional Australia. Thematic analysis was used to identify themes and concepts. RESULTS: Thematic analysis of the transcribed data allowed for an in-depth understanding of themes and concepts surrounding practitioner perceptions of IM. Predominant themes centered on the notion of interpractitioner relationships and collaborations. Insight into these relationships within IM revealed concepts of interpractitioner trust and respect. In addition, sharing a philosophy of care and a common understanding pertaining to scope of practice and area of expertise appeared to support the IM framework. These concepts and themes were determined as important

factors influencing referrals between GPs, osteopathic physicians, and naturopathic practitioners in the IM clinics studied. **CONCLUSION:** This research has highlighted the significance of interprofessional relationships and multidisciplinary referral networks as pivotal in the efficacy of the IM clinics represented in this sample. Further research is needed to define the practitioner roles and the factors influencing referrals within IM.

<https://www.ncbi.nlm.nih.gov.ez27.periodicos.capes.gov.br/pubmed/?term=24437357>

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#### **Paradigm shift: stages of physicians' entry into integrative practice.**

SHANNON S<sup>1</sup>.

Child Adolesc Psychiatr Clin N Am. 2013 Jul;22(3):479-91, vi. doi: 10.1016/j.chc.2013.03.004. Epub 2013 May 17. PMID: 23806315 DOI: 10.1016/j.chc.2013.03.004

**ABSTRACT:** Integrative medicine and psychiatry are more than areas of interest; they represent a clear philosophic paradigm with a wide range of beliefs that separate it from conventional care. A child psychiatrist will typically pass through a developmental trajectory as he or she begins to embrace this approach to patient care, which can be broken down into common stages that represent the incorporation and expression of a new philosophy. This article outlines those common stages of development, and also walks through the process of opening an integrative mental health clinic.

<https://www.ncbi.nlm.nih.gov.ez27.periodicos.capes.gov.br/pubmed/?term=23806315>

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#### **Knowledge and attitudes of primary health care physicians towards complementary and alternative medicine in the Riyadh region, Saudi Arabia**

ABDULLAH AL-ROWAIS N<sup>1</sup>, AL BEDAH AM, KHALIL MK, EL OLEMY AT, KHALIL AA, ALRASHEID MH, AL KHASHAN H, AL YOUSEF M, ABDEL RAZAK BA FART A.

Forsch Komplementmed. 2012;19(1):7-12. doi: 10.1159/000335814. Epub 2012 Feb 2. PMID: 22398920 DOI: 10.1159/000335814

**ABSTRACT:** **BACKGROUND:** The aim of this study was to assess the level of knowledge, attitudes, and utilization of complementary and alternative medicine (CAM) of primary health care (PHC) physicians in Riyadh, Saudi Arabia. **MATERIAL AND METHODS:** A cross-sectional study including all physicians working at PHC centers in the Riyadh region, Saudi Arabia, was carried out from the beginning of April 2010 to the end of June 2010. Using a self-administered questionnaire, 1,113 physicians answered questions regarding their socio-demographic data, and knowledge, attitudes and utilization of CAM. **RESULTS:** About 8% of the participants had attended a continuous medical education or a training activity. Most of them were unfamiliar with reflexology, energy healing, aromatherapy, ozone therapy, homeopathy, or chiropractic care (77.4, 71.3, 71.2, 67.2, 65.7, and 63.9%, respectively). On the other hand, most physicians felt that they could understand and feel comfortable about counseling patients about Ruqyah (spiritual healing), honey and bee products, dietary supplements, massage therapy, relaxation, herbal medicine, and cupping (40.3, 38.3, 34.9, 34.4, 25.8, 22.8, and 21.4%, respectively). More than half (51.7%) of the physicians used CAM for themselves or their family, but only 14.2% referred their patients to CAM practitioners. 85.1% of studied physicians agreed that physicians should have knowledge about CAM therapies commonly used in the region. 82.5% agreed that health authorities should have a role in regulating CAM, and 75.7% agreed that the physicians' knowledge about CAM practices leads to better patient outcome. **CONCLUSION:** There is a positive attitude regarding the concept of CAM, but there is a reluctance to refer or to initiate discussion with patients regarding CAM practices, which may be attributed to a lack of knowledge. Copyright © 2012 S. Karger AG, Basel.

<https://www.ncbi.nlm.nih.gov.ez27.periodicos.capes.gov.br/pubmed/?term=22398920>

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#### **Attitude of conventional and CAM physicians toward CAM in India.**

TELLES S<sup>1</sup>, GAUR V, SHARMA S, BALKRISHNA A.

J Altern Complement Med. 2011 Nov;17(11):1069-73. doi: 10.1089/acm.2010.0407. Epub 2011 Nov 9. PMID: 22070443 DOI: 10.1089/acm.2010.0407

**ABSTRACT:** **OBJECTIVES:** The aim of the present study was to compare the attitude toward complementary and alternative medicine (CAM) of primary care physicians trained in conventional medicine with CAM physicians whose training was for a comparable duration. The CAM physicians included practitioners of Ayurveda, homeopathy, and naturopathy. **PARTICIPANTS:** Two hundred and ninety five (295) physicians with aged 20-60 (group mean±standard deviation, 48.2-12.3 years, 87 females) participated. Eighty-six (86) of them were trained in Ayurveda, 90 in homeopathy, 82 in conventional medicine, and 37 in naturopathy. They were attending a 4-day residential program on

Indian culture. All of them gave their signed consent to take part in the study, and the institution's ethics committee approved the study. **STUDY DESIGN:** The study was a cross-sectional survey. Since the participants had self-selected to join for the program on Indian culture, the sampling could be considered as convenience sampling. **RESULTS:** The number of conventionally trained and CAM physicians were similar in number and in their reasons for selecting CAM treatments. **CONCLUSIONS:** Conventionally trained and CAM physicians were comparably likely to prescribe CAM treatments for their patients. Their reasons for prescribing CAM treatments appeared to be (1) the idea that CAM treatments deal with the cause, and (2) a belief in the treatments. A limiting factor of the survey is that it did not determine whether the belief was based on evidence or on faith alone. © Mary Ann Liebert, Inc.

<https://www-ncbi-nlm-nih-gov.ez27.periodicos.capes.gov.br/pubmed/?term=22070443>

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### **Complementary medicine in general practice - a national survey of GP attitudes and knowledge.**

PIROTTA M<sup>1</sup>, KOTSIRILOS V, BROWN J, ADAMS J, MORGAN T, WILLIAMSON M.

aust fam physician. 2010 dec;39(12):946-50. comment in complementary medicine. [aust fam physician. 2011] pmid: 21301677

**ABSTRACT:** **BACKGROUND:** Integrative medicine is a holistic approach to patient care that utilises both conventional and complementary therapy. This article compares the demographics of Australian general practitioners who do, and those who do not, practise integrative medicine, and their perceptions and knowledge about complementary medicines. **METHODS:** A postal survey sent to a random sample of 4032 Australian GPs. **RESULTS:** Data from 1178 GPs was analysed. While GPs who practise integrative medicine were more knowledgeable about complementary medicine and more aware of potential adverse reactions, there were significant knowledge gaps for both groups. **DISCUSSION:** Many GPs incorporate complementary medicines into their practice, whether or not they identify with the 'integrative medicine' label. General practitioners need to be well informed about the evidence base for, and potential risks of, complementary medicines to ensure effective decision making. Use of available resources and inclusion of complementary medicine in education programs may assist this.

<https://www-ncbi-nlm-nih-gov.ez27.periodicos.capes.gov.br/pubmed/?term=21301677>

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### **Family Health Strategy doctors and nurses' perceptions of complementary therapies**

THIAGO SDE C<sup>1</sup>, TESSER CD.

Rev Saude Publica. 2011 Apr;45(2):249-57. Epub 2011 Jan 26. PMID: 21271210

**ABSTRACT:** **OBJECTIVE:** To analyze Estratégia de Saúde da Família (Family Health Strategy) professionals' perception of complementary and integrative therapies. **METHODS:** A study with 177 doctors and nurses was conducted in 2008, based on a self-administered questionnaire. The outcome variables were "interest in complementary and integrative therapies" and "agreement with the National Policy on Complementary and Integrative Therapies. Sex, age, graduate level of education, postgraduate level of education, length of time since graduation, length of time of work, having children, providing complementary and integrative therapies in the workplace, and using homeopathy or acupuncture comprised the independent variables. Data were analyzed using Chi-square test and Fisher's exact test. **RESULTS:** A total of 17 health centers provided complementary and integrative therapies; 12.4% of professionals had a specialization in homeopathy or acupuncture; 43.5% of doctors were specialists in family and community medicine/family health. Of all participants, 88.7% did not know the national directives for this area, although 81.4% agreed with their inclusion in the Sistema Único de Saúde (Unified Health System). The majority (59.9%) showed an interest in qualifications and all agreed that these therapies should be approached during the graduate course. Agreement with the inclusion of such therapies was significantly associated with the fact of being a nurse ( $p = 0.027$ ) and using homeopathy for oneself ( $p = 0.019$ ). Interest in complementary therapies was associated with the use of homeopathy for oneself ( $p = 0.02$ ) and acupuncture by family members ( $p = 0.013$ ). **CONCLUSIONS:** Complementary and integrative therapies are accepted by the professionals studied. This acceptance is associated with previous contact with such therapies and, probably, with residency/specialization in family and community medicine/family health.

<https://www-ncbi-nlm-nih-gov.ez27.periodicos.capes.gov.br/pubmed/?term=21271210>

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### **A study to examine the attitudes, knowledge, and utilization of CAM by primary care professional in West Texas.**

ZHANG Y<sup>1</sup>, PECK K, SPALDING M, XU T, RAGAIN M.

Complement Ther Med. 2010 Dec;18(6):227-32. doi: 10.1016/j.ctim.2010.09.009. Epub 2010 Nov 3. PMID: 21130358 DOI: 10.1016/j.ctim.2010.09.009

**ABSTRACT:** OBJECTIVE: This study examined the attitudes, knowledge, and utilization of CAM among primary care providers at two campuses of the Texas Tech University Health Sciences Center (TTUHSC). DESIGN AND SETTING: A cross-sectional study design and a convenient sampling method were used. This study employed the questionnaire adapted from the Wahner-Roedler's study to survey participants in TTUHSC. Primary survey collection was conducted at the two campuses where all Family Medicine healthcare professionals were recruited. MAIN OUTCOME MEASURES: We measured participants' knowledge of, their familiarity and experience with, their attitudes towards and utilization of CAM. RESULTS: Of the 69 respondents, more than half (56.5%) were female and younger than 36 years. Overall, our study revealed a positive attitude towards CAM. More than 60% of the providers would like to refer a patient to a CAM practitioner and about 75% of them believed that incorporation of CAM therapies into the practice would have a positive impact. Providers were most familiar with and felt most comfortable counseling their patients about massage therapy and St. John's Wort among all CAM modalities. About 70% of the participants believed that the institution should offer proven CAM therapies to patients. CONCLUSIONS: This study provides some preliminary findings that may lead to further exploration of healthcare professional's attitudes towards CAM. Published by Elsevier Ltd.

<https://www.ncbi.nlm.nih.gov.ez27.periodicos.capes.gov.br/pubmed/?term=21130358>

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### **Integrative medicine: enhancing quality in primary health care**

GRACE S<sup>1</sup>, HIGGS J.

J Altern Complement Med. 2010 Sep;16(9):945-50. doi: 10.1089/acm.2009.0437. PMID: 20809810 DOI:10.1089/acm.2009.0437

**ABSTRACT:** OBJECTIVES: Integrative medicine (IM) is an emerging model of health care in Australia. However, little is known about the contribution that IM makes to the quality of health care. The aim of the research was to understand the contribution IM can make to the quality of primary care practices from the perspectives of consumers and providers of IM. DESIGN: This interpretive research used hermeneutic phenomenology to understand meanings and significance that patients and practitioners attach to their experiences of IM. Various qualitative research techniques were used: case studies; focus groups; and key informant interviews. Data sets were generated from interview transcripts and field notes. Data analysis consisted of repeatedly reading and examining the data sets for what they revealed about experiences of health care and health outcomes, and constantly comparing these to allow themes and patterns to emerge. SETTING: The setting for this research was Australian IM clinics where general medical practitioners and CAM practitioners were co-located. RESULTS: From the perspective of patients and practitioners, IM: (1) provided authentically patient-centered care; (2) filled gaps in treatment effectiveness, particularly for certain patient populations (those with complex, chronic health conditions, those seeking an alternative to pharmaceutical health care, and those seeking health promotion and illness prevention); and (3) enhanced the safety of primary health care (because IM retained a general medical practitioner as the primary contact practitioner and because IM used strategies to increase disclosure of treatments between practitioners). CONCLUSIONS: According to patients and practitioners, IM enhanced the quality of primary health care through its provision of health care that was patient-centered, effective (particularly for chronic health conditions, nonpharmaceutical treatments, and health promotion) and safe.

<https://www.ncbi.nlm.nih.gov.ez27.periodicos.capes.gov.br/pubmed/?term=20809810>

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### **The integration of bio-medicine and culturally based alternative medicine: implications for health care providers and patients.**

LOVELL B<sup>1</sup>.

Glob Health Promot. 2009 Dec;16(4):65-8. doi: 10.1177/1757975909348132. PMID: 20028672 DOI:10.1177/1757975909348132

**ABSTRACT:** Complementary and alternative medicine (CAM) are therapies used along with or in place of bio-medicine. Many forms of CAM originate in culture, referred to as culturally based alternative medicines. Usage of CAM is high with large numbers of patients using CAM for mental health, pain and musculoskeletal problems. Their desire for holistic care may be the impetus for this interest, as alternative care practitioners spend more time analyzing illness symptoms. These factors along with the global migration of immigrants accustomed to traditional medicine but now immersed in biomedical health care systems, has created potential for misunderstanding. Drug interactions for

some forms of CAM taken with bio-medicine can occur. Insufficient scientific studies about CAM has reduced acceptance and educational opportunities to learn about CAM are limited. Ideas for policy and research are forming.

<https://www.ncbi.nlm.nih.gov.ez27.periodicos.capes.gov.br/pubmed/?term=20028672>

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#### **Complementary and alternative medicine: attitudes and patterns of use by German physicians in a national survey**

STANGE R<sup>1</sup>, AMHOF R, MOEBUS S.

J Altern Complement Med. 2008 Dec;14(10):1255-61. doi: 10.1089/acm.2008.0306. Comment in The cultural context of CAM. [J Altern Complement Med. 2008] PMID: 19123879 DOI: 10.1089/acm.2008.0306

**ABSTRACT:** **OBJECTIVE:** To generate valid data on attitudes about complementary and alternative medicine (CAM) as well as patterns of use in a large stochastic sample of general practitioner physicians and specialists. **DESIGN:** Cross-sectional survey in a large random sample of 516 German outpatient care physicians with qualifications in 13 medical fields representative of a basic population of 118,085 statutory health insurance physicians. **MATERIALS AND METHODS:** Telephone interviews with 36 wide-ranging questions about CAM attitudes and preferred techniques were conducted in November and December 2005 as part of a national healthcare survey. **RESULTS:** In our sample, 51% were in favor of CAM use (26% were very much in favor, 25% were in favor). The methods most frequently prescribed (combining answers for "very often" and "at times") were physical therapy (71%), phytomedicine (67%), exercise (63%), nutrition and dieting (62%), massage (61%), relaxation techniques (55%), followed by more typical CAM interventions such as homeopathy (38%), acupuncture (37%), and traditional Chinese medicine (18%). Primary care physicians were significantly more inclined to use CAM than were specialists. No striking differences were observed with respect to gender or age. **CONCLUSIONS:** This survey demonstrates a broader acceptance and practice of CAM by physicians than hitherto believed. Methods traditionally known as "natural medicine" were more frequently used than more typical CAM procedures. Further research should focus on physicians' differing motivations and observed results.

<https://www.ncbi.nlm.nih.gov.ez27.periodicos.capes.gov.br/pubmed/?term=19123879>

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#### **Use of complementary and alternative medicine by physicians in St. Petersburg, Russia**

BROWN S<sup>1</sup>.

J Altern Complement Med. 2008 Apr;14(3):315-9. doi: 10.1089/acm.2007.7126. PMID: 18380609 DOI: 10.1089/act.2008.14610

**ABSTRACT:** **BACKGROUND:** Interest in complementary and alternative medicine (CAM) is increasing worldwide, although relatively little is known of physician use of CAM, and there are no quantitative reports of CAM use by Russian physicians. **OBJECTIVE:** The objective of this study was to determine the prevalence of CAM therapies among practicing physicians and determine predictors of CAM usage. **DESIGN:** This was a convenience sample prevalence survey. **SETTING:** The study involved 3 urban academic hospitals in St. Petersburg, in Russia. **SUBJECTS:** Participants included 192 physicians practicing at the three study hospitals. **MEASUREMENTS:** The study determined the number (from a list of 32) of CAM therapies that physicians used on themselves, used on their patients, or referred their patients to receive. **RESULTS:** One hundred and seventy-seven (177; 92%) of the surveyed physicians responded. One hundred percent (100%) of the respondents had practiced CAM or referred patients for at least two CAM therapies. One hundred and seventy-five (175; 99%) had themselves practiced at least two therapies. On average, each physician had practiced or referred patients for 12.7 (95% confidence interval, 11.9-13.6) therapies. On multivariate analysis, knowledge of a foreign language, surgical specialty, and female gender were significantly ( $p < 0.05$ ) associated with increased CAM usage, while critical care specialty and completion of only an internship were associated with lower rates of CAM practice. **CONCLUSIONS:** Physician use of CAM in Russia appears very high. The high prevalence of CAM may complicate adoption of Western evidence-based practices. Predictors and effects of CAM usage in Russian society warrant further study.

<https://www.ncbi.nlm.nih.gov.ez27.periodicos.capes.gov.br/pubmed/?term=18380609>

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#### **Attitudes toward integration of complementary and alternative medicine in primary care: perspectives of patients, physicians and complementary practitioners**

BEN-ARYE E<sup>1</sup>, FRENKEL M, KLEIN A, SCHARF M.



Patient Educ Couns. 2008 Mar;70(3):395-402. doi: 10.1016/j.pec.2007.11.019. Epub 2008 Jan 16. Comment in Complementary medicine regulations. [Patient Educ Couns. 2008] PMID: 18201857 DOI: 10.1016/j.pec.2007.11.019

**ABSTRACT:** OBJECTIVE: Our study explored the attitudes of patients toward complementary and alternative medicine (CAM) use, their family physicians' role regarding CAM, and models for CAM referral and treatment. We compared patients' perspectives regarding integration of CAM into primary care with attitudes of primary care physicians (PCPs) and CAM practitioners. METHODS: We conducted a comprehensive literature review and focus group discussions to develop a questionnaire, which we gave to three groups: a random sample of patients receiving care at an academic family medicine clinic and PCPs and CAM practitioners employed in the largest health maintenance organization in Israel. RESULTS: A total of 1150 patients, 333 PCPs, and 241 CAM practitioners responded to our questionnaire. Compared with PCPs, patients expected their family physician to refer them to CAM, to have updated knowledge about CAM, and to offer CAM treatment in the clinic based on appropriate training. When asked about CAM integration into medical care, more patients expected to receive CAM in a primary care setting compared to PCPs' expectations of prescribing CAM (62% vs. 30%;  $p=0.0001$ ). Patients, CAM practitioners, and PCPs expected family practitioners to generate CAM referrals in an integrative primary care setting (85.6% vs. 82.4% vs. 62.6%;  $p<0.0001$ ). Patients supported CAM practitioners providing CAM treatments in the primary care setting, regardless of whether the practitioner held a medical degree (MD). Also, more patients than PCPs or CAM practitioners expected their family physician to provide CAM (28.2% vs. 14.5% vs. 3.8%;  $p<0.0001$ ). CONCLUSION: Patients, PCPs, and CAM practitioners suggested that family physicians play a central role in CAM referral and, to a lesser extent, that they actually provide CAM treatment themselves. PRACTICE IMPLICATIONS: PCPs need to be aware of their present and future role in informed referral to CAM and, to a lesser degree, in providing CAM in integrative primary care clinics. With the increasing use of CAM, patients may expect their family physician to be more knowledgeable, skillful, and have a balanced approach regarding CAM use. In addition, practitioners should learn how to communicate effectively and better collaborate with CAM practitioners to the benefit of their patients.

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**Promoting lifestyle self-awareness among the medical team by the use of an integrated teaching approach: a primary care experience.**

BEN-ARYE E<sup>1</sup>, LEAR A, HERMONI D, MARGALIT RS.

J Altern Complement Med. 2007 May;13(4):461-9. PMID: 17532741 DOI: 10.1089/acm.2007.6313

**ABSTRACT:** OBJECTIVES: Healthy lifestyle is recommended in clinical guidelines for the prevention and treatment of chronic diseases such as cardiovascular disease and diabetes. Research previously identified a gap between lifestyle recommendations and their implementation in clinical practice. In this paper, we describe a pilot educational program aimed to promote providers' awareness of their own lifestyles, and to explore whether increased personal awareness enhances providers' willingness to engage in lifestyle-change discussion with patients. METHODS: Two primary-care urban clinics in Northern Israel participated in the program, which consisted of a series of six biweekly educational sessions, each lasting 2-4 hours. Each session included both knowledge-based and experiential learning based on complementary medicine modalities. Surveys at the end of the program and a year later provided the program evaluation. RESULTS: Thirty-five personnel participated in the program. Thirteen (13) of the 20 participants (65%) reported an attitude change regarding eating habits after the program. At 1-year follow up, 24 of the 27 respondents (89%) stated that they were more aware of their eating habits and of their physical activity compared with precourse status. Twenty-three (23) of 27 respondents (85%) stated that after the program they were better prepared to initiate a conversation with their patients about lifestyle change. CONCLUSIONS: An integrated educational approach based on knowledge-based and complementary and alternative medicine experiential modalities, aimed to facilitate self-awareness, may enhance learners' attitude change. The findings demonstrate readiness of learners to reexamine their lifestyles. Increased self-awareness helped participants to make a positive attitude change regarding eating habits and physical activity and was associated with participants' increased engagement in lifestyle-change discussions with patients. The teaching approach had longstanding effect, noted in the one-year follow-up.

<https://www.ncbi.nlm.nih.gov.ez27.periodicos.capes.gov.br/pubmed/?term=17532741>

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**Models of health: a survey of practitioners**

KLIMENKO E<sup>1</sup>, JULLIARD K, LU SH, SONG H.

Complement Ther Clin Pract. 2006 Nov;12(4):258-67. PMID: 17030297 DOI:

10.1016/j.ctcp.2006.05.003

**ABSTRACT:** PURPOSE: Models of health influence providers' practice and delivery of health care. This study surveyed a random sample of providers to determine if health care providers from mainstream medicine (MM), integrative medicine (IM), and complementary and alternative medicine (CAM) hold mutually exclusive models of health or combine notions from models thought to be contradictory. METHODS: A survey was created through qualitative research, piloted, and mailed to a wide variety of MM, IM, and CAM health care eysnentes. RESULTS: All providers combined various models and definitions of health. Most utilized the biomedical approach to some extent. Balance (holistic model) and functioning in daily life were essential to most respondents' models of health, disease, and healing. Close communication between MM and CAM systems was preferred over complete separation or a single system. CONCLUSIONS: Many providers of all types combine widely disparate eysnentes in their definitions of health, providing eys for improving communication.

<https://www.ncbi.nlm.nih.gov.ez27.periodicos.capes.gov.br/pubmed/?term=17030297>

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**Communication about complementary and alternative medicine: perspectives of primary care clinicians.**

FLANNERY MA<sup>1</sup>, LOVE MM, PEARCE KA, LUAN JJ, ELDER WG.

Altern Ther Health Med. 2006 Jan-Feb;12(1):56-63. PMID: 16454148

**ABSTRACT:** BACKGROUND: People in the United States are using complementary and alternative medicine (CAM) increasingly while they are also receiving conventional care. National population-based surveys and studies in primary care settings have documented inadequate communication about CAM between patients and their conventional healthcare providers. Most studies about CAM communication have surveyed urban practices and focused on physicians. Information about how physicians and non-physician in rural areas clinicians communicate with their patients about CAM is needed to develop strategies for improving the quality of care for patients in rural areas. OBJECTIVE: To investigate how primary care clinicians in the Kentucky Ambulatory Network (KAN) communicate with patients about CAM and to determine interest in additional education about CAM. METHODS: A self-administered survey was mailed to 112 community clinicians in a research network of largely rural practices. KAN members include primary care physicians, nurse practitioners, certified nurse midwives, and physician assistants practicing in 32 counties in central and eastern Kentucky. RESULTS: Of 102 deliverable surveys, 65 (64%) were returned. Sixty-one (94%) clinicians reported patient CAM use. Few clinicians consistently asked patients about CAM. A positive attitude toward patient CAM use was associated with clinician comfort in advising patients. Most clinicians recommended CAM to patients. Seventy percent of KAN clinicians expressed interest in continuing education about CAM. CONCLUSIONS: Kentucky primary care clinicians are aware of their patients' CAM use and are motivated to learn more about CAM so that they can appropriately advise their patients. They need evidence-based, clinically relevant education about CAM to provide better patient care.

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**The integration of complementary therapies in Australian general practice: results of a national survey**

COHEN MM<sup>1</sup>, PENMAN S, PIROTTA M, DA COSTA C.

J Altern Complement Med. 2005 Dec;11(6):995-1004. PMID: 16398590 DOI: 10.1089/acm.2005.11.995

**ABSTRACT:** METHODS: Australian general practitioners' (GPs) attitudes toward and use of a range of complementary therapies (CTs) were determined through a self-administered postal survey sent to a random sample of 2000 Australian GPs. The survey canvassed GPs' opinions as to the harmfulness and effectiveness of CTs; current levels of training and interest in further training; personal use of, and use in practice of, CTs; referrals to CT; practitioners; appropriateness for GPs to practice and for government regulation; perceived patient demand and the need for undergraduate education. RESULTS: The response rate was 33.2%. Based on GPs' responses, complementary therapies could be classified into: nonmedicinal and nonmanipulative therapies, such as acupuncture, massage, meditation, yoga, and hypnosis, that were seen to be highly effective and safe; medicinal and manipulative therapies, including chiropractic, Chinese herbal medicine, osteopathy, herbal medicine, vitamin and mineral therapy, naturopathy, and homeopathy, which more GPs considered potentially harmful than potentially effective; and esoteric therapies, such as spiritual healing, aromatherapy, and reflexology, which were seen to be relatively safe yet also relatively ineffective. The risks of CTs were seen to mainly arise from incorrect, inadequate, or delayed diagnoses and interactions between complementary medications and pharmaceuticals, rather than the specific risks of the therapies

themselves. **CONCLUSIONS:** Nonmedicinal therapies along with chiropractic are widely accepted in Australia and can be considered mainstream. GPs are open to training in complementary therapies, and better communication between patients and GPs about use of CTs is required to minimize the risk of adverse events. There is also a need to prioritize and provide funding for further research into the potential adverse events from these therapies and other therapies currently lacking an evidence base.

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#### **Knowledge and practice of complementary medicine amongst public primary care clinic doctors in Kinta district, Perak**

ISMAIL IA<sup>1</sup>, CHAN SC.

Med J Malaysia. 2004 Mar;59(1):4-10. PMID: 15535328

**ABSTRACT:** The knowledge and practice of doctors (n=40) towards complementary medicine (CM) in 16 health clinics in the Kinta District were assessed by questionnaire. Thirty-four (85%) responded. More than half felt that acupuncture (73.50), homeopathy (59%) and herbal medicine (59%) were occasionally harmful. Forty-four percent felt manipulative therapy was frequently harmful. Relaxation technique (79%) and nutritional therapy (44%) were considered most frequently useful. 59% used some form of CM. There were no significant differences found in usage rates by gender, age group and exposure to CM during undergraduate training. Sixty-seven percent had encouraged patients to seek CM. Seventy-three percent perceived an increasing demand for CM. Eighty-eight percent were in favour of a hospital based CM referral center. Only 6% were trained in CM.

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#### **Effectiveness gaps: a new concept for evaluating health service and research needs applied to complementary and alternative medicine**

FISHER P<sup>1</sup>, VAN HASELEN R, HARDY K, BERKOVITZ S, MCCARNEY R.

J Altern Complement Med. 2004 Aug;10(4):627-32. PMID: 15353018 DOI: 10.1089/acm.2004.10.627

**ABSTRACT:** **BACKGROUND:** An effectiveness gap (EG) is an area of clinical practice in which available treatments are not fully effective. EGs have not been previously researched. Complementary and alternative medicine (CAM) interventions, by definition, are not generally available through normal health care channels. Therefore, if effective, they have the potential to increase achieved community effectiveness. **AIMS:** A pilot study to determine whether EGs exist, and if so to provide initial data on their nature, frequency, and causes. To obtain preliminary data on whether CAM may offer effective interventions in these clinical areas. **DESIGN:** Semistructured telephone interviews; literature search. **SETTING:** Twenty-two (22) general practitioners (GPs) in London, U.K. **METHOD:** One hundred and fifty-two (152) doctors who had responded to an earlier survey on attitudes to CAM were approached. Respondents were asked to specify EGs and to give reasons why available treatment is unsatisfactory and to estimate the frequency and severity of clinical problems relating to EGs. Sampling was continued to redundancy. A bibliometric study examined the volume and type of published evidence on the effectiveness of CAM interventions in the identified clinical areas. **RESULTS:** There was good concordance among respondents on EGs encountered in general/family practice. Seventy-eight (78) clinical problems were cited. EGs are encountered quite frequently: 68 of 78 (85%) of EGs were encountered at least once per month. Musculoskeletal problems were cited by 20 of 22 (90%) of respondents as being affected by EGs. Depression, eczema, chronic pain, and irritable bowel syndrome were also frequently mentioned. Systematic reviews and meta-analyses conclude that there is evidence for the effectiveness of various CAM interventions in most of these areas. **CONCLUSIONS:** EGs, mapped against evidence, have the potential to inform service development and research policy. Further study should be undertaken: it should incorporate improved sampling and data collection methodology. Specifically, where effective CAM interventions exist but are not being applied, EGs form part of the "avoidable burden of illness" identified by early work on evidence-based medicine. Practice guidelines should incorporate CAM interventions where there is evidence. The CAM research agenda should focus on areas affected by EGs.

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#### **Providing Complementary and Alternative Medicine in primary care: the primary care workers' perspective**

Van Haselen RA<sup>1</sup>, Reiber U, Nickel I, Jakob A, Fisher PA.

Complement Ther Med. 2004 Mar;12(1):6-16. PMID: 15130567 DOI: 10.1016/S0965-2299(03)00140-

7

**ABSTRACT:** BACKGROUND: The use of Complementary and Alternative Medicine (CAM) in primary care is growing, but still not widespread. Little is known about how CAM can/should be integrated into mainstream care. OBJECTIVES: To assess primary care health professionals' perceptions of need and of some ways to integrate CAM in primary care. METHOD: Questionnaire survey of primary health care workers in Northwest London. General Practitioners (GPs) were targeted in a postal survey, other members of the primary care team, such as district and practice nurses, were targeted via colleagues. The questionnaire assessed health care professionals' perspective on complementary medicine, referrals, ways to integrate complementary medicine into primary care and interest in research on CAM. RESULTS: Responses were obtained from 149 GPs (40% response rate after one reminder) and 24 nurses and 32 other primary care team members. One hundred and seventy-one (83%) respondents had previously referred (or influenced referral) for CAM treatments, the main reasons cited were: patients request (68%), conventional treatments failed (58%) and evidence (36%) (more than one reason could be given). Acupuncture and homoeopathy were the therapies for which patients were most frequently referred, followed by manual therapies. There was a significant interest in more training/information on CAM (66%). Only 12 respondents (6%) were against any integration of CAM in mainstream primary care. Most respondents felt that CAM therapies should be provided by doctors (66%) or other health professionals trained in CAM (82%). Twenty-six percent of respondents agreed with provision of CAM by non-state-registered practitioners. It was felt that the integration of CAM could lead to cost savings (70%), particularly in conditions involving pain, but also cost increases (55%) particularly in 'poorly defined conditions'. Fifty-six percent of respondents would consider participating in studies investigating CAM. The greatest interest was in acupuncture (41% of those who expressed an interest in research), homoeopathy (30%) and therapeutic massage/aromatherapy (26%). CONCLUSIONS: There is considerable interest in CAM among primary care professionals, and many are already referring or suggesting referral. Such referrals are driven mainly by patient demand and by dissatisfaction with the results of conventional medicine. Most of our respondents were in favour of integrating at least some types of CAM in mainstream primary care. There is an urgent need to further educate/inform primary care health professionals about CAM.

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### **Complementary and alternative medicine: the move into mainstream health care**

O'BRIEN K<sup>1</sup>.

Clin Exp Optom. 2004 Mar;87(2):110-20.

**ABSTRACT:** The use of complementary and alternative medicine (CAM) in Australia is extensive with over 50 per cent of the Australian population using some form of complementary medicine and almost 25 per cent of Australians visiting CAM practitioners. Expenditure on CAM by Australians is significant. The scope of CAM is extremely broad and ranges from complete medical systems such as Chinese medicine to well-known therapies, such as massage and little known therapies, such as pranic healing. There is a growing focus on CAM in Australia and worldwide by a range of stakeholders including government, the World Health Organization, western medical practitioners and private health insurance companies. CAM practices may offer the potential for substantial public health gains and challenge the way that we view human beings, health and illness. Several issues are emerging that need to be addressed. They include safety and quality control of complementary medicines, issues related to integration of CAM with western medicine and standards of practice. The evidence base of forms of CAM varies considerably: some forms of CAM have developed systematically over thousands of years while others have developed much more recently and have a less convincing evidence base. Many forms of CAM are now being investigated using scientific research methodology and there are increasing examples of good research. Certain forms of CAM, including Chinese medicine in which ophthalmology is an area of clinical specialty, view the eye in a unique way. It is important to keep an open mind about CAM and give proper scrutiny to new evidence as it emerges.

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### **Primary care physicians' attitudes and practices regarding complementary and alternative medicine**

KURTZ ME<sup>1</sup>, NOLAN RB, RITTINGER WJ.

J Am Osteopath Assoc. 2003 Dec;103(12):597-602. PMID: 14740982

**ABSTRACT:** Data were gathered from 423 osteopathic primary care physicians who are members of the Michigan Osteopathic Association, assessing their attitudes and practices regarding complementary and alternative medicine (CAM). Family physicians and general internists were more likely than pediatricians to talk to their patients about CAM. Similarly, female physicians were more likely than male physicians to talk to their patients about CAM or refer their patients for CAM. Finally,

physicians aged 35 years and younger were more likely than those 60 years and older to use CAM for themselves or their families. Predominant among the conditions for which the physicians would refer for CAM were long-term problems, traditional therapy failures, psychiatric disorders, and behavioral problems. Results reveal wide variations in the way osteopathic primary care physicians view and use complementary and alternative care.

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### **Complementary and alternative medical practices: training, experience, and attitudes of a primary care medical school faculty**

LEVINE SM<sup>1</sup>, WEBER-LEVINE ML, MAYBERRY RM.

J Am Board Fam Pract. 2003 Jul-Aug;16(4):318-26. PMID: 12949033

**ABSTRACT:** **BACKGROUND:** Interest in alternative and complementary medical practices has grown considerably in recent years. Previous surveys have examined attitudes of the general public and practicing physicians. This study examined the training, experience, and attitudes of medical school faculty, who have the primary responsibility for the education of future family physicians. **METHODS:** A 24-item, self-administered questionnaire was distributed to all 200 faculty at a medical school with a mission of training primary care physicians. **RESULTS:** Of 30 therapies listed, 5 were considered legitimate medical practices by more than 70% of the faculty. Eighty-five percent of the respondents reported some training in alternative medical therapies, and 62% were interested in additional training. Eighty-three percent of the faculty reported personal experience with alternative therapies and most rated these as effective. Eighty-five percent of the respondents indicated that their general attitude toward alternative medicine is positive. **CONCLUSIONS:** The results indicate that respondents have had substantial exposure to complementary therapies, are interested in learning more about these therapies, and have generally positive attitudes toward alternative medical practices and their use. Because of the role of these therapies in prevention, the positive attitudes might reflect the mission of this medical school to train primary care physicians.

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### **An approach for integrating complementary-alternative medicine into primary care**

FRENKEL MA<sup>1</sup>, BORKAN JM.

Fam Pract. 2003 Jun;20(3):324-32. PMID: 12738703

**ABSTRACT:** **BACKGROUND:** Despite family practitioners frequently being requested to assist their patients with advice on or referrals to complementary-alternative medicine (CAM), there is an absence both of evidence about the efficacy of nearly all specific treatments or modalities and of guidelines to assist with the integration of conventional and CAM therapies. **OBJECTIVE:** The aim of this article is to suggest a comprehensive and rational, best-evidence strategy for integrating CAM by primary care practitioners into primary care, within the context of the limitations of the current knowledge base and the local milieu. **METHODS:** The suggested approach was developed by a combination of literature review, key informant interviews, focus groups, educational presentations for family practice residents and practitioners, and field testing. An iterative model was utilized whereby more refined drafts of the suggested approach were subjected to later discussions and groups, as well as further field testing. Drafts of the strategy were utilized in consultations of patients requesting advice on alternative medicine in a primary care setting and in a CAM clinic. **RESULTS:** Both family physicians and CAM practitioners provided useful comments and recommendations throughout the process. These can be categorized in terms of knowledge, attitudes and skills. Our strategy suggests that patients requesting advice on the use and integration of CAM modalities as part of their health care should be evaluated initially by their primary care physician. The physician's responsibilities are to evaluate the appropriateness of that use, and to maintain contact, monitoring outcomes. Advice on referrals should be based on the safety of the method in question, current knowledge on indications and contraindications of that modality, and familiarity and an open dialogue with the specific therapist. **CONCLUSIONS:** Given patients' demands and utilization of CAM therapies, despite the lack of evidence, there is an increasing need to address how CAM therapies can be integrated into conventional medical systems. These suggestions should respond to patient's expectations and needs, but at the same time maintain accepted standards of medical and scientific principles of practice.

<https://www.ncbi.nlm.nih.gov.ez27.periodicos.capes.gov.br/pubmed/?term=12738703>

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### **Developing and evaluating complementary therapy services: Part 1. Establishing service**

**provision through the use of evidence and consensus development**

RICHARDSON J<sup>1</sup>.

J Altern Complement Med. 2001 Jun;7(3):253-60. PMID: 11439846 DOI: 10.1089/107555301300328124

**ABSTRACT:** The integration of complementary therapies within the British National Health Service (NHS) in the context of limited evidence of effectiveness has been much debated, as has the need for the provision of health services to be more evidence-based. In June 1994, a project was launched within a South-East London NHS Hospital Trust to introduce complementary therapy (acupuncture, homeopathy, and osteopathy), in the context of an evaluation program. This followed approximately 4 years of working toward raising the profile of complementary therapies within the hospital through study days, workshops, and providing a massage and osteopathic service for staff. A survey of local general practitioners highlighted areas of complementary therapy provision and interest in referring patients to a hospital-based service. A steering group was established to draw together a proposal for funding the service. Evidence for the effectiveness of acupuncture, homeopathy, and osteopathy was presented at a multidisciplinary seminar. A consensus development process, using a modified Delphi technique to establish referral indicators followed this. This study provides a useful model of service development in the absence of good quality evidence for the effectiveness of clinical interventions.

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**Alternative medicine and the medical profession: views of medical students and general practitioners**

HASAN MY<sup>1</sup>, DAS M, BEHJAT S.

East Mediterr Health J. 2000 Jan;6(1):25-33. PMID: 11370337

**ABSTRACT:** A survey was undertaken to explore the attitudes and practices of general practitioners and medical students in the United Arab Emirates with regards to forms of therapy not generally accepted by conventional medicine, including herbal medicine, acupuncture, homeopathy, spiritual therapy and osteopathy/chiropractic. The study found that alternative medicine is in common use to complement conventional medicine by a section of educated people within the health care system. Our observations lead us to appreciate its role in community health care and indicate a need to design culturally appropriate medical curricula which incorporate information about alternative medicine.

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**Primary care physicians and complementary-alternative medicine: training, attitudes, and practice patterns**

BERMAN BM<sup>1</sup>, SINGH BB, HARTNOLL SM, SINGH BK, REILLY D.

J Am Board Fam Pract. 1998 Jul-Aug;11(4):272-81. Comment in Primary care physicians and complementary-alternative medicine. [J Am Board Fam Pract. 1999] PMID:9719349

**ABSTRACT:** BACKGROUND: Physician interest in complementary medicine is widely documented in many Western countries. The extent of level of training, attitudes toward legitimacy, and use of complementary therapies by US primary care physicians has not been extensively surveyed. We conducted a national mail survey of primary care physicians to explore these issues. METHODS: Primary care specialties represented were family and general practice, internal medicine, and pediatrics. A total of 783 physicians responded to the survey. For the multivariate analysis, sample weights were assigned based on specialty. Assessments were done for training, attitudes, and usage for complementary medicine. Additional data collected included years in practice, specialty, and type of medical degree. RESULTS: Biofeedback and relaxation, counseling and psychotherapy, behavioral medicine, and diet and exercise were the therapies in which physicians most frequently indicated training, regarded as legitimate medical practice, and have used or would use in practice. Traditional Oriental medicine, Native American medicine, and electromagnetic applications were least accepted and used by physicians. CONCLUSIONS: Many psychobehavioral and lifestyle therapies appear to have become accepted as part of mainstream medicine, with physicians in this study having training in and using them. Such therapies as chiropractic and acupuncture appear to be gaining in acceptance despite low training levels among physicians. Those in practice more than 22 years had the least positive attitudes toward and use of complementary therapies. Osteopathic physicians were more open than medical physicians to therapies that required administering medication or a procedural technique. In the multivariate analysis, attitude and training were the best predictors of use.

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**Evaluation and utilization of complementary medical procedures--a survey of 793 physicians in general practice and the clinic**

HALTENHOF H<sup>1</sup>, HESSE B, BÜHLER KE.

Gesundheitswesen. 1995 Apr;57(4):192-5. PMID: 7787369 [Article in German]

**ABSTRACT:** It is well known that complementary medicine is demanded by numerous patients and used by many doctors. In a representative postal survey of 793 female and male doctors working in practices and hospitals in the town and in the district of Kassel we could confirm the wide distribution of these procedures, especially as far as doctors in practice are concerned. It was the special interest of our study to analyse the motives for the use and the indications and to ask for a detailed and differential assessment of 18 complementary techniques.

<https://www.ncbi.nlm.nih.gov.ez27.periodicos.capes.gov.br/pubmed/?term=7787369>

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**Bridge between scientific medicine and complementary medicine--utopia?**

NAGER F<sup>1</sup>.

Praxis (Bern 1994). 1994 Dec 20;83(51-52):1425-31. PMID: 7809557 [Article in German]

**ABSTRACT:** In this keynote presentation on a complex and controversial subject, I attempt to answer the following questions: 1. What is scientific medicine, what is alternative medicine? 2. Why is there in our days an increasing trend in the population towards concepts and methods of alternative (complementary) medicine? 3. Why are many scientific physicians defensive, sceptical and opposed to alternative medicine? 4. Are traditional and alternative medicine fundamentally irreconcilable worlds? The author believes that complementary medicine is beneficial and justified especially in private practice, above all in the many patients suffering from psychosomatic, psychovegetative, neurotic, depressive, functional disorders, with feelings of ill-health and often with marked subjective symptoms but in which no severe organic disease is present. In these types of patients alternative methods are often 'more gentle' and cost-effective. The doctor's personality, his empathy, his willingness to communicate are decisive factors for their effectiveness. Certain methods of complementary medicine should be increasingly integrated into our hospitals and be learnt and critically assessed locally by the scientific physicians. Scientific medicine is and remains the indispensable solid foundation for correctly indicating the use of alternative therapeutic methods.

<https://www.ncbi.nlm.nih.gov.ez27.periodicos.capes.gov.br/pubmed/?term=7809557>

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**Orientation of medical residents to the psychosocial aspects of primary care: influence of training program**

EISENTHAL S<sup>1</sup>, STOECKLE JD, EHRLICH CM.

Acad Med. 1994 Jan;69(1):48-54. PMID: 8286000

**ABSTRACT:** PURPOSE: To describe the attitudes of residents in general medicine to the psychosocial dimensions of primary care and to evaluate the influences of selected variables. METHOD: A cross-sectional analysis-of-variance design (two training programs involving residents in all three residency years) was used in the analysis of 21 psychosocial attitude items from a survey questionnaire completed by general medicine residents. In 1991-92, 77 general medicine residents in ambulatory care group practices associated with the Massachusetts General Hospital were surveyed. Eighteen of the residents were in a primary care program (PCP), and 59 were in a traditional medicine program (TMP). RESULTS: The overall response rate was 82% (63 of 77 residents), with slightly lower rates for four items. The residents' attitudes to the psychosocial role of the primary care physician were positive but with reservations: 55 (87%) endorsed asking psychosocial questions, while only 28 (44%) indicated that most internists felt competent to diagnose and treat. Most residents did not feel defensive about enacting the role (neither uncomfortable asking questions in ambulatory care settings, 58, 92%; nor nosey, 56, 89%; nor personally interfering, 47, 76%). Fifty-two residents (83%) perceived patients to be receptive to psychosocial questions, yet 31 (49%) indicated that patients were resistant to psychosocial attributions, and 48 (76%) indicated that patients need to be prompted to talk about life problems. The clearest and strongest influence on attitudes was setting: ambulatory care over inpatient ( $p < .0001$ ). Overall, the responses of the residents from the PCP and TMP were more similar than different. CONCLUSION: The residents accepted the psychosocial role of the primary care physician, found it most appropriate in ambulatory care settings, felt ambivalent about their ability to carry it out, and assigned it a secondary priority in patient care. To interest residents in primary care, more training should be based in ambulatory care settings and more emphasis should be placed on improving residents' competency in psychosocial skills.

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**Alumni perspectives comparing a general internal medicine program and a traditional medicine program**

KIEL DP<sup>1</sup>, O'SULLIVAN PS, ELLIS PJ, WARTMAN SA.

J Gen Intern Med. 1991 Nov-Dec;6(6):544-52. PMID: 1765871

**ABSTRACT:** OBJECTIVE: To evaluate a primary care internal medicine curriculum, the authors surveyed four years (1983-1986) of graduates of the primary care and traditional internal medicine residency programs at their institution concerning the graduates' preparation. DESIGN: Mailed survey of alumni of a residency training program. SETTING: Teaching hospital alumni. SUBJECTS/METHODS: Of 91 alumni of an internal medicine training program for whom addresses had been found, 82 (90%) of the residents (20 primary care and 62 traditional) rated on a five-point Likert scale 82 items for both adequacy of preparation for practice and importance of training. These items were divided into five groups: traditional medical disciplines (e.g., cardiology), allied disciplines (e.g., orthopedics), areas related to medical practice (e.g., patient education), basic skills and knowledge (e.g., history and physical), and technical procedures. MAIN RESULTS: Primary care residents were more likely to see themselves as primary care physicians versus subspecialists (84% versus 45%). The primary care graduates felt significantly better prepared in the allied disciplines and in areas related to medical practice ( $p$  less than 0.01). There was no significant difference overall in perceptions of preparation in the traditional medical disciplines, basic skills and knowledge, and procedures. The same results were obtained when the authors looked only at graduates from the two programs who spent more than 50% of their time as primary care physicians versus subspecialists. There was no significant difference between the two groups in the perceived importance of these areas to current practice. CONCLUSIONS: These results suggest that the primary care curriculum has prepared residents in areas particularly relevant to primary care practice. Additionally, these individuals feel as well prepared as do their colleagues in the traditional medical disciplines, basic skills and knowledge, and procedural skills.

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**Alternative medicine and general practitioners in The Netherlands: towards acceptance and integration**

VISSER GJ<sup>1</sup>, PETERS L.

Fam Pract. 1990 Sep;7(3):227-32. PMID: 2245894

**ABSTRACT:** A questionnaire on alternative medicine was sent to 600 general practitioners in the Netherlands. Most of the 360 (60%) GPs who replied expressed an interest in alternative practice; and 47% revealed that they used one or more alternative methods themselves, most often homeopathy. However, the number of patients given alternative treatment by each doctor was small. Almost all (90%) of the GPs referred patients to alternative practitioners. There is no reason to assume that GPs make use of alternative methods just to meet their patients' wishes. A majority of the respondents thought that these therapies included ideas and methods from which the regular methods might benefit. Actual contacts with alternative practitioners are mostly limited to those practicing acupuncture, homeopathy and manipulative medicine with a regular medical or paramedical education. The integration of alternative medicine within the medical system goes hand in hand with its acceptance by general practitioners. Contact with medically or paramedically qualified practitioners has hardly any legal implications for individual general practitioners.

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**The interface of traditional medicine with conventional medicine and primary health care**

BIZIMUNGU C.

Imbonezamuryango. 1985 Dec;1(4):52-67. PMID: 12267474 [Article in French]

**ABSTRACT:** PIP: This article presents a detailed analysis of the interactions between traditional medicine, conventional medicine and primary health care. The art of healing has been known in Rwanda for a long time. The traditional rural healer is a sorcerer who is generally recognized to be competent to cure a particular disease or group of diseases. The professional healer is generally found in the cities. The religious practitioner of medicine claims to derive his healing power from God. Traditional societies view health as an equilibrium. It is important to find a way to incorporate traditional medicine with primary health care. Conventional medicine is based on experimentation conducted according to a rational methodology to verify hypotheses. In 23 years, Rwanda has advanced from having no doctors to having over 200. This means that accessibility to health care has been greatly facilitated. Although there have been advances in the medical arena in Rwanda, progress



has been slow. Radiotherapy is not available; the electronic microscope is not available; laser ray treatment is not known and open heart surgery is not possible. Objectives in the area of primary health care include: improving maternal and child health care, including family planning and vaccination services; encouraging good diet; ensuring water supplies. In urban areas, 55% of the population has access to healthy water compared to 60% of the rural population. The promotion of maternal-child health and family planning is vigorously pursued. Traditional healers are rejected by conventional medical practitioners. Traditional midwives provide the essential maternal and child health care. The best way to improve maternal-child health services is to instruct the traditional birth attendants and in this way integrate conventional medicine into the traditional approach in an acceptable manner. Integration of traditional and conventional medicine is undoubtedly the best way to overcome community health problems.

<https://www.ncbi.nlm.nih.gov.ez27.periodicos.capes.gov.br/pubmed/?term=12267474>

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### **WHO's traditional medicine programme: progress and perspectives**

AKERELE O.

WHO Chron. 1984;38(2):76-81. PMID: 6475036

**ABSTRACT:** PIP: An early objective of the World Health Organization's (WHO) traditional medicine program was to promote a realistic approach to the subject. The realism with which countries around the world, both developed and developing, examine their own traditional practices suggests that progress is being made towards this goal. The current challenge is to pursue action along 3 lines: evaluation, integration, and training. In traditional medicine it is necessary to separate myth from reality so that valid practices and remedies can be distinguished from those that are patently ineffective and/or unsafe. Thus, WHO will continue to promote the development, teaching, and application of analytical methods that can be used to evaluate the safety and efficacy of various elements of traditional medicine. Action need not await the results of formal evaluation. Efforts can be initiated now to synthesize traditional and modern medicine. Several countries have attempted such a synthesis. For example, medical curricula in China include elements of Chinese medicine such as acupuncture, moxibustion, manipulation and massage, relaxation, and herbal medicine. A critical training need is to incorporate in the curricula of conventional health workers certain traditional practices and remedies that have been evaluated and proven safe and effective. Traditional practitioners also require training. They need to be provided with additional skills. It is essential to make practitioners of traditional medicine allies rather than competitors. The training of traditional birth attendants in aseptic delivery techniques and simple antenatal and postpartum care provides a good example of the possibilities that exist for collaboration between the traditional and modern health care sectors. In the past 2 years WHO has carried out numerous activities in the field of traditional medicine. For example, among the activities coordinated by WHO headquarters was the continuing search for indigenous plants for fertility regulation in men and women. In 1983, WHO collaboration centers for traditional medicine continued to strengthen national efforts in research and development. A prerequisite for the success of primary health care is the availability and use of suitable drugs. It is reasonable for decision makers to identify locally available plants or plant extracts that could usefully be added to the national list of drugs or that could even replace some pharmaceutical preparations that need to be purchased and imported. NAPRALERT (for national products alert) is a computerized database derived primarily from scientific information gathered from the world literature on the chemistry, pharmacology, and ethnopharmacology of natural plant products. It can provide both a general profile on a designated plant and a profile on the biological effects of a chemical constituent thereof. A valuable feature of the NAPRALERT database is its ability to generate information on plants from a given geographical area.

<https://www.ncbi.nlm.nih.gov.ez27.periodicos.capes.gov.br/pubmed/?term=6475036>

WEB OF SCIENCE = 0 resumo.

### **Segunda expressão de busca:**

BVS = 90 resumos:

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**Fitoterapia na atenção básica: estudo com profissionais enfermeiros**

Oliveira, Alinne de Fátima Pires; Costa, Isabelle Cristinne Pinto; Andrade, Cristiani Garrido de; Santos, Kamyla Felix Oliveira dos; Anízio, Brígida Karla Fonseca; Brito, Fabiana Medeiros de. Rev. pesquis. cuid. fundam. (Online); 9(2): 480-487, abr.-jun. 2017.

Artigo em Inglês, Português | LILACS | ID: biblio-836366

**RESUMO:** Objetivo: investigar a compreensão de enfermeiros sobre a Fitoterapia e averiguar as estratégias necessárias para a consolidação desta prática na Atenção Básica. Métodos: Pesquisa exploratória, com abordagem qualitativa, realizada com 10 enfermeiros nas unidades de Saúde da Família do Distrito IV, na cidade de João Pessoa, Paraíba. Os dados foram coletados nas entrevistas gravadas, durante o mês de abril de 2015, e tratados qualitativamente mediante a técnica de análise de conteúdo. Resultados: As categorias emergidas da análise foram: Fitoterapia na Atenção Básica: compreensão de enfermeiros; e Estratégias necessárias para a consolidação da Fitoterapia na Atenção básica. Tais categorias demonstraram a falta de compreensão dos enfermeiros acerca da Fitoterapia e de suas políticas, assim como estratégias necessárias para a consolidação desta na Atenção Básica. Conclusão: Deste modo, espera-se que este estudo possibilite novas reflexões e uma maior investigação acerca da utilização da Fitoterapia no cenário da Atenção Básica.

<http://pesquisa.bvsalud.org/portal/resource/pt/biblio-836366>

2

### **Medicina Tradicional e Complementar no Brasil: inserção no Sistema Único de Saúde e integração com a atenção primária**

Sousa, Islandia Maria Carvalho de; Tesser, Charles Dalcanale.

Cad Saude Publica; 33(1): e00150215, 2017 Jan 23.

Artigo em Português | MEDLINE | ID: mdl-28125126

**RESUMO:** This study aimed to analyze the inclusion of Traditional and Complementary Medicine in Brazilian Unified National Health System (SUS) and its integration with primary healthcare (PHC). A qualitative study drew on institutional data, indexed articles, and case studies in selected Brazilian cities: Campinas (São Paulo State), Florianópolis (Santa Catarina State), Recife (Pernambuco State), Rio de Janeiro, and São Paulo. The analysis adopted the perspective of inclusion of Traditional and Complementary Medicine in the healthcare network and its integration with primary healthcare, based on the following dimensions: presence of Traditional and Complementary Medicine on the municipal agenda; position in the services; mode of access to Traditional and Complementary Medicine; Traditional and Complementary Medicine practitioners; types of practices; demand profile; and potential for expansion in the SUS. The authors identified and characterized four types of inclusion and integration of Traditional and Complementary Medicine, whether in association or not: Type 1 - in primary healthcare via professionals from the family health teams - Integrated; Type 2 - in primary healthcare via professionals with full-time employment - Juxtaposed; Type 3 - in primary healthcare via matrix-organized teams - Matrix Organization; Type 4 - in specialized services - Without Integration. The combination of types 1 and 3 was considered a potential guideline for the expansion of Traditional and Complementary Medicine in the SUS and can orient the growth and integration of Traditional and Complementary Medicine with primary healthcare. The growing presence of Traditional and Complementary Medicine in the SUS requires conceiving its strategic expansion, while existing experiences should not be wasted.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-28125126>

3

### **Educação permanente em acupuntura: análise de um processo educativo e suas repercussões na prática de médicos da atenção primária à saúde**

Moré, Ari Ojeda Ocampo.

Florianópolis; s.n.; 2016. 218 p.

Tese em Português | MTYCI | ID: biblio-878268

**RESUMO:** Atenção primária à saúde (APS) é a principal porta de entrada e o primeiro nível de contato para indivíduos, famílias e comunidades no Sistema Único de Saúde (SUS). Neste contexto, a Política Nacional de Prática Integrativas de Complementares recomenda que a acupuntura seja integrada aos cuidados da APS. Considerando que poucos estudos investigaram experiências de integração da acupuntura na APS, a presente tese tem o objetivo de analisar as repercussões de um processo de educação permanente em acupuntura na prática de médicos que atuam na atenção primária à saúde do município de Florianópolis. Trata-se de um estudo exploratório e descritivo norteado pela abordagem qualitativa. O trabalho envolveu a construção de uma atividade de ensino debatida por 13 especialistas em ensino de acupuntura durante três oficinas de consenso. Adicionalmente, buscando captar diferentes fases do processo de ensino-aprendizagem, dez médicos da APS de Florianópolis participaram de três grupos focais realizados

antes do início, no final e oito meses após o término de um curso de introdução à acupuntura. Além disso, foi realizado um grupo focal com seis residentes de medicina de família e comunidade, participantes do mesmo curso, um ano após término do mesmo. Complementaram a coleta de dados o diário de campo do pesquisador e o registro de sessões de acupuntura em base de dados secundários. Utilizando o referencial da Grounded Theory, a análise dos dados (gravados e transcritos) envolveu a codificação aberta, axial e seletiva e, com auxílio do software Atlas.ti 5.0, os dados foram organizados em dois quadros de categorias. No período entre 2011 e 2014 foram realizadas três edições do curso e durante este período 53 médicos concluíram a atividade. O número de sessões de acupuntura na APS aumentou de 1.349 em 2011 para 6.488 em 2015. Neste último ano, dos 37 participantes do curso que continuavam trabalhando na APS, 30 utilizavam regularmente acupuntura em sua prática diária. A análise dos dados dos grupos focais demonstrou as motivações dos médicos para obtenção de uma nova ferramenta terapêutica, as diferentes formas de aplicação dos conhecimentos adquiridos, as interfaces entre acupuntura e APS e a integração de diferentes racionalidades médicas (Biomedicina e a Medicina Tradicional Chinesa) nos cuidados à saúde. O estudo mostra que a repercussão do ensino da acupuntura na prática de médicos da APS reflete-se na ampliação do olhar sobre processo saúde-doença, no aumento dos recursos terapêuticos e na criação de uma postura reflexiva sobre o uso de saberes médicos tradicionais e biomédicos nos cuidados à saúde.(AU)

<http://pesquisa.bvsalud.org/portal/resource/pt/biblio-878268>

4

#### **Práticas interativas e complementares grupais nos serviços de saúde da atenção básica: possibilidades de diálogo com a educação popular**

Nascimento, Maria Valquíria Nogueira do.

Natal; s.n; 2016. 250 p.

Tese em Português | MTYCI | ID: biblio-878277

**RESUMO:** A Política de Práticas Integrativas e Complementares [PNPIC] foi implantada em 2006, por meio da portaria GM nº 971, contemplando as práticas terapêuticas como Homeopatia, Fitoterapia, Acupuntura, Medicina Antroposófica, Termalismo/Crenoterapia, Práticas Corporais/Atividade Física e Técnicas em Medicina Tradicional Chinesa, com base nos princípios de uma escuta acolhedora, desenvolvimento do vínculo terapêutico, integração do ser humano com o meio ambiente e a sociedade, visão ampliada do processo saúde-doença, promoção global do cuidado humano e autocuidado. Embora não instituídas pela Política Nacional, as Práticas Integrativas e Complementares [PIC's] de natureza coletiva têm crescido gradativamente nos serviços de saúde, em razão das demandas locais e das próprias reivindicações da população. Nesse sentido, o objetivo deste estudo consistiu em analisar a inserção das PIC's Grupais como estratégia de cuidado e atenção integral à saúde na atenção básica e as possibilidades de diálogo com a educação popular. A pesquisa teve como cenário as Unidades Básicas de Saúde [UBS] e Unidades Básicas de Saúde da Família [UBSF], e como participantes profissionais que realizavam PIC's Grupais nos serviços. Em termos operacionais, desenvolvemos a pesquisa a partir das seguintes etapas: (a) visita à Secretaria Municipal de Saúde [SMS]; (b) mapeamento dos equipamentos de saúde e de profissionais da atenção básica que desenvolviam atividades em PIC's Grupais; (c) identificação e caracterização das PIC's Grupais; (d) realização de entrevistas e rodas de conversa; (e) observação-participante nos grupos de PIC's. O estudo identificou 56 profissionais em saúde que desenvolviam PIC's Grupais, vinculados às seguintes categorias: 16 agentes comunitários de saúde, 09 enfermeiras, 08 educadores físicos, 07 médicas, 04 nutricionistas, 03 psicólogas, 03 auxiliares de enfermagem, 03 dentistas, 02 farmacêuticos e 01 fonoaudiólogo. Dos 66 equipamentos de saúde da atenção básica contactados, 37 realizavam PIC's Grupais, divididas em 14 modalidades, a saber: relaxamento, meditação, yoga, tai chi chuan, grupos de suporte mútuo, tenda do conto, grupo de prosa com mulheres, grupo de bordadeiras, grupo de idosos, grupo de caminhadas, grupo de terapia e arte, grupos de contação de histórias, terapia comunitária e teatro do oprimido. As PIC's Grupais atuam com ênfase na valorização das trocas interpessoais entre profissionais e usuários, com um olhar integral e interdisciplinar sobre os sujeitos, de modo a garantir uma participação mais efetiva e o compartilhamento de saberes, elementos essenciais na produção da autonomia. Nessa direção, a educação popular pode ser instrumento de reorientação da atenção à saúde e globalidade das PIC's Grupais, com base numa perspectiva participativa, criativa, dialogada e emancipadora.(AU)

<http://pesquisa.bvsalud.org/portal/resource/pt/biblio-878277>

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#### **Uso, cuidado e política das práticas integrativas e complementares na Atenção Primária à**

## Saúde

Contatore, Octávio Augusto; de Barros, Nelson Filice; Durval, Melissa Rossati; Barrio, Pedro Cristóvão Carneiro da Cunha; Coutinho, Bernardo Diniz; Santos, Júlia Amorim; do Nascimento, Juliana Luporini; Oliveira, Silene de Lima; Peres, Silvia Miguel de Paula.

Cien Saude Colet; 20(10): 3263-73, 2015 Oct.

Artigo em Português | MEDLINE | ID: mdl-26465866

**RESUMO:** The use of Complementary and Integrative Practices (CIP) is on the increase and its institutionalization in Primary Health Care (PHC) is a challenge. This article discusses the use, care, and policies of CIP at international and national levels found in the indexed literature. A review of the literature in PubMed/Medline and the Virtual Health Library was conducted using the key search words "Homeopathy", "Acupuncture", "Herbal Medicine", "Body Practices", "Primary Health Care" and other related terms in English, Spanish and Portuguese between 2002 and 2011. The use in the literature of CIP for the treatment of specific diseases from a biomedical perspective was observed, as well as evaluations of its use for the treatment of specific diseases focused on the reaction of the users and professionals and the analysis of the political, economic and social viability of CIP in health services. The conclusion drawn is that what is predominant in the literature is the quest for the scientific validation of CIP and a biomedical methodological bias in the designs of the studies, which does not contribute to clarifying the potential care of CIP in PHC.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-26465866>

6

### Which CAM modalities are worth considering?

Zoorob, Roger; Chakrabarty, Sangita; O'Hara, Heather; Kihlberg, Courtney.

J Fam Pract; 63(10): 585-90, 2014 Oct.

Artigo em Inglês | MEDLINE | ID: mdl-25343156

RESUMO

This review-with a handy at-a-glance guide-examines 8 modalities, the level of evidence behind them, and the adverse effects you'll need to keep in mind.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-25343156>

7

### Opinião de médicos e enfermeiros sobre o uso da fitoterapia e plantas medicinais na Atenção Básica

Varela, Danielle Souza Silva; Azevedo, Dulcian Medeiros de.

Rev. APS; 17(2)maio 2014.

Artigo em Português | LILACS-Express | ID: lil-730221

**RESUMO:** Objetivo: investigar as vantagens e facilidades encontradas por médicos e enfermeiros da ESF de Caicó-RN, no uso da fitoterapia e plantas medicinais na Atenção Básica. Método: estudo descritivo e qualitativo desenvolvido com 19 profissionais de saúde. Os dados foram coletados por entrevista semiestruturada, entre janeiro e fevereiro de 2011, e os dados tratados conforme a Análise de Conteúdo. Pesquisa aprovada pelo Comitê de Ética em Pesquisa da Universidade do Estado do Rio Grande do Norte (CAAE 0081.0.428.000-10). Resultados: Foram construídas seis categorias temáticas: Bom resultado terapêutico, principalmente atribuído aos poucos efeitos colaterais e adversos; Redução de custos e fácil acesso, devido à riqueza local e nacional; União do saber científico à prática popular, como meio de dialogar com a comunidade; Fundamentação teórica, conferida pela graduação ou pós-graduação; e Vigilância ao consumo, a partir da dispensação na Unidade Básica de Saúde da Família sob orientação de profissionais capacitados. Conclusão: mediante os argumentos apresentados pelos profissionais de pesquisa e o interesse demonstrado por muitos, é percebido o potencial de desenvolvimento e implantação de projetos relacionados a essa temática no município de Caicó-RN. Contudo isso exige esforços da gestão municipal de saúde e do governo do estado na realização de investimentos. Enfatiza-se, sobretudo, a importância do ensino de Práticas Integrativas e Complementares na formação em saúde para que oportunidades de aprendizagem sejam oferecidas aos graduandos.

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-730221>

8

### Increasing resident recruitment into family medicine: effect of a unique curriculum in integrative medicine

Lebensohn, Patricia; Dodds, Sally; Brooks, Audrey J; Cook, Paula; Guerrero, Mary; Sierpina, Victor;

Teets, Raymond; Woytowicz, John; Maizes, Victoria.

Explore (NY); 10(3): 187-92, 2014 May-Jun.

Artigo em Inglês | MEDLINE | ID: mdl-24767266

**RESUMO:** INTRODUCTION: Healthcare reform is highlighting the need for more family practice and other primary care physicians. The Integrative Medicine in Residency (IMR) curriculum project helped family medicine residencies pilot a new, online curriculum promoting prevention, patient-centered care competencies, use of complementary and alternative medicine along with conventional medicine for management of chronic illness. A major potential benefit of the IMR program is enhanced recruitment into participating residencies, which is reported here. METHODS: Using an online questionnaire, accepted applicants to the eight IMR pilot programs (n = 152) and four control programs (n = 50) were asked about their interests in learning integrative medicine (IM) and in the pilot sites how the presence of the IMR curriculum affected their ranking decisions. RESULTS: Of residents at the IMR sites, 46.7% reported that the presence of the IMR was very important or important in their ranking decision. The IMR also ranked fourth overall in importance of ranking after geography, quality of faculty, and academic reputation of the residency. The majority of IMR residents (87.5%) had high to moderate interest in learning IM during their residency; control residents also had a high interest in learning IM (61.2%). CONCLUSIONS: The presence of the IMR curriculum was seen as a strong positive by applicants in ranking residencies. Increasing the adoption of innovative IM curricula, such as the IMR, by residency programs may be helpful in increasing applications of competitive medical students into primary care residencies as well as in responding to the expressed interest in learning the IM approach to patient care.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-24767266>

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### **Práticas integrativas e complementares e relação com promoção da saúde: experiência de um serviço municipal de saúde**

Lima, Karla Morais Seabra Vieira; Silva, Kênia Lara; Tesser, Charles Dalcanale.

Interface comun. saúde educ; 18(49): 261-272, Apr-Jun/2014.

Artigo em Português | LILACS | ID: lil-711655

**RESUMO:** Tomam-se como objeto as práticas integrativas e complementares (PIC) desenvolvidas em um serviço de referência na região metropolitana de Belo Horizonte/MG, Brasil. O estudo analisa a organização das práticas desenvolvidas nesse serviço, tendo como foco analítico sua relação com a promoção da saúde e sua inserção no Sistema Único de Saúde (SUS). Os resultados indicam que as práticas podem ser recursos úteis na promoção da saúde, especialmente por estabelecerem uma nova compreensão do processo saúde-doença, de caráter mais holístico e empoderador. Contudo, para potencializá-las no campo da promoção da saúde e do cuidado no SUS, é preciso superar os desafios da sua organização e expansão nos serviços, como aproximar os profissionais dos serviços de referência e de apoio especializados em PIC da Atenção Primária à Saúde (APS), construindo um campo comum de cuidado.

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-711655>

10

### **Investigation into factors influencing roles, relationships, and referrals in integrative medicine.**

Gray, Bimbi; Orrock, Paul.

J Altern Complement Med; 20(5): 342-6, 2014 May.

Artigo em Inglês | MEDLINE | ID: mdl-24437357

**RESUMO:** INTRODUCTION: Integrative medicine (IM) is a recent phenomenon within primary care practice. It is defined variously as a process of integration or convergence of complementary and alternative medicine (CAM) with mainstream medicine or as the incorporation of alternative therapies into mainstream medical practice. Little is known about the attitude of complementary medicine practitioners regarding their place within this model or the factors that influence referral between them and medical practitioners. OBJECTIVES: The aim of this research was to explore practitioners' perspectives of the theory and practice of the IM model, relevant to factors influencing referral among them. DESIGN: This research applied a qualitative method with semi-structured interviews to determine practitioner perspectives of factors influencing referral in the IM setting. One family practice physician (called a general practitioner [GP] in Australia), one osteopath, and one naturopath were interviewed at each of two IM clinics in regional Australia. Thematic analysis was used to identify themes and concepts. RESULTS: Thematic analysis of the transcribed data allowed for an in-depth understanding of themes and concepts surrounding practitioner perceptions of IM. Predominant themes centered on the notion of interpractitioner relationships and collaborations.

Insight into these relationships within IM revealed concepts of interpractitioner trust and respect. In addition, sharing a philosophy of care and a common understanding pertaining to scope of practice and area of expertise appeared to support the IM framework. These concepts and themes were determined as important factors influencing referrals between GPs, osteopathic physicians, and naturopathic practitioners in the IM clinics studied. **CONCLUSION:** This research has highlighted the significance of interprofessional relationships and multidisciplinary referral networks as pivotal in the efficacy of the IM clinics represented in this sample. Further research is needed to define the practitioner roles and the factors influencing referrals within IM.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-24437357>

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### **Política Nacional de Práticas Integrativas e Complementares como contribuição ao direito de escolha no campo da saúde**

Luz, Hylton Sarcinelli; Martins, Sueli Barbosa.

Rio de Janeiro; s.n; 2014. 39 p.

Tese em Português | HomeoIndex - Homeopatia | ID: hom-10944

**RESUMO:** A Política Nacional de Práticas Integrativas (PNPIC) é analisada sob a perspectiva da capacidade em atender suas finalidades como política pública. São considerados o papel social, os fundamentos jurídico, os requisitos conceituais de estruturação, de planejamento e de execução finalista das políticas públicas. Analisada do ponto de vista das finalidades que visa atender são definidos os eixos de garantias de direitos que opera e o eixo fundamental que traduz a razão de sua propositura. As decisões de implementação desde sua publicação são alocadas nos eixos finalistas da PNPIC. Análises relacionando os pontos de vista da completude estrutural da proposta e a capacidade de atingir os seus objetivos constatam incompletudes em etapas que comprometem a capacidade de atingir os seus fins, indicando a necessidade de ser complementada no conjunto de aspectos referentes a sua implementação e aos parâmetros de avaliação. A análise da relação entre as decisões de implementação e os eixos de direitos que visa atender, declaram discrepâncias quanto ao atendimento dos fins a que se destina. Conclui-se que as falhas estruturais presentes no texto da PNPIC representam fator limitante e decisivo para que seus fins sejam atingidos, são formuladas considerações sobre a necessidade de implementar mecanismos de interação para que a sociedade participe no processo de reparação dos problemas vigentes e colabore na construção de parâmetros objetivos de implementação e monitoramento. (AU)

<http://pesquisa.bvsalud.org/portal/resource/pt/hom-10944>

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### **Compreendendo o impacto das diretrizes propostas pela Política Nacional de Práticas Integrativas e Complementares em serviços de homeopatia do Sistema Único de Saúde**

Lemonica, Renata.

Botucatu; s.n; 2014. 176 p.

Tese em Português | HomeoIndex - Homeopatia | ID: hom-11048

**RESUMO:** Desde sua introdução no Brasil, em 1843, a Homeopatia apresenta uma história peculiar, com avanços e retrocessos no cenário nacional, até que, em 2006, é implantada, pelo Ministério da Saúde do Brasil, a Política Nacional de Práticas Integrativas e Complementares (PNPIC), sendo regida por diretrizes para normatizar e oficializar a prática da Homeopatia, Acupuntura, Fitoterapia, Termalismo e Antroposofia no Sistema Único de Saúde (SUS). Este estudo teve como objetivo compreender o impacto destas diretrizes propostas pela PNPIC em Serviços de Homeopatia do SUS, que já caminhavam em seu processo de consolidação. Trata-se de um estudo de abordagem qualitativa, que utilizou o referencial metodológico da Análise de Conteúdo. A coleta dos dados se deu por meio da aplicação de entrevistas semiestruturadas gravadas em áudio e transcritas na íntegra no período entre 2012 e 2013. Foram entrevistados médicos homeopatas coordenadores ou gestores de sete Serviços de Homeopatia da região Sudeste do Brasil. A análise das entrevistas desvelou categorias temáticas referentes às questões formuladas, descortinando as percepções sobre o impacto de cada uma das sete diretrizes, próprias da área homeopática da PNPIC. Pode-se observar que avanços e estagnações foram percebidos após a introdução da PNPIC. Alguns ganhos foram percebidos, como criação de metas, moldes, ações norteadoras, divulgação e eventos específicos. No entanto, chama atenção como a PNPIC criou uma expectativa nos serviços de Homeopatia já instituídos em relação a financiamentos que não vieram a ocorrer[...] Este novo cenário ainda apresenta uma série de desafios para a concretização de todo potencial que as PICS podem trazer para a busca integral à saúde dentro do SUS, evidenciando que seus recursos ainda estão sendo subutilizados. Torna-se necessário encontrar meios de viabilizar e transformar em ações, toda capacidade transformadora contida na PNPIC. (AU)

<p><a href="http://pesquisa.bvsalud.org/portal/resource/pt/hom-11048">http://pesquisa.bvsalud.org/portal/resource/pt/hom-11048</a></p> <p>13</p> <p><b>A timely opportunity: fostering new roles for complementary and alternative health care providers in meeting the nation's need for primary health care</b></p> <p>Goldstein, Michael S. Explore (NY); 9(6): 344-7, 2013 Nov-Dec. Artigo em Inglês   MEDLINE   ID: mdl-24199771 <a href="http://pesquisa.bvsalud.org/portal/resource/pt/mdl-24199771">http://pesquisa.bvsalud.org/portal/resource/pt/mdl-24199771</a></p>
<p>14</p> <p><b>Paradigm shift: stages of physicians' entry into integrative practice</b></p> <p>Shannon, Scott. Child Adolesc Psychiatr Clin N Am; 22(3): 479-91, vi, 2013 Jul. Artigo em Inglês   MEDLINE   ID: mdl-23806315 <b>RESUMO:</b> Integrative medicine and psychiatry are more than areas of interest; they represent a clear philosophic paradigm with a wide range of beliefs that separate it from conventional care. A child psychiatrist will typically pass through a developmental trajectory as he or she begins to embrace this approach to patient care, which can be broken down into common stages that represent the incorporation and expression of a new philosophy. This article outlines those common stages of development, and also walks through the process of opening an integrative mental health clinic. <a href="http://pesquisa.bvsalud.org/portal/resource/pt/mdl-23806315">http://pesquisa.bvsalud.org/portal/resource/pt/mdl-23806315</a></p>
<p>15</p> <p><b>The integrative medicine team--is biomedical dominance inevitable?</b></p> <p>Hunter, Jennifer; Corcoran, Katherine; Phelps, Kerryn; Leeder, Stephen. J Altern Complement Med; 18(12): 1127-32, 2012 Dec. Artigo em Inglês   MEDLINE   ID: mdl-23198827 <b>RESUMO:</b> INTRODUCTION: As traditional, complementary, and alternative medicines (TCAM) continue to find their way into mainstream medical practice, questions arise about the future of integrative medicine (IM). Concern has been voiced that the biomedical profession will dominate IM and many of the core principles and philosophies governing the practice of TCAM will be lost. METHODS: Using mixed methods, an IM primary care clinic in Sydney, Australia, was compared to the IM models discussed in the literature. RESULTS: Commercial concerns greatly influenced the team's development and the services provided by the practice under study. Questions arose as to whether the clinic was simply incorporating TCAM or truly integrating it. Further analysis of the data revealed evidence of biomedical dominance. CONCLUSIONS: Given the current health care system in Australia, it seems likely that the biomedical doctor will continue to occupy a central logistical and leadership role in this clinic's IM team. <a href="http://pesquisa.bvsalud.org/portal/resource/pt/mdl-23198827">http://pesquisa.bvsalud.org/portal/resource/pt/mdl-23198827</a></p>
<p>16</p> <p><b>Diseño y metodología para el estudio de la utilización de servicios médicos y alternativos en un área de salud</b></p> <p>Díaz Piñera, Addys María; Rodríguez Salvá, Armando; García Roche, René Guillermo; Guerra Chang, Mayda; Jova Morel, Rodolfo; Balcindes Acosta, Susana; De Vos, C. Pol; Van der Stuyft, Patrick. Rev. cuba. hig. epidemiol; 50(3): 340-353, sep.-dic. 2012. Artigo em Espanhol   LILACS   ID: lil-665666 <b>RESUMO:</b> Introducción: En la utilización de los servicios de salud convergen no solo la necesidad de atención de la población en términos de enfermedad, sino sus creencias, aspectos culturales; pero, sobre todo, el complejo contexto en que se da la prestación de servicios de salud. objetivo: exponer la metodología empleada para el estudio de la utilización de los servicios médicos y alternativos en el área de salud Marcio Manduley, del municipio de Centro Habana, para la solución de sus problemas de salud. Métodos: se elaboraron tres instrumentos a partir de la revisión documental y la experiencia de nuestros investigadores, las cuales estaban dirigidas a aquellos miembros de las familias que enfermaron en los últimos 30 días o que padecían una enfermedad crónica y que hicieron o no uso de algún servicio de salud o alternativo. Resultados: Se entrevistaron 408 núcleos familiares (1 244 personas) con un promedio de 31,4 familias (95,7 personas por encuestadoras). El 89,0 por ciento de las familias fueron entrevistadas de lunes a</p>

viernes (el lunes y el martes fueron los días de mayor captación). Conclusiones: La aplicación de estos instrumentos ofrece una aproximación de cómo se utilizan los servicios de salud y alternativos por la población. Su replicación, perfeccionamiento y adecuación en otros contextos es de gran ayuda a los decisores de salud para fortalecer el trabajo en el nivel primario de atención, y así brindar un servicio de calidad a la población

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-665666>

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### **Um método para a implantação e promoção de acesso às Práticas Integrativas e Complementares na Atenção Primária à Saúde**

Santos, Melissa Costa; Tesser, Charles Dalcanale.

Cien Saude Colet; 17(11): 3011-24, 2012 Nov.

Artigo em Português | MEDLINE | ID: mdl-23175308

**RESUMO:** The rendering of integrated and complementary practices in the Brazilian Unified Health System is fostered to increase the comprehensiveness of care and access to same, though it is a challenge to incorporate them into the services. Our objective is to provide a simple method of implementation of such practices in Primary Healthcare, derived from analysis of experiences in municipalities, using partial results of a master's thesis that employed research-action methodology. The method involves four stages: 1 - definition of a nucleus responsible for implementation and consolidation thereof; 2 - situational analysis, with definition of the existing competent professionals; 3 - regulation, organization of access and legitimation; and 4 - implementation cycle: local plans, mentoring and ongoing education in health. The phases are described, justified and briefly discussed. The method encourages the development of rational and sustainable actions, sponsors participatory management, the creation of comprehensiveness and the broadening of care provided in Primary Healthcare by offering progressive and sustainable comprehensive and complementary practices.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-23175308>

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### **Práticas integrativas e complementares: oferta e produção de atendimentos no SUS e em municípios selecionados**

Sousa, Islândia Maria Carvalho de; Bodstein, Regina Cele de Andrade; Tesser, Charles Dalcanale; Santos, Francisco de Assis da Silva; Hortale, Virginia Alonso.

Cad Saude Publica; 28(11): 2143-54, 2012 Nov.

Artigo em Português | MEDLINE | ID: mdl-23147956

**RESUMO:** The world of Traditional/Complementary and Alternative Medicine has grown and its importance has been emphasized in several studies. In Brazil, the National Policy on Integrative and Complementary Practices encourages their inclusion and empowerment in primary care. This study attempted to identify the provision of services and integrative practices in the Unified National Health System and the production of consultations from 2000 to 2011, contrasting the analysis of available information in national databases with the primary care data collected locally in Campinas (São Paulo State), Florianópolis (Santa Catarina State), and Recife (Pernambuco State). Analysis of the data revealed a mismatch between records in information systems and actual practices in these cities. This mismatch is due largely to lack of definition on the scope of what are understood as integrative and complementary practices in the Brazilian National Policy, thereby posing a major limitation to their measurement and evaluation, since current information does not allow adequate recording of such practices.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-23147956>

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### **Integration of complementary and alternative medicine in primary care: what do patients want?**

Jong, Miek C; van de Vijver, Lucy; Busch, Martine; Fritsma, Jolanda; Seldenrijk, Ruth.

Patient Educ Couns; 89(3): 417-22, 2012 Dec.

Artigo em Inglês | MEDLINE | ID: mdl-23031611

**RESUMO:** OBJECTIVE: To explore patients' perspectives towards integration of Complementary and Alternative Medicine (CAM) in primary care. METHODS: A mixed-methods approach was used. This included a survey on use, attitudes and disclosure of CAM, an e-panel consultation and focus group among patients with joint diseases. RESULTS: A total of 416 patients responded to the survey who suffered from osteoarthritis (51%), rheumatoid arthritis (29%) or fibromyalgia (24%).



Prevalence of CAM use was 86%, of which 71% visited a CAM practitioner. Manual therapies, acupuncture and homeopathy were most frequently used. A minority (30%) actively communicated CAM use with their General Practitioner (GP). The majority (92%) preferred a GP who informed about CAM, 70% a GP who referred to CAM, and 42% wanted GPs to collaborate with CAM practitioners. Similar attitudes were found in the focus group and upon e-panel consultation. CONCLUSIONS: Most patients in primary care want a GP who listens, inquires about CAM and if necessary refers to or collaborates with CAM practitioners. PRACTICE IMPLICATIONS: To meet needs of patients, primary care disease management would benefit from an active involvement of GPs concerning CAM communication/referral. This study presents a model addressing the role of patients and GPs within such an integrative approach.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-23031611>

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### **O uso de práticas complementares por uma equipe de Saúde da Família e sua população. / Complementary Practical use for a Primary Health Care Team and your population**

Cruz, Pérola Liciane Baptista; Sampaio, Sueli Fátima; Gomes, Thiago Luccas Correa dos Santos. Rev. APS; 15(4)2012.

Artigo em Português | LILACS-Express | ID: lil-686959

**RESUMO:** Considerando os preceitos da Política Nacional de Atenção Básica, do desenvolvimento de ações em saúde relacionadas à prevenção e promoção da saúde, e reafirmando os princípios do SUS de integralidade, resolutividade, vínculo, continuidade, a Política Nacional de Práticas Integrativas e Complementares foi proposta para a busca de uma ampliação das possibilidades do cuidado. No entanto, após quase cinco anos de sua publicação, no cotidiano profissional e dos serviços essas práticas ainda são incipientes. Este trabalho objetivou investigar o uso de práticas complementares por uma comunidade pertencente à área de abrangência de uma Unidade de Saúde da Família, assim como a visão dos profissionais ali atuantes. A opção foi pela pesquisa qualitativa, com coleta de dados, por meio de entrevista semi-estruturada junto aos participantes. Para análise dos resultados se utilizou da técnica de análise de conteúdo proposto por Bardin. Os resultados apontam para o uso, pela maioria dos participantes pertencentes à população do território de práticas relacionadas às plantas medicinais, com uma forte influência do conhecimento advindo da tradição familiar. Quanto aos profissionais não há ocorrência do uso frequente das terapias complementares, bem como a aproximação com o tema e prática do mesmo é inócua. Conclui-se que há necessidade em se proporcionar uma ampla aproximação dos profissionais junto à política destas práticas, com vistas ao amadurecimento para a inclusão destas nos serviços do SUS.

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-686959>

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### **Práticas integrativas e complementares na atenção primária em saúde: em busca da humanização do cuidado**

Schveitzer, Mariana Cabral; Esper, Marcos Venicio; Silva, Maria Júlia Paes da.

Mundo saúde (Impr.); 36(3): 442-451, jul.- set. 2012. tab

Artigo em Português | LILACS | ID: lil-757701

**RESUMO:** Esta pesquisa objetivou identificar como a incorporação de práticas integrativas e complementares na Atenção Primária em Saúde tem auxiliado a promover a humanização do cuidado. Foi realizada uma Revisão Sistemática de Literatura que utilizou os descritores 'Atenção Primária em Saúde' (Primary Health Care) e 'Práticas Integrativas e Complementares' (Complementary Therapies), por meio do conector AND, nas seguintes bases de dados: PubMed e EMBASE, para buscar artigos publicados até 2011. Foram encontradas 1434 referências; dessas, 680 foram selecionadas pelo título e 15, pelo resumo. O ideal para incluir as PIC na APS é pensar dentro da lógica de cuidado humanizado e, para tal, deve-se considerar: fomentar pesquisas sobre PIC, inserir PIC nos cursos de graduação e em treinamentos de profissionais de saúde, promover a colaboração internacional, aproximar curadores tradicionais e profissionais da APS e organizar lista de fitoterápicos e plantas medicinais recomendadas pelos sistemas de saúde.

[pesquisa.bvsalud.org/portal/resource/pt/lil-757701](http://pesquisa.bvsalud.org/portal/resource/pt/lil-757701)

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### **Atenção primária, atenção psicossocial, práticas integrativas e complementares e suas afinidades eletivas**

Tesser, Charles Dalcanale; Sousa, Islândia Maria Carvalho de. Saúde Soc; 21(2): 336-350, abr.-jun. 2012.

Artigo em Português | LILACS | ID: lil-641727

**RESUMO:** Discutem-se afinidades eletivas entre três fenômenos na área da saúde: a atenção primária à saúde (APS), a abordagem psicossocial no cuidado à Saúde Mental e uso crescente das práticas integrativas e complementares (PIC). Apesar de suas diferenças, eles convergem como críticas e respostas a problemas do modelo médico hegemônico. Embora regulamentados e em implantação no Sistema Único de Saúde (as PIC de forma quase incipiente), tais fenômenos portam um caráter contra-hegemônico. Suas concepções de objeto, de meios e de fins do trabalho ou cuidado apresentam relevantes afinidades, como: centramento nos sujeitos em seus contextos sociais/familiares; abordagens ampliadas e holísticas; valorização de saberes/práticas não-biomédicas e de múltiplas formas, vivências e técnicas de cuidado; estímulo à auto-cura, participação ativa e empoderamento dos usuários; abordagem familiar e comunitária. Na organização das práticas e no relacionamento com a clientela há afinidades quanto à adequação sócio-cultural; parceria, dialogicidade e democratização das relações; trabalho territorial e construção/exploração de vínculos terapêuticos. Assinalam-se também convergências quanto aos efeitos terapêuticos e ético-políticos e discute-se o caráter relativamente desmedicalizante desses fenômenos, mais acentuado na atenção psicossocial e na procura pelas PIC. Tais afinidades significam sinergia entre os três fenômenos, ora relativamente independentes e isolados entre si. O reconhecimento e exploração dessas afinidades pela Saúde Coletiva, pelos movimentos sociais, bem como de profissionais e gestores do SUS, podem contribuir para qualificar a APS e a atenção em saúde mental e sua abertura para as PIC, ampliando as possibilidades de cuidado e fortalecendo os três fenômenos tematizados.

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-641727>

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#### **Knowledge and attitudes of primary health care physicians towards complementary and alternative medicine in the Riyadh region, Saudi Arabia**

Abdullah Al-Rowais, Norah; Al Bedah, Abdullah M N; Khalil, Mohamed K M; El Olemy, Ahmed Tawfik; Khalil, Asim A H; Alrasheid, Mohamed H S; Al Khashan, Hisham; Al Yousef, Mansour; Abdel Razak Ba Fart, Ahmed.

Forsch Komplementmed; 19(1): 7-12, 2012.

Artigo em Inglês | MEDLINE | ID: mdl-22398920

**RESUMO:** BACKGROUND: The aim of this study was to assess the level of knowledge, attitudes, and utilization of complementary and alternative medicine (CAM) of primary health care (PHC) physicians in Riyadh, Saudi Arabia. MATERIAL AND METHODS: A cross-sectional study including all physicians working at PHC centers in the Riyadh region, Saudi Arabia, was carried out from the beginning of April 2010 to the end of June 2010. Using a self-administered questionnaire, 1,113 physicians answered questions regarding their socio-demographic data, and knowledge, attitudes and utilization of CAM. RESULTS: About 8% of the participants had attended a continuous medical education or a training activity. Most of them were unfamiliar with reflexology, energy healing, aromatherapy, ozone therapy, homeopathy, or chiropractic care (77.4, 71.3, 71.2, 67.2, 65.7, and 63.9%, respectively). On the other hand, most physicians felt that they could understand and feel comfortable about counseling patients about Ruqyah (spiritual healing), honey and bee products, dietary supplements, massage therapy, relaxation, herbal medicine, and cupping (40.3, 38.3, 34.9, 34.4, 25.8, 22.8, and 21.4%, respectively). More than half (51.7%) of the physicians used CAM for themselves or their family, but only 14.2% referred their patients to CAM practitioners. 85.1% of studied physicians agreed that physicians should have knowledge about CAM therapies commonly used in the region. 82.5% agreed that health authorities should have a role in regulating CAM, and 75.7% agreed that the physicians' knowledge about CAM practices leads to better patient outcome. CONCLUSION: There is a positive attitude regarding the concept of CAM, but there is a reluctance to refer or to initiate discussion with patients regarding CAM practices, which may be attributed to a lack of knowledge.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-22398920>

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#### **Práticas integrativas e complementares: plantas medicinais e fitoterapia na atenção básica**

Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Brasília; Ministério da Saúde; 2012. 151 p. Livro, ilus, graf.(Cadernos de Atenção Básica, 31).

Monografia em Português | LILACS | ID: lil-685821

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-685821>

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### **O conhecimento dos profissionais de saúde acerca do uso de terapias complementares no contexto da atenção básica**

Neves, Rosália Garcia; Pinho, Leandro Barbosa de; Cardozo Gonzáles, Roxana Isabel; Harter, Jenifer; Schneider, Jacó Fernando; Lacchini, Annie Jeanninne Bisso.

Rev. pesqui. cuid. fundam. (Online); 4(3): 2502-2509, jul.-set. 2012.

Artigo em Português | BDENF - Enfermagem | ID: bde-22535

**RESUMO:** Descrever o conhecimento dos profissionais de saúde acerca do uso de terapias complementares (TCs) no contexto da atenção básica. Método: Pesquisa qualitativa, de caráter descritivo, que foi realizada em uma Unidade Básica de Saúde (UBS), de um município da Região Sul do Brasil. Utilizou-se a entrevista semiestruturada com quatro profissionais de saúde atuantes nesta unidade, sendo um profissional de cada área da saúde. Resultados: Demonstrouse que os profissionais que conhecem as Terapias Complementares em geral as indicam à população. Ao contrário, aqueles que desconhecem aplicações ou situações no cotidiano da prática ficam mais atrelados à medicação alopática. Pela falta de evidências científicas, dificilmente indicam o tratamento complementar. Conclusão: Espera-se que o estudo possa refletir sobre a necessidade de incorporação das práticas complementares como coadjuvantes do tratamento, da prevenção e da promoção em saúde, uma motivação a mais para profissionais e pacientes no contexto da atenção básica.(AU)

<http://pesquisa.bvsalud.org/portal/resource/pt/bde-22535>

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### **Attitude of conventional and CAM physicians toward CAM in India**

Telles, Shirley; Gaur, Vaishali; Sharma, Sachin; Balkrishna, Acharya.

J Altern Complement Med; 17(11): 1069-73, 2011 Nov.

Artigo em Inglês | MEDLINE | ID: mdl-22070443

**RESUMO:** OBJECTIVES: The aim of the present study was to compare the attitude toward complementary and alternative medicine (CAM) of primary care physicians trained in conventional medicine with CAM physicians whose training was for a comparable duration. The CAM physicians included practitioners of Ayurveda, homeopathy, and naturopathy. PARTICIPANTS: Two hundred and ninety five (295) physicians with aged 20-60 (group mean±standard deviation, 48.2-12.3 years, 87 females) participated. Eighty-six (86) of them were trained in Ayurveda, 90 in homeopathy, 82 in conventional medicine, and 37 in naturopathy. They were attending a 4-day residential program on Indian culture. All of them gave their signed consent to take part in the study, and the institution's ethics committee approved the study. STUDY DESIGN: The study was a cross-sectional survey. Since the participants had self-selected to join for the program on Indian culture, the sampling could be considered as convenience sampling. RESULTS: The number of conventionally trained and CAM physicians were similar in number and in their reasons for selecting CAM treatments. CONCLUSIONS: Conventionally trained and CAM physicians were comparably likely to prescribe CAM treatments for their patients. Their reasons for prescribing CAM treatments appeared to be (1) the idea that CAM treatments deal with the cause, and (2) a belief in the treatments. A limiting factor of the survey is that it did not determine whether the belief was based on evidence or on faith alone.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-22070443>

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### **Integrative medicine models in contemporary primary health care.**

Templeman, Kate; Robinson, Anske.

Complement Ther Med; 19(2): 84-92, 2011 Apr.

Artigo em Inglês | MEDLINE | ID: mdl-21549259

**RESUMO:** OBJECTIVE: To determine what models of integrative medicine (IM) are being employed in contemporary health care settings, and how and which factors affect and facilitate the success of IM in terms of the integration of complementary and alternative medicine (CAM) and conventional medicine in primary health care (PHC). DESIGN: Literature review. SETTING: Australian and international PHC settings, and hospitals. MEASURES: Australian and international peer-reviewed literature identified from database searches, reference lists, desktop searches, texts, and relevant website searches (e.g., government and health-related departments and agencies). Focus was literature with the keywords 'integrative' or 'integrated' in conjunction with 'medicine' or 'health care'. Articles were analysed for descriptions of continuous and integrative services involving contemporary IM practices, their background, characteristics, and implementation. FINDINGS AND DISCUSSION: Classifications of IM in the literature present various ways that IM can be

implemented, and it appears that strategies have been successfully developed to facilitate integration. Although few of the barriers to the integration of CAM and conventional medicine have been resolved, concerns over the legitimacy of CAM in health care (e.g., safety, biomedical evidence, and efficacy) are being overcome by the use of evidence-based practice in IM delivery. There are two dominant models of IM that have been developed. One is the selective combination of both biomedical evidence and experience-based evidence of both CAM and conventional medicine. The other is the selective incorporation of exclusively evidence-based CAMs into conventional medicine. The two model types signify different levels of equity between CAM and conventional medicine in regard to the power, autonomy, and control held by each. However, the factors common to all IM models, whether describing CAM as supplementary (and subordinate) or complementary (and partnered) to conventional medicine, is the concept of a health care model that aspires to be client-centred and holistic, with focus on health rather than disease as well as mutual respect among peer practitioners. **CONCLUSIONS:** The growth and viability of IM will depend on evidence-based practices, non-hierarchical IM practices, and identifying the successful influences on the integration of CAM and conventional medicine for recognition of its inherent value in PHC.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-21549259>

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### **Percepção de médicos e enfermeiros da estratégia de saúde da família sobre terapias complementares**

Thiago, Sônia de Castro S; Tesser, Charles Dalcanale.  
Rev Saude Publica; 45(2): 249-257, abr. 2011. graf, tab  
Artigo em Português | LILACS | ID: lil-577050

**RESUMO:** OBJETIVO: Analisar a percepção de profissionais da Estratégia de Saúde da Família sobre práticas integrativas e complementares. MÉTODOS: Estudo com 177 médicos e enfermeiros a partir de um questionário auto-aplicado em 2008. As variáveis desfecho foram "interesse pelas práticas integrativas e complementares" e "concordância com a Política Nacional de Práticas Integrativas e Complementares". Sexo, idade, graduação, pós-graduação, tempo de formado e de trabalho, possuir filhos, oferta de práticas integrativas e complementares no local de trabalho e uso de homeopatia ou acupuntura compuseram as variáveis independentes. Os dados foram analisados pelo teste do qui-quadrado e teste exato de Fisher. RESULTADOS: Dezesete centros de saúde ofereciam práticas integrativas e complementares; 12,4 por cento dos profissionais possuíam especialização em homeopatia ou acupuntura; 43,5 por cento dos médicos eram especialistas em medicina de família e comunidade/saúde da família. Dos participantes, 88,7 por cento desconheciam as diretrizes nacionais para a área, embora 81,4 por cento concordassem com sua inclusão no Sistema Único de Saúde. A maioria (59,9 por cento) mostrou interesse em capacitações e todos concordaram que essas práticas deveriam ser abordadas na graduação. A concordância com a inclusão dessas práticas mostrou-se associada significativamente com o fato de ser enfermeiro ( $p = 0,027$ ) e com o uso de homeopatia para si ( $p = 0,019$ ). Interesse pelas práticas complementares esteve associado a usar homeopatia para si ( $p = 0,02$ ) e acupuntura para familiares ( $p = 0,013$ ). **CONCLUSÕES:** Existe aceitação das práticas integrativas e complementares pelos profissionais estudados, associada ao contato prévio com elas e possivelmente relacionada à residência/especialização em medicina de família e comunidade/saúde da família.

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-577050>

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### **Family Health Strategy doctors and nurses' perceptions of complementary therapies**

Thiago, Sônia de Castro S; Tesser, Charles Dalcanale.  
Rev Saude Publica; 45(2): 249-57, 2011 Apr.  
Artigo em Inglês | MEDLINE | ID: mdl-21271210

**RESUMO:** OBJECTIVE: To analyze Estratégia de Saúde da Família (Family Health Strategy) professionals' perception of complementary and integrative therapies. METHODS: A study with 177 doctors and nurses was conducted in 2008, based on a self-administered questionnaire. The outcome variables were "interest in complementary and integrative therapies" and "agreement with the National Policy on Complementary and Integrative Therapies. Sex, age, graduate level of education, postgraduate level of education, length of time since graduation, length of time of work, having children, providing complementary and integrative therapies in the workplace, and using homeopathy or acupuncture comprised the independent variables. Data were analyzed using Chi-square test and Fisher's exact test. RESULTS: A total of 17 health centers provided complementary and integrative therapies; 12.4% of professionals had a specialization in homeopathy or acupuncture; 43.5% of doctors were specialists in family and community medicine/family health. Of

all participants, 88.7% did not know the national directives for this area, although 81.4% agreed with their inclusion in the Sistema Único de Saúde (Unified Health System). The majority (59.9%) showed an interest in qualifications and all agreed that these therapies should be approached during the graduate course. Agreement with the inclusion of such therapies was significantly associated with the fact of being a nurse ( $p = 0.027$ ) and using homeopathy for oneself ( $p = 0.019$ ). Interest in complementary therapies was associated with the use of homeopathy for oneself ( $p = 0.02$ ) and acupuncture by family members ( $p = 0.013$ ). **CONCLUSIONS:** Complementary and integrative therapies are accepted by the professionals studied. This acceptance is associated with previous contact with such therapies and, probably, with residency/specialization in family and community medicine/family health.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-21271210>

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**Government policies for traditional, complementary and alternative medical services in India: from assimilation to integration?**

Sheikh, Kabir; Nambiar, Devaki.

Natl Med J India; 24(4): 245-6, 2011 Jul-Aug.

Artigo em Inglês | MEDLINE | ID: mdl-22208151

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-22208151>

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**A study to examine the attitudes, knowledge, and utilization of CAM by primary care professional in West Texas**

Zhang, Yan; Peck, Kim; Spalding, Mary; Xu, Tom; Ragain, Mike.

Complement Ther Med; 18(6): 227-32, 2010 Dec.

Artigo em Inglês | MEDLINE | ID: mdl-21130358

**RESUMO:** **OBJECTIVE:** This study examined the attitudes, knowledge, and utilization of CAM among primary care providers at two campuses of the Texas Tech University Health Sciences Center (TTUHSC). **DESIGN AND SETTING:** A cross-sectional study design and a convenient sampling method were used. This study employed the questionnaire adapted from the Wahner-Roedler's study to survey participants in TTUHSC. Primary survey collection was conducted at the two campuses where all Family Medicine healthcare professionals were recruited. **MAIN OUTCOME MEASURES:** We measured participants' knowledge of, their familiarity and experience with, their attitudes towards and utilization of CAM. **RESULTS:** Of the 69 respondents, more than half (56.5%) were female and younger than 36 years. Overall, our study revealed a positive attitude towards CAM. More than 60% of the providers would like to refer a patient to a CAM practitioner and about 75% of them believed that incorporation of CAM therapies into the practice would have a positive impact. Providers were most familiar with and felt most comfortable counseling their patients about massage therapy and St. John's Wort among all CAM modalities. About 70% of the participants believed that the institution should offer proven CAM therapies to patients. **CONCLUSIONS:** This study provides some preliminary findings that may lead to further exploration of healthcare professional's attitudes towards CAM.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-21130358>

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**Integrative medicine: enhancing quality in primary health care**

Grace, Sandra; Higgs, Joy.

J Altern Complement Med; 16(9): 945-50, 2010 Sep.

Artigo em Inglês | MEDLINE | ID: mdl-20809810

**RESUMO:** **OBJECTIVES:** Integrative medicine (IM) is an emerging model of health care in Australia. However, little is known about the contribution that IM makes to the quality of health care. The aim of the research was to understand the contribution IM can make to the quality of primary care practices from the perspectives of consumers and providers of IM. **DESIGN:** This interpretive research used hermeneutic phenomenology to understand meanings and significance that patients and practitioners attach to their experiences of IM. Various qualitative research techniques were used: case studies; focus groups; and key informant interviews. Data sets were generated from interview transcripts and field notes. Data analysis consisted of repeatedly reading and examining the data sets for what they revealed about experiences of health care and health outcomes, and constantly comparing these to allow themes and patterns to emerge. **SETTING:** The setting for this research was Australian IM clinics where general medical practitioners and CAM practitioners were

co-located. RESULTS: From the perspective of patients and practitioners, IM: (1) provided authentically patient-centered care; (2) filled gaps in treatment effectiveness, particularly for certain patient populations (those with complex, chronic health conditions, those seeking an alternative to pharmaceutical health care, and those seeking health promotion and illness prevention); and (3) enhanced the safety of primary health care (because IM retained a general medical practitioner as the primary contact practitioner and because IM used strategies to increase disclosure of treatments between practitioners). CONCLUSIONS: According to patients and practitioners, IM enhanced the quality of primary health care through its provision of health care that was patient-centered, effective (particularly for chronic health conditions, nonpharmaceutical treatments, and health promotion) and safe.

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**Knowledge, attitudes and practice of general practitioners towards complementary and alternative medicine in Doha, Qatar**

Al, Shaar I A M S; Ismail, M F S; Yousuf, W A A A; Salama, R E.

East Mediterr Health J; 16(5): 522-7, 2010 May.

Artigo em Inglês | MEDLINE | ID: mdl-20799552

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-20799552>

34

**Can we rapidly identify traditional, complementary and alternative medicine users in the primary care encounter? A RIOS Net study**

Sussman, Andrew L; Williams, Robert L; Shelley, Brian M.

Ethn Dis; 20(1): 64-70, 2010.

Artigo em Inglês | MEDLINE | ID: mdl-20178185

**RESUMO:** OBJECTIVE: Pressed for time to address competing clinical demands within the brief clinical encounter, primary care clinicians often rely on observations of patients to select topics to address. Use of traditional, complementary, or alternative medicine (TM/CAM) may be an important topic for discussion with a patient, but identification of patients using TM/CAM is problematic. We conducted this study to determine if observable characteristics--among southwestern Hispanic and Native American persons--might suggest to the clinician that a patient is likely to use TM/CAM. DESIGN: A combination of clinic staff focus groups, patient and clinician interviews, and a clinician focus group was used to explore possible predictors of TM/CAM use among primary care patients in practices serving predominantly Hispanic and Native American communities. RESULTS: No easily observable characteristics were identified that clinicians might use to predict TM/CAM use in their patients. Less readily observable characteristics--identification with culture, family of origin, health condition--were more likely to be associated with TM/CAM use, but not infallibly so. CONCLUSIONS: Rather than attempt to predict TM/CAM use by an individual patient, clinicians may be better served by assuming its use by all, by applying strategies for rapid and effective communications with patients about the topic, by selecting which patients to discuss TM/CAM use with based on clinical circumstances, and/or by gathering information about TM/CAM use as part of routine initial database development.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-20178185>

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**Das Medicinas tradicionais às práticas integrativas de saúde: caracterização dos recursos humanos nas práticas alternativas de saúde adotadas no Distrito Federal**

MARQUES, Adriana Maria Parreiras; PEREIRA NETO, Manoel Rodrigues.

Brasília-DF; UNB; CEAM; NESP; ObservaRH; 2010. 184 p.

Monografia em Português | Coleciona SUS | ID: sus-29388

<http://pesquisa.bvsalud.org/portal/resource/pt/sus-29388>

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**The integration of bio-medicine and culturally based alternative medicine: implications for health care providers and patients**

Lovell, Brenda.

Glob Health Promot; 16(4): 65-8, 2009 Dec.

Artigo em Inglês | MEDLINE | ID: mdl-20028672

**RESUMO:** Complementary and alternative medicine (CAM) are therapies used along with or in place of bio-medicine. Many forms of CAM originate in culture, referred to as culturally based

alternative medicines. Usage of CAM is high with large numbers of patients using CAM for mental health, pain and musculoskeletal problems. Their desire for holistic care may be the impetus for this interest, as alternative care practitioners spend more time analyzing illness symptoms. These factors along with the global migration of immigrants accustomed to traditional medicine but now immersed in biomedical health care systems, has created potential for misunderstanding. Drug interactions for some forms of CAM taken with bio-medicine can occur. Insufficient scientific studies about CAM has reduced acceptance and educational opportunities to learn about CAM are limited. Ideas for policy and research are forming.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-20028672>

37

### **Developing an integrative therapies in primary care program**

Anastasi, Joyce K; Capili, Bernadette; Schenkman, Faye.

Nurse Educ; 34(6): 271-5, 2009 Nov-Dec.

Artigo em Inglês | MEDLINE | ID: mdl-19901745

**RESUMO:** The authors describe the development and incorporation of an integrative therapies subspecialty curriculum into a graduate nursing education program. Specialized education in integrative therapies prepares nursing students more thoroughly for primary care practice because many patients now use what is called complementary and alternative medicine in conjunction with standard medical care. Students learn to determine the safety, efficacy, and cultural significance of complementary and alternative medicine practices of their diverse patient population.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-19901745>

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### **Introducción a la acupuntura. Fundamentos e interés para el médico de Atención Primaria**

Ospina-Díaz, N.

SEMERGEN, Soc. Esp. Med. Rural Gen. (Ed. Impr.); 35(8): 380-384, oct. 2009.

Artigo em Espanhol | IBECs | ID: ibc-73949

**RESUMO:** La acupuntura es una terapéutica de la medicina tradicional china utilizada desde hace más de 3.000 años. Recientemente ha ido ganando popularidad entre pacientes y médicos en el mundo occidental. Investigaciones en ciencias básicas aclaran los mecanismos fisiológicos de la acupuntura. Múltiples investigaciones muestran que la acupuntura desencadena una respuesta neuroendocrina que activa cascadas de opioides endógenos. Numerosos estudios clínicos controlados y aleatorizados, y revisiones sistemáticas han intentado evaluar la eficacia clínica de la acupuntura. La evidencia derivada de estos trabajos avala la acupuntura como un tratamiento eficaz para el dolor dental, las náuseas y vómitos de los posoperatorios y de la quimioterapia. Para otras condiciones, los resultados todavía no son concluyentes dado que la investigación clínica en acupuntura plantea retos metodológicos que están en proceso de ser superados. La acupuntura es una terapéutica segura en manos entrenadas. La comunidad médica se está abriendo a la utilización de la acupuntura como una terapéutica no farmacológica complementaria a la práctica médica habitual. Son necesarios más estudios que nos permitan ir esclareciendo las dudas y que sirvan de puente entre este antiguo arte de curar y los sistemas modernos de salud (AU)

<http://pesquisa.bvsalud.org/portal/resource/pt/ibc-73949>

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### **Complementary medicine in the primary care setting: Results of a survey of gender and cultural patterns in Israel**

Ben-Arye, Eran; Karkabi, Sonia; Shapira, Chen; Schiff, Elad; Lavie, Ofer; Keshet, Yael.

Gend Med; 6(2): 384-97, 2009 Jul.

Artigo em Inglês | MEDLINE | ID: mdl-19682666

**RESUMO:** OBJECTIVE: The purpose of this study was to examine the use of complementary and alternative medicine (CAM) in a primary care practice in Israel to determine prevalence and patterns of use. METHODS: Trained research assistants invited all patients attending the administrative, medical, pharmaceutical, or nursing services of 7 clinics in urban and rural areas of northern Israel over a 16-month period, from April 1, 2005, through August 1, 2006, to complete a 13-item written questionnaire about CAM use and beliefs about CAM safety and efficacy. CAM was defined as therapies often referred to as alternative, complementary, natural, or folk/traditional medicine, and which are not usually offered as part of the medical treatment in the clinic, including herbal medicine, Chinese medicine (including acupuncture), homeopathy, folk and traditional remedies, dietary/nutritional therapy (including nutritional supplements), chiropractic, movement/manual

healing therapies (including massage, reflexology, yoga, and Alexander and Feldenkrais techniques), mind-body techniques (including meditation, guided imagery, and relaxation), energy and healing therapies, and other naturopathic therapies. The Pearson chi(2) test and multivariate logistic regression were used to assess univariate associations with the odds ratios of CAM use among Arab and Jewish women. A t test was performed to determine whether there were any differences in the continuous variables between the 2 groups. RESULTS: Of 3972 consecutive patients who received the questionnaire, 3447 responded; 2139 respondents (62%) were women. Of the female respondents, 2121 reported their religion (1238 respondents [58%] self-identified as being Arab, and 883 [41.6%] as being Jewish). Compared with men, more women used CAM during the previous year (46.4% vs 39.4%;  $P < 0.001$ ). Women were more likely to use CAM and to be interested in receiving CAM at primary care clinics. Arab women reported less CAM use than Jewish women but were more interested in experiencing CAM, had a higher degree of confidence in CAM efficacy and safety, and more frequently supported the integration of CAM practitioners in primary care clinics. CONCLUSIONS: In this study, women visiting primary care clinics in northern Israel used CAM more often than men did. Arab women reported less use of CAM than did Jewish women but also reported greater confidence in CAM efficacy and safety.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-19682666>

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### **Educational intervention to improve physician reporting of adverse drug reactions (ADRs) in a primary care setting in complementary and alternative medicine**

Tabali, Manuela; Jeschke, Elke; Bockelbrink, Angelina; Witt, Claudia M; Willich, Stefan N; Ostermann, Thomas; Matthes, Harald.

BMC Public Health; 9: 274, 2009 Jul 31.

Artigo em Inglês | MEDLINE | ID: mdl-19643033

**RESUMO:** BACKGROUND: Recent studies have shown that adverse drug reactions (ADRs) are underreported. This may be particularly true of ADRs associated with complementary and alternative medicine (CAM). Data on CAM-related ADRs, however, are sparse. Objective was to evaluate the impact of an educational intervention and monitoring programme designed to improve physician reporting of ADRs in a primary care setting. METHODS: A prospective multicentre study with 38 primary care practitioners specialized in CAM was conducted from January 2004 through June 2007. After 21 month all physicians received an educational intervention in terms of face-to-face training to assist them in classifying and reporting ADRs. The study centre monitored the quantity and quality of ADR reports and analysed the results. To measure changes in the ADR reporting rate, the median number of ADR reports and interquartile range (IQR) were calculated before and after the educational intervention. The pre-intervention and post-intervention quality of the reports was assessed in terms of changes in the completeness of data provided for obligatory items. Interrater reliability between the physicians and the study centre was calculated using Cohen's kappa with a 95% confidence interval (CI). We used Mann Whitney U-test for testing continuous data and chi-square test was used for categorical data. The level of statistical significance was set at  $P < 0.05$ . RESULTS: A total of 404 ADRs were reported during the complete study period. An initial 148% increase ( $P = 0.001$ ) in the number of ADR reports was observed after the educational intervention. Compared to baseline the postinterventional number of ADR reportings was statistically significant higher ( $P < 0.005$ ) through the first 16 months after the intervention but not significant in the last 4-month period (median: 8.00 (IQR [2.75; 8.75];  $P = 0.605$ ). The completeness of the ADR reports increased from 80.3% before to 90.7% after the intervention. The completeness of the item for classifying ADRs as serious or non-serious increased significantly ( $P < 0.001$ ) after the educational intervention. The quality of ADR reports increased from kappa 0.15 (95% CI: 0.08; 0.29) before to 0.43 (95% CI: 0.23; 0.63) after the intervention. CONCLUSION: The results of the present study demonstrate that an educational intervention can increase physician awareness of ADRs. Participating physicians were able to incorporate the knowledge they had gained from face-to-face training into their daily clinical practice. However, the effects of the intervention were temporary.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-19643033>

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### **Applying integrative healthcare**

Ananth, Sita.

Explore (NY); 5(2): 119-20, 2009 Mar-Apr.

Artigo em Inglês | MEDLINE | ID: mdl-19272585

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-19272585>



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### **The cultural context of CAM**

Lewith, George T.

J Altern Complement Med; 14(10): 1179-80, 2008 Dec.

Artigo em Inglês | MEDLINE | ID: mdl-19032073

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### **Complementary and alternative medicine in US family medicine practices: a pilot qualitative study.**

**Hamilton, Jennifer L; Roemheld-Hamm, Beatrix; Young, Denise M; Jalba, Mihai; DiCicco-Bloom, Barbara.**

Altern Ther Health Med; 14(3): 22-7, 2008 May-Jun.

Artigo em Inglês | MEDLINE | ID: mdl-18517102

**RESUMO:** CONTEXT: The growth of complementary and alternative medicine (CAM) has led some family medicine practices to include CAM. Acupuncture or herbal medicine, for example, may be offered at such practices. When a practice incorporates both CAM and conventional treatments, its goals and values may differ from those found in traditional primary care. Little is known about the development of these integrated practices, which may be expected to become more widespread. OBJECTIVE: To identify some of the concepts and challenges shaping family medicine practices that incorporate CAM. DESIGN: Comparative case study. METHOD: Multi-method assessment process including participant observation, key informant interviews, semi-structured depth interviews, and observation of patient-provider encounters. SETTING: Four family medicine/CAM practices in the mid-Atlantic region of the United States. RESULTS: Key themes that influence these practices' organization include dimensions of health, the selection of therapies used, the practices' approach to evidence, their perspective on the amount of time spent with patients, and their adaptations to financial concerns. Each practice emphasized long patient visits. In each, physicians had expertise that enabled them to draw on both conventional medicine and CAM. CONCLUSION: Successful incorporation of CAM modalities within a family medicine framework requires adaptation not only at the practice level but also by individual physicians.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-18517102>

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### **Use of complementary and alternative medicine by physicians in St. Petersburg, Russia**

Brown, Samuel.

J Altern Complement Med; 14(3): 315-9, 2008 Apr.

Artigo em Inglês | MEDLINE | ID: mdl-18380609

**RESUMO:** BACKGROUND: Interest in complementary and alternative medicine (CAM) is increasing worldwide, although relatively little is known of physician use of CAM, and there are no quantitative reports of CAM use by Russian physicians. OBJECTIVE: The objective of this study was to determine the prevalence of CAM therapies among practicing physicians and determine predictors of CAM usage. DESIGN: This was a convenience sample prevalence survey. SETTING: The study involved 3 urban academic hospitals in St. Petersburg, in Russia. SUBJECTS: Participants included 192 physicians practicing at the three study hospitals. MEASUREMENTS: The study determined the number (from a list of 32) of CAM therapies that physicians used on themselves, used on their patients, or referred their patients to receive. RESULTS: One hundred and seventy-seven (177; 92%) of the surveyed physicians responded. One hundred percent (100%) of the respondents had practiced CAM or referred patients for at least two CAM therapies. One hundred and seventy-five (175; 99%) had themselves practiced at least two therapies. On average, each physician had practiced or referred patients for 12.7 (95% confidence interval, 11.9-13.6) therapies. On multivariate analysis, knowledge of a foreign language, surgical specialty, and female gender were significantly ( $p < 0.05$ ) associated with increased CAM usage, while critical care specialty and completion of only an internship were associated with lower rates of CAM practice. CONCLUSIONS: Physician use of CAM in Russia appears very high. The high prevalence of CAM may complicate adoption of Western evidence-based practices. Predictors and effects of CAM usage in Russian society warrant further study.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-18380609>

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### **Attitudes toward integration of complementary and alternative medicine in primary care: perspectives of patients, physicians and complementary practitioners**

Ben-Arye, Eran; Frenkel, Moshe; Klein, Anat; Scharf, Moshe.

Patient Educ Couns; 70(3): 395-402, 2008 Mar.

Artigo em Inglês | MEDLINE | ID: mdl-18201857

**RESUMO:** OBJECTIVE: Our study explored the attitudes of patients toward complementary and alternative medicine (CAM) use, their family physicians' role regarding CAM, and models for CAM referral and treatment. We compared patients' perspectives regarding integration of CAM into primary care with attitudes of primary care physicians (PCPs) and CAM practitioners. METHODS: We conducted a comprehensive literature review and focus group discussions to develop a questionnaire, which we gave to three groups: a random sample of patients receiving care at an academic family medicine clinic and PCPs and CAM practitioners employed in the largest health maintenance organization in Israel. RESULTS: A total of 1150 patients, 333 PCPs, and 241 CAM practitioners responded to our questionnaire. Compared with PCPs, patients expected their family physician to refer them to CAM, to have updated knowledge about CAM, and to offer CAM treatment in the clinic based on appropriate training. When asked about CAM integration into medical care, more patients expected to receive CAM in a primary care setting compared to PCPs' expectations of prescribing CAM (62% vs. 30%;  $p=0.0001$ ). Patients, CAM practitioners, and PCPs expected family practitioners to generate CAM referrals in an integrative primary care setting (85.6% vs. 82.4% vs. 62.6%;  $p<0.0001$ ). Patients supported CAM practitioners providing CAM treatments in the primary care setting, regardless of whether the practitioner held a medical degree (MD). Also, more patients than PCPs or CAM practitioners expected their family physician to provide CAM (28.2% vs. 14.5% vs. 3.8%;  $p<0.0001$ ). CONCLUSION: Patients, PCPs, and CAM practitioners suggested that family physicians play a central role in CAM referral and, to a lesser extent, that they actually provide CAM treatment themselves. PRACTICE IMPLICATIONS: PCPs need to be aware of their present and future role in informed referral to CAM and, to a lesser degree, in providing CAM in integrative primary care clinics. With the increasing use of CAM, patients may expect their family physician to be more knowledgeable, skillful, and have a balanced approach regarding CAM use. In addition, practitioners should learn how to communicate effectively and better collaborate with CAM practitioners to the benefit of their patients.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-18201857>

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### **Complementary and alternative medicine: attitudes and patterns of use by German physicians in a national survey**

Stange, Rainer; Amhof, Robert; Moebus, Susanne.

J Altern Complement Med; 14(10): 1255-61, 2008 Dec.

Artigo em Inglês | MEDLINE | ID: mdl-19123879

**RESUMO:** OBJECTIVE: To generate valid data on attitudes about complementary and alternative medicine (CAM) as well as patterns of use in a large stochastic sample of general practitioner physicians and specialists. DESIGN: Cross-sectional survey in a large random sample of 516 German outpatient care physicians with qualifications in 13 medical fields representative of a basic population of 118,085 statutory health insurance physicians. MATERIALS AND METHODS: Telephone interviews with 36 wide-ranging questions about CAM attitudes and preferred techniques were conducted in November and December 2005 as part of a national healthcare survey. RESULTS: In our sample, 51% were in favor of CAM use (26% were very much in favor, 25% were in favor). The methods most frequently prescribed (combining answers for "very often" and "at times") were physical therapy (71%), phytomedicine (67%), exercise (63%), nutrition and dieting (62%), massage (61%), relaxation techniques (55%), followed by more typical CAM interventions such as homeopathy (38%), acupuncture (37%), and traditional Chinese medicine (18%). Primary care physicians were significantly more inclined to use CAM than were specialists. No striking differences were observed with respect to gender or age. CONCLUSIONS: This survey demonstrates a broader acceptance and practice of CAM by physicians than hitherto believed. Methods traditionally known as "natural medicine" were more frequently used than more typical CAM procedures. Further research should focus on physicians' differing motivations and observed results.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-19123879>

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### **Turkish general practitioners and complementary/alternative medicine**

Ozcakir, Alis; Sadikoglu, Ganime; Bayram, Nuran; Mazicioglu, M Mumtaz; Bilgel, Nazan; Beyhan, Isik.

J Altern Complement Med; 13(9): 1007-10, 2007 Nov.

Artigo em Inglês | MEDLINE | ID: mdl-18047448

**RESUMO:** BACKGROUND: Complementary and alternative medicine (CAM) is in the spotlight of society. However, what is the position of physicians at this point? OBJECTIVES: To determine general practitioners' (GP) knowledge, attitudes, and approaches to CAM. METHODS: All GPs (n=521) practicing in Bursa Province, Turkey were surveyed by a questionnaire. RESULTS: Responses from 49% of GPs were analyzed. Altogether, most of our physicians (96.5%) had not received any education about CAM, wanted to learn more (74.4%), and their knowledge levels were low (60.8%). About half of them (51%) believed in the efficiency of CAM, whereas 38.0% did not. GPs desire more information about herbal medicine and acupuncture. Only 29% of GPs were using some type of CAM for themselves. CONCLUSIONS: GPs are aware of the subject's importance and want to learn more about CAM and improve their knowledge. It would be reasonable to provide training possibilities for GPs, primarily for the CAM types highly used by the population and most requested by the physicians.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-18047448>

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### **Exploring different dimensions of holism: considerations in the context of an evaluation of complementary medicine in primary care**

Marian, Florica.

Forsch Komplementmed; 14 Suppl 2: 19-27, 2007 Dec.

Artigo em Inglês | MEDLINE | ID: mdl-18219206

**RESUMO:** Holism is often associated with both complementary medicine and primary care. In the context of the Swiss Programme for the Evaluation of Complementary Medicine (PEK), the concept of holism emerged from data on physician's philosophy of care and motivation for patients' choice of physician. Yet, as PEK primarily aimed to quantify differences between conventional and complementary medicine, qualitative aspects of the study were neglected and data not fully explored. The main objective of this article is to explore the concept, variations and dimensions of holism by exploring and reflecting on PEK results implicitly and explicitly related to holism.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-18219206>

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### **Models of health: a survey of practitioners**

Klimenko, Elena; Julliard, Kell; Lu, Shu-Hua; Song, Hongya.

Complement Ther Clin Pract; 12(4): 258-67, 2006 Nov.

Artigo em Inglês | MEDLINE | ID: mdl-17030297

**RESUMO:** PURPOSE: Models of health influence providers' practice and delivery of health care. This study surveyed a random sample of providers to determine if health care providers from mainstream medicine (MM), integrative medicine (IM), and complementary and alternative medicine (CAM) hold mutually exclusive models of health or combine notions from models thought to be contradictory. METHODS: A survey was created through qualitative research, piloted, and mailed to a wide variety of MM, IM, and CAM health care professionals. RESULTS: All providers combined various models and definitions of health. Most utilized the biomedical approach to some extent. Balance (holistic model) and functioning in daily life were essential to most respondents' models of health, disease, and healing. Close communication between MM and CAM systems was preferred over complete separation or a single system. CONCLUSIONS: Many providers of all types combine widely disparate components in their definitions of health, providing keys for improving communication.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-17030297>

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### **Complementary and conventional medicine in Switzerland: comparing characteristics of general practitioners.**

Widmer, Marcel; Herren, Sylvia; Dönges, Andreas; Marian, Florica; Busato, André.

Forsch Komplementmed; 13(4): 234-40, 2006 Aug.

Artigo em Inglês | MEDLINE | ID: mdl-16980771

**RESUMO:** OBJECTIVES: Do structural characteristics of general practitioners (GPs) who practice complementary medicine (CAM) differ from those GPs who do not? Assessed characteristics included experience and professional integration of general practitioners (GPs), workload, medical activities, and personal and technical resources of practices. The investigated CAM disciplines were anthroposophic medicine, homoeopathy, traditional Chinese medicine, neural therapy and herbal

medicine. MATERIAL AND METHODS: We designed a cross-sectional study with convenience and stratified samples of GPs providing conventional (COM) and/or complementary primary care in Switzerland. The samples were taken from the database of the Swiss medical association (FMH) and from CAM societies. Data were collected using a postal questionnaire. RESULTS: Of the 650 practitioners who were included in the study, 191 were COM, 167 noncertified CAM and 292 certified CAM physicians. The proportion of females was higher in the population of CAM physicians. Gender-adjusted age did not differ between CAM and COM physicians. Nearly twice as many CAM physicians work part-time. Differences were also seen for the majority of structural characteristics such as qualification of physicians, type of practice, type of staff, and presence of technical equipment. CONCLUSION: The study results show that structural characteristics of primary health care do differ between CAM and COM practitioners. We assumed that the activities of GPs are defined essentially by analyzed structures. The results are to be considered for evaluations in primary health care, particularly when quality of health care is assessed.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-16980771>

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### **An approach to teaching primary care physicians how to integrate complementary medicine into their daily practices: a pilot study**

Ben-Arye, Eran; Frenkel, Moshe; Hermoni, Doron.  
J Altern Complement Med; 12(1): 79-83, 2006 Jan-Feb.  
Artigo em Inglês | MEDLINE | ID: mdl-16494572

**RESUMO:** This paper describes a pilot educational approach to integration of complementary and alternative medicine (CAM) into the daily routine of primary care practice. Twelve (12) family practice residents and specialists were assigned to develop an integrative treatment program geared to address the needs of their own patients. In the process, participants were asked to formulate treatment plans by searching resources to find appropriate CAM modalities and consult with CAM practitioners. The effectiveness of the educational process was assessed by questionnaires. The researchers found that providing a short course in advanced integrative medicine improves physician ability to better formulate an individualized treatment plan. This approach of teaching has long-standing results, as noted with a 2-year follow-up evaluation.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-16494572>

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### **The integration of complementary therapies in Australian general practice: results of a national survey**

Cohen, Marc M; Penman, Stephen; Pirotta, Marie; Da Costa, Cliff.  
J Altern Complement Med; 11(6): 995-1004, 2005 Dec.  
Artigo em Inglês | MEDLINE | ID: mdl-16398590

**RESUMO:** METHODS: Australian general practitioners' (GPs) attitudes toward and use of a range of complementary therapies (CTs) were determined through a self-administered postal survey sent to a random sample of 2000 Australian GPs. The survey canvassed GPs' opinions as to the harmfulness and effectiveness of CTs; current levels of training and interest in further training; personal use of, and use in practice of, CTs; referrals to CT; practitioners; appropriateness for GPs to practice and for government regulation; perceived patient demand and the need for undergraduate education. RESULTS: The response rate was 33.2%. Based on GPs' responses, complementary therapies could be classified into: nonmedicinal and nonmanipulative therapies, such as acupuncture, massage, meditation, yoga, and hypnosis, that were seen to be highly effective and safe; medicinal and manipulative therapies, including chiropractic, Chinese herbal medicine, osteopathy, herbal medicine, vitamin and mineral therapy, naturopathy, and homeopathy, which more GPs considered potentially harmful than potentially effective; and esoteric therapies, such as spiritual healing, aromatherapy, and reflexology, which were seen to be relatively safe yet also relatively ineffective. The risks of CTs were seen to mainly arise from incorrect, inadequate, or delayed diagnoses and interactions between complementary medications and pharmaceuticals, rather than the specific risks of the therapies themselves. CONCLUSIONS: Nonmedicinal therapies along with chiropractic are widely accepted in Australia and can be considered mainstream. GPs are open to training in complementary therapies, and better communication between patients and GPs about use of CTs is required to minimize the risk of adverse events. There is also a need to prioritize and provide funding for further research into the potential adverse events from these therapies and other therapies currently lacking an evidence base.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-16398590>

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**Complementary and alternative medicine (CAM) among hospitalised patients: reported use of CAM and reasons for use, CAM preferred during hospitalisation, and the socio-demographic determinants of CAM users**

Shorofi, Seyed Afshin.

Complement Ther Clin Pract; 17(4): 199-205, 2011 Nov.

Artigo em Inglês | MEDLINE | ID: mdl-21982133

**RESUMO:** PURPOSE: This paper reports a study to examine hospitalised patients' frequency and patterns of CAM use, their reasons for CAM use, their preferences of CAMs during hospitalisation, and the association between patients' socio-demographic variables and use of each individual CAM/CAM domain. METHODS: A convenience sample of 353 patients hospitalised in 19 surgical wards at four metropolitan hospitals completed a questionnaire on CAM use and socio-demographic variables. RESULTS: The response rate was 73.5%, and over 90% of the sample acknowledged using CAMs. Non-herbal supplements (60.3%) and massage therapy (45%) were the most frequently used CAMs, with biologically based therapies (68.8%) as well as mind-body interventions (65.4%) being the most often used CAM domains. About 1 in 10 patients (9.6%) used CAMs from all five domains. With the exception of herbal-botanical therapies, self-prayer for health reasons/spiritual healing and music therapy, all CAMs were mainly used on an 'only when needed' basis. The most common reason nominated for using CAMs was that '[it] fits into my way of life/philosophy' (26%). The majority of patients declared interest in and support for the hospital providing CAMs. Patients were most inclined to choose therapies categorised as manipulative and body-based methods (65.4%) for use in hospital. Massage therapy (53.5%) and non-herbal supplements (43.1%) were the top two CAMs favoured for use in hospital. CAM use was also dependent of socio-demographic data (age, gender, marital status, place of residence, education level, religion, and income in hospitalised patients). CONCLUSION: The use of CAMs is pervasive amongst surgical in-patients, making it feasible to initially assess these patients for CAM use and provide them with clinically approved CAMs where possible. Notwithstanding that CAM use is fairly predictable by socio-demographic variables, further studies should be directed to know the variables useful for predicting the use of each CAM approach.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-21982133>

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**Knowledge and practice of complementary medicine amongst public primary care clinic doctors in Kinta district, Perak**

Ismail, I A; Chan, S C.

Med J Malaysia; 59(1): 4-10, 2004 Mar.

Artigo em Inglês | MEDLINE | ID: mdl-15535328

**RESUMO:** The knowledge and practice of doctors (n=40) towards complementary medicine (CM) in 16 health clinics in the Kinta District were assessed by questionnaire. Thirty-four (85%) responded. More than half felt that acupuncture (73.50), homeopathy (59%) and herbal medicine (59%) were occasionally harmful. Forty-four percent felt manipulative therapy was frequently harmful. Relaxation technique (79%) and nutritional therapy (44%) were considered most frequently useful. 59% used some form of CM. There were no significant differences found in usage rates by gender, age group and exposure to CM during undergraduate training. Sixty-seven percent had encouraged patients to seek CM. Seventy-three percent perceived an increasing demand for CM. Eighty-eight percent were in favour of a hospital based CM referral center. Only 6% were trained in CM.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-15535328>

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**Complementary and alternative medicine use in patients with chronic diseases in primary care is associated with perceived quality of care and cultural beliefs**

Lee, G B W; Charn, T C; Chew, Z H; Ng, T P.

Fam Pract; 21(6): 654-60, 2004 Dec.

Artigo em Inglês | MEDLINE | ID: mdl-15531625

**RESUMO:** OBJECTIVES: The purpose of our study was to determine the prevalence of complementary and alternative medicine (CAM) use and its clinical and psycho-social correlates, including perceived satisfaction with care and cultural health beliefs. METHODS: A cross-sectional study was carried out in public sector primary care clinics in Singapore using a random sample of 488 adult patients with chronic diseases. The measures were CAM use, satisfaction with care and traditional health beliefs. RESULTS: The 1 year prevalence of CAM use was 22.7%. In univariate

analyses, factors associated with CAM use included: middle age, arthritis, musculoskeletal disorders and stroke, multiple conditions, poor perceived health, family use of CAM, recommendation by close social contacts, strong adherence to traditional health beliefs and perceived satisfaction with care. Patients who were dissatisfied/very dissatisfied with the cost of treatment [odds ratio (OR) = 1.79, 95% confidence interval (CI) 1.15-2.82] and waiting time (OR = 1.96, 95% CI 1.20-3.19) were more likely to use CAM. Patients who were very satisfied with the benefit from treatment were much less likely to use CAM (OR = 0.49, 95% CI 0.29-0.83). Satisfaction with doctor-patient interaction was not associated with CAM use. Being 'very satisfied' on overall care satisfaction was significantly associated with much less CAM use (OR = 0.30, 95% CI 0.14-0.68). Multivariate analyses confirmed that CAM use was significantly and independently predicted by the 'chronic disease triad' (arthritis/musculoskeletal disorders/stroke) (OR = 4.08, 95% CI 2.45-6.83), overall satisfaction with care (OR = 0.32, 95% CI 0.14-0.74) and strong adherence to traditional health beliefs (OR = 1.88, 95% CI 1.07-3.31). **CONCLUSION:** CAM use in Asian patients is prevalent and associated with the 'chronic disease triad' (of arthritis, musculoskeletal disorders and stroke), satisfaction with care and cultural beliefs. In particular, CAM use is not associated with the quality of doctor-patient interaction.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-15531625>

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### **Providing Complementary and Alternative Medicine in primary care: the primary care workers' perspective**

van Haselen, R A; Reiber, U; Nickel, I; Jakob, A; Fisher, P A G.

Complement Ther Med; 12(1): 6-16, 2004 Mar.

Artigo em Inglês | MEDLINE | ID: mdl-15130567

**RESUMO:** **BACKGROUND:** The use of Complementary and Alternative Medicine (CAM) in primary care is growing, but still not widespread. Little is known about how CAM can/should be integrated into mainstream care. **OBJECTIVES:** To assess primary care health professionals' perceptions of need and of some ways to integrate CAM in primary care. **METHOD:** Questionnaire survey of primary health care workers in Northwest London. General Practitioners (GPs) were targeted in a postal survey, other members of the primary care team, such as district and practice nurses, were targeted via colleagues. The questionnaire assessed health care professionals' perspective on complementary medicine, referrals, ways to integrate complementary medicine into primary care and interest in research on CAM. **RESULTS:** Responses were obtained from 149 GPs (40% response rate after one reminder) and 24 nurses and 32 other primary care team members. One hundred and seventy-one (83%) respondents had previously referred (or influenced referral) for CAM treatments, the main reasons cited were: patients request (68%), conventional treatments failed (58%) and evidence (36%) (more than one reason could be given). Acupuncture and homoeopathy were the therapies for which patients were most frequently referred, followed by manual therapies. There was a significant interest in more training/information on CAM (66%). Only 12 respondents (6%) were against any integration of CAM in mainstream primary care. Most respondents felt that CAM therapies should be provided by doctors (66%) or other health professionals trained in CAM (82%). Twenty-six percent of respondents agreed with provision of CAM by non-state-registered practitioners. It was felt that the integration of CAM could lead to cost savings (70%), particularly in conditions involving pain, but also cost increases (55%) particularly in 'poorly defined conditions'. Fifty-six percent of respondents would consider participating in studies investigating CAM. The greatest interest was in acupuncture (41% of those who expressed an interest in research), homoeopathy (30%) and therapeutic massage/aromatherapy (26%). **CONCLUSIONS:** There is considerable interest in CAM among primary care professionals, and many are already referring or suggesting referral. Such referrals are driven mainly by patient demand and by dissatisfaction with the results of conventional medicine. Most of our respondents were in favour of integrating at least some types of CAM in mainstream primary care. There is an urgent need to further educate/inform primary care health professionals about CAM.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-15130567>

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### **Disentangling integrative medicine**

Ernst, Edzard.

Mayo Clin Proc; 79(4): 565-6, 2004 Apr.

Artigo em Inglês | MEDLINE | ID: mdl-15065622

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-15065622>

58

### **Complementary and alternative medicine: the move into mainstream health care**

O'Brien, Kylie.

Clin Exp Optom; 87(2): 110-20, 2004 Mar.

Artigo em Inglês | MEDLINE | ID: mdl-15040779

**RESUMO:** The use of complementary and alternative medicine (CAM) in Australia is extensive with over 50 per cent of the Australian population using some form of complementary medicine and almost 25 per cent of Australians visiting CAM practitioners. Expenditure on CAM by Australians is significant. The scope of CAM is extremely broad and ranges from complete medical systems such as Chinese medicine to well-known therapies, such as massage and little known therapies, such as pranic healing. There is a growing focus on CAM in Australia and worldwide by a range of stakeholders including government, the World Health Organization, western medical practitioners and private health insurance companies. CAM practices may offer the potential for substantial public health gains and challenge the way that we view human beings, health and illness. Several issues are emerging that need to be addressed. They include safety and quality control of complementary medicines, issues related to integration of CAM with western medicine and standards of practice. The evidence base of forms of CAM varies considerably: some forms of CAM have developed systematically over thousands of years while others have developed much more recently and have a less convincing evidence base. Many forms of CAM are now being investigated using scientific research methodology and there are increasing examples of good research. Certain forms of CAM, including Chinese medicine in which ophthalmology is an area of clinical specialty, view the eye in a unique way. It is important to keep an open mind about CAM and give proper scrutiny to new evidence as it emerges.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-15040779>

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### **Complementary and alternative medical practices: training, experience, and attitudes of a primary care medical school faculty**

Levine, Stephen M; Weber-Levine, Margaret L; Mayberry, Robert M.

J Am Board Fam Pract; 16(4): 318-26, 2003 Jul-Aug.

Artigo em Inglês | MEDLINE | ID: mdl-12949033

**RESUMO:** BACKGROUND: Interest in alternative and complementary medical practices has grown considerably in recent years. Previous surveys have examined attitudes of the general public and practicing physicians. This study examined the training, experience, and attitudes of medical school faculty, who have the primary responsibility for the education of future family physicians. METHODS: A 24-item, self-administered questionnaire was distributed to all 200 faculty at a medical school with a mission of training primary care physicians. RESULTS: Of 30 therapies listed, 5 were considered legitimate medical practices by more than 70% of the faculty. Eighty-five percent of the respondents reported some training in alternative medical therapies, and 62% were interested in additional training. Eighty-three percent of the faculty reported personal experience with alternative therapies and most rated these as effective. Eighty-five percent of the respondents indicated that their general attitude toward alternative medicine is positive. CONCLUSIONS: The results indicate that respondents have had substantial exposure to complementary therapies, are interested in learning more about these therapies, and have generally positive attitudes toward alternative medical practices and their use. Because of the role of these therapies in prevention, the positive attitudes might reflect the mission of this medical school to train primary care physicians.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-12949033>

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### **An approach for integrating complementary-alternative medicine into primary care**

Frenkel, Moshe A; Borkan, Jeffrey M.

Fam Pract; 20(3): 324-32, 2003 Jun.

Artigo em Inglês | MEDLINE | ID: mdl-12738703

**RESUMO:** BACKGROUND: Despite family practitioners frequently being requested to assist their patients with advice on or referrals to complementary-alternative medicine (CAM), there is an absence both of evidence about the efficacy of nearly all specific treatments or modalities and of guidelines to assist with the integration of conventional and CAM therapies. OBJECTIVE: The aim of this article is to suggest a comprehensive and rational, best-evidence strategy for integrating CAM by primary care practitioners into primary care, within the context of the limitations of the current knowledge base and the local milieu. METHODS: The suggested approach was developed by a combination of literature review, key informant interviews, focus groups, educational presentations for family practice residents and practitioners, and field testing. An iterative model was utilized

whereby more refined drafts of the suggested approach were subjected to later discussants and groups, as well as further field testing. Drafts of the strategy were utilized in consultations of patients requesting advice on alternative medicine in a primary care setting and in a CAM clinic. **RESULTS:** Both family physicians and CAM practitioners provided useful comments and recommendations throughout the process. These can be categorized in terms of knowledge, attitudes and skills. Our strategy suggests that patients requesting advice on the use and integration of CAM modalities as part of their health care should be evaluated initially by their primary care physician. The physician's responsibilities are to evaluate the appropriateness of that use, and to maintain contact, monitoring outcomes. Advice on referrals should be based on the safety of the method in question, current knowledge on indications and contraindications of that modality, and familiarity and an open dialogue with the specific therapist. **CONCLUSIONS:** Given patients' demands and utilization of CAM therapies, despite the lack of evidence, there is an increasing need to address how CAM therapies can be integrated into conventional medical systems. These suggestions should respond to patient's expectations and needs, but at the same time maintain accepted standards of medical and scientific principles of practice.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-12738703>

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### **Developing integrated CAM services in Primary Care Organisations**

Thomas, K J; Coleman, P; Weatherley-Jones, E; Luff, D.

Complement Ther Med; 11(4): 261-7, 2003 Dec.

Artigo em Inglês | MEDLINE | ID: mdl-15022663

**RESUMO:** **OBJECTIVES:** To explore policy development and the provision of integrated NHS CAM therapy services following the reorganisation of UK primary care services in 1999. **DESIGN:** Structured survey interviews with Chairpersons in a stratified random sample of 72 Primary Care Organisations (PCOs) in England in 1999 and 2000; semi-structured telephone interviews with purposive samples of (i) providers of primary care CAM services (mostly General Practitioners), and (ii) Commissioners of primary care services in two purposive sub-samples of PCOs involved in positive policy formation in relation to CAM. **RESULTS:** By the end of 2000, it is estimated that 85% of PCOs in England (95% CI 78-91%) had discussed CAM at board level, and 37% (95% CI 26-48%) had at least one CAM policy in place. The dominant strategy that emerged was a policy of "provide and review", particularly in practices that had managed their own budgets under the previous fundholding system. We found that a small number of PCOs were developing area-wide services. Positive influences or "drivers" for CAM policy formation were identified as: existing services, local enthusiasm and expertise, patient demand, a willingness to consider the wider evidence-base for CAM, and a perception that complementary therapies could help the PCOs to meet national NHS targets. Negative influences included: the cost of ensuring equitable access to services, a perception that CAM lacks the credibility required for public funding, the need to prioritize services and the need to direct funding towards meeting national and local health objectives. **CONCLUSIONS:** Opportunities for development of integrated NHS services are most likely to occur where CAM provision is seen as a potential solution to an NHS problem. Locality-based, integrated CAM services that are responsive to NHS priorities may offer a model for the future development of CAMs in primary care.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-15022663>

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### **Primary care physicians' attitudes and practices regarding complementary and alternative medicine**

Kurtz, Margot E; Nolan, Robert B; Rittinger, William J.

J Am Osteopath Assoc; 103(12): 597-602, 2003 Dec.

Artigo em Inglês | MEDLINE | ID: mdl-14740982

**RESUMO:** Data were gathered from 423 osteopathic primary care physicians who are members of the Michigan Osteopathic Association, assessing their attitudes and practices regarding complementary and alternative medicine (CAM). Family physicians and general internists were more likely than pediatricians to talk to their patients about CAM. Similarly, female physicians were more likely than male physicians to talk to their patients about CAM or refer their patients for CAM. Finally, physicians aged 35 years and younger were more likely than those 60 years and older to use CAM for themselves or their families. Predominant among the conditions for which the physicians would refer for CAM were long-term problems, traditional therapy failures, psychiatric disorders, and behavioral problems. Results reveal wide variations in the way osteopathic primary care physicians



view and use complementary and alternative care. <a href="http://esquisa.bvsalud.org/portal/resource/pt/mdl-14740982">http://esquisa.bvsalud.org/portal/resource/pt/mdl-14740982</a>
63 <b>Promoting CAM services</b> McGrady, Elizabeth S. Healthc Exec; 17(5): 54-5, 2002 Sep-Oct. Artigo em Inglês   MEDLINE   ID: mdl-12233124 <a href="http://pesquisa.bvsalud.org/portal/resource/pt/mdl-12233124">http://pesquisa.bvsalud.org/portal/resource/pt/mdl-12233124</a>
64 <b>Integrative medicine: not a carte blanche for untested nonsense</b> Ernst, Edzard. Arch Intern Med; 162(15): 1781; author reply 1781-2, 2002 Aug 12-26. Artigo em Inglês   MEDLINE   ID: mdl-12153386 <a href="http://pesquisa.bvsalud.org/portal/resource/pt/mdl-12153386">http://pesquisa.bvsalud.org/portal/resource/pt/mdl-12153386</a>
65 <b>Integrative medicine and systemic outcomes research: issues in the emergence of a new model for primary health care</b> Bell, Iris R; Caspi, Opher; Schwartz, Gary E R; Grant, Kathryn L; Gaudet, Tracy W; Rychener, David; Maizes, Victoria; Weil, Andrew. Arch Intern Med; 162(2): 133-40, 2002 Jan 28. Artigo em Inglês   MEDLINE   ID: mdl-11802746 <b>RESUMO:</b> Clinicians and researchers are increasingly using the term integrative medicine to refer to the merging of complementary and alternative medicine (CAM) with conventional biomedicine. However, combination medicine (CAM added to conventional) is not integrative. Integrative medicine represents a higher-order system of systems of care that emphasizes wellness and healing of the entire person (bio-psycho-socio-spiritual dimensions) as primary goals, drawing on both conventional and CAM approaches in the context of a supportive and effective physician-patient relationship. Using the context of integrative medicine, this article outlines the relevance of complex systems theory as an approach to health outcomes research. In this view, health is an emergent property of the person as a complex living system. Within this conceptualization, the whole may exhibit properties that its separate parts do not possess. Thus, unlike biomedical research that typically examines parts of health care and parts of the individual, one at a time, but not the complete system, integrative outcomes research advocates the study of the whole. The whole system includes the patient-provider relationship, multiple conventional and CAM treatments, and the philosophical context of care as the intervention. The systemic outcomes encompass the simultaneous, interactive changes within the whole person. <a href="http://pesquisa.bvsalud.org/portal/resource/pt/mdl-11802746">http://pesquisa.bvsalud.org/portal/resource/pt/mdl-11802746</a>
66 <b>Complementary medicine in primary care: time to decide. Royal Society of Medicine, London 27th March 2002</b> Pearson, Ruth. Complement Ther Med; 10(3): 181-3, 2002 Sep. Artigo em Inglês   MEDLINE   ID: mdl-12568149 <a href="http://pesquisa.bvsalud.org/portal/resource/pt/mdl-12568149">http://pesquisa.bvsalud.org/portal/resource/pt/mdl-12568149</a>
67 <b>Developing and evaluating complementary therapy services: Part 1. Establishing service provision through the use of evidence and consensus development</b> Richardson, J. J Altern Complement Med; 7(3): 253-60, 2001 Jun. Artigo em Inglês   MEDLINE   ID: mdl-11439846 <b>RESUMO:</b> The integration of complementary therapies within the British National Health Service (NHS) in the context of limited evidence of effectiveness has been much debated, as has the need for the provision of health services to be more evidence-based. In June 1994, a project was

launched within a South-East London NHS Hospital Trust to introduce complementary therapy (acupuncture, homeopathy, and osteopathy), in the context of an evaluation program. This followed approximately 4 years of working toward raising the profile of complementary therapies within the hospital through study days, workshops, and providing a massage and osteopathic service for staff. A survey of local general practitioners highlighted areas of complementary therapy provision and interest in referring patients to a hospital-based service. A steering group was established to draw together a proposal for funding the service. Evidence for the effectiveness of acupuncture, homeopathy, and osteopathy was presented at a multidisciplinary seminar. A consensus development process, using a modified Delphi technique to establish referral indicators followed this. This study provides a useful model of service development in the absence of good quality evidence for the effectiveness of clinical interventions.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-11439846>

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### **Response to complementary and alternative medicine among family medicine and other primary care physicians in South Carolina**

Probst, J C; Schell, B J; Park, J S.

J S C Med Assoc; 97(2): 66-71, 2001 Feb.

Artigo em Inglês | MEDLINE | ID: mdl-11235119

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-11235119>

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### **Complementary medicine: the alternative alternative?**

Bryan, C S.

J S C Med Assoc; 97(2): 76-8, 2001 Feb.

Artigo em Inglês | MEDLINE | ID: mdl-11235121

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-11235121>

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### **Access to complementary medicine via general practice**

Thomas, K J; Nicholl, J P; Fall, M.

Br J Gen Pract; 51(462): 25-30, 2001 Jan.

Artigo em Inglês | MEDLINE | ID: mdl-11271869

**RESUMO:** BACKGROUND: The popularity of complementary medicine continues to be asserted by the professional associations and umbrella organisations of these therapies. Within conventional medicine there are also signs that attitudes towards some of the complementary therapies are changing. AIM: To describe the scale and scope of access to complementary therapies (acupuncture, chiropractic, homoeopathy, hypnotherapy, medical herbalism, and osteopathy) via general practice in England. DESIGN OF STUDY: A postal questionnaire sent to 1226 individual general practitioners (GPs) in a random cluster sample of GP partnerships in England. GPs received up to three reminders. SETTING: One in eight (1226) GP partnerships in England in 1995. METHOD: Postal questionnaire to assess estimates of the number of practices offering 'in-house' access to a range of complementary therapies or making National Health Service (NHS) referrals outside the practice; sources of funding for provision and variations by practice characteristics. RESULTS: A total of 964 GPs replied (78.6%). Of these, 760 provided detailed information. An estimated 39.5% (95% CI = 35%-43%) of GP partnerships in England provided access to some form of complementary therapy for their NHS patients. If all non-responding partnerships are assumed to be non-providers, the lowest possible estimate is 30.3%. An estimated 21.4% (95% CI = 19%-24%) were offering access via the provision of treatment by a member of the primary health care team, 6.1% (95% CI = 2%-10%) employed an 'independent' complementary therapist, and an estimated 24.6% of partnerships (95% CI = 21%-28%) had made NHS referrals for complementary therapies. The reported volume of provision within any individual service tended to be low. Acupuncture and homoeopathy were the most commonly available therapies. Patients made some payment for 25% of practice-based provision. Former fundholding practices were significantly more likely to offer complementary therapies than non-fundholding practices, (45% versus 36%, P = 0.02). Fundholding did not affect the range of therapies offered, and patients from former fundholding practices were no more likely to pay for treatment. CONCLUSION: Access to complementary health care for NHS patients was widespread in English general practices in 1995. This data suggests that a limited range of complementary therapies were acceptable to a large proportion of GPs. Fundholding clearly provided a mechanism for the provision of complementary therapies in primary care. Patterns

of provision are likely to alter with the demise of fundholding and existing provision may significantly reduce unless the Primary Care Groups or Primary Care Trusts are prepared to support the 'levelling up' of some services.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-11271869>

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### **Primary care as intersecting social worlds**

Tovey, P; Adams, J.

Soc Sci Med; 52(5): 695-706, 2001 Mar.

Artigo em Inglês | MEDLINE | ID: mdl-11218174

**RESUMO:** An enhanced role for primary health care (PHC) is currently a matter of political priority in the UK. This higher profile is drawing attention to a range of unresolved challenges and issues, relating to both the structure and content of provision, which currently permeate the system. Running in parallel with this is a recognition that: to date, PHC has been under-researched; that, as a result, our understanding of it is frequently poor; and that, as a consequence, fresh perspectives are needed in order to effectively research this uncertain, evolving and increasingly important healthcare sector. In this paper we argue that social worlds theory (SWT) provides, albeit in a suitably modified form, an ideal conceptual framework for the analysis of contemporary primary care. SWT is an approach which assumes complexity and constant evolution, and its core concepts are directed towards unravelling the consequences of encounters between different interest groups--something which is of particular utility at this time given the increasing attention to user participation, and an ongoing questioning of established patterns of professional authority. It is an approach which has rarely been employed empirically, even beyond medicine. In order to illustrate the wide relevance of the approach, we discuss how it can facilitate research at all levels of PHC: i.e., in relation to aspects of medical practice (the case of medically unexplained symptoms); shifts in service organisation (changing professional roles and the introduction of policy reforms); and issues which straddle both organisation and content (the increasing use of complementary medicine in primary care). In each case the approach is able to embrace the complexity of situations characterised by the intersection of professional and lay social worlds and is able to provide the conceptual tools through which resultant processes can be tracked and investigated.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-11218174>

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### **General practitioners, complementary therapies and evidence-based medicine: the defence of clinical autonomy**

Adams, J.

Complement Ther Med; 8(4): 248-52, 2000 Dec.

Artigo em Inglês | MEDLINE | ID: mdl-11098200

**RESUMO:** Amidst the substantial change currently gripping primary health care are two developments central to contemporary debate regarding the very nature, territory and identity of general practice - the integration of complementary and alternative medicine (CAM) and the rise of evidence-based medicine (EBM). This paper reports findings from a study based upon 25 in-depth interviews with general practitioners (GPs) personally practising complementary therapies alongside more conventional medicine to treat their NHS patients. The paper outlines the GPs' perceptions of EBM, its relationship to their personal development of CAM, and their notions of good clinical practice more generally. Analysis of the GPs' accounts demonstrates how CAM can be seen as a useful resource with which some GPs defend their clinical autonomy from what they perceive to be the threat of EBM.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-11098200>

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### **The use of complementary and alternative medicine by primary care patients. A SURF\*NET study**

Palinkas, L A; Kabongo, M L.

J Fam Pract; 49(12): 1121-30, 2000 Dec.

Artigo em Inglês | MEDLINE | ID: mdl-11132062

**RESUMO:** BACKGROUND: Despite the increased use and acceptance of complementary and alternative medicine (CAM) practices and practitioners by patients and health care providers, there is relatively little information available concerning the reasons for use or its effect on patient health status and well-being. METHODS: We conducted a survey of 542 patients attending 16 family

practice clinics that belong to a community-based research network in San Diego, California, to determine patients' reasons for using CAM therapies in conjunction with a visit to a family physician and the impact of these therapies on their health and well-being. **RESULTS:** Approximately 21% of the patients reported using one or more forms of CAM therapy in conjunction with the most important health problem underlying their visit to the physician. The most common forms of therapy were visiting chiropractors (34.5% of CAM users), herbal remedies and supplements (26.7%), and massage therapy (17.2%). Recommendations from friends or coworkers, a desire to avoid the side effects of conventional treatments, or failure of conventional treatments to cure a problem were the most frequently cited reasons for using these therapies. Use of practitioner-based therapies was significantly and independently associated with poor perceived health status, poor emotional functioning, and a musculoskeletal disorder, usually low back pain. Use of self-care-based therapies was associated with high education and poor perceived general health compared with a year ago. Use of traditional folk remedies was associated with Hispanic ethnicity. **CONCLUSIONS:** Sociodemographic characteristics and clinical conditions that predict use of CAM therapies by primary care patients in conjunction with a current health problem vary with the type of therapy used.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-11132062b>

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**Primary health care transformed: complementary and orthodox medicine complementing each other**

Paterson, C.

Complement Ther Med; 8(1): 47-9, 2000 Mar.

Artigo em Inglês | MEDLINE | ID: mdl-10812761

**RESUMO:** Charlotte Paterson is a general practitioner and researcher at Warwick House Medical Centre in Taunton, Somerset. This is a group practice where, since 1991, complementary practitioners have worked on a private sessional basis in the centre. This collaboration was the stimulus for an ongoing research programme into various aspects of complementary medicine and primary care, and the practice is now an NHS funded Research General Practice. Charlotte Paterson has taken a keen interest in different models of integrating complementary and orthodox medicine with the aim of making complementary medical provision equitable and accessible.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-10812761>

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**Mind-body innovations--an integrative care approach**

Helene, B; Ford, P.

Psychiatr Q; 71(1): 47-58, 2000.

Artigo em Inglês | MEDLINE | ID: mdl-10736816

**RESUMO:** Integration of behavioral health and medicine has gained increased support recently within the new field of complementary medicine. Providers from both disciplines are acknowledging the "mind-body" connection and recognizing the value of treating the "whole" patient through working within an integrative delivery model. This paper describes two treatment programs which were developed using the principles of the mind-body connection and implemented within an integrative setting at a large HMO. The results of research studies are presented and discussed to demonstrate the efficacy of these programs.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-10736816>

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**Alternative medicine and the medical profession: views of medical students and general practitioners**

Hasan, M Y; Das, M; Behjat, S.

East Mediterr Health J; 6(1): 25-33, 2000 Jan.

Artigo em Inglês | MEDLINE | ID: mdl-11370337

**RESUMO:** A survey was undertaken to explore the attitudes and practices of general practitioners and medical students in the United Arab Emirates with regards to forms of therapy not generally accepted by conventional medicine, including herbal medicine, acupuncture, homeopathy, spiritual therapy and osteopathy/chiropractic. The study found that alternative medicine is in common use to complement conventional medicine by a section of educated people within the health care system. Our observations lead us to appreciate its role in community health care and indicate a need to design culturally appropriate medical curricula which incorporate information about alternative medicine.

<p><a href="http://pesquisa.bvsalud.org/portal/resource/pt/mdl-11370337">http://pesquisa.bvsalud.org/portal/resource/pt/mdl-11370337</a></p>
<p>77</p> <p><b>Complementary healthcare practices and the implications for nurse practitioners</b></p> <p>Manzella, S M.  Clin Excell Nurse Pract; 4(4): 205-11, 2000 Jul.  Artigo em Inglês   MEDLINE   ID: mdl-11261080  <b>RESUMO:</b> Complementary, or alternative, healthcare practices are being incorporated into approximately 4 out of 10 Americans' daily health practices. The out-of-pocket expense for such healthcare use was estimated at \$21.2 billion in 1997. There are many different forms of complementary health care that nurse practitioners (NPs) must be aware of when evaluating and forming plans of care with their patients. NPs must develop and incorporate interview techniques to obtain this information from their patients to prevent potential interactions. NPs must also be aware of their lack of experience with complementary healthcare practices and the legal liability of incorporating these practices into their practice without appropriate preparation in their use.  <a href="http://pesquisa.bvsalud.org/portal/resource/pt/mdl-11261080">http://pesquisa.bvsalud.org/portal/resource/pt/mdl-11261080</a></p>
<p>78</p> <p><b>The complementary side of complementary and alternative medicine</b></p> <p>DeCherney, G S.  Del Med J; 71(10): 433-6, 1999 Oct.  Artigo em Inglês   MEDLINE   ID: mdl-10565085  <a href="http://pesquisa.bvsalud.org/portal/resource/pt/mdl-10565085">http://pesquisa.bvsalud.org/portal/resource/pt/mdl-10565085</a></p>
<p>79</p> <p><b>Primary care physicians and complementary-alternative medicine</b></p> <p>J Am Board Fam Pract; 12(1): 103, 1999 Jan-Feb.  Artigo em Inglês   MEDLINE   ID: mdl-10050652  <a href="http://pesquisa.bvsalud.org/portal/resource/pt/mdl-10050652">http://pesquisa.bvsalud.org/portal/resource/pt/mdl-10050652</a></p>
<p>80</p> <p><b>The relationship between research and service development: an illustrative example of a pilot study introducing complementary therapies into primary care</b></p> <p>Warburton, B; Emanuel, J; Elton, P; Ruane, M.  Clin Perform Qual Health Care; 7(3): 125-9, 1999 Jul-Sep.  Artigo em Inglês   MEDLINE   ID: mdl-10848385  <b>RESUMO:</b> In this paper the commissioners of an evaluation and the researchers jointly review the relationship between research and service development at a local level in an evaluated health authority pilot project to introduce complementary therapies into primary care. The article discusses the importance of organisational arrangements between the research and the service development, focusing on the close working relationship between researchers and stakeholders in the research and corresponding service development. The relationship between the research and service development was not linear and the benefits were not based solely on outcomes of the treatment but also on the ways the evaluation gave insight into how the pilot service was delivered. Factors such as personal commitment to the project and close working relationships by all concerned are important. These elements are rarely emphasised but have to be taken into account if evidence-based health care is to achieve its potential.  <a href="http://pesquisa.bvsalud.org/portal/resource/pt/mdl-10848385">http://pesquisa.bvsalud.org/portal/resource/pt/mdl-10848385</a></p>
<p>81</p> <p><b>Use of and interest in alternative therapies among adult primary care clinicians and adult members in a large health maintenance organization</b></p> <p>Gordon, N P; Sobel, D S; Tarazona, E Z.  West J Med; 169(3): 153-61, 1998 Sep.  Artigo em Inglês   MEDLINE   ID: mdl-9771154  <b>RESUMO:</b> During spring 1996, random samples of adult primary care physicians, obstetrics-gynecology physicians and nurse practitioners, and adult members of a large northern California group practice model health maintenance organization (HMO) were surveyed by mail to assess the use of alternative therapies and the extent of interest in having them incorporated into HMO-</p>

delivered care. Sixty-one percent (n = 624) of adult primary care physicians, 70% (n = 157) of obstetrics-gynecology clinicians, and 50% (2 surveys, n = 1,507 and n = 17,735) of adult HMO members responded. During the previous 12 months, 25% of adults reported using and nearly 90% of adult primary care physicians and obstetrics-gynecology clinicians reported recommending at least 1 alternative therapy, primarily for pain management. Chiropractic, acupuncture, massage, and behavioral medicine techniques such as meditation and relaxation training were most often cited. Obstetrics-gynecology clinicians used herbal and homeopathic medicines more often than adult primary care physicians, primarily for menopause and premenstrual syndrome. Two thirds of adult primary care physicians and three fourths of obstetrics-gynecology clinicians were at least moderately interested in using alternative therapies with patients, and nearly 70% of young and middle-aged adult and half of senior adult members were interested in having alternative therapies incorporated into their health care. Adult primary care physicians and members were more interested in having the HMO cover manipulative and behavioral medicine therapies than homeopathic or herbal medicines.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-9771154>

82

### **Primary care physicians and complementary-alternative medicine: training, attitudes, and practice patterns**

Berman, B M; Singh, B B; Hartnoll, S M; Singh, B K; Reilly, D.

J Am Board Fam Pract; 11(4): 272-81, 1998 Jul-Aug.

Artigo em Inglês | MEDLINE | ID: mdl-9719349

**RESUMO:** BACKGROUND: Physician interest in complementary medicine is widely documented in many Western countries. The extent of level of training, attitudes toward legitimacy, and use of complementary therapies by US primary care physicians has not been extensively surveyed. We conducted a national mail survey of primary care physicians to explore these issues. METHODS: Primary care specialties represented were family and general practice, internal medicine, and pediatrics. A total of 783 physicians responded to the survey. For the multivariate analysis, sample weights were assigned based on specialty. Assessments were done for training, attitudes, and usage for complementary medicine. Additional data collected included years in practice, specialty, and type of medical degree. RESULTS: Biofeedback and relaxation, counseling and psychotherapy, behavioral medicine, and diet and exercise were the therapies in which physicians most frequently indicated training, regarded as legitimate medical practice, and have used or would use in practice. Traditional Oriental medicine, Native American medicine, and electromagnetic applications were least accepted and used by physicians. CONCLUSIONS: Many psychobehavioral and lifestyle therapies appear to have become accepted as part of mainstream medicine, with physicians in this study having training in and using them. Such therapies as chiropractic and acupuncture appear to be gaining in acceptance despite low training levels among physicians. Those in practice more than 22 years had the least positive attitudes toward and use of complementary therapies. Osteopathic physicians were more open than medical physicians to therapies that required administering medication or a procedural technique. In the multivariate analysis, attitude and training were the best predictors of use.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-9719349>

83

### **Integrative therapies in primary care practice**

Berg, J A; Gagan, M J; Amella, E; McArthur, D B.

J Am Acad Nurse Pract; 10(12): 541-6, 1998 Dec.

Artigo em Inglês | MEDLINE | ID: mdl-10085867

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-10085867>

84

### **Complementary care. Partnership pairs primary care with alternative therapies**

Croswell, C L.

Mod Healthc; 28(43): 62, 1998 Oct 26.

Artigo em Inglês | MEDLINE | ID: mdl-10186341

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-10186341>

85

### **Nonconventional medicine in Israel: consultation patterns of the Israeli population and**

### **attitudes of primary care physicians.**

Bernstein, J H; Shuval, J T.  
Soc Sci Med; 44(9): 1341-8, 1997 May.  
Artigo em Inglês | MEDLINE | ID: mdl-9141166

**RESUMO:** This paper reports the findings of a study of nonconventional medicine in Israel. Data regarding patterns and correlates of consultations with alternative medicine practitioners were obtained from structured face-to-face interviews with a representative sample of 2030 Jewish adults aged 45 to 75. In addition, in-depth open-ended interviews were conducted with a convenience sample of 20 primary care physicians in order to explore their beliefs, attitudes and behaviors regarding nonconventional medicine. Six percent of the respondents interviewed in the population study visited an alternative practitioner in the year prior to the interview. For most of them, the consultation was a consequence of disappointment with the lack of success of conventional medical treatment. Most felt that the alternative medicine treatment had helped. Nearly 40% were seeing their regular primary care physician at the same time as they were seeing an alternative medical practitioner. Women were more likely than men to consult an alternative medicine practitioner; consulters rated their health status more negatively than non-consulters. Consulters had a higher level of education than non-consulters, but the two groups did not differ in terms of age or economic status. Nearly all of the physicians stated that they refer patients to alternative practitioners; in most cases, the referrals are in response to patients' requests. Although skeptical of the scientific basis of alternative medicine therapies, most of the physicians believed that some therapies, even if only because of the "placebo effect", were effective in some cases. Almost all felt that the Ministry of Health, which today does not recognize any form of alternative medicine, should establish control over the training and practice of alternative medical practitioners. The findings from both parts of the study suggest that patients and primary care physicians in Israel do not view nonconventional medicine as a threat to conventional medicine, but rather as complementary to it.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-9141166>

86

### **Complementary practitioners as part of the primary health care team: consulting patterns, patient characteristics and patient outcomes**

Paterson, C.  
Fam Pract; 14(5): 347-54, 1997 Oct.  
Artigo em Inglês | MEDLINE | ID: mdl-9472367

**RESUMO:** BACKGROUND: Complementary medicine is increasingly popular with patients and with GPs, although it still remains mainly in the private sector. Few data are available from the private sector about patient-consulting patterns and outcome. OBJECTIVES: We aimed to describe detailed consulting patterns, help-seeking behaviour and outcome of care for patients attending a group of private complementary practitioners in a single general practice surgery. METHOD: Prospective data on consulting patterns were collected from all 147 new patients attending complementary practitioners over a 12-month period. For the first 30 weeks of this period, additional information on help-seeking behaviour and outcome, as measured by the SF-36 health survey and Measure Yourself Medical Outcome Profile (MYMOP), was collected by questionnaires from 46 out of the 68 new patients. The same information was collected from a systematic one-in-seven sample of GP patients. RESULTS: Patients seen by complementary practitioners did not vary significantly in sex and age from GP patients, except in the low numbers of children. Almost half the patients had been symptomatic for over a year and musculoskeletal disorders accounted for 66% of problems; but there was much variation between the therapies. The average number of visits per patient was three for osteopathy and homeopathy but eight for acupuncture and reflexology. The change in MYMOP scores after four weeks showed a statistically significant improvement in both complementary and GP patients, which was to similar degrees except that the mean change in well-being was significantly greater for complementary patients. CONCLUSION: Prospective data collection in single settings adds valuable information to a little-researched area. This study illustrates how individual each complementary therapy is in its patient characteristics, problem category and length of treatment. The particular improvement in well-being with complementary therapy requires confirmation in other studies.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-9472367>

87

### **Complementary practitioners as part of the primary health care team: evaluation of one model**

Paterson, C; Peacock, W.

Br J Gen Pract; 45(394): 255-8, 1995 May.

Artigo em Inglês | MEDLINE | ID: mdl-7619572

**RESUMO:** BACKGROUND: A four-partner, non-fundholding, urban practice with 6000 patients has since September 1991 worked closely with nine complementary practitioners working part time on a private, fee-paying basis. AIM: This study set out to describe and evaluate a model of integrating complementary practitioners into the primary health care team. METHOD: A description of the model operating in the practice was compiled. Qualitative analysis was carried out of semistructured interviews with all members of the primary health care team using the method of a cooperative enquiry. Retrospective quantitative data on patients attending complementary practitioners were also examined. RESULTS: The model allowed patients to refer themselves or be referred by a team member, encouraged communication between team members, and did not require any specific funding. After two years the model had been largely successful in preventing conflict over power, control and decision making; had maintained commitment to the idea of integrating complementary and allopathic medicine; and was self-funding. However, despite varied mechanisms set up to share knowledge and ideology, the rate of change in this area was slower than expected and referral rates were varied. The dilemma of charging patients for complementary medicine in an environment where health care is free emerged as a major concern among the doctors and practice staff. CONCLUSION: The method of cooperative inquiry allowed the whole team to gain an understanding of other viewpoints and to use the research to tackle the problems raised. This model could be adopted and used by any enthusiastic general practice.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-7619572>

88

**Beyond the boundaries: relationship between general practice and complementary medicine.**

Pietroni, P C.

BMJ; 305(6853): 564-6, 1992 Sep 05.

Artigo em Inglês | MEDLINE | ID: mdl-1393039

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-1393039>

89

**La atencion primaria de salud alternativa de promocion comunitaria / Community Promoted Alternative Primary Health Care**

Sandoval, Francisco A. Zambrano; Lizarazo, Cesar.

In. Buchillet, Dominique. Medicinas tradicionais e medicina ocidental na Amazonia. Belem, CEJUP, 1991. p.281-99.

Monografia em Espanhol | LILACS | ID: lil-128348

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-128348>

90

**Alternativ helbredelse. Sygdomsspejl for det etablerede**

Launsø, L.

Sygeplejersken; 90(7): 21-3, 1990 Feb 14.

Artigo em Dinamarquês | MEDLINE | ID: mdl-2343401

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-2343401>

LILACS = 0 resumo.

SCIELO = 3 resumos:

1

**Avaliação do grau da implantação das práticas integrativas e complementares na Atenção Básica em Santa Catarina, Brasil Facebook Twitter**

Losso, Luisa Nuernberg; Freitas, Sérgio Fernando Torres de.

Saúde em Debate, Set 2017, Volume 41 Nº spe3 Páginas 171 - 187

**RESUMO:** Esta pesquisa desenvolveu e aplicou um modelo de avaliação do grau de implantação das Práticas Integrativas e Complementares (PIC) na Atenção Básica nos municípios de Santa Catarina (SC) utilizando dados do segundo ciclo da avaliação externa do Programa Nacional de



Melhoria do Acesso e da Qualidade da Atenção Básica (PMAQ-AB). O modelo demonstrou viabilidade de aplicação nos 293 municípios de SC, classificando-os por graus de implantação: 35 municípios (11,9%) apresentaram implantação incipiente; 46 (15,7%) estavam parcialmente implantados; 50 (17,1%), implantados; e 162 (55,3%) municípios não ofertavam PIC. Este modelo serve para avaliar as PIC em outros estados do Brasil.

[https://scielosp.org/scielo.php?script=sci\\_arttext&pid=S0103-11042017000600171&lang=pt](https://scielosp.org/scielo.php?script=sci_arttext&pid=S0103-11042017000600171&lang=pt)

2

**Práticas integrativas e complementares e relação com promoção da saúde: experiência de um serviço municipal de saúde Facebook Twitter**

Lima, Karla Morais Seabra Vieira; Silva, Kênia Lara; Tesser, Charles Dalcanale.

Interface - Comunicação, Saúde, Educação, Mar 2014, Volume 18 Nº 49 Páginas 261 - 272

· Espanhol: Resumo · Inglês: Resumo | PDF · Português: Resumo | Texto | PDF

**RESUMO:** Se toman como objeto las prácticas integradoras y complementarias (PIC) en un servicio de referencia en Belo Horizonte, MG, Brazil. Se analiza la organización de las prácticas desarrolladas, teniendo como enfoque analítico su relación con la promoción de la salud y su inserción en el Sistema Único de Salud (SUS). Los resultados indican que las prácticas pueden ser recursos útiles en la promoción de la salud, especialmente porque establecen una nueva comprensión del proceso salud-enfermedad, con un carácter más holístico y empoderado. Para potenciarlas en el campo de la promoción de la salud y del cuidado en el SUS es preciso superar los desafíos de su organización y expansión en los servicios, tales como aproximar a los profesionales de los servicios de referencia y apoyo especializados en PIC de la Atención Primaria de la Salud (APS), construyendo un campo común de cuidado.

[https://scielosp.org/scielo.php?script=sci\\_arttext&pid=S1414-32832014000200261&lang=pt](https://scielosp.org/scielo.php?script=sci_arttext&pid=S1414-32832014000200261&lang=pt)

3

**Práticas integrativas e complementares: oferta e produção de atendimentos no SUS e em municípios selecionados Facebook Twitter**

Sousa, Islândia Maria Carvalho de; Bodstein, Regina Cele de Andrade; Tesser, Charles Dalcanale; Santos, Francisco de Assis da Silva; Hortale, Virginia Alonso.

Cadernos de Saúde Pública, Nov 2012, Volume 28 Nº 11 Páginas 2143 - 2154

· Inglês: Resumo · Português: Resumo | Texto | PDF

**RESUMO:** The world of Traditional/Complementary and Alternative Medicine has grown and its importance has been emphasized in several studies. In Brazil, the National Policy on Integrative and Complementary Practices encourages their inclusion and empowerment in primary care. This study attempted to identify the provision of services and integrative practices in the Unified National Health System and the production of consultations from 2000 to 2011, contrasting the analysis of available information in national databases with the primary care data collected locally in Campinas (São Paulo State), Florianópolis (Santa Catarina State), and Recife (Pernambuco State). Analysis of the data revealed a mismatch between records in information systems and actual practices in these cities. This mismatch is due largely to lack of definition on the scope of what are understood as integrative and complementary practices in the Brazilian National Policy, thereby posing a major limitation to their measurement and evaluation, since current information does not allow adequate recording of such practices.

[https://scielosp.org/scielo.php?script=sci\\_arttext&pid=S0102-311X2012001100014&lang=pt](https://scielosp.org/scielo.php?script=sci_arttext&pid=S0102-311X2012001100014&lang=pt)

MEDLINE (via PUBMED) = 6 resumos:

1

J Calif Dent Assoc. 2016 Mar;44(3):182-5.

**Health Partners of Western Ohio: Integrated Care Case Study**

Taflinger K, West E, Sunderhaus J, Hilton IV.

**ABSTRACT:** Health centers are unique health care delivery organizations in which multiple disciplines, such as primary care, dental, behavioral health, pharmacy, podiatry, optometry and alternative medicine, are often located at the same site. Because of this characteristic, many health centers have developed systems of integrated care. This paper describes the characteristics of health centers and highlights the integrated health care delivery system of one early adopter health center, Health Partners of Western Ohio.

PMID: 27044240

<https://www.ncbi.nlm.nih.gov/pubmed/?term=27044240>

2

Cad Saude Publica. 2012 Nov;28(11):2143-54.

**Integrative and complementary health practices: the supply and production of care in the**

## Unified National Health System and in selected municipalities in Brazil

[Article in Portuguese]

Sousa IM<sup>1</sup>, Bodstein RC, Tesser CD, Santos Fde A, Hortale VA.

**ABSTRACT:** The world of Traditional/Complementary and Alternative Medicine has grown and its importance has been emphasized in several studies. In Brazil, the National Policy on Integrative and Complementary Practices encourages their inclusion and empowerment in primary care. This study attempted to identify the provision of services and integrative practices in the Unified National Health System and the production of consultations from 2000 to 2011, contrasting the analysis of available information in national databases with the primary care data collected locally in Campinas (São Paulo State), Florianópolis (Santa Catarina State), and Recife (Pernambuco State). Analysis of the data revealed a mismatch between records in information systems and actual practices in these cities. This mismatch is due largely to lack of definition on the scope of what are understood as integrative and complementary practices in the Brazilian National Policy, thereby posing a major limitation to their measurement and evaluation, since current information does not allow adequate recording of such practices.

PMID: 23147956

<https://www.ncbi.nlm.nih.gov/pubmed/?term=23147956>

3

Ann Fam Med. 2011 Sep-Oct;9(5):447-53. doi: 10.1370/afm.1289.

### Patient and clinician openness to including a broader range of healing options in primary care.

Hsu C<sup>1</sup>, Cherkin DC, Hoffmeyer S, Sherman KJ, Phillips WR.

**ABSTRACT:** PURPOSE: We studied the openness of patients and clinicians to introducing a broader range of healing options into primary care. METHODS: Focus groups were conducted with primary care patients (4 groups) and clinicians (3 groups) from an integrated medical care system in 2008. Transcripts of discussions were analyzed using an immersion/crystallization approach. RESULTS: Both patients (n = 44) and clinicians (n = 32) were open to including a wider variety of healing options in primary care. Patients desired some evidence of effectiveness, although there was wide variation in the type of evidence required. Many patients believed that the clinician's personal and practice experience was an important form of evidence. Patients wanted to share in the decision to refer and the choice of options. Clinicians were most concerned with safety of specific treatments, including some of the herbs and dietary supplements. They also believed they lacked adequate information about the nature, benefits, and risks of many alternatives, and they were not aware of local practitioners and resources to whom they could confidently refer their patients. Both patients and clinicians were concerned that services recommended be covered by insurance or be affordable to patients. CONCLUSIONS: Integrating additional healing options into primary care may be feasible and desirable, as well as help meet the needs of patients with conditions that have not been responsive to standard medical treatments.

<https://www.ncbi.nlm.nih.gov/pubmed/?term=21911764>

4

Aust Fam Physician. 2010 Dec;39(12):946-50.

### Complementary medicine in general practice - a national survey of GP attitudes and knowledge

Pirotta M<sup>1</sup>, Kotsirilos V, Brown J, Adams J, Morgan T, Williamson M.

**ABSTRACT:** BACKGROUND: Integrative medicine is a holistic approach to patient care that utilises both conventional and complementary therapy. This article compares the demographics of Australian general practitioners who do, and those who do not, practise integrative medicine, and their perceptions and knowledge about complementary medicines. METHODS: A postal survey sent to a random sample of 4032 Australian GPs. RESULTS: Data from 1178 GPs was analysed. While GPs who practise integrative medicine were more knowledgeable about complementary medicine and more aware of potential adverse reactions, there were significant knowledge gaps for both groups. DISCUSSION: Many GPs incorporate complementary medicines into their practice, whether or not they identify with the 'integrative medicine' label. General practitioners need to be well informed about the evidence base for, and potential risks of, complementary medicines to ensure effective decision making. Use of available resources and inclusion of complementary medicine in education programs may assist this.

<https://www.ncbi.nlm.nih.gov/pubmed/?term=21301677>

5

Homeopathy. 2008 Jan;97(1):53. doi: 10.1016/j.homp.2007.09.003.

### National Policy on Integrative and Complementary Practices in the Brazilian Health System:

**steps towards the expansion of homeopathy**

de Barros NF, Galhardi WM.  
PMID: 18194777 / DOI:10.1016/j.homp.2007.09.003  
<https://www.ncbi.nlm.nih.gov/pubmed/?term=18194777>

6

J Altern Complement Med. 2006 Jan-Feb;12(1):79-83.

**An approach to teaching primary care physicians how to integrate complementary medicine into their daily practices: a pilot study**

Ben-Arye E<sup>1</sup>, Frenkel M, Hermoni D.

**ABSTRACT:** This paper describes a pilot educational approach to integration of complementary and alternative medicine (CAM) into the daily routine of primary care practice. Twelve (12) family practice residents and specialists were assigned to develop an integrative treatment program geared to address the needs of their own patients. In the process, participants were asked to formulate treatment plans by searching resources to find appropriate CAM modalities and consult with CAM practitioners. The effectiveness of the educational process was assessed by questionnaires. The researchers found that providing a short course in advanced integrative medicine improves physician ability to better formulate an individualized treatment plan. This approach of teaching has long-standing results, as noted with a 2-year follow-up evaluation.

PMID: 16494572 / DOI: 10.1089/acm.2006.12.79  
<https://www.ncbi.nlm.nih.gov/pubmed/?term=16494572>

WEB OF SCIENCE = 1 resumo:

1

**Integrative and complementary health practices: the supply and production of care in the Unified National Health System and in selected municipalities in Brazil**

Por: Carvalho de Sousa, Islandia Maria; de Andrade Bodstein, Regina Cele; Tesser, Charles Dalcanale; et al.

CADERNOS DE SAUDE PUBLICA Volume: 28 Edição: 11 Páginas: 2143-2154 Publicado: NOV 2012 Texto integral gratuito do editor

**RESUMO:** The world of Traditional/Complementary and Alternative Medicine has grown and its importance has been emphasized in several studies. In Brazil, the National Policy on Integrative and Complementary Practices encourages their inclusion and empowerment in primary care. This study attempted to identify the provision of services and integrative practices in the Unified National Health System and the production of consultations from 2000 to 2011, contrasting the analysis of available information in national databases with the primary care data collected locally in Campinas (Sao Paulo State), Florianopolis (Santa Catarina State), and Recife (Pernambuco State). Analysis of the data revealed a mismatch between records in information systems and actual practices in these cities. This mismatch is due largely to lack of definition on the scope of what are understood practices in the Brazilian National Policy, thereby posing a major limitation to their measurement and evaluation, since current information does not allow adequate recording of such practices.

<http://apps->

[webofknowledge.ez27.periodicos.capes.gov.br/full\\_record.do?product=WOS&search\\_mode=GeneralSearch&qid=1&SID=6AA4SakzoJKaMrejUjO&page=1&doc=1](http://webofknowledge.ez27.periodicos.capes.gov.br/full_record.do?product=WOS&search_mode=GeneralSearch&qid=1&SID=6AA4SakzoJKaMrejUjO&page=1&doc=1)

**Terceira expressão de busca:**

BVS = 19 resumos:

1

**Medicina tradicional: as plantas medicinais no contexto de vida e trabalho dos agentes comunitários de saúde do município de Juiz de Fora**

Araújo, Juarez Silva.

Juiz de Fora; s.n; 2017. 91 p. Tese em Português | MTYCI | ID: biblio-878517

<http://pesquisa.bvsalud.org/portal/resource/pt/biblio-878517>

2

### Patterns in medicinal plant knowledge and use in a Maroon village in Suriname

Van't Klooster, Charlotte; van Andel, Tinde; Reis, Ria.

J Ethnopharmacol; 189: 319-30, 2016 Aug 02. Artigo em Inglês | MEDLINE | ID: mdl-27215681

**RESUMO:** ETHNOPHARMACOLOGICAL RELEVANCE: Traditional medicine plays an important role in the primary health care practices of Maroons living in the interior of Suriname. Large numbers of medicinal plants are employed to maintain general health and cure illnesses. Little is known, however, on how knowledge of herbal medicine varies within the community and whether plant use remains important when modern health care becomes available. AIM OF THE STUDY: To document the diversity in medicinal plant knowledge and use in a remote Saramaccan Maroon community and to assess the importance of medicinal plants vis a vis locally available modern healthcare. We hypothesized that ailments which could be treated by the village health center would be less salient in herbal medicine reports. METHODS: During three months fieldwork in the Saramaccan village of Pikin Slee, ethnobotanical data were collected by means of participant observations, voucher collections and 27 semi-structured interviews and informal discussions with 20 respondents. To test whether knowledge of medicinal plant species was kept within families, we performed a Detrended Correspondence Analysis. RESULTS: In total, 110 medicinal plant species were recorded, with 302 health use reports and 72 uses, mostly related to general health concerns (42%), diseases of the digestive system (10%), musculoskeletal system and fever (each 7%). Bathing was the most important mode of application. Most health use reports related to cure (58%) and health promotion (39%), while disease prevention played a minor role. Traditional medicine not only treated cultural illnesses, but also health concerns that could be treated with locally available modern medicines. Knowledge of medicinal plant species is not strictly kept within families, but also shared with friends. Certain recipes and applications, however, may be specific family knowledge. CONCLUSION: Medicinal plants play a very important role in the daily lives of the Pikin Slee villagers. Plant use reflects actual health concerns, but as modern medicines are available for most of these concerns, the use of herbal medicines seems to be a deep rooted cultural preference, especially when concerned with cultural illnesses and health promotion. Locally provided healthcare could be enriched if traditional knowledge, illness concepts, and medicinal plant uses could fit into a larger, community-oriented framework.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-27215681>

3

### Plantas medicinais, cultura e saúde nos quintais rurais do Vale do Mucuri

Gutierrez, Deliene Fracete.

Diamantina; s.n; 2015. 96 p. Tese em Português | MTYCI | ID: biblio-878532

**RESUMO:** O uso de plantas para tratamento, cura e prevenção de doenças, é uma das mais antigas formas de prática medicinal da humanidade. No Brasil a influência da cultura indígena, africana e europeia fundamentam a utilização das plantas medicinais e outras práticas de cura. Este saber tem sido marginalizado pela ciência moderna apesar de ter sido fundamental para constituição da mesma. Cerca de 80% da população mundial utiliza tratamentos tradicionais a base de plantas para suas necessidades de atenção primária de saúde conforme estimativas da Organização Mundial da Saúde. As plantas de uso medicinal são cultivadas tanto em quintais rurais quanto urbanos. Nestes espaços ao redor das casas, são cultivadas plantas para vários fins, são criados animais domésticos de pequeno porte e, também, acontecem atividades socioculturais e de lazer, o que faz dos quintais espaços de conservação da biodiversidade e da sociodiversidade além de ser espaço pedagógico de reprodução do modo de vida do campo. Neste sentido, este trabalho tem o objetivo de demonstrar a lógica cultural do uso de plantas medicinais e a valoração de práticas tradicionais do cuidar de agricultores familiares de três municípios do Vale do Mucuri (Sudoeste do Brasil). Trata-se de uma pesquisa qualitativa onde foram feitas entrevistas com agricultores que cultivam e utilizam plantas medicinais no cuidado da saúde. As entrevistas foram analisadas através do método de análise de discurso e foi possível identificar a racionalidade do cultivo e do uso das plantas, cujo conhecimento vem sendo perpetuado principalmente de forma oral de geração em geração. Foram identificados pares de opostos complementares que organizam o mundo vivido das comunidades tradicionais, como: quente/fria, brava/mansa, alta/baixa. Também foi identificada relação da coleta das plantas com as fases da lua, com a cultura indígena local e com a fé católica popular. Consideramos que o conhecimento a respeito do uso das plantas medicinais contribui com a autonomia das pessoas no cuidado com a saúde, resiste e contribui com a construção do conhecimento dialogado com outros para a construção de uma sociedade mais saudável. Essa dissertação de mestrado faz parte de um projeto mais amplo aprovado pela FAPEMIG no biênio 2015-2017 intitulado: "O lugar e a vida: A organização do trabalho e imaginário entre os agricultores familiares no Alto Vale Jequitinhonha (MG)." (AU)

<http://pesquisa.bvsalud.org/portal/resource/pt/biblio-878532>

4

**Cross-sectional survey on complementary and alternative medicine awareness among health care professionals and students using CHBQ questionnaire in a Balkan country**

Jakovljevic, Mihajlo B; Djordjevic, Vera; Markovic, Veroljub; Milovanovic, Olivera; Rancic, Nemanja K; Cupara, Snezana M.

Chin J Integr Med; 19(9): 650-5, 2013 Sep. Artigo em Inglês | MEDLINE | ID: mdl-23975129

**RESUMO:** OBJECTIVE: To conduct a study on attitudes, knowledge, and use of complementary and alternative medicine (CAM) therapies in Serbia. Available data about CAM therapies in the region are scarce, opinions lacking from health sector. Balkan region countries had a delay in issuing national policies on CAM therapies. METHODS: The questionnaire used was based on previously validated CAM Health Belief Questionnaire (CHBQ), formulated as 5-item Likert type scale, adjusted for local environment. Health care students and professionals were evaluated. The questionnaire comprehended 10 closed questions on attitudes, knowledge and use of CAM therapies. This survey was conducted in eight cities of Serbia, January 2010-July 2011. A total of 797 participants was included. The second group of participants was 145 healthcare professionals (50 academic staff, 64 clinical staff, 19 pharmacists, 6 other clinical branch specialists and 6 nurses). Data were collected by an interview. Examinees could acquire maximum of 70 points, 35 representing neutral attitude. RESULTS: Students of dentistry (54.65±6.07) were better informed on CAM therapies than medicine students (50.26±7.92). Pharmacy students (51.16±7.10) accepted low-scientific CAM. Pharmacists scored better than university professors (55.12±6.55 vs. 50.29±9.50). Primary health care professionals had better awareness than pharmacists in dispensing pharmacies. Both groups of participants preferred use of vitamins over any other CAM therapy. CONCLUSION: These pioneering efforts in the region exposed weaknesses in CAM attitudes of current and future health care professionals. Nevertheless, awareness on alternative medicine treatment choices is growing among Balkan prescribers. Supportive legal framework would facilitate dissemination of CAM medical practices.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-23975129>

5

**Knowledge and attitudes of primary health care physicians towards complementary and alternative medicine in the Riyadh region, Saudi Arabia**

Abdullah Al-Rowais, Norah; Al Bedah, Abdullah M N; Khalil, Mohamed K M; El Olemy, Ahmed Tawfik; Khalil, Asim A H; Alrasheid, Mohamed H S; Al Khashan, Hisham; Al Yousef, Mansour; Abdel Razak Ba Fart, Ahmed.

Forsch Komplementmed; 19(1): 7-12, 2012. Artigo em Inglês | MEDLINE | ID: mdl-22398920

**RESUMO:** BACKGROUND: The aim of this study was to assess the level of knowledge, attitudes, and utilization of complementary and alternative medicine (CAM) of primary health care (PHC) physicians in Riyadh, Saudi Arabia. MATERIAL AND METHODS: A cross-sectional study including all physicians working at PHC centers in the Riyadh region, Saudi Arabia, was carried out from the beginning of April 2010 to the end of June 2010. Using a self-administered questionnaire, 1,113 physicians answered questions regarding their socio-demographic data, and knowledge, attitudes and utilization of CAM. RESULTS: About 8% of the participants had attended a continuous medical education or a training activity. Most of them were unfamiliar with reflexology, energy healing, aromatherapy, ozone therapy, homeopathy, or chiropractic care (77.4, 71.3, 71.2, 67.2, 65.7, and 63.9%, respectively). On the other hand, most physicians felt that they could understand and feel comfortable about counseling patients about Ruqyah (spiritual healing), honey and bee products, dietary supplements, massage therapy, relaxation, herbal medicine, and cupping (40.3, 38.3, 34.9, 34.4, 25.8, 22.8, and 21.4%, respectively). More than half (51.7%) of the physicians used CAM for themselves or their family, but only 14.2% referred their patients to CAM practitioners. 85.1% of studied physicians agreed that physicians should have knowledge about CAM therapies commonly used in the region. 82.5% agreed that health authorities should have a role in regulating CAM, and 75.7% agreed that the physicians' knowledge about CAM practices leads to better patient outcome. CONCLUSION: There is a positive attitude regarding the concept of CAM, but there is a reluctance to refer or to initiate discussion with patients regarding CAM practices, which may be attributed to a lack of knowledge.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-22398920>

6

**Culture and biomedical care in Africa: the influence of culture on biomedical care in a traditional African society, Nigeria, West Africa**

Chukwuneke, F N; Ezeonu, C T; Onyire, B N; Ezeonu, P O.

Niger J Med; 21(3): 331-3, 2012 Jul-Sep. Artigo em Inglês | MEDLINE | ID: mdl-23304931

**RESUMO:** BACKGROUND: Biomedical Care in Africa and the influence of culture on the health-

seeking behaviour of Africans can not be underestimated; many African cultures have different understanding of the causes of disease which more often affect our public health system, policy, planning and implementations. The traditional African healer unlike a doctor trained in western biomedicine, looks for the cause of the patient's ailments as misfortune in relationship between the patient and the social, natural and spiritual environments. The complexity of African society with different cultural and religious practices also reflects on the people's attitude and understanding of their health matters. This paper is an overview of the cultural influence on biomedical care in a traditional African society, Nigeria, West Africa. **METHODS:** A research on the patients' health seeking behaviour and Primary Health Care service organization in 10 health centres in the five eastern states of the Federal Republic of Nigeria was carried out using a multistage cross-sectional study. A semi-structured questionnaire was administered to the health care providers and patients while an in-depth semi-structured interview was also conducted. **RESULT:** We observed there is underutilization of health care services at the primary level because most people do not accept the model of health care system provided for them. Most people believe diseases are caused by supernatural beings, the handiwork of neighbours or vengeance from an offended god as a result of transgressions committed in the past by an individual or parents. This group of people therefore prefers seeking traditional medicine to seeking orthodox medicine and often ends up in the hands of witch doctors who claim to have cure to almost all the diseases. **CONCLUSION:** Biomedical care in Africa is influence by culture because of different understanding of what ailment is and also due to limited knowledge of health matters, poverty and ignorance. There is a need therefore to focus on health out-reach programme, communication and enlightenment campaign in Africa especially in the rural areas that are more vulnerable and are burdened with many of these diseases.  
<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-23304931>

7

#### **Patient and clinician openness to including a broader range of healing options in primary care**

Hsu, Clarissa; Cherkin, Daniel C; Hoffmeyer, Sylvia; Sherman, Karen J; Phillips, William R.  
Ann Fam Med; 9(5): 447-53, 2011 Sep-Oct. Artigo em Inglês | MEDLINE | ID: mdl-21911764

**RESUMO:** **PURPOSE:** We studied the openness of patients and clinicians to introducing a broader range of healing options into primary care. **METHODS:** Focus groups were conducted with primary care patients (4 groups) and clinicians (3 groups) from an integrated medical care system in 2008. Transcripts of discussions were analyzed using an immersion/crystallization approach. **RESULTS:** Both patients (n = 44) and clinicians (n = 32) were open to including a wider variety of healing options in primary care. Patients desired some evidence of effectiveness, although there was wide variation in the type of evidence required. Many patients believed that the clinician's personal and practice experience was an important form of evidence. Patients wanted to share in the decision to refer and the choice of options. Clinicians were most concerned with safety of specific treatments, including some of the herbs and dietary supplements. They also believed they lacked adequate information about the nature, benefits, and risks of many alternatives, and they were not aware of local practitioners and resources to whom they could confidently refer their patients. Both patients and clinicians were concerned that services recommended be covered by insurance or be affordable to patients. **CONCLUSIONS:** Integrating additional healing options into primary care may be feasible and desirable, as well as help meet the needs of patients with conditions that have not been responsive to standard medical treatments.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-21911764>

8

#### **Percepção de médicos e enfermeiros da estratégia de saúde da família sobre terapias complementares**

Thiago, Sônia de Castro S; Tesser, Charles Dalcanale.  
Rev Saude Publica; 45(2): 249-257, abr. 2011. graf, tab  
Artigo em Português | LILACS | ID: lil-577050

#### **RESUMO**

**OBJETIVO:** Analisar a percepção de profissionais da Estratégia de Saúde da Família sobre práticas integrativas e complementares. **MÉTODOS:** Estudo com 177 médicos e enfermeiros a partir de um questionário auto-aplicado em 2008. As variáveis desfecho foram "interesse pelas práticas integrativas e complementares" e "concordância com a Política Nacional de Práticas Integrativas e Complementares". Sexo, idade, graduação, pós-graduação, tempo de formado e de trabalho, possuir filhos, oferta de práticas integrativas e complementares no local de trabalho e uso de homeopatia ou acupuntura compuseram as variáveis independentes. Os dados foram analisados pelo teste do qui-quadrado e teste exato de Fisher. **RESULTADOS:** Dezesete centros de saúde

ofereciam práticas integrativas e complementares; 12,4 por cento dos profissionais possuíam especialização em homeopatia ou acupuntura; 43,5 por cento dos médicos eram especialistas em medicina de família e comunidade/saúde da família. Dos participantes, 88,7 por cento desconheciam as diretrizes nacionais para a área, embora 81,4 por cento concordassem com sua inclusão no Sistema Único de Saúde. A maioria (59,9 por cento) mostrou interesse em capacitações e todos concordaram que essas práticas deveriam ser abordadas na graduação. A concordância com a inclusão dessas práticas mostrou-se associada significativamente com o fato de ser enfermeiro ( $p = 0,027$ ) e com o uso de homeopatia para si ( $p = 0,019$ ). Interesse pelas práticas complementares esteve associado a usar homeopatia para si ( $p = 0,02$ ) e acupuntura para familiares ( $p = 0,013$ ). **CONCLUSÕES:** Existe aceitação das práticas integrativas e complementares pelos profissionais estudados, associada ao contato prévio com elas e possivelmente relacionada à residência/especialização em medicina de família e comunidade/saúde da família.  
<http://pesquisa.bvsalud.org/portal/resource/pt/lil-577050>

9

#### **Family Health Strategy doctors and nurses' perceptions of complementary therapies.**

Thiago, Sônia de Castro S; Tesser, Charles Dalcanale.

Rev Saude Publica; 45(2): 249-57, 2011 Apr. Artigo em Inglês | MEDLINE | ID: mdl-21271210

**RESUMO:** **OBJECTIVE:** To analyze Estratégia de Saúde da Família (Family Health Strategy) professionals' perception of complementary and integrative therapies. **METHODS:** A study with 177 doctors and nurses was conducted in 2008, based on a self-administered questionnaire. The outcome variables were "interest in complementary and integrative therapies" and "agreement with the National Policy on Complementary and Integrative Therapies. Sex, age, graduate level of education, postgraduate level of education, length of time since graduation, length of time of work, having children, providing complementary and integrative therapies in the workplace, and using homeopathy or acupuncture comprised the independent variables. Data were analyzed using Chi-square test and Fisher's exact test. **RESULTS:** A total of 17 health centers provided complementary and integrative therapies; 12.4% of professionals had a specialization in homeopathy or acupuncture; 43.5% of doctors were specialists in family and community medicine/family health. Of all participants, 88.7% did not know the national directives for this area, although 81.4% agreed with their inclusion in the Sistema Único de Saúde (Unified Health System). The majority (59.9%) showed an interest in qualifications and all agreed that these therapies should be approached during the graduate course. Agreement with the inclusion of such therapies was significantly associated with the fact of being a nurse ( $p = 0.027$ ) and using homeopathy for oneself ( $p = 0.019$ ). Interest in complementary therapies was associated with the use of homeopathy for oneself ( $p = 0.02$ ) and acupuncture by family members ( $p = 0.013$ ). **CONCLUSIONS:** Complementary and integrative therapies are accepted by the professionals studied. This acceptance is associated with previous contact with such therapies and, probably, with residency/specialization in family and community medicine/family health.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-21271210>

10

#### **Knowledge, attitudes and practice of general practitioners towards complementary and alternative medicine in Doha, Qatar**

Al, Shaar I A M S; Ismail, M F S; Yousuf, W A A A; Salama, R E.

East Mediterr Health J; 16(5): 522-7, 2010 May. Artigo em Inglês | MEDLINE | ID: mdl-20799552

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-20799552>

11

#### **Complementary medicine in the primary care setting: Results of a survey of gender and cultural patterns in Israel**

Ben-Arye, Eran; Karkabi, Sonia; Shapira, Chen; Schiff, Elad; Lavie, Ofer; Keshet, Yael.

Gend Med; 6(2): 384-97, 2009 Jul. Artigo em Inglês | MEDLINE | ID: mdl-19682666

**RESUMO:** **OBJECTIVE:** The purpose of this study was to examine the use of complementary and alternative medicine (CAM) in a primary care practice in Israel to determine prevalence and patterns of use. **METHODS:** Trained research assistants invited all patients attending the administrative, medical, pharmaceutical, or nursing services of 7 clinics in urban and rural areas of northern Israel over a 16-month period, from April 1, 2005, through August 1, 2006, to complete a 13-item written questionnaire about CAM use and beliefs about CAM safety and efficacy. CAM was defined as therapies often referred to as alternative, complementary, natural, or folk/traditional medicine, and which are not usually offered as part of the medical treatment in the clinic, including herbal medicine, Chinese medicine (including acupuncture), homeopathy, folk and traditional remedies, dietary/nutritional therapy (including nutritional supplements), chiropractic, movement/manual healing therapies (including massage, reflexology, yoga, and Alexander and Feldenkrais

techniques), mind-body techniques (including meditation, guided imagery, and relaxation), energy and healing therapies, and other naturopathic therapies. The Pearson chi(2) test and multivariate logistic regression were used to assess univariate associations with the odds ratios of CAM use among Arab and Jewish women. A t test was performed to determine whether there were any differences in the continuous variables between the 2 groups. RESULTS: Of 3972 consecutive patients who received the questionnaire, 3447 responded; 2139 respondents (62%) were women. Of the female respondents, 2121 reported their religion (1238 respondents [58%] self-identified as being Arab, and 883 [41.6%] as being Jewish). Compared with men, more women used CAM during the previous year (46.4% vs 39.4%;  $P < 0.001$ ). Women were more likely to use CAM and to be interested in receiving CAM at primary care clinics. Arab women reported less CAM use than Jewish women but were more interested in experiencing CAM, had a higher degree of confidence in CAM efficacy and safety, and more frequently supported the integration of CAM practitioners in primary care clinics. CONCLUSIONS: In this study, women visiting primary care clinics in northern Israel used CAM more often than men did. Arab women reported less use of CAM than did Jewish women but also reported greater confidence in CAM efficacy and safety.  
<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-19682666>

12

### **Applying integrative healthcare**

Ananth, Sita.

Explore (NY); 5(2): 119-20, 2009 Mar-Apr. Artigo em Inglês | MEDLINE | ID: mdl-19272585

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-19272585>

13

### **The cultural context of CAM**

Lewith, George T.

J Altern Complement Med; 14(10): 1179-80, 2008 Dec. Artigo em Inglês | MEDLINE | ID: mdl-19032073

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-19032073>

14

### **Do 'alternative' help-seeking strategies affect primary care service use? A survey of help-seeking for mental distress**

Rüdel, Katja; Bhui, Kamaldeep; Priebe, Stefan.

BMC Public Health; 8: 207, 2008 Jun 11. Artigo em Inglês | MEDLINE | ID: mdl-18547400

**RESUMO:** BACKGROUND: Epidemiological studies suggest that only some distressed individuals seek help from primary care and that pathways to mental health care appear to be ethnically patterned. However few research studies examine how people with common mental disorder manage their mental distress, which help-seeking strategies they employ and whether these are patterned by ethnicity? This study investigates alternative help-seeking strategies in a multi-ethnic community and examines the relationship with primary care use. METHODS: Participants were recruited from four GP practice registers and 14 community groups in East London. Of 268 participants, 117 had a common mental disorder according to a valid and structured interview schedule (CIS-R). Participants were of Bangladeshi, black Caribbean and White British ethnic background. For those with a common mental disorder, we examined self-reported help-seeking behaviour, perceived helpfulness of care givers, and associations with primary care service use. RESULTS: We found that alternative help-seeking such as talking to family about distress (OR 15.83, CI 3.9-64.5,  $P < .001$ ), utilising traditional healers (OR 8.79, CI 1.98-38.93,  $p = .004$ ), and severity of distress (1.11, CI 1.03-1.20,  $p = .006$ ) was positively associated with primary care service use for people with a common mental disorder. Ethnic background influenced the choice of help-seeking strategies, but was less important in perceptions of their helpfulness. CONCLUSION: Primary care service use was strongly correlated with lay and community help-seeking. Alternative help-seeking was commonly employed in all ethnic groups. A large number of people believed mental distress could not be resolved or they did not know how to resolve it. The implications for health promotion and integrated care pathways are discussed.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-18547400>

15

### **Complementary and alternative medicine in US family medicine practices: a pilot qualitative study**

Hamilton, Jennifer L; Roemheld-Hamm, Beatrix; Young, Denise M; Jalba, Mihai; DiCicco-Bloom, Barbara.

Altern Ther Health Med; 14(3): 22-7, 2008 May-Jun. Artigo em Inglês | MEDLINE | ID: mdl-18517102



**RESUMO:** CONTEXT: The growth of complementary and alternative medicine (CAM) has led some family medicine practices to include CAM. Acupuncture or herbal medicine, for example, may be offered at such practices. When a practice incorporates both CAM and conventional treatments, its goals and values may differ from those found in traditional primary care. Little is known about the development of these integrated practices, which may be expected to become more widespread. OBJECTIVE: To identify some of the concepts and challenges shaping family medicine practices that incorporate CAM. DESIGN: Comparative case study. METHOD: Multi-method assessment process including participant observation, key informant interviews, semi-structured depth interviews, and observation of patient-provider encounters. SETTING: Four family medicine/CAM practices in the mid-Atlantic region of the United States. RESULTS: Key themes that influence these practices' organization include dimensions of health, the selection of therapies used, the practices' approach to evidence, their perspective on the amount of time spent with patients, and their adaptations to financial concerns. Each practice emphasized long patient visits. In each, physicians had expertise that enabled them to draw on both conventional medicine and CAM. CONCLUSION: Successful incorporation of CAM modalities within a family medicine framework requires adaptation not only at the practice level but also by individual physicians.  
<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-18517102>

16

### **Complementary and alternative medicine: attitudes and patterns of use by German physicians in a national survey**

Stange, Rainer; Amhof, Robert; Moebus, Susanne.

J Altern Complement Med; 14(10): 1255-61, 2008 Dec. Artigo em Inglês | MEDLINE | ID: mdl-19123879

**RESUMO:** OBJECTIVE: To generate valid data on attitudes about complementary and alternative medicine (CAM) as well as patterns of use in a large stochastic sample of general practitioner physicians and specialists. DESIGN: Cross-sectional survey in a large random sample of 516 German outpatient care physicians with qualifications in 13 medical fields representative of a basic population of 118,085 statutory health insurance physicians. MATERIALS AND METHODS: Telephone interviews with 36 wide-ranging questions about CAM attitudes and preferred techniques were conducted in November and December 2005 as part of a national healthcare survey. RESULTS: In our sample, 51% were in favor of CAM use (26% were very much in favor, 25% were in favor). The methods most frequently prescribed (combining answers for "very often" and "at times") were physical therapy (71%), phytomedicine (67%), exercise (63%), nutrition and dieting (62%), massage (61%), relaxation techniques (55%), followed by more typical CAM interventions such as homeopathy (38%), acupuncture (37%), and traditional Chinese medicine (18%). Primary care physicians were significantly more inclined to use CAM than were specialists. No striking differences were observed with respect to gender or age. CONCLUSIONS: This survey demonstrates a broader acceptance and practice of CAM by physicians than hitherto believed. Methods traditionally known as "natural medicine" were more frequently used than more typical CAM procedures. Further research should focus on physicians' differing motivations and observed results.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-19123879>

17

### **Determinants of complementary alternative medicine (CAM) use**

Al-Windi, Ahmad.

Complement Ther Med; 12(2-3): 99-111, 2004 Jun-Sep. Artigo em Inglês | MEDLINE | ID: mdl-15561519

**RESUMO:** OBJECTIVE: The aim of this study was to describe the pattern of use of complementary alternative medicine (CAM) and identify the determinants of CAM use in a multi-ethnic Swedish primary health care practice population. METHODS: A questionnaire was handed out to 1433 patients aged 16 years and above who visited the Jordbro Health Centre (JHC) in Stockholm, Sweden, between 14 January and 30 June 2002. The results were linked to computerised medical records. RESULTS: Seventeen percent of respondents had consulted a CAM provider during the preceding year and many patients had consulted several types of CAM providers. The most frequently CAM used was massage, followed by acupuncture, chiropractic and naprapathy. In the logistic regression, when adjusting for the influence of possible confounders, chronic disease and physical activity were the most important predictors of consultations with CAM providers. Users of CAM had had a higher number of consultations with medical professionals than had non-users of alternative medicine. CONCLUSIONS: In our study population CAM, defined here as "manual therapy", was used in addition to traditional therapies and was related to high use of health care services. Chronic disease and physical activity were significantly and independently related to use of

CAM.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-15561519>

18

**An approach for integrating complementary-alternative medicine into primary care**

Frenkel, Moshe A; Borkan, Jeffrey M.

Fam Pract; 20(3): 324-32, 2003 Jun. Artigo em Inglês | MEDLINE | ID: mdl-12738703

**RESUMO:** BACKGROUND: Despite family practitioners frequently being requested to assist their patients with advice on or referrals to complementary-alternative medicine (CAM), there is an absence both of evidence about the efficacy of nearly all specific treatments or modalities and of guidelines to assist with the integration of conventional and CAM therapies. OBJECTIVE: The aim of this article is to suggest a comprehensive and rational, best-evidence strategy for integrating CAM by primary care practitioners into primary care, within the context of the limitations of the current knowledge base and the local milieu. METHODS: The suggested approach was developed by a combination of literature review, key informant interviews, focus groups, educational presentations for family practice residents and practitioners, and field testing. An iterative model was utilized whereby more refined drafts of the suggested approach were subjected to later discussions and groups, as well as further field testing. Drafts of the strategy were utilized in consultations of patients requesting advice on alternative medicine in a primary care setting and in a CAM clinic. RESULTS: Both family physicians and CAM practitioners provided useful comments and recommendations throughout the process. These can be categorized in terms of knowledge, attitudes and skills. Our strategy suggests that patients requesting advice on the use and integration of CAM modalities as part of their health care should be evaluated initially by their primary care physician. The physician's responsibilities are to evaluate the appropriateness of that use, and to maintain contact, monitoring outcomes. Advice on referrals should be based on the safety of the method in question, current knowledge on indications and contraindications of that modality, and familiarity and an open dialogue with the specific therapist. CONCLUSIONS: Given patients' demands and utilization of CAM therapies, despite the lack of evidence, there is an increasing need to address how CAM therapies can be integrated into conventional medical systems. These suggestions should respond to patient's expectations and needs, but at the same time maintain accepted standards of medical and scientific principles of practice.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-12738703>

19

**Folk medicine and modern medicine in St. Lucia: current beliefs, attitudes and practices of consumers and providers of health care and the implications for primary health care**

Alexis, Jude M.

Kingston; s.n; 1981. 100 p. Monografia em Inglês | MedCarib | ID: med-10270

**RESUMO:** An investigation of current beliefs, attitudes and practices of consumers and providers of traditional and modern health care was carried out. The study revealed that there was a strong belief in folk healers and herbal remedies-folk medicine (54 percent). 33 percent of the subjects used only the modern health facilities. There is a direct correlation between the useage of folk medicine and the presence or absence of health clinics in the area. Folk healers were mostly consulted for psychological, psychosomatic and inter personal problems. (AU)

<http://pesquisa.bvsalud.org/portal/resource/pt/med-10270>

LILACS = 0 resumo.

SCIELO = 1 resumo:

1

**Percepção de médicos e enfermeiros da Estratégia de Saúde da Família sobre terapias complementares Facebook Twitter**

Thiago, Sônia de Castro S; Tesser, Charles Dalcanale.

Revista de Saúde Pública, Jan 2011, Volume 45 Nº 2 Páginas 249 - 257

Inglês: Resumo | Texto | PDF | ePDF · Espanhol: Resumo · Português: Resumo | Texto | PDF | ePDF DOI: 10.1590/S0034-89102011005000002 CC-BY-NC/4.0

**REUMO:** OBJECTIVE: To analyze Estratégia de Saúde da Família (Family Health Strategy) professionals' perception of complementary and integrative therapies. METHODS: A study with 177 doctors and nurses was conducted in 2008, based on a self-administered questionnaire. The

outcome variables were "interest in complementary and integrative therapies" and "agreement with the National Policy on Complementary and Integrative Therapies. Sex, age, graduate level of education, postgraduate level of education, length of time since graduation, length of time of work, having children, providing complementary and integrative therapies in the workplace, and using homeopathy or acupuncture comprised the independent variables. Data were analyzed using Chi-square test and Fisher's exact test. RESULTS: A total of 17 health centers provided complementary and integrative therapies; 12.4% of professionals had a specialization in homeopathy or acupuncture; 43.5% of doctors were specialists in family and community medicine/family health. Of all participants, 88.7% did not know the national directives for this area, although 81.4% agreed with their inclusion in the Sistema Único de Saúde (Unified Health System). The majority (59.9%) showed an interest in qualifications and all agreed that these therapies should be approached during the graduate course. Agreement with the inclusion of such therapies was significantly associated with the fact of being a nurse ( $p = 0.027$ ) and using homeopathy for oneself ( $p = 0.019$ ). Interest in complementary therapies was associated with the use of homeopathy for oneself ( $p = 0.02$ ) and acupuncture by family members ( $p = 0.013$ ). CONCLUSIONS: Complementary and integrative therapies are accepted by the professionals studied. This acceptance is associated with previous contact with such therapies and, probably, with residency/specialization in family and community medicine/family health.

[http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0034-89102011000200003&lang=pt](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-89102011000200003&lang=pt)

MEDLINE (via PUBMED) = 11 resumos:

1

**Culture and biomedical care in Africa: the influence of culture on biomedical care in a traditional African society, Nigeria, West Africa**

Chukwunneke FN<sup>1</sup>, Ezeonu CT, Onyire BN, Ezeonu PO. Niger J Med. 2012 Jul-Sep;21(3):331-3. PMID: 23304931

**RESUMO:** BACKGROUND: Biomedical Care in Africa and the influence of culture on the health-seeking behaviour of Africans can not be underestimated; many African cultures have different understanding of the causes of disease which more often affect our public health system, policy, planning and implementations. The traditional African healer unlike a doctor trained in western biomedicine, looks for the cause of the patient's ailments as misfortune in relationship between the patient and the social, natural and spiritual environments. The complexity of African society with different cultural and religious practices also reflects on the people's attitude and understanding of their health matters. This paper is an overview of the cultural influence on biomedical care in a traditional African society, Nigeria, West Africa. METHODS: A research on the patients' health seeking behaviour and Primary Health Care service organization in 10 health centres in the five eastern states of the Federal Republic of Nigeria was carried out using a multistage cross-sectional study. A semi-structured questionnaire was administered to the health care providers and patients while an in-depth semi-structured interview was also conducted. RESULT: We observed there is underutilization of health care services at the primary level because most people do not accept the model of health care system provided for them. Most people believe diseases are caused by supernatural beings, the handiwork of neighbours or vengeance from an offended god as a result of transgressions committed in the past by an individual or parents. This group of people therefore prefers seeking traditional medicine to seeking orthodox medicine and often ends up in the hands of witch doctors who claim to have cure to almost all the diseases. CONCLUSION: Biomedical care in Africa is influence by culture because of different understanding of what ailment is and also due to limited knowledge of health matters, poverty and ignorance. There is a need therefore to focus on health out-reach programme, communication and enlightenment campaign in Africa especially in the rural areas that are more vulnerable and are burdened with many of these diseases.

<https://www.ncbi.nlm.nih.gov/pubmed/?term=23304931>

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**Knowledge and attitudes of primary health care physicians towards complementary and alternative medicine in the Riyadh region, Saudi Arabia**

Abdullah Al-Rowais N<sup>1</sup>, Al Bedah AM, Khalil MK, El Olemly AT, Khalil AA, Alrasheid MH, Al Khashan H, Al Yousef M, Abdel Razak Ba Fart A.

Forsch Komplementmed. 2012;19(1):7-12. doi: 10.1159/000335814. Epub 2012 Feb 2. Copyright © 2012 S. Karger AG, Basel. PMID: 22398920 DOI: 10.1159/000335814

**ABSTRACT:** BACKGROUND: The aim of this study was to assess the level of knowledge, attitudes,

and utilization of complementary and alternative medicine (CAM) of primary health care (PHC) physicians in Riyadh, Saudi Arabia. MATERIAL AND METHODS: A cross-sectional study including all physicians working at PHC centers in the Riyadh region, Saudi Arabia, was carried out from the beginning of April 2010 to the end of June 2010. Using a self-administered questionnaire, 1,113 physicians answered questions regarding their socio-demographic data, and knowledge, attitudes and utilization of CAM. RESULTS: About 8% of the participants had attended a continuous medical education or a training activity. Most of them were unfamiliar with reflexology, energy healing, aromatherapy, ozone therapy, homeopathy, or chiropractic care (77.4, 71.3, 71.2, 67.2, 65.7, and 63.9%, respectively). On the other hand, most physicians felt that they could understand and feel comfortable about counseling patients about Ruqyah (spiritual healing), honey and bee products, dietary supplements, massage therapy, relaxation, herbal medicine, and cupping (40.3, 38.3, 34.9, 34.4, 25.8, 22.8, and 21.4%, respectively). More than half (51.7%) of the physicians used CAM for themselves or their family, but only 14.2% referred their patients to CAM practitioners. 85.1% of studied physicians agreed that physicians should have knowledge about CAM therapies commonly used in the region. 82.5% agreed that health authorities should have a role in regulating CAM, and 75.7% agreed that the physicians' knowledge about CAM practices leads to better patient outcome. CONCLUSION: There is a positive attitude regarding the concept of CAM, but there is a reluctance to refer or to initiate discussion with patients regarding CAM practices, which may be attributed to a lack of knowledge.

<https://www.ncbi.nlm.nih.gov/pubmed/?term=22398920>

3

### **Family Health Strategy doctors and nurses' perceptions of complementary therapies**

Thiago Sde C<sup>1</sup>, Tesser CD.

Rev Saude Publica. 2011 Apr;45(2):249-57. Epub 2011 Jan 26. PMID: 21271210

**ABSTRACT:** OBJECTIVE: To analyze Estratégia de Saúde da Família (Family Health Strategy) professionals' perception of complementary and integrative therapies. METHODS: A study with 177 doctors and nurses was conducted in 2008, based on a self-administered questionnaire. The outcome variables were "interest in complementary and integrative therapies" and "agreement with the National Policy on Complementary and Integrative Therapies. Sex, age, graduate level of education, postgraduate level of education, length of time since graduation, length of time of work, having children, providing complementary and integrative therapies in the workplace, and using homeopathy or acupuncture comprised the independent variables. Data were analyzed using Chi-square test and Fisher's exact test. RESULTS: A total of 17 health centers provided complementary and integrative therapies; 12.4% of professionals had a specialization in homeopathy or acupuncture; 43.5% of doctors were specialists in family and community medicine/family health. Of all participants, 88.7% did not know the national directives for this area, although 81.4% agreed with their inclusion in the Sistema Único de Saúde (Unified Health System). The majority (59.9%) showed an interest in qualifications and all agreed that these therapies should be approached during the graduate course. Agreement with the inclusion of such therapies was significantly associated with the fact of being a nurse ( $p = 0.027$ ) and using homeopathy for oneself ( $p = 0.019$ ). Interest in complementary therapies was associated with the use of homeopathy for oneself ( $p = 0.02$ ) and acupuncture by family members ( $p = 0.013$ ). CONCLUSIONS: Complementary and integrative therapies are accepted by the professionals studied. This acceptance is associated with previous contact with such therapies and, probably, with residency/specialization in family and community medicine/family health.

<https://www.ncbi.nlm.nih.gov/pubmed/?term=21271210>

4

### **Knowledge, attitudes and practice of general practitioners towards complementary and alternative medicine in Doha, Qatar**

Al SI, Ismail MF, Yousuf WA, Salama RE.

East Mediterr Health J. 2010 May;16(5):522-7. PMID:20799552

<https://www.ncbi.nlm.nih.gov/pubmed/?term=20799552>

5

### **Complementary medicine in the primary care setting: Results of a survey of gender and cultural patterns in Israel**

Ben-Arye E<sup>1</sup>, Karkabi S, Shapira C, Schiff E, Lavie O, Keshet Y.

Gend Med. 2009 Jul;6(2):384-97. doi: 10.1016/j.genm.2009.07.002.

**ABSTRACT:** OBJECTIVE: The purpose of this study was to examine the use of complementary and alternative medicine (CAM) in a primary care practice in Israel to determine prevalence and patterns of

use. **METHODS:** Trained research assistants invited all patients attending the administrative, medical, pharmaceutical, or nursing services of 7 clinics in urban and rural areas of northern Israel over a 16-month period, from April 1, 2005, through August 1, 2006, to complete a 13-item written questionnaire about CAM use and beliefs about CAM safety and efficacy. CAM was defined as therapies often referred to as alternative, complementary, natural, or folk/traditional medicine, and which are not usually offered as part of the medical treatment in the clinic, including herbal medicine, Chinese medicine (including acupuncture), homeopathy, folk and traditional remedies, dietary/nutritional therapy (including nutritional supplements), chiropractic, movement/manual healing therapies (including massage, reflexology, yoga, and Alexander and Feldenkrais techniques), mind-body techniques (including meditation, guided imagery, and relaxation), energy and healing therapies, and other naturopathic therapies. The Pearson chi(2) test and multivariate logistic regression were used to assess univariate associations with the odds ratios of CAM use among Arab and Jewish women. A t test was performed to determine whether there were any differences in the continuous variables between the 2 groups. **RESULTS:** Of 3972 consecutive patients who received the questionnaire, 3447 responded; 2139 respondents (62%) were women. Of the female respondents, 2121 reported their religion (1238 respondents [58%] self-identified as being Arab, and 883 [41.6%] as being Jewish). Compared with men, more women used CAM during the previous year (46.4% vs 39.4%;  $P < 0.001$ ). Women were more likely to use CAM and to be interested in receiving CAM at primary care clinics. Arab women reported less CAM use than Jewish women but were more interested in experiencing CAM, had a higher degree of confidence in CAM efficacy and safety, and more frequently supported the integration of CAM practitioners in primary care clinics. **CONCLUSIONS:** In this study, women visiting primary care clinics in northern Israel used CAM more often than men did. Arab women reported less use of CAM than did Jewish women but also reported greater confidence in CAM efficacy and safety.

6

#### **Applying integrative healthcare.**

Ananth S<sup>1</sup>.

Explore (NY). 2009 Mar-Apr;5(2):119-20. doi: 10.1016/j.explore.2008.12.011. PMID: 19272585 DOI: 10.1016/j.explore.2008.12.011

<https://www.ncbi.nlm.nih.gov/pubmed/?term=19272585>

7

#### **Complementary and alternative medicine: attitudes and patterns of use by German physicians in a national survey**

Stange R<sup>1</sup>, Amhof R, Moebus S.

J Altern Complement Med. 2008 Dec;14(10):1255-61. doi: 10.1089/acm.2008.0306.

The cultural context of CAM. [J Altern Complement Med. 2008] PMID: 19123879 DOI: 10.1089/acm.2008.0306

**ABSTRACT:** **OBJECTIVE:** To generate valid data on attitudes about complementary and alternative medicine (CAM) as well as patterns of use in a large stochastic sample of general practitioner physicians and specialists. **DESIGN:** Cross-sectional survey in a large random sample of 516 German outpatient care physicians with qualifications in 13 medical fields representative of a basic population of 118,085 statutory health insurance physicians. **MATERIALS AND METHODS:** Telephone interviews with 36 wide-ranging questions about CAM attitudes and preferred techniques were conducted in November and December 2005 as part of a national healthcare survey. **RESULTS:** In our sample, 51% were in favor of CAM use (26% were very much in favor, 25% were in favor). The methods most frequently prescribed (combining answers for "very often" and "at times") were physical therapy (71%), phytomedicine (67%), exercise (63%), nutrition and dieting (62%), massage (61%), relaxation techniques (55%), followed by more typical CAM interventions such as homeopathy (38%), acupuncture (37%), and traditional Chinese medicine (18%). Primary care physicians were significantly more inclined to use CAM than were specialists. No striking differences were observed with respect to gender or age. **CONCLUSIONS:** This survey demonstrates a broader acceptance and practice of CAM by physicians than hitherto believed. Methods traditionally known as "natural medicine" were more frequently used than more typical CAM procedures. Further research should focus on physicians' differing motivations and observed results. Comment in

<https://www.ncbi.nlm.nih.gov/pubmed/?term=19123879>

8

#### **The cultural context of CAM.**

Lewith GT.

J Altern Complement Med. 2008 Dec;14(10):1179-80. doi: 10.1089/acm.2008.0348.

Complementary and alternative medicine: attitudes and patterns of use by German physicians in a

national survey. [J Altern Complement Med. 2008]  
PMID: 19032073 DOI: 10.1089/acm.2008.0348  
<https://www.ncbi.nlm.nih.gov/pubmed/?term=19032073>

9

### **Complementary and alternative medicine in US family medicine practices: a pilot qualitative study**

Hamilton JL<sup>1</sup>, Roemheld-Hamm B, Young DM, Jalba M, DiCicco-Bloom B.  
Altern Ther Health Med. 2008 May-Jun;14(3):22-7. PMID: 18517102

**ABSTRACT:** CONTEXT: The growth of complementary and alternative medicine (CAM) has led some family medicine practices to include CAM. Acupuncture or herbal medicine, for example, may be offered at such practices. When a practice incorporates both CAM and conventional treatments, its goals and values may differ from those found in traditional primary care. Little is known about the development of these integrated practices, which may be expected to become more widespread. OBJECTIVE: To identify some of the concepts and challenges shaping family medicine practices that incorporate CAM. DESIGN: Comparative case study. METHOD: Multi-method assessment process including participant observation, key informant interviews, semi-structured depth interviews, and observation of patient-provider encounters. SETTING: Four family medicine/CAM practices in the mid-Atlantic region of the United States. RESULTS: Key themes that influence these practices' organization include dimensions of health, the selection of therapies used, the practices' approach to evidence, their perspective on the amount of time spent with patients, and their adaptations to financial concerns. Each practice emphasized long patient visits. In each, physicians had expertise that enabled them to draw on both conventional medicine and CAM. CONCLUSION: Successful incorporation of CAM modalities within a family medicine framework requires adaptation not only at the practice level but also by individual physicians.

<https://www.ncbi.nlm.nih.gov/pubmed/?term=18517102>

10

### **Determinants of complementary alternative medicine (CAM) use**

Al-Windi A<sup>1</sup>.  
Complement Ther Med. 2004 Jun-Sep;12(2-3):99-111. PMID: 15561519 DOI:  
10.1016/j.ctim.2004.09.007

**ABSTRACT:** OBJECTIVE: The aim of this study was to describe the pattern of use of complementary alternative medicine (CAM) and identify the determinants of CAM use in a multi-ethnic Swedish primary health care practice population. METHODS: A questionnaire was handed out to 1433 patients aged 16 years and above who visited the Jordbro Health Centre (JHC) in Stockholm, Sweden, between 14 January and 30 June 2002. The results were linked to computerised medical records. RESULTS: Seventeen percent of respondents had consulted a CAM provider during the preceding year and many patients had consulted several types of CAM providers. The most frequently CAM used was massage, followed by acupuncture, chiropractic and naprapathy. In the logistic regression, when adjusting for the influence of possible confounders, chronic disease and physical activity were the most important predictors of consultations with CAM providers. Users of CAM had had a higher number of consultations with medical professionals than had non-users of alternative medicine. CONCLUSIONS: In our study population CAM, defined here as "manual therapy", was used in addition to traditional therapies and was related to high use of health care services. Chronic disease and physical activity were significantly and independently related to use of CAM.

<https://www.ncbi.nlm.nih.gov/pubmed/?term=15561519>

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### **An approach for integrating complementary-alternative medicine into primary care**

Frenkel MA<sup>1</sup>, Borkan JM.  
Fam Pract. 2003 Jun;20(3):324-32. PMID: 12738703

**ABSTRACT:** BACKGROUND: Despite family practitioners frequently being requested to assist their patients with advice on or referrals to complementary-alternative medicine (CAM), there is an absence both of evidence about the efficacy of nearly all specific treatments or modalities and of guidelines to assist with the integration of conventional and CAM therapies. OBJECTIVE: The aim of this article is to suggest a comprehensive and rational, best-evidence strategy for integrating CAM by primary care practitioners into primary care, within the context of the limitations of the current knowledge base and the local milieu. THODS: The suggested approach was developed by a combination of literature review, key informant interviews, focus groups, educational presentations for family practice residents and practitioners, and field testing. An iterative model was utilized whereby more refined drafts of the suggested approach were subjected to later discussants and groups, as well as further field testing. Drafts of the strategy were utilized in consultations of patients requesting advice on alternative

medicine in a primary care setting and in a CAM clinic. RESULTS: Both family physicians and CAM practitioners provided useful comments and recommendations throughout the process. These can be categorized in terms of knowledge, attitudes and skills. Our strategy suggests that patients requesting advice on the use and integration of CAM modalities as part of their health care should be evaluated initially by their primary care physician. The physician's responsibilities are to evaluate the appropriateness of that use, and to maintain contact, monitoring outcomes. Advice on referrals should be based on the safety of the method in question, current knowledge on indications and contraindications of that modality, and familiarity and an open dialogue with the specific therapist. CONCLUSIONS: Given patients' demands and utilization of CAM therapies, despite the lack of evidence, there is an increasing need to address how CAM therapies can be integrated into conventional medical systems. These suggestions should respond to patient's expectations and needs, but at the same time maintain accepted standards of medical and scientific principles of practice.

<https://www.ncbi.nlm.nih.gov/pubmed/?term=12738703>

WEB OF SCIENCE = 1 resumo:

1

**Integrative and complementary health practices: the supply and production of care in the Unified National Health System and in selected municipalities in Brazil**

Por: Carvalho de Sousa, Islandia Maria; de Andrade Bodstein, Regina Cele; Tesser, Charles Dalcanale; et al.

CADERNOS DE SAUDE PUBLICA Volume: 28 Edição: 11 Páginas: 2143-2154 Publicado: NOV 2012 Texto integral gratuito do editor

**RESUMO:** The world of Traditional/Complementary and Alternative Medicine has grown and its importance has been emphasized in several studies. In Brazil, the National Policy on Integrative and Complementary Practices encourages their inclusion and empowerment in primary care. This study attempted to identify the provision of services and integrative practices in the Unified National Health System and the production of consultations from 2000 to 2011, contrasting the analysis of available information in national databases with the primary care data collected locally in Campinas (Sao Paulo State), Florianopolis (Santa Catarina State), and Recife (Pernambuco State). Analysis of the data revealed a mismatch between records in information systems and actual practices in these cities. This mismatch is due largely to lack of definition on the scope of what are understood practices in the Brazilian National Policy, thereby posing a major limitation to their measurement and evaluation, since current information does not allow adequate recording of such practices.

<http://apps->

[webofknowledge.ez27.periodicos.capes.gov.br/full\\_record.do?product=WOS&search\\_mode=GeneralSearch&qid=1&SID=6AA4SakzoJKaMrejUjO&page=1&doc=1](http://webofknowledge.ez27.periodicos.capes.gov.br/full_record.do?product=WOS&search_mode=GeneralSearch&qid=1&SID=6AA4SakzoJKaMrejUjO&page=1&doc=1)

**Quarta expressão de busca:**

BVS = 12 resumos:

1

**Auriculoterapia para profissionais de saúde: percursos possíveis da aprendizagem à implantação na Unidade de Saúde**

Hohenberger, Glauca Fragoso.

Porto Alegre; s.n; 2017. 20 p.

Tese em Português | Coleção SUS | ID: sus-35925

**RESUMO:** Este trabalho aborda a "Formação em auriculoterapia para os profissionais de saúde da Atenção Básica", oferecida através da parceria entre a Universidade Federal de Santa Catarina e o Ministério da Saúde, destacando a trajetória de implantação do atendimento de auriculoterapia em uma Unidade de Saúde do município de Porto Alegre/RS. A inserção das PIC - Práticas Integrativas e Complementares no Sistema Único de Saúde configura uma ação de ampliação de acesso e qualificação dos serviços, na perspectiva da integralidade da atenção à saúde da população; ademais, o espaço social das PIC tem valor antropológico e sua ascensão, juntamente com uma crise da atenção à saúde, reflete um cuidado à saúde mercantilizado e focado na doença, não no indivíduo e nas suas subjetividades. Trata-se de um relato de experiência em que a potencialidade está em compartilhar o impacto de uma formação em Auriculoterapia, repercutindo na implantação do atendimento em uma Unidade de Saúde da Família.(AU)

<http://pesquisa.bvsalud.org/portal/resource/pt/sus-35925>

2

### **Práticas interativas e complementares grupais nos serviços de saúde da atenção básica: possibilidades de diálogo com a educação popular**

Nascimento, Maria Valquíria Nogueira do.

Natal; s.n; 2016. 250 p.

Tese em Português | MTYCI | ID: biblio-878277

**RESUMO:** A Política de Práticas Integrativas e Complementares [PNPIC] foi implantada em 2006, por meio da portaria GM nº 971, contemplando as práticas terapêuticas como Homeopatia, Fitoterapia, Acupuntura, Medicina Antroposófica, Termalismo/Crenoterapia, Práticas Corporais/Atividade Física e Técnicas em Medicina Tradicional Chinesa, com base nos princípios de uma escuta acolhedora, desenvolvimento do vínculo terapêutico, integração do ser humano com o meio ambiente e a sociedade, visão ampliada do processo saúde-doença, promoção global do cuidado humano e autocuidado. Embora não instituídas pela Política Nacional, as Práticas Integrativas e Complementares [PIC's] de natureza coletiva têm crescido gradativamente nos serviços de saúde, em razão das demandas locais e das próprias reivindicações da população. Nesse sentido, o objetivo deste estudo consistiu em analisar a inserção das PIC's Grupais como estratégia de cuidado e atenção integral à saúde na atenção básica e as possibilidades de diálogo com a educação popular. A pesquisa teve como cenário as Unidades Básicas de Saúde [UBS] e Unidades Básicas de Saúde da Família [UBSF], e como participantes profissionais que realizavam PIC's Grupais nos serviços. Em termos operacionais, desenvolvemos a pesquisa a partir das seguintes etapas: (a) visita à Secretaria Municipal de Saúde [SMS]; (b) mapeamento dos equipamentos de saúde e de profissionais da atenção básica que desenvolviam atividades em PIC's Grupais; (c) identificação e caracterização das PIC's Grupais; (d) realização de entrevistas e rodas de conversa; (e) observação-participante nos grupos de PIC's. O estudo identificou 56 profissionais em saúde que desenvolviam PIC's Grupais, vinculados às seguintes categorias: 16 agentes comunitários de saúde, 09 enfermeiras, 08 educadores físicos, 07 médicas, 04 nutricionistas, 03 psicólogas, 03 auxiliares de enfermagem, 03 dentistas, 02 farmacêuticos e 01 fonoaudiólogo. Dos 66 equipamentos de saúde da atenção básica contactados, 37 realizavam PIC's Grupais, divididas em 14 modalidades, a saber: relaxamento, meditação, yoga, tai chi chuan, grupos de suporte mútuo, tenda do conto, grupo de prosa com mulheres, grupo de bordadeiras, grupo de idosos, grupo de caminhadas, grupo de terapia e arte, grupos de contação de histórias, terapia comunitária e teatro do oprimido. As PIC's Grupais atuam com ênfase na valorização das trocas interpessoais entre profissionais e usuários, com um olhar integral e interdisciplinar sobre os sujeitos, de modo a garantir uma participação mais efetiva e o compartilhamento de saberes, elementos essenciais na produção da autonomia. Nessa direção, a educação popular pode ser instrumento de reorientação da atenção à saúde e globalidade das PIC's Grupais, com base numa perspectiva participativa, criativa, dialogada e emancipadora.(AU)

<http://pesquisa.bvsalud.org/portal/resource/pt/biblio-878277>

3

### **Construção histórica de modelos de intervenção em saúde**

Bastos de Paula, Sílvia Helena.

In. Bastos de Paula, Sílvia Helena. Memórias e história da atenção básica do estado de São Paulo. São Paulo, Instituto de Saúde, 2015. p.13-33. (Temas em Saúde Coletiva, 17).

Monografia em Português | SESSP-ISACERVO | ID: ses-31746

<http://pesquisa.bvsalud.org/portal/resource/pt/ses-31746>

4

### **Automassagem sob a perspectiva da educação em saúde: Análise e intervenção**

Barbosa, Françoise Vieira; Batista, Aline Nunes; Galvão, Mayra Gabriela Mendes; Barbosa, Eduardo Carvalho Horta; Paulo, Georgiana Pontes.

Rev. APS; 17(4)20122014.

Artigo em Português | LILACS-Express | ID: lil-771334

**RESUMO:** Introdução: A automassagem é uma prática milenar da Medicina Tradicional Chinesa (MTC), que foi incorporada ao Sistema Único de Saúde do Distrito Federal em 1988. Desde então, sua filosofia contribui para o fortalecimento da atenção básica. Objetivo: Avaliar a prática integrativa de automassagem sob a perspectiva da educação em saúde, segundo a percepção dos participantes, durante o processo de instrumentalização do grupo com tecnologias socioeducativas. Metodologia: Pesquisa-ação crítica qualitativa em três etapas: observação participante, intervenção e grupo focal com usuários da atividade. Os dados foram gravados, transcritos literalmente e analisados por categorização de Bardin.<sup>18</sup> Resultados/Discussão: Foram descritos em três



categorias: O papel da automassagem na assistência à saúde e qualidade de vida do usuário: relato subjetivo de melhora de pressão alta, depressão, dores, estreitamento de vínculos e empoderamento; Mudança na visão do processo saúde-doença: os usuários compartilham do conceito amplo de saúde; Organização e planejamento do grupo: música, pequenos grupos e concentração são algumas sugestões. Conclusão: Embora a automassagem não apresente como característica principal a expressão de saberes pela comunicação verbal, esta consiste em prática educativa evidenciada pela integração e estímulo ao desenvolvimento da autonomia, contribuindo, portanto, para reafirmação e consolidação dos pressupostos da educação popular.

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-771334>

### **5 Política de práticas integrativas e complementares: potência de ampliação do cuidado na Atenção Primária**

Pereira, Aline Gonçalves.

Porto Alegre; s.n; 2014. s.p.p p.

Tese em Português | Coleciona SUS | ID: sus-31453

#### **RESUMO**

O Brasil dispõe de uma política nacional voltada para o cuidado integral, promoção global e protagonismo no autocuidado do indivíduo, a PNPIC - Política Nacional de Práticas Integrativas e Complementares. Partindo deste pressuposto, este estudo se propôs a conhecer práticas integrativas que estão sendo realizadas nas Unidades Básicas da zona norte do município de Porto Alegre, RS, vinculadas ao SSC - Serviço de Saúde Comunitária do Grupo Hospitalar Conceição/RS. Trata-se de um estudo de caráter exploratório com abordagem qualitativa. A pesquisa foi realizada em duas etapas: 1) mapeamento de profissionais que se autodeclaravam com formação em práticas integrativas; 2) entrevistas com alguns destes profissionais questionando sobre a sua percepção referente às práticas integrativas realizadas no serviço. A pesquisa permitiu localizar espaços potenciais para o desenvolvimento das práticas integrativas no SSC; maior aproximação dos profissionais da saúde com a temática e engajamento de apoio por parte dos gestores da instituição em sensibilizar os trabalhadores e criar espaços de discussão(AU)

<http://pesquisa.bvsalud.org/portal/resource/pt/sus-31453>

6

### **Avaliação da satisfação do usuário com os serviços de Atenção Básica do Distrito de Saúde Sul da Secretaria Municipal de Saúde de Campinas/SP, no ano de 2011**

Fernandes, Jorge Luis Marques.

São Paulo; s.n; 2013. 166 p. ilus, tab. (BR).

Tese em Português | LILACS | ID: biblio-866349

**RESUMO:** Neste estudo foi verificada a satisfação dos usuários com os serviços de atenção básica de saúde, pertencentes ao Distrito de Saúde Sul, da cidade de Campinas, São Paulo, no ano de 2011. Trata-se de um inquérito domiciliar, com abordagem quantitativa, realizado através de um questionário semi-estruturado. As avaliações da satisfação deram-se através do prisma da humanização dos serviços, da integralidade do sistema, da participação do controle social, da resolutividade dos serviços, das atividades de promoção da saúde e da atenção à saúde bucal. Verificou-se uma alta utilização dos serviços pelos usuários, com absoluto predomínio do sexo feminino, com média de idade de 48,7 anos. Constatou-se que a busca pelos serviços de saúde deveu-se a procura por consultas médicas e a medicamentos. Os usuários em sua maioria estão satisfeitos com o atendimento recebido. Os resultados encontrados demonstram o alto nível de humanização dos serviços de saúde, ratificados pelos índices de aprovação do tempo de espera pelas consultas e exames, pela condição das estruturas físicas das unidades, pela aprovação do atendimento da recepção, pelo horário de funcionamento das unidades, pelo acolhimento destinado aos usuários e pelos meios de informação destinados aos usuários. Verificou-se um alto índice de encaminhamentos para outros níveis de atenção, denotando-se baixa resolutividade dos serviços. Porém, o estudo encontrou uma rede de serviços estruturada e integrada entre si e com os demais níveis do sistema. Os resultados mostram que as ações de promoção de saúde foram muito bem avaliadas pela população, através das práticas integrativas e complementares de saúde, das atividades de grupo e de vivências nas unidades e das atividades de educação em saúde. Porém, estas ações ainda estão voltadas para uma pequena parcela da população.

<http://pesquisa.bvsalud.org/portal/resource/pt/biblio-866349>

7

### **Diálogo entre profissionais de saúde e práticas populares de saúde**

Oliveira, Silvana Faraco de; Oliveira, Maria Waldenez de.  
Rev. APS; 15(4)2012.

Artigo em Português | LILACS-Express | ID: lil-686953

**RESUMO:** O objetivo desta pesquisa de caráter investigativo e qualitativo foi analisar a inserção de práticas populares de saúde no cotidiano do trabalho de profissionais de saúde egressos de um curso de extensão de "Práticas Populares de Saúde", oferecido pela Universidade Federal de São Carlos (UFSCar) a profissionais de saúde formados ou em formação. O referido curso faz parte do Projeto de Extensão "Mapeamento e Catalogação de Práticas Populares de Saúde" e tem o objetivo de trazer os praticantes populares dos bairros mapeados pelo projeto de Extensão à Universidade para que possam fazer a apresentação de suas práticas para estudantes e profissionais de saúde. O curso de extensão Práticas Populares de Saúde da UFSCar tem a intenção de ampliar a visão de profissionais da saúde em relação a saberes populares, possibilitando uma quebra de preconceitos e uma integração entre os saberes acadêmicos, cuja importância é irrefutável, com saberes populares, procurados por grande parte da população. Utilizou-se como referencial teórico a Medicina Alternativa, Medicina Tradicional, Educação em Saúde e Atenção Primária à Saúde. A pesquisa foi realizada em 2010, mediante aprovação pelo Comitê de Ética em Pesquisa com Seres Humanos da Universidade Federal de São Carlos. Primeiramente aplicou-se um questionário para coleta inicial de dados e seleção dos sujeitos a serem entrevistados. Foram respondidos 22 questionários, sendo identificados 12 egressos em exercício profissional. Destes, seis aceitaram a entrevista, sendo dois de cada edição do curso. As entrevistas foram realizadas entre os meses de março e abril de 2010 e seguiram um roteiro que tinha itens que questionavam a referência feita às práticas populares de saúde, a relação das mesmas com o serviço, além das barreiras que dificultam tal relação. A análise de dados levou em conta as respostas dos itens do roteiro. Todos entrevistados relataram que tanto os usuários de seus serviços fazem referências às práticas populares de saúde quanto os próprios entrevistados também têm contato com tais práticas, sendo comum entre eles o incentivo ao respeito a essas práticas nos seus ambientes de trabalho e orientações aos usuários para construção de sua autonomia, a qual passa pelas práticas cotidianas de cuidado. Na relação entre as práticas e o serviço, houve diferentes respostas, desde sua existência, passando por processos de construção dessa relação até a sua não existência. Os entrevistados relatam barreiras que dificultam tal relação, como a formação profissional centrada no cientificismo. Todos apontam que o curso propiciou quebra de preconceitos, sendo que quatro entrevistados apontam que o curso deu um forte apoio para suas relações com tais práticas, e dois, que o apoio foi menos aparente. Por fim, a pesquisa concluiu que é preciso trazer o conhecimento sobre práticas populares de saúde nos espaços da formação básica e na educação permanente em saúde, para que os profissionais possam enfrentar seus preconceitos e se abrirem ao diálogo com as práticas populares de saúde.  
<http://pesquisa.bvsalud.org/portal/resource/pt/lil-686953>

8

**Atención en salud con pertinencia intercultural: Módulo técnico - teórico. Dirigido a personal facilitador de salud**

Verástegui Sánchez, Mónica; Fallaque Solís, César.  
Lima; Salud sin Límites Perú; 1 ed; Nov. 2011. 76 p. ilus.  
Monografía em Espanhol | PERNAL | ID: pnc-5503

**RESUMO:** El módulo está organizado en cinco unidades temáticas: La primera unidad temática tiene como objetivo lograr que el personal de salud valore la diversidad e identidad cultural y la cosmovisión de las y los ciudadanos indígenas de la Región Ucayali. La segunda unidad temática aborda el tema de interculturalidad, adecuación y pertinencia en salud. La tercera, aborda el tema de brechas interculturales; que consisten en los derechos y deberes en salud, las brechas en salud y el sistema de medicina tradicional. La cuarta, desarrolla el tema de comunicación intercultural con el objetivo que el personal de salud reconozca su importancia en las relaciones interpersonales. La quinta y última unidad temática promueve que el personal de salud identifique y use herramientas y técnicas educativas para brindar educación para la salud de las persona(AU)  
<http://pesquisa.bvsalud.org/portal/resource/pt/pnc-5503>

9

**The integration of bio-medicine and culturally based alternative medicine: implications for health care providers and patients**

Lovell, Brenda.  
Glob Health Promot; 16(4): 65-8, 2009 Dec.  
Artigo em Inglês | MEDLINE | ID: mdl-20028672

**RESUMO:** Complementary and alternative medicine (CAM) are therapies used along with or in place of bio-medicine. Many forms of CAM originate in culture, referred to as culturally based

alternative medicines. Usage of CAM is high with large numbers of patients using CAM for mental health, pain and musculoskeletal problems. Their desire for holistic care may be the impetus for this interest, as alternative care practitioners spend more time analyzing illness symptoms. These factors along with the global migration of immigrants accustomed to traditional medicine but now immersed in biomedical health care systems, has created potential for misunderstanding. Drug interactions for some forms of CAM taken with bio-medicine can occur. Insufficient scientific studies about CAM has reduced acceptance and educational opportunities to learn about CAM are limited. Ideas for policy and research are forming.  
<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-20028672>

10  
**Interfaces de la medecine traditionnelle avec la medecine conventionnelle et les soins de sante primaires**

Bizimungu, C.  
Imbonezamuryango; 1(4): 52-67, 1985 Dec.  
Artigo em Francês | MEDLINE | ID: mdl-12267474  
<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-12267474>

11  
**A participação popular na assistência primária à saúde: a educação em saúde; medicina popular**

Teruel, José Romero; Dellatorre, María Cecilia Cordeiro; Pagés, José Antonio; Andrade, Julieta. Medicina (Ribeirão Preto); 18(1/4): 125-64, jan.-dez. 1985.  
Artigo em Português | LILACS | ID: lil-27687  
<http://pesquisa.bvsalud.org/portal/resource/pt/lil-27687>

12  
**Manual para Técnico en atención primaria a la salud: modulo II medicina tradicional**

México. Secretaría de Salud. Dirección General de Enseñanza en Salud.  
México, D.F; Secretaría de Salud; s.f. 41 p.  
Monografía em Espanhol | LILACS | ID: lil-147867  
**RESUMO:** El presente manual trata de dejar constancia escrita de los conocimientos, las creencias y las prácticas populares en materia de salud, es un instrumento fundamental que permite el desarrollo de las ideas y de los servicios en una comunidad. El propósito es mostrar que el conocimiento es accesible a grupos de personas no especializadas, que constituye un importante capítulo de la educación para la salud. Es ésta, en gran medida, la tarea de los grupos organizados en las comunidades indígenas rurales y en los núcleos urbanos. El manual está dirigido tanto a los terapeutas tradicionales reconocidos socialmente como a los futuros miembros de los equipos comunitarios de salud: amas de casa, jóvenes, trabajadores, promotores y en general, para todas aquellas personas que potencialmente constituyen los recursos humanos locales de los sistemas de salud popular y tradicional  
<http://pesquisa.bvsalud.org/portal/resource/pt/lil-147867>

LILACS = 1 resumo:

1  
**Acerca de la integración de subsistemas de salud empírico tradicional/occidental**

Boliva. Ministerio de Previsión Social y Salud Pública.  
La Paz; CONAPO; sept. 1988. 61 p.  
Monografía em Espanhol | LILACS | ID: lil-409099  
**RESUMO:** Las conclusiones a las que se arribó, constituyen una clara definición sobre las necesidades de una mayor investigación, capacitación de recursos humanos, mayor coedición interinstitucional y una amplia actividad de comunicación y educación popular. Esta actividad realizada, constituye un evidente avance en materia de concertación e identificación de las características poblacionales, lo cual está relacionado ampliamente con las políticas de población... Sin embargo, será necesario llevar a la práctica los acuerdos alcanzados y valorar aún más la Medicina Tradicional y la autoasistencia...  
<http://pesquisa.bvsalud.org/portal/resource/pt/lil-409099>

SCIELO = 0 título.

MEDLINE (via PUBMED) = 6 títulos:

1

**Clinical practice of integrative medicine in the United States and its development in primary care**

Zhang WJ, Hui KK.

Zhongguo Zhong Xi Yi Jie He Za Zhi. 2015 Apr;35(4):394-400. [Article in Chinese] PMID: 26043559

**ABSTRACT:** The field of integrative medicine (IM) has grown tremendously in the United States over last two decades, in terms of clinical practice, research, and education. Its growing popularity among patients has led to increased need for physicians with appropriate counseling skills and a knowledge base of the efficacy and safety of complementary and alternative medicine (CAM) therapies. Family medicine is the first specialty as a whole to embrace IM, which encounters similar ailing conditions and emphasizes similar core values-person centered, evidence based, proactive, and continuous in nature. As integrative family medicine emerges, family medicine educators have developed suggested curriculum guidelines and approved measurable competencies to implement the best of evidence-based CAM and principles of IM. There are currently over 40 family medicine residencies that officially advertise CAM/IM in their programs. Meanwhile, IM centers have also been developing their own primary care programs based on their unique characteristics. This physician-led IM workforce is similar to that of China's IM in the early 1960s. As the Chinese government embarks on repeating its efforts to educate more Western medicine trained physicians in Chinese medicine in primary care training programs, the process and insights related to implementation of their practice in the United States would provide useful food for thought.

<https://www.ncbi.nlm.nih.gov/pubmed/?term=26043559>

2

**Integration of complementary and alternative medicine with primary health care in croatia – opinions of primary health care physicians**

Radovčić Z, Nola IA.

Acta Med Croatica. 2015;69(5):451-8. [Article in Croatian] PMID: 29087090

**ABSTRACT:** Since the turn of the century, Complementary and Alternative Medicine (CAM) has been on the fast track in Croatia, particularly in big cities. Following the examples of developed health systems in the world, it was to be expected that sooner or later CAM would be integrated within primary health care system in Croatia as well. The main aim of this survey was to reveal the actual attitude and opinion of the Croatian primary health care physicians toward CAM. Specific aims were to reveal the physicians' need for additional education and to reveal the need for keeping CAM therapy records in patient history of illness. On-line questionnaire consisted of 10 questions with two possible answers, Yes or No. The questionnaire was sent to 388 e-addresses and 84 (21.6%) of them responded. This response rate we considered sufficient for further statistical analyses. Although most of the respondents could differentiate alternative and complementary medicine, 21.4% of them still did not know the difference between these two types of medical approach. Furthermore, 79.8% of the respondents confirmed patient interest in CAM. Almost 72% of the respondents considered they did not have sufficient knowledge for informative conversation about CAM with their patients. Only 27.4% of the respondents had enrolled some kind of formal education related to CAM, and almost 73% confirmed their need for formal education on the topic; 88.1% of the respondents considered that CAM methods should be combined with conventional medicine and 97.6% believed that primary health care physicians should keep records on patient use of CAM methods. Interestingly, 76.2% of the same randomly chosen primary health care physicians considered that there is strong resistance among medical doctors towards CAM methods, but our results did not show it. According to the results of our survey, although the majority of respondents (primary care physicians) distinguished alternative and complementary medicine, 21.4% of respondents still did not differentiate these two concepts. Accordingly, it is concluded that as many as 21.4% of general practitioners and family physicians lack even basic knowledge about CAM and thus are not qualified for even initial communication with their patients on the subject of CAM. These physicians show no interest in CAM since they could have learned about this difference independently of their formal education through numerous articles published daily in popular media. Furthermore, the results showed that 79.8% of respondents received queries from their patients with regards to CAM, and this indicator clearly shows that there is strong market demand for this service. In order to meet this demand, it is necessary to urgently organize or expand the existing formal education with regards to CAM with the aim of encompassing as many primary health care physicians as possible, which is also considered necessary by physicians themselves (76.2%). These data indicate the need for urgent organization of teaching and training programs on the subject of CAM, as well as expansion and increased scope of the existing programs. Unresolved legislation and lack of appropriate registered academic state and private institutions and

programs for education in CAM certainly contribute to the current situation in which the position of CAM in Croatia is not regulated. Acts and declarations do not automatically make CAM services safer, but will start the new age of CAM integration in the health care system, thus empowering patient rights.

<https://www.ncbi.nlm.nih.gov/pubmed/?term=29087090>

3

### **The integration of bio-medicine and culturally based alternative medicine: implications for health care providers and patients**

Lovell B<sup>1</sup>.

Glob Health Promot. 2009 Dec;16(4):65-8. doi: 10.1177/1757975909348132. PMID: 20028672 / DOI: 10.1177/1757975909348132

**ABSTRACT:** Complementary and alternative medicine (CAM) are therapies used along with or in place of bio-medicine. Many forms of CAM originate in culture, referred to as culturally based alternative medicines. Usage of CAM is high with large numbers of patients using CAM for mental health, pain and musculoskeletal problems. Their desire for holistic care may be the impetus for this interest, as alternative care practitioners spend more time analyzing illness symptoms. These factors along with the global migration of immigrants accustomed to traditional medicine but now immersed in biomedical health care systems, has created potential for misunderstanding. Drug interactions for some forms of CAM taken with bio-medicine can occur. Insufficient scientific studies about CAM has reduced acceptance and educational opportunities to learn about CAM are limited. Ideas for policy and research are forming.

<https://www.ncbi.nlm.nih.gov/pubmed/?term=20028672>

4

### **An approach to teaching primary care physicians how to integrate complementary medicine into their daily practices: a pilot study**

Ben-Arye E<sup>1</sup>, Frenkel M, Hermoni D.

J Altern Complement Med. 2006 Jan-Feb;12(1):79-83. PMID: 16494572 / DOI: 10.1089/acm.2006.12.79

**ABSTRACT:** This paper describes a pilot educational approach to integration of complementary and alternative medicine (CAM) into the daily routine of primary care practice. Twelve (12) family practice residents and specialists were assigned to develop an integrative treatment program geared to address the needs of their own patients. In the process, participants were asked to formulate treatment plans by searching resources to find appropriate CAM modalities and consult with CAM practitioners. The effectiveness of the educational process was assessed by questionnaires. The researchers found that providing a short course in advanced integrative medicine improves physician ability to better formulate an individualized treatment plan. This approach of teaching has long-standing results, as noted with a 2-year follow-up evaluation.

<https://www.ncbi.nlm.nih.gov/pubmed/?term=16494572>

5

### **Providing Complementary and Alternative Medicine in primary care: the primary care workers' perspective**

van Haselen RA<sup>1</sup>, Reiber U, Nickel I, Jakob A, Fisher PA.

Complement Ther Med. 2004 Mar;12(1):6-16. PMID: 15130567 / DOI: 10.1016/S0965-2299(03)00140-7

**ABSTRACT:** **BACKGROUND:** The use of Complementary and Alternative Medicine (CAM) in primary care is growing, but still not widespread. Little is known about how CAM can/should be integrated into mainstream care. **OBJECTIVES:** To assess primary care health professionals' perceptions of need and of some ways to integrate CAM in primary care. **METHOD:** Questionnaire survey of primary health care workers in Northwest London. General Practitioners (GPs) were targeted in a postal survey, other members of the primary care team, such as district and practice nurses, were targeted via colleagues. The questionnaire assessed health care professionals' perspective on complementary medicine, referrals, ways to integrate complementary medicine into primary care and interest in research on CAM. **RESULTS:** Responses were obtained from 149 GPs (40% response rate after one reminder) and 24 nurses and 32 other primary care team members. One hundred and seventy-one (83%) respondents had previously referred (or influenced referral) for CAM treatments, the main reasons cited were: patients request (68%), conventional treatments failed (58%) and evidence (36%) (more than one reason could be given). Acupuncture and homoeopathy were the therapies for which patients were most frequently referred, followed by manual therapies. There was a significant interest in more

training/information on CAM (66%). Only 12 respondents (6%) were against any integration of CAM in mainstream primary care. Most respondents felt that CAM therapies should be provided by doctors (66%) or other health professionals trained in CAM (82%). Twenty-six percent of respondents agreed with provision of CAM by non-state-registered practitioners. It was felt that the integration of CAM could lead to cost savings (70%), particularly in conditions involving pain, but also cost increases (55%) particularly in 'poorly defined conditions'. Fifty-six percent of respondents would consider participating in studies investigating CAM. The greatest interest was in acupuncture (41% of those who expressed an interest in research), homoeopathy (30%) and therapeutic massage/aromatherapy (26%). **CONCLUSIONS:** There is considerable interest in CAM among primary care professionals, and many are already referring or suggesting referral. Such referrals are driven mainly by patient demand and by dissatisfaction with the results of conventional medicine. Most of our respondents were in favour of integrating at least some types of CAM in mainstream primary care. There is an urgent need to further educate/inform primary care health professionals about CAM.

<https://www.ncbi.nlm.nih.gov/pubmed/?term=15130567>

6

### **Alumni perspectives comparing a general internal medicine program and a traditional medicine program**

Kiel DP<sup>1</sup>, O'Sullivan PS, Ellis PJ, Wartman SA.

J Gen Intern Med. 1991 Nov-Dec;6(6):544-52. PMID: 1765871

**ABSTRACT:** **OBJECTIVE:** To evaluate a primary care internal medicine curriculum, the authors surveyed four years (1983-1986) of graduates of the primary care and traditional internal medicine residency programs at their institution concerning the graduates' preparation.

**DESIGN:** Mailed survey of alumni of a residency training program. **SETTING:** Teaching hospital alumni. **SUBJECTS/METHODS:** Of 91 alumni of an internal medicine training program for whom addresses had been found, 82 (90%) of the residents (20 primary care and 62 traditional) rated on a five-point Likert scale 82 items for both adequacy of preparation for practice and importance of training. These items were divided into five groups: traditional medical disciplines (e.g., cardiology), allied disciplines (e.g., orthopedics), areas related to medical practice (e.g., patient education), basic skills and knowledge (e.g., history and physical), and technical procedures. **MAIN RESULTS:** Primary care residents were more likely to see themselves as primary care physicians versus subspecialists (84% versus 45%). The primary care graduates felt significantly better prepared in the allied disciplines and in areas related to medical practice (p less than 0.01). There was no significant difference overall in perceptions of preparation in the traditional medical disciplines, basic skills and knowledge, and procedures. The same results were obtained when the authors looked only at graduates from the two programs who spent more than 50% of their time as primary care physicians versus subspecialists. There was no significant difference between the two groups in the perceived importance of these areas to current practice. **CONCLUSIONS:** These results suggest that the primary care curriculum has prepared residents in areas particularly relevant to primary care practice. Additionally, these individuals feel as well prepared as do their colleagues in the traditional medical disciplines, basic skills and knowledge, and procedural skills.

<https://www.ncbi.nlm.nih.gov/pubmed/?term=1765871>

WEB OF SCIENCE = 0 resumo.

### **Quinta expressão de busca:**

BVS = 87 resumos:

1

### **Impact of a Clinical Educational Effort in Driving Transformation in Health Care**

Atwood, Katharine A; Shamblen, Stephen R; Gaudet, Tracy; Rindfleisch, Adam; Collins, David A; Milovani, Christine; Greenfield, Russell; Kiefer, David; Rakel, David.

Fam Med; 48(9): 711-719, 2016 Oct.

Artigo em Inglês | MEDLINE | ID: mdl-27740671

#### **RESUMO**

**BACKGROUND AND OBJECTIVES:** The purpose of this study was to assess whether a 2.5 day

clinical education course focused on integrative medicine (IM), complementary health (CH), and patient-centered care strategies delivered to staff at Veteran Health Administration (VHA) facilities resulted in changes in attitudes, self-efficacy, preparedness, intentions, and self-reported use of IM strategies. The study also assessed whether there were differential impacts by participant characteristics. METHODS: The study used a pre-post intervention group-only design with participants who completed self-report pre, post, and 2-month follow-up surveys. The course was delivered to 15 VHA facilities, reaching a total of 655 participants with 407 participants completing the 2-month follow-up survey (65% response rate). RESULTS: Findings suggest that the clinical course was associated with changes in all outcomes at the 2-month follow-up, including attitudes, self-efficacy to engage in IM strategies, institutional support, perceived preparedness to discuss non-pharmaceutical approaches to care, intentions to engage in IM strategies, and greater engagement in IM behaviors during clinical encounters. Differential impacts were found for younger participants, longer tenured staff, non-nursing compared to nursing staff, and among those who volunteered as opposed to those who were required to attend. DISCUSSION AND CONCLUSIONS: The study found significant positive changes in all outcomes measured at the 2-month follow-up. Positive impacts were found across a variety of participant characteristics. Findings suggest that this brief experiential course, designed to be a foundational strategy in driving transformation is effective in shifting attitudes, self-efficacy, preparedness, intentions, and self-reported use of IM strategies. <http://pesquisa.bvsalud.org/portal/resource/pt/mdl-27740671>

2

### **Promoção, comunicação e educação em saúde: a prática da acupuntura e da fitoterapia**

Ischkanian, Paula Cristina.

São Paulo; s.n; 2016. 188 p.

Tese em Português | MTYCI | ID: biblio-878309

<http://pesquisa.bvsalud.org/portal/resource/pt/biblio-878309>

3

### **Práticas integrativas e complementares em saúde, uma nova eficácia para o SUS**

Telesi Júnior, Emílio.

Estud. av; 30(86): 99-112, 2016. ilus, graf

Artigo em Português | LILACS | ID: lil-786503

#### **RESUMO**

As práticas integrativas e complementares em saúde paulatinamente se tornaram uma realidade na rede de atenção à saúde pública em todo o país. O seu uso no Sistema Único de Saúde merece reflexão, especialmente quando se investiga o sentido de sua adoção no Brasil, uma sociedade complexa que tem incorporado recursos tecnológicos cada vez mais sofisticados e dispendiosos. Esse avanço pode ser entendido como expressão de um movimento que se identifica com novos modos de aprender e praticar a saúde, uma vez que as práticas integrativas se caracterizam pela interdisciplinaridade e por linguagens singulares, próprias, que se contrapõem à visão altamente tecnológica de saúde que impera na sociedade de mercado, dominada por convênios de saúde cujo objetivo precípuo é gerar lucro e fragmentar o tratamento do paciente em especialidades que não dão conta da totalidade do ser humano em busca de remédio para seus males...

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-786503>

4

### **O diálogo entre o saber tradicional e o saber médico-científico em uma comunidade tradicional de pescadores no litoral da Amazônia**

Chêne Neto, Guilherme Bemerguy; Germano, José Willington; Furtado, Lourdes Gonçalves.

s.l; s.n; [2016].

Não convencional em Português | Coleciona SUS | ID: sus-35286

#### **RESUMO**

Qual o papel de cada sistema de saúde no que concerne aos males da saúde e na prevenção de doenças? Essa Comunicação deseja discutir se há a realização da “Ecologia dos Saberes” conforme conceituada por Santos (2007) em duas maneiras de pensar e fazer saúde: a medicina tradicional e a medicina científica, onde cada uma, com suas (im)possibilidades, age diretamente no cotidiano de vários grupos sociais. Para possibilitar essa discussão, apresentaremos os resultados de uma pesquisa realizada no Distrito de São João do Abade, no Município de Curuçá, no Estado do Pará (numa Unidade de Conservação localizada no litoral amazônico brasileiro), onde verificamos a situação do diálogo entre as medicinas chamadas de tradicional e científica, nesse Distrito e numa Unidade de Saúde, pertencente ao Sistema Único de Saúde do Brasil. Esse estudo foi realizado a partir de pesquisas de campo, observação direta e entrevistas semi-estruturadas e aportada teoricamente em alguns dos conceitos-chave discutidos por Boaventura de Sousa Santos (2004;

2007; 2008) onde destacamos a Ecologia dos Saberes; a Sociologia das Ausências e Sociologia das Emergências, dentre outros. Além deles, faremos uso do conceito de Saúde-Doença (MINAYO, 1991) e apontamentos acerca dos “Saberes da Tradição” (ALMEIDA, 2010; RAMALHO e ALMEIDA, 2011). A partir disso, observou-se a dificuldade em se efetivar o diálogo entre essas duas maneiras de se pensar e fazer saúde devido à descrença tida pelos profissionais de saúde na sapiência popular, onde tal desconfiança existe em decorrência dessas populações fazerem uso de práticas tidas como inferiores conforme os ditames da ciência médica hegemônica.(AU)  
<http://pesquisa.bvsalud.org/portal/resource/pt/sus-35286>

5

### **Educação permanente em acupuntura: análise de um processo educativo e suas repercussões na prática de médicos da atenção primária à saúde**

Moré, Ari Ojeda Ocampo.

Florianópolis; s.n; 2016. 218 p.

Tese em Português | MTYCI | ID: biblio-878268

#### **RESUMO**

Atenção primária à saúde (APS) é a principal porta de entrada e o primeiro nível de contato para indivíduos, famílias e comunidades no Sistema Único de Saúde (SUS). Neste contexto, a Política Nacional de Prática Integrativas de Complementares recomenda que a acupuntura seja integrada aos cuidados da APS. Considerando que poucos estudos investigaram experiências de integração da acupuntura na APS, a presente tese tem o objetivo de analisar as repercussões de um processo de educação permanente em acupuntura na prática de médicos que atuam na atenção primária à saúde do município de Florianópolis. Trata-se de um estudo exploratório e descritivo norteado pela abordagem qualitativa. O trabalho envolveu a construção de uma atividade de ensino debatida por 13 especialistas em ensino de acupuntura durante três oficinas de consenso. Adicionalmente, buscando captar diferentes fases do processo de ensino-aprendizagem, dez médicos da APS de Florianópolis participaram de três grupos focais realizados antes do início, no final e oito meses após o término de um curso de introdução à acupuntura. Além disso, foi realizado um grupo focal com seis residentes de medicina de família e comunidade, participantes do mesmo curso, um ano após término do mesmo. Complementaram a coleta de dados o diário de campo do pesquisador e o registro de sessões de acupuntura em base de dados secundários. Utilizando o referencial da Grounded Theory, a análise dos dados (gravados e transcritos) envolveu a codificação aberta, axial e seletiva e, com auxílio do software Atlas.ti 5.0, os dados foram organizados em dois quadros de categorias. No período entre 2011 e 2014 foram realizadas três edições do curso e durante este período 53 médicos concluíram a atividade. O número de sessões de acupuntura na APS aumentou de 1.349 em 2011 para 6.488 em 2015. Neste último ano, dos 37 participantes do curso que continuavam trabalhando na APS, 30 utilizavam regularmente acupuntura em sua prática diária. A análise dos dados dos grupos focais demonstrou as motivações dos médicos para obtenção de uma nova ferramenta terapêutica, as diferentes formas de aplicação dos conhecimentos adquiridos, as interfaces entre acupuntura e APS e a integração de diferentes racionalidades médicas (Biomedicina e a Medicina Tradicional Chinesa) nos cuidados à saúde. O estudo mostra que a repercussão do ensino da acupuntura na prática de médicos da APS reflete-se na ampliação do olhar sobre processo saúde-doença, no aumento dos recursos terapêuticos e na criação de uma postura reflexiva sobre o uso de saberes médicos tradicionais e biomédicos nos cuidados à saúde.(AU)

<http://pesquisa.bvsalud.org/portal/resource/pt/biblio-878268>

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### **Práticas interativas e complementares grupais nos serviços de saúde da atenção básica: possibilidades de diálogo com a educação popular**

Nascimento, Maria Valquíria Nogueira do.

Natal; s.n; 2016. 250 p.

Tese em Português | MTYCI | ID: biblio-878277

#### **RESUMO**

A Política de Práticas Integrativas e Complementares [PNPIC] foi implantada em 2006, por meio da portaria GM nº 971, contemplando as práticas terapêuticas como Homeopatia, Fitoterapia, Acupuntura, Medicina Antroposófica, Termalismo/Crenoterapia, Práticas Corporais/Atividade Física e Técnicas em Medicina Tradicional Chinesa, com base nos princípios de uma escuta acolhedora, desenvolvimento do vínculo terapêutico, integração do ser humano com o meio ambiente e a sociedade, visão ampliada do processo saúde-doença, promoção global do cuidado humano e autocuidado. Embora não instituídas pela Política Nacional, as Práticas Integrativas e Complementares [PIC's] de natureza coletiva têm crescido gradativamente nos serviços de saúde, em razão das demandas locais e das próprias reivindicações da população. Nesse sentido, o



objetivo deste estudo consistiu em analisar a inserção das PIC's Grupais como estratégia de cuidado e atenção integral à saúde na atenção básica e as possibilidades de diálogo com a educação popular. A pesquisa teve como cenário as Unidades Básicas de Saúde [UBS] e Unidades Básicas de Saúde da Família [UBSF], e como participantes profissionais que realizavam PIC's Grupais nos serviços. Em termos operacionais, desenvolvemos a pesquisa a partir das seguintes etapas: (a) visita à Secretaria Municipal de Saúde [SMS]; (b) mapeamento dos equipamentos de saúde e de profissionais da atenção básica que desenvolviam atividades em PIC's Grupais; (c) identificação e caracterização das PIC's Grupais; (d) realização de entrevistas e rodas de conversa; (e) observação-participante nos grupos de PIC's. O estudo identificou 56 profissionais em saúde que desenvolviam PIC's Grupais, vinculados às seguintes categorias: 16 agentes comunitários de saúde, 09 enfermeiras, 08 educadores físicos, 07 médicas, 04 nutricionistas, 03 psicólogas, 03 auxiliares de enfermagem, 03 dentistas, 02 farmacêuticos e 01 fonoaudiólogo. Dos 66 equipamentos de saúde da atenção básica contactados, 37 realizavam PIC's Grupais, divididas em 14 modalidades, a saber: relaxamento, meditação, yoga, tai chi chuan, grupos de suporte mútuo, tenda do conto, grupo de prosa com mulheres, grupo de bordadeiras, grupo de idosos, grupo de caminhadas, grupo de terapia e arte, grupos de contação de histórias, terapia comunitária e teatro do oprimido. As PIC's Grupais atuam com ênfase na valorização das trocas interpessoais entre profissionais e usuários, com um olhar integral e interdisciplinar sobre os sujeitos, de modo a garantir uma participação mais efetiva e o compartilhamento de saberes, elementos essenciais na produção da autonomia. Nessa direção, a educação popular pode ser instrumento de reorientação da atenção à saúde e globalidade das PIC's Grupais, com base numa perspectiva participativa, criativa, dialogada e emancipadora.(AU)  
<http://pesquisa.bvsalud.org/portal/resource/pt/biblio-878277>

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### **Promoção, comunicação e educação em saúde: a prática da acupuntura e da fitoterapia**

Ischkanian, Paula Cristina.

São Paulo; s.n; 2016. 188 p.

Tese em Português | MTYCI | ID: biblio-878309

#### **RESUMO**

Esta pesquisa discute a Comunicação em Saúde no contexto das Práticas Integrativas e Complementares (PIC) no Sistema Único de Saúde (SUS), no que concerne ao tratamento do câncer realizado num hospital público de Campinas. O arcabouço teórico se debruça sobre as diretrizes do ideário da Promoção da Saúde e sobre as discussões da Educação em Saúde, por serem premissas fundamentais para que a Comunicação em Saúde seja participativa e democrática, e que a Comunicação das PIC conquiste maior espaço na Saúde Pública. O objetivo geral foi investigar o processo de comunicação entre profissionais de saúde e usuários do SUS participantes do Projeto de Construção do Cuidado Integrativo (PCCI). A metodologia utilizada foi a qualitativa tendo como instrumentos pesquisa documental e entrevistas semi-estruturadas para a coleta dos dados. Os participantes do estudo foram usuários que fizeram parte do grupo de Acupuntura e de Fitoterapia e usaram práticas complementares ao tratamento convencional do câncer, e também os profissionais de saúde envolvidos no PCCI realizado no Hospital de Clínicas da Universidade Estadual de Campinas (UNICAMP)/SP. Os dados foram analisados por meio da análise temática de conteúdo de Bardin, que permitiu identificar as seguintes categorias: Medo da intervenção, Analgesia como resultado, Continuidade do tratamento, Falta de informação e Divulgação das práticas. Os resultados mostraram que houve dificuldades de comunicação, indicando lacunas importantes em relação à infraestrutura, à falta de divulgação e continuidade do tratamento complementar com as PIC, a falta de valorização da participação popular e estímulo à autonomia como preconiza o ideário da Promoção da Saúde. Concluiu-se que o modelo de saúde vigente, de base biomédica, não tem permitido a participação dos usuários, e, mais ainda, tem dificultado o desenvolvimento da comunicação democrática, humanizada e solidária. O Projeto (PCCI) foi importante em sua execução, uma vez que trouxe resultados positivos com o uso das PIC por melhorar as condições da qualidade de vida dos usuários e ter promovido analgesia, conferido maior disposição e recuperação dos movimentos. Entretanto, o Projeto (PCCI) não teve potencial o suficiente para provocar uma mudança na lógica do tratamento convencional que está hegemonicamente imerso no modelo biomédico, com isso limitando a inserção e a comunicação das PIC na Saúde Pública e dificultando a abertura para o diálogo entre os diferentes saberes. Entende-se que este é um dos principais desafios da Medicina Tradicional e Complementar (MTC).(AU)  
<http://pesquisa.bvsalud.org/portal/resource/pt/biblio-878309>

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### **Training on Exercise is Medicine® Within an Integrative Medicine Curriculum**

Hill, Linda L; Nichols, Jeanne; Wing, David; Waalen, Jill; Friedman, Elizabeth.

Am J Prev Med; 49(5 Suppl 3): S278-84, 2015 Nov.  
Artigo em Inglês | MEDLINE | ID: mdl-26477904

### RESUMO

Physicians are increasingly approached by individuals seeking integrative approaches to health care and well-being. Many integrative modalities include a physical activity component. Patients seek guidance from primary and specialty care providers on the safe and effective incorporation of these modalities into their lifestyle. Physicians and other health professionals receive very limited training in the clinical applications of exercise science. This paper reports on a curriculum designed to teach health professionals key exercise constructs for application to clinical practice for prevention and management of lifestyle-related disease, and incorporating the curriculum into a preventive medicine residency training program. The course was developed in 2012-2013, data collected in 2013-2015, and analysis was done in 2015. Six modules were developed as part of a 24-hour course. Each module included didactic, laboratory, and case examples. The modules included energetics, exercise and cardiorespiratory health, bone health, obesity and sarcopenia, balance and fall prevention, and behavior change and the use of technologies. The delivery was found feasible for all three components, delivered in 2-4-hour segments. The incorporation into the residency curriculum was feasible, efficacious, well received, and easily incorporated into the existing curriculum. This comprehensive curriculum has the potential to close the gap in medical school, residency, graduate, nursing, and integrative curricula on this important topic. Current practitioners would benefit in primary care and geriatric settings. This curriculum would also be useful for cross-disciplinary researchers, including public health, health behaviors, and integrative medicine practitioners.  
<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-26477904>

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### Teaching Integrative Medicine to Residents: A Focus on Populations Rather Than Individual Patients

Chaudry, Sajida S; McGuire, Maura J; Lam, Clarence; Hatef, Elham; Wright, Scott M; Alexander, Miriam H.

Am J Prev Med; 49(5 Suppl 3): S285-9, 2015 Nov.  
Artigo em Inglês | MEDLINE | ID: mdl-26477905

### RESUMO

**INTRODUCTION:** Integrative medicine (IM) is by its very definition patient centric: "It reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches." Best methods for teaching IM in residency have not been well described. **METHODS:** An IM curriculum for preventive medicine (PM) residents was thoughtfully developed and iteratively revised using Kern's six-step approach. The centerpiece of this curriculum was to have learners work collaboratively within teams on projects that would facilitate IM-focused care within primary care practices. Before embarking on specific IM-related projects, residents immersed themselves within the practices to understand the needs of the community. **RESULTS:** Forty-eight PM residents have participated in the curriculum in the last 3 years, and 27 unique physician preceptors served as mentors for the projects. Both residents and preceptors enjoyed working on the projects, and both groups considered the work to be a valuable educational pursuit. Common IM content areas covered by the projects dealt with interprofessional collaboration, health promotion, and population-based prevention. Although there were challenges associated with implementation of the projects, overcoming these enhanced the PM residents' confidence and ability to serve as agents of change. **CONCLUSIONS:** An IM curriculum was successfully incorporated into a PM residency program. The focus on serving the community, or a population health approach, may not be the most common approach in IM, but it worked effectively to enhance the IM knowledge and skills of PM residents.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-26477905>

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### Unmasking quality: exploring meanings of health by doing art

Kelly, Moira; Rivas, Carol; Foell, Jens; Llewellyn-Dunn, Janet; England, Diana; Cocciadiferro, Anna; Hull, Sally.

BMC Fam Pract; 16: 28, 2015 Feb 27.  
Artigo em Inglês | MEDLINE | ID: mdl-25888088

### RESUMO

**BACKGROUND:** Quality in healthcare has many potential meanings and interpretations. The case has been made for conceptualisations of quality that place more emphasis on describing quality and less on measuring it through structured, vertically oriented metrics. Through discussion of an

interdisciplinary community arts project we explore and challenge the dominant reductionist meanings of quality in healthcare. **DISCUSSION:** The model for structured participatory arts workshops such as ours is 'art as conversation'. In creating textile art works, women involved in the sewing workshops engaged at a personal level, developing confidence through sharing ideas, experiences and humour. Group discussions built on the self-assurance gained from doing craft work together and talking in a relaxed way with a common purpose, exploring the health themes which were the focus of the art. For example, working on a textile about vitamin D created a framework which stimulated the emergence of a common discourse about different cultural practices around 'going out in the sun'. These conversations have value as 'bridging work', between the culture of medicine, with its current emphasis on lifestyle change to prevent illness, and patients' life worlds. Such bridges allow for innovation and flexibility to reflect local public health needs and community concerns. They also enable us to view care from a horizontally oriented perspective, so that the interface in which social worlds and the biomedical model meet and interpenetrate is made visible. Through this interdisciplinary art project involving academics, health professionals and the local community we have become more sensitised to conceptualising one aspect of health care quality as ensuring a 'space for the story' in health care encounters. This space gives precedence to the patient narratives, but acknowledges the importance of enabling clinicians to have time to share stories about care.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-25888088>

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### **Percepção das práticas integrativas complementares pelos profissionais de saúde do município de Marau, RS**

Antunes, Deisi.

Marau; s.n; 2015. s.p p.

Tese em Português | Coleciona SUS | ID: sus-34597

#### **RESUMO**

O município de Marau possui cobertura 100% de Estratégia de Saúde da Família, estas são formadas por equipes ampliadas. A Política Nacional de Práticas Integrativas e Complementares (PNPIC) é uma proposta de política pública que tem por objetivo garantir aos usuários do Sistema Único de Saúde (SUS) o acesso a uma diversidade de práticas de saúde. A pesquisa teve o objetivo de identificar o conhecimento acerca das Práticas Integrativas e Complementares, na perspectiva dos profissionais de saúde do município de Marau. Este é um estudo qualitativo por meio de entrevista com os profissionais de saúde que atuam no município, tendo como base a análise temática. Foram respeitados todos os princípios éticos. As entrevistas dos profissionais foram organizadas em categorias, dessa forma, foi possível identificar as percepções sobre o conceito de saúde, e o contexto de atuação dos profissionais que atuam nesse município. As Práticas Integrativas e Complementares envolvem abordagens que estimulam os mecanismos naturais de prevenção de agravos e recuperação da saúde com ênfase na escuta acolhedora, no desenvolvimento do vínculo terapêutico e na visão integral do ser humano com o meio ambiente e a sociedade em que está inserido. A inserção destas Práticas no município traria muitos benefícios aos usuários do SUS desta cidade.(AU)

<http://pesquisa.bvsalud.org/portal/resource/pt/sus-34597>

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### **Role of complementary therapies in the understanding of primary healthcare professionals: a systematic review**

Schweitzer, Mariana Cabral; Zoboli, Elma Lourdes Campos Pavone.

Rev Esc Enferm USP; 48 Spec No: 184-91, 2014 Aug.

Artigo em Inglês, Português | MEDLINE | ID: mdl-25517853

#### **RESUMO**

**Objective** To identify the understanding of the healthcare professionals in relation to the role of complementary therapies in primary health care. **Method** Systematic review by way of the following information sources: PubMed, CINAHL, PeriEnf, AMED, EMBASE, Web of Science, Psycinfo and Psycodoc, using the keyword Primary Health Care alone, and associated with the following keywords: Medicinal Plants, Herbal Medicine, Homeopathy, Traditional Chinese Medicine, Acupuncture, Anthroposophical Medicine. **Results** Twenty-two studies from 1986 to 2011 were included. We identified three styles of practice: conventional medicine, complementary therapies and integrative medicine. Positioning professional practices within these three styles may facilitate discussion of concepts of health care, enhancing the health care provided as a result. **Conclusion** The work process in primary care presents difficulties for conducting integrative and holistic health care, but this practice has been introduced over time by professionals who integrate conventional medicine

and complementary therapies, concerned with the care and well-being of patients.  
<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-25517853>

13

### **Situação do ensino das práticas integrativas e complementares nos cursos de graduação em enfermagem, fisioterapia e medicina**

Salles, Léia Fortes; Homo, Rafael Fernandes Bel; Silva, Maria Júlia Paes da.

Cogitare enferm; 19(4): 741-746, out.-dez. 2014. tab

Artigo em Português | LILACS-Express | ID: lil-748066

#### **RESUMO**

O objetivo foi analisar a situação do ensino das Práticas Integrativas e Complementares em faculdades de Enfermagem, Medicina e Fisioterapia no Brasil. A amostra foi constituída de faculdades públicas e a busca de dados ocorreu nos sites das instituições investigadas entre maio de 2012 a março de 2013. Das 209 instituições públicas de ensino superior, somente 43 (32,3%) oferecem disciplinas relacionadas com o tema. Dentre os três cursos, as escolas de Enfermagem oferecem mais disciplinas, seguidas pela Medicina e Fisioterapia; 26,4%, 17,5% e 14,6%, respectivamente. A média da carga horária é de 46 horas e a maioria delas são oferecidas de forma optativa, ficando boa parte dos profissionais de saúde sem nenhuma aproximação acadêmica com esses saberes. As instituições de ensino, que formam profissionais para o mercado de trabalho e para o Sistema Único de Saúde, precisam rever as grades curriculares.

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-748066>

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### **Role of complementary therapies in the understanding of primary healthcare professionals: a systematic review**

Schveitzer, Mariana Cabral; Zoboli, Elma Lourdes Campos Pavone.

Rev Esc Enferm USP; 48 Spec No: 184-91, 2014 Aug.

Artigo em Inglês, Português | MEDLINE | ID: mdl-25517853

#### **RESUMO**

Objective To identify the understanding of the healthcare professionals in relation to the role of complementary therapies in primary health care. Method Systematic review by way of the following information sources: PubMed, CINAHL, PeriEnf, AMED, EMBASE, Web of Science, Psicoinfo and PsicoDoc, using the keyword Primary Health Care alone, and associated with the following keywords: Medicinal Plants, Herbal Medicine, Homeopathy, Traditional Chinese Medicine, Acupuncture, Anthroposophical Medicine. Results Twenty-two studies from 1986 to 2011 were included. We identified three styles of practice: conventional medicine, complementary therapies and integrative medicine. Positioning professional practices within these three styles may facilitate discussion of concepts of health care, enhancing the health care provided as a result. Conclusion The work process in primary care presents difficulties for conducting integrative and holistic health care, but this practice has been introduced over time by professionals who integrate conventional medicine and complementary therapies, concerned with the care and well-being of patients.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-25517853>

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### **Investigation into factors influencing roles, relationships, and referrals in integrative medicine**

Gray, Bimbi; Orrock, Paul.

J Altern Complement Med; 20(5): 342-6, 2014 May.

Artigo em Inglês | MEDLINE | ID: mdl-24437357

#### **RESUMO**

INTRODUCTION: Integrative medicine (IM) is a recent phenomenon within primary care practice. It is defined variously as a process of integration or convergence of complementary and alternative medicine (CAM) with mainstream medicine or as the incorporation of alternative therapies into mainstream medical practice. Little is known about the attitude of complementary medicine practitioners regarding their place within this model or the factors that influence referral between them and medical practitioners. OBJECTIVES: The aim of this research was to explore practitioners' perspectives of the theory and practice of the IM model, relevant to factors influencing referral among them. DESIGN: This research applied a qualitative method with semi-structured interviews to determine practitioner perspectives of factors influencing referral in the IM setting. One family practice physician (called a general practitioner [GP] in Australia), one osteopath, and one naturopath were interviewed at each of two IM clinics in regional Australia. Thematic analysis was used to identify themes and concepts. RESULTS: Thematic analysis of the transcribed data allowed for an in-depth understanding of themes and concepts surrounding practitioner perceptions of IM.

Predominant themes centered on the notion of interpractitioner relationships and collaborations. Insight into these relationships within IM revealed concepts of interpractitioner trust and respect. In addition, sharing a philosophy of care and a common understanding pertaining to scope of practice and area of expertise appeared to support the IM framework. These concepts and themes were determined as important factors influencing referrals between GPs, osteopathic physicians, and naturopathic practitioners in the IM clinics studied. CONCLUSION: This research has highlighted the significance of interprofessional relationships and multidisciplinary referral networks as pivotal in the efficacy of the IM clinics represented in this sample. Further research is needed to define the practitioner roles and the factors influencing referrals within IM.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-24437357>

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### **Política de práticas integrativas e complementares: potência de ampliação do cuidado na Atenção Primária**

Pereira, Aline Gonçalves.

Porto Alegre; s.n; 2014. s.p.p p.

Tese em Português | Coleciona SUS | ID: sus-31453

#### **RESUMO**

O Brasil dispõe de uma política nacional voltada para o cuidado integral, promoção global e protagonismo no autocuidado do indivíduo, a PNPIC - Política Nacional de Práticas Integrativas e Complementares. Partindo deste pressuposto, este estudo se propôs a conhecer práticas integrativas que estão sendo realizadas nas Unidades Básicas da zona norte do município de Porto Alegre, RS, vinculadas ao SSC - Serviço de Saúde Comunitária do Grupo Hospitalar Conceição/RS. Trata-se de um estudo de caráter exploratório com abordagem qualitativa. A pesquisa foi realizada em duas etapas: 1) mapeamento de profissionais que se autodeclaravam com formação em práticas integrativas; 2) entrevistas com alguns destes profissionais questionando sobre a sua percepção referente às práticas integrativas realizadas no serviço. A pesquisa permitiu localizar espaços potenciais para o desenvolvimento das práticas integrativas no SSC; maior aproximação dos profissionais da saúde com a temática e engajamento de apoio por parte dos gestores da instituição em sensibilizar os trabalhadores e criar espaços de discussão(AU)

<http://pesquisa.bvsalud.org/portal/resource/pt/sus-31453>

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### **For more than love or money: attitudes of student and in-service health workers towards rural service in India**

Ramani, Sudha; Rao, Krishna D; Ryan, Mandy; Vujcic, Marko; Berman, Peter.

Hum Resour Health; 11: 58, 2013 Nov 21.

Artigo em Inglês | MEDLINE | ID: mdl-24261330

#### **RESUMO**

BACKGROUND: While international literature on rural retention is expanding, there is a lack of research on relevant strategies from pluralistic healthcare environments such as India, where alternate medicine is an integral component of primary care. In such contexts, there is a constant tug of war in national policy on "Which health worker is needed in rural areas?" and "Who can, realistically, be got there?" In this article, we try to inform this debate by juxtaposing perspectives of three cadres involved in primary care in India-allopathic, ayurvedic and nursing-on rural service. We also identify key incentives for improved rural retention of these cadres. METHODS: We present qualitative evidence from two states, Uttarakhand and Andhra Pradesh. Eighty-eight in-depth interviews with students and in-service personnel were conducted between January and July 2010. Generic thematic analysis techniques were employed, and the data were organized in a framework that clustered factors linked to rural service as organizational (salary, infrastructure, career) and contextual (housing, children's development, safety). RESULTS: Similar to other studies, we found that both pecuniary and non-pecuniary factors (salary, working conditions, children's education, living conditions and safety) affect career preferences of health workers. For the allopathic cadre, rural primary care jobs commanded little respect; respondents from this cadre aimed to specialize and preferred private sector jobs. Offering preferential admission to specialist courses in exchange for a rural stint appears to be a powerful incentive for this cadre. In contrast, respondents from the Ayurvedic and nursing cadres favored public sector jobs even if this meant rural postings. For these two cadres, better salary, working and rural living conditions can increase recruitment. CONCLUSIONS: Rural retention strategies in India have predominantly concentrated on the allopathic cadre. Our study suggests incentivizing rural service for the nursing and Ayurvedic cadres is less challenging in comparison to the allopathic cadre. Hence, there is merit in strengthening rural incentive strategies for these two cadres also. In our study, we have developed a detailed framework

of rural retention factors and used this for delineating India-specific recommendations. This framework can be adapted to other similar contexts to facilitate international cross-cadre comparisons.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-24261330>

18

**A timely opportunity: fostering new roles for complementary and alternative health care providers in meeting the nation's need for primary health care**

Goldstein, Michael S.

Explore (NY); 9(6): 344-7, 2013 Nov-Dec.

Artigo em Inglês | MEDLINE | ID: mdl-24199771

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-24199771>

19

**A positive concept of health - interviews with patients and practitioners in an integrative medicine clinic**

Hunter, Jennifer; Marshall, Jack; Corcoran, Katherine; Leeder, Stephen; Phelps, Kerry.

Complement Ther Clin Pract; 19(4): 197-203, 2013 Nov.

Artigo em Inglês | MEDLINE | ID: mdl-24199973

**RESUMO**

Using the phenomenography method, interviews with patients and practitioners were undertaken to explore their understanding of 'health that is more than the absence of disease'. The question was challenging and stimulating for all interviewees. A few were unable to conceptualise this positive definition of health, some perceived it as an optimum end-state, whereas others saw it as an ongoing process. Many positive attributes of health and its influencers were identified. The more advanced understandings of this concept were of a holistic, multidimensional, expansive state where the all dimensions of health are interdependent and positively reinforcing. The results affirmed that wellness is more than psychological wellbeing, 'happiness' and life satisfaction. Optimum physical and cognitive capacities along with spiritual, social and occupational wellness were equally as important. 'Energy and vitality' were sufficiently emphasised by patients and some practitioners to support the inclusion of the principles of vitalism in any discussion about health.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-24199973>

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**Fitoterapia na Atenção Básica: olhares dos gestores e profissionais da Estratégia Saúde da Família de Teresina (PI), Brasil**

Fontenele, Rafael Portela; Sousa, Dayana Maria Pessoa de; Carvalho, André Luís Menezes; Oliveira, Francisco de Assis.

Ciênc. Saúde Colet; 18(8): 2385-2394, Ago. 2013. tab

Artigo em Português | LILACS | ID: lil-680968

**RESUMO**

Desde 2006, a fitoterapia destaca-se como uma prática integrativa e complementar no Sistema Único de Saúde, através de experiências e normatizações, apresentando-se para o fortalecimento da Atenção Básica. Este estudo quali-quantitativo objetivou conhecer a percepção de 8 gestores em saúde e 68 profissionais da estratégia saúde da família (36 enfermeiros, 18 médicos e 14 odontólogos) de Teresina, Piauí, sobre a inserção da fitoterapia na Atenção Básica. Nas entrevistas, utilizou-se um questionário semiestruturado com questões relativas a dados pessoais do entrevistado, ao seu conhecimento sobre fitoterapia e a suas opiniões sobre o potencial de inserção desta na Atenção Básica. De uma forma geral, os entrevistados aceitam a institucionalização da fitoterapia; fazem uso pessoal deste recurso terapêutico e o conhecimento popular é a forma de conhecimento predominante. A formação técnica em fitoterapia dos profissionais de saúde, bem como o conhecimento das políticas que envolvem o tema é deficiente. Os gestores demonstraram plena abertura para a discussão do assunto, elencando justificativas, estratégias e dificuldades de ordem política e estrutural. Assim, reconheceu-se a importância da capilarização da discussão sobre a fitoterapia, para a ampliação das ofertas de cuidado na Atenção Básica.

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-680968>

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**Paradigm shift: stages of physicians' entry into integrative practice**

Shannon, Scott.

Child Adolesc Psychiatr Clin N Am; 22(3): 479-91, vi, 2013 Jul.

Artigo em Inglês | MEDLINE | ID: mdl-23806315

## RESUMO

Integrative medicine and psychiatry are more than areas of interest; they represent a clear philosophic paradigm with a wide range of beliefs that separate it from conventional care. A child psychiatrist will typically pass through a developmental trajectory as he or she begins to embrace this approach to patient care, which can be broken down into common stages that represent the incorporation and expression of a new philosophy. This article outlines those common stages of development, and also walks through the process of opening an integrative mental health clinic.  
<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-23806315>

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### **Relato de experiência do curso de plantas medicinais para profissionais de saúde**

Ceolin, Teila; Ceolin, Silvana; Maria Heck, Rita; Tuerlinckx Noguez, Patrícia; Daiane Zdanski de Souza, Andrieli.

Rev. baiana saúde pública; 37(2)abr.-jun. 2013.

Artigo em Português | LILACS-Express | ID: lil-729025

## RESUMO

O objetivo deste estudo é investigar o conhecimento dos profissionais de saúde que participaram de um curso de extensão, sobre plantas medicinais. Trata-se de um relato de experiência de um curso de capacitação sobre plantas medicinais que ocorreu entre agosto e novembro de 2011, para 41 profissionais de nível superior, atuantes na atenção primária à saúde, oriundos de 9 municípios da região sul do Brasil. Os resultados demonstram que 88% dos profissionais trabalham na Estratégia da Saúde da Família, 61% têm conhecimento de que a comunidade da área de abrangência faz uso de plantas medicinais e 60% referiram que no seu cotidiano são solicitadas informações a respeito de plantas. Contudo, apenas 31% relataram que orientam a comunidade sobre o uso de plantas medicinais com frequência e 75% nunca realizaram cursos e/ou capacitação sobre terapias complementares. Destaca-se a necessidade de capacitar profissionais para que permitam a ampliação das práticas terapêuticas, em busca da integralidade da assistência.

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-729025>

23

### **A critical appraisal of holistic teaching and its effects on dental student learning at University of Bergen, Norway**

Berge, Morten E; Berg, Einar; Ingebrigtsen, Jana.

J Dent Educ; 77(5): 612-20, 2013 May.

Artigo em Inglês | MEDLINE | ID: mdl-23658407

## RESUMO

The curriculum of the dental faculty at the University of Bergen, Norway, was revised and a new curriculum implemented in 1998 based on the principles of holistic teaching and patient-centered treatment. The first candidates graduated in 2003. The change of curricula, experience gained, and lack of an evidence base for holistic teaching justify a general discussion of all relevant aspects associated with this approach. The purpose of this article was to make a contribution towards such a discussion. A PubMed search regarding holistic teaching in dentistry was performed. Of the 211 entries on holistic teaching, few discussed holism in depth; none reported outcome measures comparing old and new curricula. Data collected from students graduating in 2003 (new curriculum) and 2000 (old curriculum) on their satisfaction with the teaching comprise a possible outcome measure. In most respects, using prosthodontics as an example, no differences between the two groups of students were found. Students studying under the new holistic curriculum were less satisfied than those studying under the old one regarding the number of available teachers and teachers' feedback on student performance. Both holistic teaching/patient-centered treatment and a more traditional subject-specific approach have advantages and disadvantages, and neither can be practiced in its pure form for ethical and practical reasons. The quantitative results of this study did not support the hypothesis that holism improved students' satisfaction with the teaching. A wide discussion of holism in dental education is needed, along with outcome measures when curricula are changed.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-23658407>

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### **Diálogo entre profissionais de saúde e práticas populares de saúde**

Oliveira, Silvana Faraco de; Oliveira, Maria Waldenez de.

Rev. APS; 15(4)2012.

Artigo em Português | LILACS-Express | ID: lil-686953

## RESUMO

O objetivo desta pesquisa de caráter investigativo e qualitativo foi analisar a inserção de práticas populares de saúde no cotidiano do trabalho de profissionais de saúde egressos de um curso de extensão de 'Práticas Populares de Saúde', oferecido pela Universidade Federal de São Carlos (UFSCar) a profissionais de saúde formados ou em formação. O referido curso faz parte do Projeto de Extensão 'Mapeamento e Catalogação de Práticas Populares de Saúde' e tem o objetivo de trazer os praticantes populares dos bairros mapeados pelo projeto de Extensão à Universidade para que possam fazer a apresentação de suas práticas para estudantes e profissionais de saúde. O curso de extensão Práticas Populares de Saúde da UFSCar tem a intenção de ampliar a visão de profissionais da saúde em relação a saberes populares, possibilitando uma quebra de preconceitos e uma integração entre os saberes acadêmicos, cuja importância é irrefutável, com saberes populares, procurados por grande parte da população. Utilizou-se como referencial teórico a Medicina Alternativa, Medicina Tradicional, Educação em Saúde e Atenção Primária à Saúde. A pesquisa foi realizada em 2010, mediante aprovação pelo Comitê de Ética em Pesquisa com Seres Humanos da Universidade Federal de São Carlos. Primeiramente aplicou-se um questionário para coleta inicial de dados e seleção dos sujeitos a serem entrevistados. Foram respondidos 22 questionários, sendo identificados 12 egressos em exercício profissional. Destes, seis aceitaram a entrevista, sendo dois de cada edição do curso. As entrevistas foram realizadas entre os meses de março e abril de 2010 e seguiram um roteiro que tinha itens que questionavam a referência feita às práticas populares de saúde, a relação das mesmas com o serviço, além das barreiras que dificultam tal relação. A análise de dados levou em conta as respostas dos itens do roteiro. Todos entrevistados relataram que tanto os usuários de seus serviços fazem referências às práticas populares de saúde quanto os próprios entrevistados também têm contato com tais práticas, sendo comum entre eles o incentivo ao respeito a essas práticas nos seus ambientes de trabalho e orientações aos usuários para construção de sua autonomia, a qual passa pelas práticas cotidianas de cuidado. Na relação entre as práticas e o serviço, houve diferentes respostas, desde sua existência, passando por processos de construção dessa relação até a sua não existência. Os entrevistados relatam barreiras que dificultam tal relação, como a formação profissional centrada no cientificismo. Todos apontam que o curso propiciou quebra de preconceitos, sendo que quatro entrevistados apontam que o curso deu um forte apoio para suas relações com tais práticas, e dois, que o apoio foi menos aparente. Por fim, a pesquisa concluiu que é preciso trazer o conhecimento sobre práticas populares de saúde nos espaços da formação básica e na educação permanente em saúde, para que os profissionais possam enfrentar seus preconceitos e se abrirem ao diálogo com as práticas populares de saúde.

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-686953>

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### **Práticas integrativas e complementares na atenção primária em saúde: em busca da humanização do cuidado**

Schveitzer, Mariana Cabral; Esper, Marcos Venicio; Silva, Maria Júlia Paes da.  
Mundo saúde (Impr.); 36(3): 442-451, jul.- set. 2012. tab  
Artigo em Português | LILACS | ID: lil-757701

#### **RESUMO**

Esta pesquisa objetivou identificar como a incorporação de práticas integrativas e complementares na Atenção Primária em Saúde tem auxiliado a promover a humanização do cuidado. Foi realizada uma Revisão Sistemática de Literatura que utilizou os descritores 'Atenção Primária em Saúde' (Primary Health Care) e 'Práticas Integrativas e Complementares' (Complementary Therapies), por meio do conector AND, nas seguintes bases de dados: PubMed e EMBASE, para buscar artigos publicados até 2011. Foram encontradas 1434 referências; dessas, 680 foram selecionadas pelo título e 15, pelo resumo. O ideal para incluir as PIC na APS é pensar dentro da lógica de cuidado humanizado e, para tal, deve-se considerar: fomentar pesquisas sobre PIC, inserir PIC nos cursos de graduação e em treinamentos de profissionais de saúde, promover a colaboração internacional, aproximar curadores tradicionais e profissionais da APS e organizar lista de fitoterápicos e plantas medicinais recomendadas pelos sistemas de saúde.

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-757701>

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### **Terapêutica com plantas medicinais: percepção de profissionais da Estratégia de Saúde da Família de um município do agreste pernambucano**

Menezes, Valdenice Aparecida de; Anjos, Ana Gabriela Pereira dos; Pereira, Mayara Russanna Duarte; Leite, Angélica Falcão; Granville-Garcia, Ana Flavia.  
Odonto (São Bernardo do Campo); 20(39): 111-122, jan.-jun. 2012. tab



**RESUMO**

Objetivo: verificar a percepção de médicos, cirurgiões-dentistas e enfermeiros da Estratégia de Saúde da Família do Município de Caruaru, PE, Brasil, sobre a importância, utilização e indicações de plantas medicinais. Metodologia: trata-se de um estudo transversal e exploratório com 82 profissionais de saúde (médicos, cirurgiões-dentistas e enfermeiros), locados em 45 unidades básicas de Saúde do Município de Caruaru. Os profissionais foram entrevistados, utilizando-se um formulário estruturado e validado pelo método da face. Os dados foram analisados por técnicas estatísticas descritivas por meio de distribuições absolutas, percentuais de medidas e pelo teste do Qui-quadrado de Pearson ou Exato de Fisher. Resultados: a maioria dos participantes tinha acima de 41 anos de idade (37,8%), era do sexo feminino (86,6%), graduados há menos de 10 anos (37,8%), em instituição particular (54,9%). O Curso com maior frequência de participação foi Enfermagem (41,5%). Os profissionais de Odontologia foram os que menos prescrevem fitoterápicos na ESF em que atuam (19,4%) e os que menos sabem orientar os pacientes sobre a forma de utilização das ervas medicinais (41,9%), com diferença significativa ( $p < 0,05$ ). A prescrição de plantas medicinais nas unidades de saúde é feita por poucos profissionais (47,6%) sendo as mais citadas: hortelã (*Mentha spicata*) (51,3%) e camomila (*Matricaria chamomilla*) (46,1%) com as respectivas indicações de expectorante (54,3%) e ansiolítico (42,8%). Conclusão: de maneira geral, os profissionais da ESF do Município de Caruaru não utilizam com frequência os fitoterápicos na rede pública, porém, acreditam na importância da implantação de medicamentos alternativos na atenção básica, tendo em vista seu baixo custo, eficácia e fácil acesso da população.

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-790167>

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**Knowledge and attitudes of primary health care physicians towards complementary and alternative medicine in the Riyadh region, Saudi Arabia**

Abdullah Al-Rowais, Norah; Al Bedah, Abdullah M N; Khalil, Mohamed K M; El Olemy, Ahmed Tawfik; Khalil, Asim A H; Alrasheid, Mohamed H S; Al Khashan, Hisham; Al Yousef, Mansour; Abdel Razak Ba Fart, Ahmed.

Forsch Komplementmed; 19(1): 7-12, 2012.

Artigo em Inglês | MEDLINE | ID: mdl-22398920

**RESUMO**

**BACKGROUND:** The aim of this study was to assess the level of knowledge, attitudes, and utilization of complementary and alternative medicine (CAM) of primary health care (PHC) physicians in Riyadh, Saudi Arabia. **MATERIAL AND METHODS:** A cross-sectional study including all physicians working at PHC centers in the Riyadh region, Saudi Arabia, was carried out from the beginning of April 2010 to the end of June 2010. Using a self-administered questionnaire, 1,113 physicians answered questions regarding their socio-demographic data, and knowledge, attitudes and utilization of CAM. **RESULTS:** About 8% of the participants had attended a continuous medical education or a training activity. Most of them were unfamiliar with reflexology, energy healing, aromatherapy, ozone therapy, homeopathy, or chiropractic care (77.4, 71.3, 71.2, 67.2, 65.7, and 63.9%, respectively). On the other hand, most physicians felt that they could understand and feel comfortable about counseling patients about Ruqyah (spiritual healing), honey and bee products, dietary supplements, massage therapy, relaxation, herbal medicine, and cupping (40.3, 38.3, 34.9, 34.4, 25.8, 22.8, and 21.4%, respectively). More than half (51.7%) of the physicians used CAM for themselves or their family, but only 14.2% referred their patients to CAM practitioners. 85.1% of studied physicians agreed that physicians should have knowledge about CAM therapies commonly used in the region. 82.5% agreed that health authorities should have a role in regulating CAM, and 75.7% agreed that the physicians' knowledge about CAM practices leads to better patient outcome. **CONCLUSION:** There is a positive attitude regarding the concept of CAM, but there is a reluctance to refer or to initiate discussion with patients regarding CAM practices, which may be attributed to a lack of knowledge.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-22398920>

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**Cuidar da integralidade do ser: perspectiva estética/sociopoética de avanço no domínio da enfermagem / Caring for the whole person: the contributions of aesthetics/sociopoetics perspectives to the field of nursing**

Santos, Iraci dos; Caldas, Célia Pereira; Erdmann, Alacoque Lorenzini; Gauthier, Jacques; Figueiredo, Nélia Maria Almeida de.

Rev. enferm. UERJ; 20(1): 9-14, jan.-mar. 2012.

Artigo em Português | BDEF - Enfermagem | ID: bde-22678

## RESUMO

Este trabalho teve como objetivo propor a aplicação da perspectiva estética/sociopoética para cuidar da integralidade do ser/cliente da enfermagem. Artigo teórico sobre espiritualidade, estética, sociopoética, transcendência e arte de cuidar, considerando pressupostos antropológicos ou visões do ser humano: unidimensional; bidimensional; tridimensional; e sua composição – corpo, alma, espírito, integrados e animados pelo pneuma (ᾠϊᾠᾠᾠ – sopro em Grego). Nesta última visão o cuidado integral acontece quando cada dimensão recebe a abordagem apropriada. Dependente da visão adotada, o cuidado será desenvolvido e institucionalizado nas instituições de saúde. Entretanto, os profissionais encontram-se mais preparados para reconhecerem as duas primeiras dimensões, pois sua formação é predominantemente teórico-científica e procedimental tecnológica. Assim, considerando a propriedade da arte de enfermagem, ao enfermeiro torna-se imprescindível o conhecimento estético e dos princípios filosóficos da sociopoética os quais expressam sua subjetividade ao lidar com a humanidade das pessoas e se tornam visíveis na ação do cuidar.(AU) <http://pesquisa.bvsalud.org/portal/resource/pt/bde-22678>

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### **The Complementary Medicine Education and Outcomes (CAMEO) program: a foundation for patient and health professional education and decision support programs**

Balneaves, Lynda G; Truant, Tracy L O; Verhoef, Marja J; Ross, Brenda; Porcino, Antony J; Wong, Margurite; Brazier, Alison S.

Patient Educ Couns; 89(3): 461-6, 2012 Dec.

Artigo em Inglês | MEDLINE | ID: mdl-22305188

## RESUMO

**OBJECTIVE:** This paper describes the background, design and evaluation of a theory-informed education and decision support program for cancer patients considering complementary medicine (CM). **METHODS:** The program was informed by the Shared Decision Making theory, the Ottawa Decision Support Framework and the Supportive Care Framework. Previous empirical evidence and baseline research were used to identify patients' and health professionals' (HPs) information and decision support needs related to CM. **RESULTS:** To address the continuum of CM needs, a variety of education and decision support interventions were developed, including basic CM information and resources for patients and HPs, a group education program and one-on-one decision support coaching for patients, and an on-line education module for HPs. Evaluation of the program and individual interventions is underway. **CONCLUSIONS:** This education and decision support program addresses a significant gap in care and offers an evidence-informed framework in which to translate CM evidence to conventional care settings and promote communication about CM. **PRACTICE IMPLICATIONS:** Evidence-informed CM education and decision support interventions are needed to shift the culture around CM within conventional care settings and promote open communication that will lead to CM therapies being safely integrated into care.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-22305188>

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### **Challenges of complementary and alternative medicine in the SUS aiming to health promotion**

Ischkanian, Paula Cristina; Pelicioni, Maria Cecília Focesi.

Rev. bras. crescimento desenvolv. hum; 22(2): 233-238, 2012.

Artigo em Inglês | Index Psicologia - Periódicos técnico-científicos | ID: psi-55057

## RESUMO

The complementary and alternative medicines (CAM) besides promoting the reduction of costs, have also proven to be effective as well as they have invested in health promotion and health education, as a means of preventing the disease to take control and possibly result in serious consequences. **OBJECTIVE:** to investigate the knowledge, opinions and social representations of managers and health professionals about those practices (CAM) in Public Health System (SUS) as well as to identify the difficulties and challenges that are present in their implementation, use and disclosure in the Health Services. **METHODS:** the survey was carried out in a Basic Health Unit and Specialty Clinic in the northern area of São Paulo/SP, Brazil. We chose the qualitative approach with its instruments, documentary analysis and interviews based upon pre-established guidelines directed to managers and health professionals of these units. The total of 35 interviews took place between the months of July to August 2010. **RESULTS:** the results support the thesis that managers are not prepared to implement the National Policy on Complementary and Integrative Practices (NPCIP) in SUS: only five out of the twenty six respondents were aware of the National Policy (NPCIP); the biomedical model sessions still prevails; material supply and acquisition of raw materials used in some of the CAM have become a major issue in the unit; the disclosure of the CAM has not been enough so as to be fully known by professionals and users alike. Furthermore, most of the

professionals working in the Specialty Clinic where the CAM has been offered have undervalued those activities. The Complementary and Alternative Medicine have not played the role they should and/or could in the SUS for the Promotion of Health yet. CONCLUSIONS: it is pivotally necessary that the City of São Paulo/SP encourages and creates conditions for taking the CAM into all Health Units, so as to improve, disclose and support ... (AU)  
<http://pesquisa.bvsalud.org/portal/resource/pt/psi-55057>

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### **O conhecimento dos profissionais de saúde acerca do uso de terapias complementares no contexto da atenção básica**

Neves, Rosália Garcia; Pinho, Leandro Barbosa de; Cardozo Gonzáles, Roxana Isabel; Harter, Jenifer; Schneider, Jacó Fernando; Lacchini, Annie Jeanninne Bisso.  
Rev. pesqui. cuid. fundam. (Online); 4(3): 2502-2509, jul.-set. 2012.  
Artigo em Português | BDENF - Enfermagem | ID: bde-22535

#### **RESUMO**

Descrever o conhecimento dos profissionais de saúde acerca do uso de terapias complementares (TCs) no contexto da atenção básica. Método: Pesquisa qualitativa, de caráter descritivo, que foi realizada em uma Unidade Básica de Saúde (UBS), de um município da Região Sul do Brasil. Utilizou-se a entrevista semiestruturada com quatro profissionais de saúde atuantes nesta unidade, sendo um profissional de cada área da saúde. Resultados: Demonstrou-se que os profissionais que conhecem as Terapias Complementares em geral as indicam à população. Ao contrário, aqueles que desconhecem aplicações ou situações no cotidiano da prática ficam mais atrelados à medicação alopática. Pela falta de evidências científicas, dificilmente indicam o tratamento complementar. Conclusão: Espera-se que o estudo possa refletir sobre a necessidade de incorporação das práticas complementares como coadjuvantes do tratamento, da prevenção e da promoção em saúde, uma motivação a mais para profissionais e pacientes no contexto da atenção básica. (AU)  
<http://pesquisa.bvsalud.org/portal/resource/pt/bde-22535>

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### **Attitude of conventional and CAM physicians toward CAM in India**

Telles, Shirley; Gaur, Vaishali; Sharma, Sachin; Balkrishna, Acharya.  
J Altern Complement Med; 17(11): 1069-73, 2011 Nov.  
Artigo em Inglês | MEDLINE | ID: mdl-22070443

#### **RESUMO**

OBJECTIVES: The aim of the present study was to compare the attitude toward complementary and alternative medicine (CAM) of primary care physicians trained in conventional medicine with CAM physicians whose training was for a comparable duration. The CAM physicians included practitioners of Ayurveda, homeopathy, and naturopathy. PARTICIPANTS: Two hundred and ninety five (295) physicians with aged 20-60 (group mean±standard deviation, 48.2-12.3 years, 87 females) participated. Eighty-six (86) of them were trained in Ayurveda, 90 in homeopathy, 82 in conventional medicine, and 37 in naturopathy. They were attending a 4-day residential program on Indian culture. All of them gave their signed consent to take part in the study, and the institution's ethics committee approved the study. STUDY DESIGN: The study was a cross-sectional survey. Since the participants had self-selected to join for the program on Indian culture, the sampling could be considered as convenience sampling. RESULTS: The number of conventionally trained and CAM physicians were similar in number and in their reasons for selecting CAM treatments. CONCLUSIONS: Conventionally trained and CAM physicians were comparably likely to prescribe CAM treatments for their patients. Their reasons for prescribing CAM treatments appeared to be (1) the idea that CAM treatments deal with the cause, and (2) a belief in the treatments. A limiting factor of the survey is that it did not determine whether the belief was based on evidence or on faith alone.  
<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-22070443>

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### **Práticas integrativas e complementares de desafios para a educação**

Azevedo, Elaine de; Pelicioni, Maria Cecília Focesi.  
Trab. educ. saúde; 9(3): 361-378, nov. 2011.  
Artigo em Português | LILACS-Express | ID: lil-608319

#### **RESUMO**

Este ensaio analisa as Práticas Integrativas e Complementares (PICs) e objetiva mostrar as germinais (e potenciais) experiências de formação de profissionais nessa área com perfil para atuar no Sistema Único de Saúde (SUS). É apresentado um estado da arte de cursos na área das PICs, buscando sua interface com a Saúde Coletiva. Utilizaram-se autores das áreas de PICs e material

da Política Nacional de Práticas Integrativas e Complementares do Ministério da Saúde. Realizaram-se pesquisa conceitual sobre cursos que oferecem tais práticas e contatos com associações e coordenações de cursos dessas práticas. É possível afirmar-se que as PICs podem ser consideradas como estratégias de revitalização do sistema de saúde e de mudança no padrão biologizante e medicalizante do cuidado e da promoção da saúde. No entanto, evidencia-se o despreparo político e técnico de profissionais da saúde para atuar com PICs no SUS. Assim, julga-se essencial fomentar um processo educativo que forme profissionais das PICs em sintonia com as diretrizes do SUS e com os princípios da Saúde Coletiva.  
<http://pesquisa.bvsalud.org/portal/resource/pt/lil-608319>

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#### **Patient and clinician openness to including a broader range of healing options in primary care**

Hsu, Clarissa; Cherkin, Daniel C; Hoffmeyer, Sylvia; Sherman, Karen J; Phillips, William R.  
Ann Fam Med; 9(5): 447-53, 2011 Sep-Oct.

Artigo em Inglês | MEDLINE | ID: mdl-21911764

#### **RESUMO**

**PURPOSE:** We studied the openness of patients and clinicians to introducing a broader range of healing options into primary care. **METHODS:** Focus groups were conducted with primary care patients (4 groups) and clinicians (3 groups) from an integrated medical care system in 2008. Transcripts of discussions were analyzed using an immersion/crystallization approach. **RESULTS:** Both patients (n = 44) and clinicians (n = 32) were open to including a wider variety of healing options in primary care. Patients desired some evidence of effectiveness, although there was wide variation in the type of evidence required. Many patients believed that the clinician's personal and practice experience was an important form of evidence. Patients wanted to share in the decision to refer and the choice of options. Clinicians were most concerned with safety of specific treatments, including some of the herbs and dietary supplements. They also believed they lacked adequate information about the nature, benefits, and risks of many alternatives, and they were not aware of local practitioners and resources to whom they could confidently refer their patients. Both patients and clinicians were concerned that services recommended be covered by insurance or be affordable to patients. **CONCLUSIONS:** Integrating additional healing options into primary care may be feasible and desirable, as well as help meet the needs of patients with conditions that have not been responsive to standard medical treatments.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-21911764>

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#### **Integralidade da assistência na compreensão dos profissionais da estratégia saúde da família**

Linard, Andrea Gomes; de Castro, Marina Martins; da Cruz, Ana Kelly Lima.

Rev Gaucha Enferm; 32(3): 546-53, 2011 Sep.

Artigo em Português | MEDLINE | ID: mdl-22165402

#### **RESUMO**

This study aims to analyze the integrality of assistance, a principle of the Single Health System (SUS), in the perspective of members of the Family Health team (doctors, dentists and nurses). This is a descriptive study with a qualitative approach, carried out with 47 professionals allotted in nine health care units in the city of Fortaleza, state of Ceará, Brazil. Data collection was done by semi-structured interviews, from August to September, 2008. Content analysis was used to organize and interpret the data. In the results professionals understood integrality as linked to the terms: holism, treatment in the three levels of care, interdisciplinarity and amplified health concept. The polysemy of integrality and its transversality as a SUS principle signal the need to reconsider the many meanings attributed to integrality, increasing the possibilities to discuss the it in the health practice scene.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-22165402>

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#### **Medicina complementar e alternativa na rede básica de serviços de saúde: uma aproximação qualitativa**

Nagai, Silvana Cappelletti; Queiroz, Marcos de Souza.

Cien Saude Colet; 16(3): 1793-800, 2011 Mar.

Artigo em Português | MEDLINE | ID: mdl-21519669

#### **RESUMO**

This article focuses on the social representations of health professionals about the introduction of complementary and alternative medical practices in the public health service network in Campinas city (SP, Brazil). Based in an essentially qualitative methodological perspective, the article analyses the general conditions, the problems and the obstacles related to the implementation of such

practices. The success of this inclusion was found in four main reasons: the clientele disposition which gives support and demands this kind of service; the health vision of the sanitarian doctors, which is open to such project; the wide support given by the non-medical health professions, which intend to add value and amplify their practice and, finally, the own perspective of the alternative and complementary medicines, which agree with the Unified Health System (SUS) proposals. Despite the success in the implementation of such practices in the health basic system, two negative aspects were detected: the insufficient planning and the simplified vision which converts such rationalities in mere techniques, which follow the same mechanistic principles of the allopathic medicine and the same reified understanding of disease.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-21519669>

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### **Percepção de médicos e enfermeiros da estratégia de saúde da família sobre terapias complementares**

Thiago, Sônia de Castro S; Tesser, Charles Dalcanale.  
Rev Saude Publica; 45(2): 249-257, abr. 2011. graf, tab  
Artigo em Português | LILACS | ID: lil-577050

#### **RESUMO**

**OBJETIVO:** Analisar a percepção de profissionais da Estratégia de Saúde da Família sobre práticas integrativas e complementares. **MÉTODOS:** Estudo com 177 médicos e enfermeiros a partir de um questionário auto-aplicado em 2008. As variáveis desfecho foram "interesse pelas práticas integrativas e complementares" e "concordância com a Política Nacional de Práticas Integrativas e Complementares". Sexo, idade, graduação, pós-graduação, tempo de formado e de trabalho, possuir filhos, oferta de práticas integrativas e complementares no local de trabalho e uso de homeopatia ou acupuntura compuseram as variáveis independentes. Os dados foram analisados pelo teste do qui-quadrado e teste exato de Fisher. **RESULTADOS:** Dezesete centros de saúde ofereciam práticas integrativas e complementares; 12,4 por cento dos profissionais possuíam especialização em homeopatia ou acupuntura; 43,5 por cento dos médicos eram especialistas em medicina de família e comunidade/saúde da família. Dos participantes, 88,7 por cento desconheciam as diretrizes nacionais para a área, embora 81,4 por cento concordassem com sua inclusão no Sistema Único de Saúde. A maioria (59,9 por cento) mostrou interesse em capacitações e todos concordaram que essas práticas deveriam ser abordadas na graduação. A concordância com a inclusão dessas práticas mostrou-se associada significativamente com o fato de ser enfermeiro ( $p = 0,027$ ) e com o uso de homeopatia para si ( $p = 0,019$ ). Interesse pelas práticas complementares esteve associado a usar homeopatia para si ( $p = 0,02$ ) e acupuntura para familiares ( $p = 0,013$ ). **CONCLUSÕES:** Existe aceitação das práticas integrativas e complementares pelos profissionais estudados, associada ao contato prévio com elas e possivelmente relacionada à residência/especialização em medicina de família e comunidade/saúde da família.

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-577050>

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### **Medicina complementar e alternativa na rede básica de serviços de saúde: uma aproximação qualitativa**

Nagai, Silvana Cappelletti; Queiroz, Marcos de Souza.  
Cien Saude Colet; 16(3): 1793-800, 2011 Mar.  
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This article focuses on the social representations of health professionals about the introduction of complementary and alternative medical practices in the public health service network in Campinas city (SP, Brazil). Based in an essentially qualitative methodological perspective, the article analyses the general conditions, the problems and the obstacles related to the implementation of such practices. The success of this inclusion was found in four main reasons: the clientele disposition which gives support and demands this kind of service; the health vision of the sanitarian doctors, which is open to such project; the wide support given by the non-medical health professions, which intend to add value and amplify their practice and, finally, the own perspective of the alternative and complementary medicines, which agree with the Unified Health System (SUS) proposals. Despite the success in the implementation of such practices in the health basic system, two negative aspects were detected: the insufficient planning and the simplified vision which converts such rationalities in mere techniques, which follow the same mechanistic principles of the allopathic medicine and the same reified understanding of disease.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-21519669>

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### **Family Health Strategy doctors and nurses' perceptions of complementary therapies**

Thiago, Sônia de Castro S; Tesser, Charles Dalcanale.

Rev Saude Publica; 45(2): 249-57, 2011 Apr.

Artigo em Inglês | MEDLINE | ID: mdl-21271210

#### **RESUMO**

**OBJECTIVE:** To analyze Estratégia de Saúde da Família (Family Health Strategy) professionals' perception of complementary and integrative therapies. **METHODS:** A study with 177 doctors and nurses was conducted in 2008, based on a self-administered questionnaire. The outcome variables were "interest in complementary and integrative therapies" and "agreement with the National Policy on Complementary and Integrative Therapies. Sex, age, graduate level of education, postgraduate level of education, length of time since graduation, length of time of work, having children, providing complementary and integrative therapies in the workplace, and using homeopathy or acupuncture comprised the independent variables. Data were analyzed using Chi-square test and Fisher's exact test. **RESULTS:** A total of 17 health centers provided complementary and integrative therapies; 12.4% of professionals had a specialization in homeopathy or acupuncture; 43.5% of doctors were specialists in family and community medicine/family health. Of all participants, 88.7% did not know the national directives for this area, although 81.4% agreed with their inclusion in the Sistema Único de Saúde (Unified Health System). The majority (59.9%) showed an interest in qualifications and all agreed that these therapies should be approached during the graduate course. Agreement with the inclusion of such therapies was significantly associated with the fact of being a nurse ( $p = 0.027$ ) and using homeopathy for oneself ( $p = 0.019$ ). Interest in complementary therapies was associated with the use of homeopathy for oneself ( $p = 0.02$ ) and acupuncture by family members ( $p = 0.013$ ). **CONCLUSIONS:** Complementary and integrative therapies are accepted by the professionals studied. This acceptance is associated with previous contact with such therapies and, probably, with residency/specialization in family and community medicine/family health.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-21271210>

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### **Práticas integrativas e complementares para a promoção da saúde**

Ischkanian, Paula Cristina.

São Paulo; s.n; 2011. 126 p. graf.

Tese em Português | ID: sms-9259

#### **RESUMO**

A Promoção da Saúde tem contribuído para a construção de ações que possibilitam responder aos interesses e demandas da população visando à melhoria do nível de sua saúde. Como forma de integrar outras racionalidades médicas à Atenção a Saúde, o MS aprovou, em 2006, a Política Nacional de Práticas Integrativas e Complementares (PNPIC) buscando atender, sobretudo, a necessidade de incorporar e implementar experiências que há algum tempo vêm sendo desenvolvidas com sucesso no SUS em resposta ao desejo de parte dos usuários, expresso nas recomendações de Conf. Nacionais de Saúde, desde 1988. Assim, tem se tornado cada vez mais urgente investigar os conhecimentos, opiniões e representações sociais dos gestores e profissionais de saúde sobre essas Práticas (PIC) no SUS, e identificar as dificuldades e desafios que se apresentaram em sua implementação, utilização e divulgação nos Serviços de Saúde. Decidiu-se realizar uma pesquisa na zona norte de São Paulo/SP, em uma UBS e em um Ambulatório de Especialidades. A metodologia utilizada foi a qualitativa e os instrumentos, a análise documental e a entrevista, com roteiro pré-estabelecido. Os resultados mostraram que os gestores não estavam preparados para a implementação da Política Nacional de Práticas Integrativas e Complementares (PNPIC) no SUS, que apenas 5 dos 26 entrevistados conheciam a Política Nacional (PNPIC), que ainda prevalece o modelo biomédico nos atendimentos, que o fornecimento de material e aquisição de insumos utilizados em algumas das PIC tem se constituído em grande problema na unidade, que a divulgação das PIC não tem sido suficiente para que profissionais e usuários as conheçam. Nem todos os profissionais que atuavam no Ambulatório de Especialidades onde as PIC têm sido oferecidas têm valorizado essas atividades. As Práticas Integrativas e Complementares não têm ocupado o papel que deveriam e/ou poderiam dentro do SUS para a Promoção da Saúde

<http://pesquisa.bvsalud.org/portal/resource/pt/sms-9259>

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### **A study to examine the attitudes, knowledge, and utilization of CAM by primary care professional in West Texas**

Zhang, Yan; Peck, Kim; Spalding, Mary; Xu, Tom; Ragain, Mike.

Complement Ther Med; 18(6): 227-32, 2010 Dec.

Artigo em Inglês | MEDLINE | ID: mdl-21130358

## RESUMO

**OBJECTIVE:** This study examined the attitudes, knowledge, and utilization of CAM among primary care providers at two campuses of the Texas Tech University Health Sciences Center (TTUHSC). **DESIGN AND SETTING:** A cross-sectional study design and a convenient sampling method were used. This study employed the questionnaire adapted from the Wahner-Roedler's study to survey participants in TTUHSC. Primary survey collection was conducted at the two campuses where all Family Medicine healthcare professionals were recruited. **MAIN OUTCOME MEASURES:** We measured participants' knowledge of, their familiarity and experience with, their attitudes towards and utilization of CAM. **RESULTS:** Of the 69 respondents, more than half (56.5%) were female and younger than 36 years. Overall, our study revealed a positive attitude towards CAM. More than 60% of the providers would like to refer a patient to a CAM practitioner and about 75% of them believed that incorporation of CAM therapies into the practice would have a positive impact. Providers were most familiar with and felt most comfortable counseling their patients about massage therapy and St. John's Wort among all CAM modalities. About 70% of the participants believed that the institution should offer proven CAM therapies to patients. **CONCLUSIONS:** This study provides some preliminary findings that may lead to further exploration of healthcare professional's attitudes towards CAM.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-21130358>

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### **Integrative medicine: enhancing quality in primary health care**

Grace, Sandra; Higgs, Joy.

J Altern Complement Med; 16(9): 945-50, 2010 Sep.

Artigo em Inglês | MEDLINE | ID: mdl-20809810

## RESUMO

**OBJECTIVES:** Integrative medicine (IM) is an emerging model of health care in Australia. However, little is known about the contribution that IM makes to the quality of health care. The aim of the research was to understand the contribution IM can make to the quality of primary care practices from the perspectives of consumers and providers of IM. **DESIGN:** This interpretive research used hermeneutic phenomenology to understand meanings and significance that patients and practitioners attach to their experiences of IM. Various qualitative research techniques were used: case studies; focus groups; and key informant interviews. Data sets were generated from interview transcripts and field notes. Data analysis consisted of repeatedly reading and examining the data sets for what they revealed about experiences of health care and health outcomes, and constantly comparing these to allow themes and patterns to emerge. **SETTING:** The setting for this research was Australian IM clinics where general medical practitioners and CAM practitioners were co-located. **RESULTS:** From the perspective of patients and practitioners, IM: (1) provided authentically patient-centered care; (2) filled gaps in treatment effectiveness, particularly for certain patient populations (those with complex, chronic health conditions, those seeking an alternative to pharmaceutical health care, and those seeking health promotion and illness prevention); and (3) enhanced the safety of primary health care (because IM retained a general medical practitioner as the primary contact practitioner and because IM used strategies to increase disclosure of treatments between practitioners). **CONCLUSIONS:** According to patients and practitioners, IM enhanced the quality of primary health care through its provision of health care that was patient-centered, effective (particularly for chronic health conditions, nonpharmaceutical treatments, and health promotion) and safe.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-20809810>

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### **Knowledge, attitudes and practice of general practitioners towards complementary and alternative medicine in Doha, Qatar.**

Al, Shaar I A M S; Ismail, M F S; Yousuf, W A A A; Salama, R E.

East Mediterr Health J; 16(5): 522-7, 2010 May.

Artigo em Inglês | MEDLINE | ID: mdl-20799552

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-20799552>

44

### **The integration of bio-medicine and culturally based alternative medicine: implications for health care providers and patients**

Lovell, Brenda.

Glob Health Promot; 16(4): 65-8, 2009 Dec.

Artigo em Inglês | MEDLINE | ID: mdl-20028672

## RESUMO

Complementary and alternative medicine (CAM) are therapies used along with or in place of biomedicine. Many forms of CAM originate in culture, referred to as culturally based alternative medicines. Usage of CAM is high with large numbers of patients using CAM for mental health, pain and musculoskeletal problems. Their desire for holistic care may be the impetus for this interest, as alternative care practitioners spend more time analyzing illness symptoms. These factors along with the global migration of immigrants accustomed to traditional medicine but now immersed in biomedical health care systems, has created potential for misunderstanding. Drug interactions for some forms of CAM taken with bio-medicine can occur. Insufficient scientific studies about CAM has reduced acceptance and educational opportunities to learn about CAM are limited. Ideas for policy and research are forming.

<http://pesquisa.bvsalud.org/portal/?output=site&lang=pt&from=0&sort=&format=abstract&count=20&f b=&page=1&q=The+integration+of+bio-medicine+and+culturally+based+alternative+medicine&index=ti>

45

#### **Enhancing meaning in work: a prescription for preventing physician burnout and promoting patient-centered care**

Shanafelt, Tait D.

JAMA; 302(12): 1338-40, 2009 Sep 23.

Artigo em Inglês | MEDLINE | ID: mdl-19773573

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-19773573>

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#### **Practice of biopsychosocial medicine in Portugal: perspectives of professionals involved**

Pereira, M Graça; Fachada, Alfonso Alonso; Smith, Thomas Edward.

Span J Psychol; 12(1): 217-25, 2009 May.

Artigo em Inglês | MEDLINE | ID: mdl-19476234

#### **RESUMO**

Although, recently, the biopsychosocial approach has been emphasized in the practice of family medicine, how psychologists and physicians interact in collaborative family health care practice is still emerging in Portugal. This article describes a qualitative study that focused on the understanding of psychologists and family physicians' perceptions of their role and the collaborative approach in health care. A questionnaire gathered information regarding collaboration, referral, training and the practice of biopsychosocial medicine. A content analysis on respondents' discourse was performed. Results show that both physicians and psychologists agree on the importance of the biopsychosocial model and interdisciplinary collaboration. However, they also mentioned several difficulties that have to do with the lack of psychologists working full time in health care centers, lack of communication and different expectancies regarding each other roles in health care delivery. Both physicians and psychologists acknowledge the lack of academic training and consider the need for multidisciplinary teams in their training and practice to improve collaboration and integrative care. Implications for future research and for the practice of biopsychosocial medicine are addressed.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-19476234>

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#### **As práticas integrativas na Estratégia Saúde da Família: visão dos agentes comunitários de saúde**

Paranaguá, Thatianny Tanferri de Brito; Bezerra, Ana Lúcia Queiroz; Souza, Marcus Antônio de; Siqueira, Karina Machado.

Rev. enferm. UERJ; 17(1)jan.-mar. 2009.

Artigo em Português | LILACS | ID: lil-513364

#### **RESUMO**

O estudo objetiva identificar as práticas integrativas utilizadas pela população na Estratégia Saúde da Família do Distrito Leste de Goiânia, segundo os Agentes Comunitários de Saúde e verificar suas crenças frente às práticas adotadas pela clientela. A amostra foi de 35 profissionais, que responderam a um questionário nos meses de fevereiro e março de 2008. Pela análise quantitativa dos dados, destacou-se o uso da homeopatia, fitoterapia, acupuntura, chás medicinais, massoterapia, yoga e shantala, sendo relacionado tanto à promoção quanto à recuperação da saúde. Houve concordância no uso dessas práticas na Estratégia Saúde da Família pelo baixo custo, ausência de efeitos colaterais, satisfação e crença da população. Recomenda-se o planejamento de ações para a capacitação dos Agentes Comunitários de Saúde e aplicação da Política Nacional de Práticas Integrativas/Complementares, no intuito de ampliar as alternativas do cuidar e possibilitar ao usuário a escolha do tratamento que julgar melhor para promoção da sua saúde.



<http://pesquisa.bvsalud.org/portal/resource/pt/lil-513364>

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**Translating change: the development of a person-centred triage training programme for emergency nurses**

McBrien, Barry.

Int Emerg Nurs; 17(1): 31-7, 2009 Jan.

Artigo em Inglês | MEDLINE | ID: mdl-19135013

**RESUMO**

Within health care, there has been a change in practice from an illness-orientated service to one that is more health-focused and person-centred. The concept of person-centredness is frequently espoused by practitioners as being not only a desirable, but a necessary element of health care provision. Indeed, nationally and internationally, person-centred care has underpinned many healthcare documents and policies. Person-centred practice focuses on providing care, utilising a variety of processes that operationalise person-centred nursing and include working with patients' beliefs and values, engagement, presence, sharing decision-making and providing for physical needs. In the field of emergency nursing, the incorporation of person-centred care and its holistic foundation may require a significant shift in practice. There is evidence to suggest that emergency nurses view their role as one, which is predominantly concerned with providing urgent physical care, rather than one, which espouses the theories of holistic healthcare. To this extent, being person-centred in the context of emergency care, requires the nurse to move beyond the traditional notions of his/her role and to embrace the more holistic aspects of patient care. The aim of this article is to critically analyse how a change in nurse-led triage training in one Irish Emergency Department facilitated an improved person-centred approach in practice.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-19135013>

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**Profissionais da área de saúde pública: atitudes, conhecimentos e experiências em relação a práticas médicas não-convencionais**

Gonçalves, Renata Pereira; Antunes, Helmer Magalhães; Teixeira, João Batista Picinini; Cardoso, Ludimila Oliveira; Barbosa, Patrícia Reis.

Rev. APS; 11(4)out.-dez. 2008.

Artigo em Português | LILACS | ID: lil-560207

**RESUMO**

Foi realizado um estudo quantitativo com objetivo de analisar as atitudes, conhecimentos e experiências apresentados por profissionais da área de saúde pública do município de Juiz de Fora/MG, no ano de 2007, em relação às práticas médicas não-convencionais. Foi realizada uma amostragem do tipo não-probabilística, obtendo-se um n=56. Os dados foram trabalhados nos programas Microsoft Office Excel e SPSS 13.0 for Windows e posteriormente analisados. Dos entrevistados, 82,15% não cursaram disciplinas com abordagem acerca das práticas médicas não-convencionais durante a graduação; a maior parte relatou ter "nenhum" ou "muito pouco" conhecimento acerca das terapias estudadas; 61,23% declaram ter obtido conhecimento sobre o assunto por meio da mídia ou pesquisa pessoal; a maior parte considera ser necessário o ensino das práticas médicas não-convencionais por meio de disciplinas opcionais durante a graduação; 58,93% afirmaram fazer ou já ter feito uso pessoal de práticas médicas não-convencionais, apesar de 67,86% negarem seu uso na prática profissional; apenas 55,36% afirmaram ter conhecimentos acerca da inserção das práticas médicas não-convencionais no Sistema Único de Saúde atualmente. Há necessidade de criação de novos cursos para capacitação de profissionais na área em questão e maiores incentivos governamentais para inclusão definitiva destas práticas no âmbito da saúde pública do país.

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-560207>

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**The cultural context of CAM**

Lewith, George T.

J Altern Complement Med; 14(10): 1179-80, 2008 Dec.

Artigo em Inglês | MEDLINE | ID: mdl-19032073

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-19032073>

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**O ensino da homeopatia e a prática no SUS**

Galhardi, Wania Maria Papile; Barros, Nelson Filice de.

Interface comun. saúde educ; 12(25): 247-266, abr.-jun. 2008. tab

Artigo em Português | LILACS | ID: lil-486604

## RESUMO

Este estudo focaliza a formação do médico homeopata com uma das ações desenvolvidas para humanizar a prática médica. No Brasil, essa ação aconteceu fora das Instituições de Ensino Superior (IES) até 2003, quando foi implantado o curso de especialização em homeopatia na Faculdade de Medicina de Jundiaí (FMJ), com prática pedagógica e atendimento aos usuários de Saúde Pública. O objetivo do trabalho foi avaliar a formação do médico homeopático na FMJ e as percepções de usuários, profissionais de saúde, professores e tutores do curso, e congregação da faculdade, sobre a homeopatia e o curso. O estudo, de natureza qualitativa, utilizou entrevistas, técnica de grupo focal e questionários. Três categorias analíticas emergiram dos dados: a) conhecimento do referencial em homeopatia; b) homeopatia como o novo paradigma de ensino e assistência em saúde pública; c) estrutura geral do curso. Concluiu-se pela viabilidade do ensino de homeopatia em IES com prática pedagógica clínica orientada à saúde pública.

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-486604>

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### **Primary care: a mandatory requirement for effective health care.**

Qidwai, Waris.

J Coll Physicians Surg Pak; 18(4): 199-200, 2008 Apr.

Artigo em Inglês | MEDLINE | ID: mdl-18474149

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-18474149>

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### **Use of complementary and alternative medicine by physicians in St. Petersburg, Russia**

Brown, Samuel.

J Altern Complement Med; 14(3): 315-9, 2008 Apr.

Artigo em Inglês | MEDLINE | ID: mdl-18380609

## RESUMO

**BACKGROUND:** Interest in complementary and alternative medicine (CAM) is increasing worldwide, although relatively little is known of physician use of CAM, and there are no quantitative reports of CAM use by Russian physicians. **OBJECTIVE:** The objective of this study was to determine the prevalence of CAM therapies among practicing physicians and determine predictors of CAM usage. **DESIGN:** This was a convenience sample prevalence survey. **SETTING:** The study involved 3 urban academic hospitals in St. Petersburg, in Russia. **SUBJECTS:** Participants included 192 physicians practicing at the three study hospitals. **MEASUREMENTS:** The study determined the number (from a list of 32) of CAM therapies that physicians used on themselves, used on their patients, or referred their patients to receive. **RESULTS:** One hundred and seventy-seven (177; 92%) of the surveyed physicians responded. One hundred percent (100%) of the respondents had practiced CAM or referred patients for at least two CAM therapies. One hundred and seventy-five (175; 99%) had themselves practiced at least two therapies. On average, each physician had practiced or referred patients for 12.7 (95% confidence interval, 11.9-13.6) therapies. On multivariate analysis, knowledge of a foreign language, surgical specialty, and female gender were significantly ( $p < 0.05$ ) associated with increased CAM usage, while critical care specialty and completion of only an internship were associated with lower rates of CAM practice. **CONCLUSIONS:** Physician use of CAM in Russia appears very high. The high prevalence of CAM may complicate adoption of Western evidence-based practices. Predictors and effects of CAM usage in Russian society warrant further study.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-18380609>

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### **Attitudes toward integration of complementary and alternative medicine in primary care: perspectives of patients, physicians and complementary practitioners**

Ben-Arye, Eran; Frenkel, Moshe; Klein, Anat; Scharf, Moshe.

Patient Educ Couns; 70(3): 395-402, 2008 Mar.

Artigo em Inglês | MEDLINE | ID: mdl-18201857

## RESUMO

**OBJECTIVE:** Our study explored the attitudes of patients toward complementary and alternative medicine (CAM) use, their family physicians' role regarding CAM, and models for CAM referral and treatment. We compared patients' perspectives regarding integration of CAM into primary care with attitudes of primary care physicians (PCPs) and CAM practitioners. **METHODS:** We conducted a comprehensive literature review and focus group discussions to develop a questionnaire, which we gave to three groups: a random sample of patients receiving care at an academic family medicine clinic and PCPs and CAM practitioners employed in the largest health maintenance organization in

Israel. RESULTS: A total of 1150 patients, 333 PCPs, and 241 CAM practitioners responded to our questionnaire. Compared with PCPs, patients expected their family physician to refer them to CAM, to have updated knowledge about CAM, and to offer CAM treatment in the clinic based on appropriate training. When asked about CAM integration into medical care, more patients expected to receive CAM in a primary care setting compared to PCPs' expectations of prescribing CAM (62% vs. 30%;  $p=0.0001$ ). Patients, CAM practitioners, and PCPs expected family practitioners to generate CAM referrals in an integrative primary care setting (85.6% vs. 82.4% vs. 62.6%;  $p<0.0001$ ). Patients supported CAM practitioners providing CAM treatments in the primary care setting, regardless of whether the practitioner held a medical degree (MD). Also, more patients than PCPs or CAM practitioners expected their family physician to provide CAM (28.2% vs. 14.5% vs. 3.8%;  $p<0.0001$ ). CONCLUSION: Patients, PCPs, and CAM practitioners suggested that family physicians play a central role in CAM referral and, to a lesser extent, that they actually provide CAM treatment themselves. PRACTICE IMPLICATIONS: PCPs need to be aware of their present and future role in informed referral to CAM and, to a lesser degree, in providing CAM in integrative primary care clinics. With the increasing use of CAM, patients may expect their family physician to be more knowledgeable, skillful, and have a balanced approach regarding CAM use. In addition, practitioners should learn how to communicate effectively and better collaborate with CAM practitioners to the benefit of their patients.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-18201857>

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### **Complementary and alternative medicine: attitudes and patterns of use by German physicians in a national survey.**

Stange, Rainer; Amhof, Robert; Moebus, Susanne.  
J Altern Complement Med; 14(10): 1255-61, 2008 Dec.  
Artigo em Inglês | MEDLINE | ID: mdl-19123879

#### **RESUMO**

OBJECTIVE: To generate valid data on attitudes about complementary and alternative medicine (CAM) as well as patterns of use in a large stochastic sample of general practitioner physicians and specialists. DESIGN: Cross-sectional survey in a large random sample of 516 German outpatient care physicians with qualifications in 13 medical fields representative of a basic population of 118,085 statutory health insurance physicians. MATERIALS AND METHODS: Telephone interviews with 36 wide-ranging questions about CAM attitudes and preferred techniques were conducted in November and December 2005 as part of a national healthcare survey. RESULTS: In our sample, 51% were in favor of CAM use (26% were very much in favor, 25% were in favor). The methods most frequently prescribed (combining answers for "very often" and "at times") were physical therapy (71%), phytomedicine (67%), exercise (63%), nutrition and dieting (62%), massage (61%), relaxation techniques (55%), followed by more typical CAM interventions such as homeopathy (38%), acupuncture (37%), and traditional Chinese medicine (18%). Primary care physicians were significantly more inclined to use CAM than were specialists. No striking differences were observed with respect to gender or age. CONCLUSIONS: This survey demonstrates a broader acceptance and practice of CAM by physicians than hitherto believed. Methods traditionally known as "natural medicine" were more frequently used than more typical CAM procedures. Further research should focus on physicians' differing motivations and observed results.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-19123879>

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### **Towards a model for integrative medicine in Swedish primary care**

Sundberg, Tobias; Halpin, Jeremy; Warenmark, Anders; Falkenberg, Torkel.  
BMC Health Serv Res; 7: 107, 2007 Jul 10.  
Artigo em Inglês | MEDLINE | ID: mdl-17623105

#### **RESUMO**

BACKGROUND: Collaboration between providers of conventional care and complementary therapies (CTs) has gained in popularity but there is a lack of conceptualised models for delivering such care, i.e. integrative medicine (IM). The aim of this paper is to describe some key findings relevant to the development and implementation of a proposed model for IM adapted to Swedish primary care. METHODS: Investigative procedures involved research group and key informant meetings with multiple stakeholders including general practitioners, CT providers, medical specialists, primary care administrators and county council representatives. Data collection included meeting notes which were fed back within the research group and used as ongoing working documents. Data analysis was made by immersion/crystallisation and research group consensus. Results were categorised within a public health systems framework of structures, processes and outcomes. RESULTS: The outcome

was an IM model that aimed for a patient-centered, interdisciplinary, non-hierarchical mix of conventional and complementary medical solutions to individual case management of patients with pain in the lower back and/or neck. The IM model case management adhered to standard clinical practice including active partnership between a gate-keeping general practitioner, collaborating with a team of CT providers in a consensus case conference model of care. CTs with an emerging evidence base included Swedish massage therapy, manual therapy/naprapathy, shiatsu, acupuncture and qigong. CONCLUSION: Despite identified barriers such as no formal recognition of CT professions in Sweden, it was possible to develop a model for IM adapted to Swedish primary care. The IM model calls for testing and refinement in a pragmatic randomised controlled trial to explore its clinical effectiveness.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-17623105>

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**Conhecimento, acesso e aceitação das práticas integrativas e complementares em saúde por uma comunidade usuária do Sistema Único de Saúde na cidade de Tubarão/SC**

Fontanella, Fabrício; Speck, Frederico Pires; Piovezan, Anna Paula; Kulkamp, Irene Clemes.

ACM arq. catarin. med; 36(2)abr.-jun. 2007. tab

Artigo em Português | LILACS | ID: lil-464650

**RESUMO**

Este estudo objetivou avaliar o conhecimento, acesso e aceitação referente às práticas integrativas e complementares em saúde de uma comunidade usuária do Sistema Único de Saúde da região Sul Brasileira. A seleção das terapias para pesquisa foi baseada no documento elaborado pela OMS como estratégia para promoção destas terapias. Foram selecionadas: acupuntura, chás, fitoterapia, shiatsu, xantala, massoterapia, reflexologia, osteopatia, ioga, ayurveda, homeopatia e cura espiritual. O levantamento de dados (n=88) foi feito na comunidade ôSertão dos Correaõ, localizada no município de Tubarão-SC. Com relação ao conhecimento, a maioria das terapias não era conhecida pela população. Chás e cura espiritual foram as terapias com maior percentagem de conhecimento declarado. Enquanto que chás, fitoterapia e cura espiritual obtiveram um maior índice de acesso. Observou-se que é comum a utilização das terapias não convencionais sem o acompanhamento de um profissional especializado, o que, junto ao baixo acesso da população, demonstra a carência de profissionais de saúde capacitados para atender esta demanda. Todas as terapias citadas apresentaram alto nível de interesse e aceitação por parte dos entrevistados.

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-464650>

58

**Implications for education in complementary and alternative medicine: a survey of entry attitudes in students at five health professional schools**

Nedrow, Anne R; Istvan, Joe; Haas, Mitchell; Barrett, Richard; Salveson, Catherine; Moore, Gerald; Hammerschlag, Richard; Keenan, Edward.

J Altern Complement Med; 13(3): 381-6, 2007 Apr.

Artigo em Inglês | MEDLINE | ID: mdl-17480141

**RESUMO**

INTRODUCTION: The National Institutes of Health provided grants to the Oregon Health & Science University (OHSU) and 14 other allopathic academic health centers for the development of curricula in complementary and alternative medicine (CAM). A key component of the curriculum evaluation for OHSU was provided by a survey assessing attitudes toward CAM and selected personality characteristics of entering students in chiropractic, naturopathic, Oriental, and allopathic medicine in the Pacific Northwest and Upper Midwest. METHODS: A survey containing a variety of assessments of attitudes toward CAM and the personality traits of adventurousness and tolerance to ambiguity was administered to students entering four Portland, Oregon doctoral-level health professional schools and an allopathic medical school in the Upper Midwest (University of Nebraska College of Medicine) during the 2004-2005 academic year. RESULTS: Students of naturopathy (n = 63) and Oriental Medicine (n = 71) were the most "CAM positive," adventurous and tolerant of ambiguity, and Midwestern allopathic medical students (n = 58) the least. In general, chiropractic students (n = 89) and allopathic medical students from the Pacific Northwest (n = 95) were intermediate in CAM attitudes between these two groups (all p < 0.05). Female students were more "CAM positive" in all schools compared to male students. CONCLUSIONS: Students have high levels of interest in CAM upon entrance to their schools. Health professional discipline, geographic location, personality qualities, and gender appear to influence CAM attitudes in entering students.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-17480141>

59

**Educating CAM practitioners about integrative medicine: an approach to overcoming the**

### **communication gap with conventional health care practitioners**

Frenkel, Moshe; Ben-Arye, Eran; Geva, Hana; Klein, Anat.  
J Altern Complement Med; 13(3): 387-91, 2007 Apr.  
Artigo em Inglês | MEDLINE | ID: mdl-17480142

#### **RESUMO**

**OBJECTIVE:** To assess an educational initiative that teaches complementary and alternative medicine (CAM) students how to communicate more effectively with conventional physicians about CAM. **DESIGN:** We introduced an educational initiative in integrative medicine to CAM students in their final year of study, emphasizing evidence-based learning, patient-centered care, and communication skills with conventional health care providers. A precourse semistructured questionnaire and an anonymous open essay about the students' experiences at the end of the course were used as tools for assessment. The precourse questionnaires and the postcourse essays were evaluated, using content analysis for parallel responses to determine whether students' views changed during the course. **RESULTS:** We evaluated the experience in 62 students exposed to the initiative during 4 academic years, 2001-2005. We found that CAM students perceive that they need practical communication tools in order to communicate effectively with conventional practitioners. After the educational experience, the students confirmed that critical thinking training is important, and reported feeling more empowered and more confident in their work as well as in communicating with physicians. **CONCLUSIONS:** The results of this study suggest that CAM practitioners feel better equipped to communicate with conventional health care practitioners after exposure to a structured educational initiative that emphasizes critical thinking, patient-centered care, and communication skills with conventional practitioners.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-17480142>

60

### **Creating sustainable curricular change: lessons learned from an alternative therapies educational initiative**

Sierpina, Victor; Bulik, Robert; Baldwin, Constance; Frenkel, Moshe; Gerik, Susie; Walters, Diedra; Frye, Ann.  
Acad Med; 82(4): 341-50, 2007 Apr.

Artigo em Inglês | MEDLINE | ID: mdl-17414188

#### **RESUMO**

The authors describe the process by which a curriculum was developed to introduce complementary and alternative medicine topics at multiple levels from health professional students to faculty, as part of a five-year project, funded by a grant from the National Institutes of Health, at the University of Texas Medical Branch in Galveston, Texas, from 2001 to 2005. The curriculum was based on four educational goals that embrace effective communication with patients, application of sound evidence, creation of patient-centered therapeutic relationships, and development of positive perspectives on wellness. The authors analyze the complex and challenging process of gaining acceptance for the curriculum and implementing it in the context of existing courses and programs. The developmental background and context of this curricular innovation at this institution is described, with reference to parallel activities at other academic health centers participating in the Consortium of Academic Health Centers for Integrative Medicine. The authors hold that successful curricular change in medical schools must follow sound educational development principles. A well-planned process of integration is particularly important when introducing a pioneering curriculum into an academic health center. The process at this institution followed six key principles for successful accomplishment of curriculum change: leadership, cooperative climate, participation by organization members, politics, human resource development, and evaluation. The authors provide details about six analogous elements used to design and sustain the curriculum: collaboration, communication, demonstration, evaluation, evolution, and dissemination.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-17414188>

61

### **Complementary and conventional medicine in Switzerland: comparing characteristics of general practitioners**

Widmer, Marcel; Herren, Sylvia; Dönges, Andreas; Marian, Florica; Busato, André.  
Forsch Komplementmed; 13(4): 234-40, 2006 Aug.

Artigo em Inglês | MEDLINE | ID: mdl-16980771

#### **RESUMO**

**OBJECTIVES:** Do structural characteristics of general practitioners (GPs) who practice complementary medicine (CAM) differ from those GPs who do not? Assessed characteristics

included experience and professional integration of general practitioners (GPs), workload, medical activities, and personal and technical resources of practices. The investigated CAM disciplines were anthroposophic medicine, homoeopathy, traditional Chinese medicine, neural therapy and herbal medicine. MATERIAL AND METHODS: We designed a cross-sectional study with convenience and stratified samples of GPs providing conventional (COM) and/or complementary primary care in Switzerland. The samples were taken from the database of the Swiss medical association (FMH) and from CAM societies. Data were collected using a postal questionnaire. RESULTS: Of the 650 practitioners who were included in the study, 191 were COM, 167 noncertified CAM and 292 certified CAM physicians. The proportion of females was higher in the population of CAM physicians. Gender-adjusted age did not differ between CAM and COM physicians. Nearly twice as many CAM physicians work part-time. Differences were also seen for the majority of structural characteristics such as qualification of physicians, type of practice, type of staff, and presence of technical equipment. CONCLUSION: The study results show that structural characteristics of primary health care do differ between CAM and COM practitioners. We assumed that the activities of GPs are defined essentially by analyzed structures. The results are to be considered for evaluations in primary health care, particularly when quality of health care is assessed.  
<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-16980771>

62

### **Exclusive versus everyday forms of professional knowledge: legitimacy claims in conventional and alternative medicine**

Hirschhorn, Kristine A.  
Sociol Health Illn; 28(5): 533-57, 2006 Jul.  
Artigo em Inglês | MEDLINE | ID: mdl-16910946

#### **RESUMO**

In this paper I present a model of professional knowledge forms that accounts for the different, and sometimes contradictory, ways in which medical doctors (MDs) and various complementary and alternative medicine (CAM) practitioners define their competencies and make legitimacy claims. The first section provides a schema for problematising knowledge and its relationship to legitimacy by distinguishing between the context, form and content of professional knowledge. I draw particularly upon Jamous and Peloille's (1970) distinction between the technical or indeterminate forms of professional knowledge. I argue that their characterisation might be enriched by attending to dimensions of 'exclusive' versus 'everyday' knowledge forms. In particular, I point out that both technical and indeterminate forms are amenable to exclusion, or conversely can be made accessible as everyday knowledge. Both forms can thus be employed in attempts to legitimate professional practice. In the final section, I map the current context of CAM and biomedicine onto this expanded professional knowledge map.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-16910946>

63

### **Communication about complementary and alternative medicine: perspectives of primary care clinicians**

Flannery, Maureen A; Love, Margaret M; Pearce, Kevin A; Luan, Jingyu Julia; Elder, William G.  
Altern Ther Health Med; 12(1): 56-63, 2006 Jan-Feb.  
Artigo em Inglês | MEDLINE | ID: mdl-16454148

#### **RESUMO**

**BACKGROUND:** People in the United States are using complementary and alternative medicine (CAM) increasingly while they are also receiving conventional care. National population-based surveys and studies in primary care settings have documented inadequate communication about CAM between patients and their conventional healthcare providers. Most studies about CAM communication have surveyed urban practices and focused on physicians. Information about how physicians and non-physician in rural areas clinicians communicate with their patients about CAM is needed to develop strategies for improving the quality of care for patients in rural areas. **OBJECTIVE:** To investigate how primary care clinicians in the Kentucky Ambulatory Network (KAN) communicate with patients about CAM and to determine interest in additional education about CAM. **METHODS:** A self-administered survey was mailed to 112 community clinicians in a research network of largely rural practices. KAN members include primary care physicians, nurse practitioners, certified nurse midwives, and physician assistants practicing in 32 counties in central and eastern Kentucky. **RESULTS:** Of 102 deliverable surveys, 65 (64%) were returned. Sixty-one (94%) clinicians reported patient CAM use. Few clinicians consistently asked patients about CAM. A positive attitude toward patient CAM use was associated with clinician comfort in advising patients. Most clinicians recommended CAM to patients. Seventy percent of KAN clinicians expressed interest in continuing

education about CAM. CONCLUSIONS: Kentucky primary care clinicians are aware of their patients' CAM use and are motivated to learn more about CAM so that they can appropriately advise their patients. They need evidence-based, clinically relevant education about CAM to provide better patient care.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-16454148>

64

### **A interface entre a homeopatia e a biomedicina: o ponto de vista dos profissionais de saúde não homeopatas**

Salles, Sandra Abrahão Chaim.

São Paulo; s.n; 2006. [244] p. tab.

Tese em Português | HomeoIndex - Homeopatia | ID: hom-8098

#### **RESUMO**

Esse estudo tem como objetivo conhecer as características do movimento de aproximação e afastamento entre homeopatas e médicos da biomedicina identificando os elementos de caráter ideológico, cultural e técnico-científico que fazem parte desse processo, segundo o ponto de vista dos profissionais não homeopatas. Foram entrevistados 48 profissionais, entre docentes, gestores e médicos da rede pública.. As análises foram feitas tendo como categorias de referência as concepções de campo social e científico de Bourdieu, as concepções de racionalidades médicas de Madel Luz e os conceitos de modelos ou arranjos tecnológicos do trabalho em saúde de Mendes-Gonçalves, de formação de identidade profissional de médico e ideologia ocupacional de Donnangelo e Schraiber. Foram descritos e analisados através dos depoimentos dos entrevistados: os aspectos considerados facilitadores da aproximação entre as duas medicinas, os que dificultam a ampliação da presença da Homeopatia no campo da saúde, as diferentes formas de apresentação das resistências e as concepções desses profissionais sobre a Homeopatia...(AU)

<http://pesquisa.bvsalud.org/portal/resource/pt/hom-8098>

65

### **Remembering the holistic view.**

Fulder, Stephen.

J Altern Complement Med; 11(5): 775-6, 2005 Oct.

Artigo em Inglês | MEDLINE | ID: mdl-16296900

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-16296900>

66

### **The integration of complementary therapies in Australian general practice: results of a national survey**

Cohen, Marc M; Penman, Stephen; Pirota, Marie; Da Costa, Cliff.

J Altern Complement Med; 11(6): 995-1004, 2005 Dec.

Artigo em Inglês | MEDLINE | ID: mdl-16398590

#### **RESUMO**

**METHODS:** Australian general practitioners' (GPs) attitudes toward and use of a range of complementary therapies (CTs) were determined through a self-administered postal survey sent to a random sample of 2000 Australian GPs. The survey canvassed GPs' opinions as to the harmfulness and effectiveness of CTs; current levels of training and interest in further training; personal use of, and use in practice of, CTs; referrals to CT; practitioners; appropriateness for GPs to practice and for government regulation; perceived patient demand and the need for undergraduate education. **RESULTS:** The response rate was 33.2%. Based on GPs' responses, complementary therapies could be classified into: nonmedicinal and nonmanipulative therapies, such as acupuncture, massage, meditation, yoga, and hypnosis, that were seen to be highly effective and safe; medicinal and manipulative therapies, including chiropractic, Chinese herbal medicine, osteopathy, herbal medicine, vitamin and mineral therapy, naturopathy, and homeopathy, which more GPs considered potentially harmful than potentially effective; and esoteric therapies, such as spiritual healing, aromatherapy, and reflexology, which were seen to be relatively safe yet also relatively ineffective. The risks of CTs were seen to mainly arise from incorrect, inadequate, or delayed diagnoses and interactions between complementary medications and pharmaceuticals, rather than the specific risks of the therapies themselves. **CONCLUSIONS:** Nonmedicinal therapies along with chiropractic are widely accepted in Australia and can be considered mainstream. GPs are open to training in complementary therapies, and better communication between patients and GPs about use of CTs is required to minimize the risk of adverse events. There is also a need to prioritize and provide funding for further research into the potential adverse events from these therapies and other therapies currently lacking an evidence base.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-16398590>

67

**Knowledge and practice of complementary medicine amongst public primary care clinic doctors in Kinta district, Perak**

Ismail, I A; Chan, S C.

Med J Malaysia; 59(1): 4-10, 2004 Mar.

Artigo em Inglês | MEDLINE | ID: mdl-15535328

**RESUMO**

The knowledge and practice of doctors (n=40) towards complementary medicine (CM) in 16 health clinics in the Kinta District were assessed by questionnaire. Thirty-four (85%) responded. More than half felt that acupuncture (73.50), homeopathy (59%) and herbal medicine (59%) were occasionally harmful. Forty-four percent felt manipulative therapy was frequently harmful. Relaxation technique (79%) and nutritional therapy (44%) were considered most frequently useful. 59% used some form of CM. There were no significant differences found in usage rates by gender, age group and exposure to CM during undergraduate training. Sixty-seven percent had encouraged patients to seek CM. Seventy-three percent perceived an increasing demand for CM. Eighty-eight percent were in favour of a hospital based CM referral center. Only 6% were trained in CM.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-15535328>

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**Providing Complementary and Alternative Medicine in primary care: the primary care workers' perspective**

van Haselen, R A; Reiber, U; Nickel, I; Jakob, A; Fisher, P A G.

Complement Ther Med; 12(1): 6-16, 2004 Mar.

Artigo em Inglês | MEDLINE | ID: mdl-15130567

**RESUMO**

**BACKGROUND:** The use of Complementary and Alternative Medicine (CAM) in primary care is growing, but still not widespread. Little is known about how CAM can/should be integrated into mainstream care. **OBJECTIVES:** To assess primary care health professionals' perceptions of need and of some ways to integrate CAM in primary care. **METHOD:** Questionnaire survey of primary health care workers in Northwest London. General Practitioners (GPs) were targeted in a postal survey, other members of the primary care team, such as district and practice nurses, were targeted via colleagues. The questionnaire assessed health care professionals' perspective on complementary medicine, referrals, ways to integrate complementary medicine into primary care and interest in research on CAM. **RESULTS:** Responses were obtained from 149 GPs (40% response rate after one reminder) and 24 nurses and 32 other primary care team members. One hundred and seventy-one (83%) respondents had previously referred (or influenced referral) for CAM treatments, the main reasons cited were: patients request (68%), conventional treatments failed (58%) and evidence (36%) (more than one reason could be given). Acupuncture and homoeopathy were the therapies for which patients were most frequently referred, followed by manual therapies. There was a significant interest in more training/information on CAM (66%). Only 12 respondents (6%) were against any integration of CAM in mainstream primary care. Most respondents felt that CAM therapies should be provided by doctors (66%) or other health professionals trained in CAM (82%). Twenty-six percent of respondents agreed with provision of CAM by non-state-registered practitioners. It was felt that the integration of CAM could lead to cost savings (70%), particularly in conditions involving pain, but also cost increases (55%) particularly in 'poorly defined conditions'. Fifty-six percent of respondents would consider participating in studies investigating CAM. The greatest interest was in acupuncture (41% of those who expressed an interest in research), homoeopathy (30%) and therapeutic massage/aromatherapy (26%). **CONCLUSIONS:** There is considerable interest in CAM among primary care professionals, and many are already referring or suggesting referral. Such referrals are driven mainly by patient demand and by dissatisfaction with the results of conventional medicine. Most of our respondents were in favour of integrating at least some types of CAM in mainstream primary care. There is an urgent need to further educate/inform primary care health professionals about CAM.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-15130567>

69

**Complementary and alternative medicine: the move into mainstream health care**

O'Brien, Kylie.

Clin Exp Optom; 87(2): 110-20, 2004 Mar.

Artigo em Inglês | MEDLINE | ID: mdl-15040779

**RESUMO**



The use of complementary and alternative medicine (CAM) in Australia is extensive with over 50 per cent of the Australian population using some form of complementary medicine and almost 25 per cent of Australians visiting CAM practitioners. Expenditure on CAM by Australians is significant. The scope of CAM is extremely broad and ranges from complete medical systems such as Chinese medicine to well-known therapies, such as massage and little known therapies, such as pranic healing. There is a growing focus on CAM in Australia and worldwide by a range of stakeholders including government, the World Health Organization, western medical practitioners and private health insurance companies. CAM practices may offer the potential for substantial public health gains and challenge the way that we view human beings, health and illness. Several issues are emerging that need to be addressed. They include safety and quality control of complementary medicines, issues related to integration of CAM with western medicine and standards of practice. The evidence base of forms of CAM varies considerably: some forms of CAM have developed systematically over thousands of years while others have developed much more recently and have a less convincing evidence base. Many forms of CAM are now being investigated using scientific research methodology and there are increasing examples of good research. Certain forms of CAM, including Chinese medicine in which ophthalmology is an area of clinical specialty, view the eye in a unique way. It is important to keep an open mind about CAM and give proper scrutiny to new evidence as it emerges.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-15040779>

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**Por uma composição técnica do trabalho em saúde centrado no campo relacional e nas tecnologias leves. Apontando mudanças para os modelo tecno-assistenciais**

Merhy, Emerson Elias; Franco, Túlio Batista.  
Saúde debate; 27(65): 316-323, set.-dez. 2003.  
Artigo em Português | LILACS | ID: lil-394033

**RESUMO**

A idéia central do artigo sugere que, ao realizar o cuidado, o trabalhador opera um núcleo tecnológico no seu processo de trabalho, composto por "trabalho morto" (instrumental) e "trabalho vivo" em ato. Os dois formam uma certa razão entre si, à qual chamamos de Composição Técnica do Trabalho (CTI), que pode trazer a hegemonia do "trabalho morto", quando o modelo assistencial se caracteriza como médico-hegemônico, produtor de procedimentos. A mudança do modelo assistencial pressupõe impactar o núcleo do cuidado, compondo uma hegemonia do "trabalho vivo" sobre o "trabalho morto", quando então se caracteriza uma "transição tecnológica", que no conceito aqui trabalhado, significa a produção da saúde, com base nas tecnologias leves, relacionais, e a produção do cuidado de forma integralizada, operando em "linhas de cuidado" por toda a extensão dos serviços de saúde, centrado nas necessidades dos usuários.

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-394033>

71

**Complementary and alternative medical practices: training, experience, and attitudes of a primary care medical school faculty**

Levine, Stephen M; Weber-Levine, Margaret L; Mayberry, Robert M.  
J Am Board Fam Pract; 16(4): 318-26, 2003 Jul-Aug.  
Artigo em Inglês | MEDLINE | ID: mdl-12949033

**RESUMO**

**BACKGROUND:** Interest in alternative and complementary medical practices has grown considerably in recent years. Previous surveys have examined attitudes of the general public and practicing physicians. This study examined the training, experience, and attitudes of medical school faculty, who have the primary responsibility for the education of future family physicians. **METHODS:** A 24-item, self-administered questionnaire was distributed to all 200 faculty at a medical school with a mission of training primary care physicians. **RESULTS:** Of 30 therapies listed, 5 were considered legitimate medical practices by more than 70% of the faculty. Eighty-five percent of the respondents reported some training in alternative medical therapies, and 62% were interested in additional training. Eighty-three percent of the faculty reported personal experience with alternative therapies and most rated these as effective. Eighty-five percent of the respondents indicated that their general attitude toward alternative medicine is positive. **CONCLUSIONS:** The results indicate that respondents have had substantial exposure to complementary therapies, are interested in learning more about these therapies, and have generally positive attitudes toward alternative medical practices and their use. Because of the role of these therapies in prevention, the positive attitudes might reflect the mission of this medical school to train primary care physicians.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-12949033>

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**An approach for integrating complementary-alternative medicine into primary care**

Frenkel, Moshe A; Borkan, Jeffrey M.  
Fam Pract; 20(3): 324-32, 2003 Jun.  
Artigo em Inglês | MEDLINE | ID: mdl-12738703

**RESUMO**

**BACKGROUND:** Despite family practitioners frequently being requested to assist their patients with advice on or referrals to complementary-alternative medicine (CAM), there is an absence both of evidence about the efficacy of nearly all specific treatments or modalities and of guidelines to assist with the integration of conventional and CAM therapies. **OBJECTIVE:** The aim of this article is to suggest a comprehensive and rational, best-evidence strategy for integrating CAM by primary care practitioners into primary care, within the context of the limitations of the current knowledge base and the local milieu. **METHODS:** The suggested approach was developed by a combination of literature review, key informant interviews, focus groups, educational presentations for family practice residents and practitioners, and field testing. An iterative model was utilized whereby more refined drafts of the suggested approach were subjected to later discussions and groups, as well as further field testing. Drafts of the strategy were utilized in consultations of patients requesting advice on alternative medicine in a primary care setting and in a CAM clinic. **RESULTS:** Both family physicians and CAM practitioners provided useful comments and recommendations throughout the process. These can be categorized in terms of knowledge, attitudes and skills. Our strategy suggests that patients requesting advice on the use and integration of CAM modalities as part of their health care should be evaluated initially by their primary care physician. The physician's responsibilities are to evaluate the appropriateness of that use, and to maintain contact, monitoring outcomes. Advice on referrals should be based on the safety of the method in question, current knowledge on indications and contraindications of that modality, and familiarity and an open dialogue with the specific therapist. **CONCLUSIONS:** Given patients' demands and utilization of CAM therapies, despite the lack of evidence, there is an increasing need to address how CAM therapies can be integrated into conventional medical systems. These suggestions should respond to patient's expectations and needs, but at the same time maintain accepted standards of medical and scientific principles of practice.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-12738703>

73

**Primary care physicians' attitudes and practices regarding complementary and alternative medicine**

Kurtz, Margot E; Nolan, Robert B; Rittinger, William J.  
J Am Osteopath Assoc; 103(12): 597-602, 2003 Dec.  
Artigo em Inglês | MEDLINE | ID: mdl-14740982

**RESUMO**

Data were gathered from 423 osteopathic primary care physicians who are members of the Michigan Osteopathic Association, assessing their attitudes and practices regarding complementary and alternative medicine (CAM). Family physicians and general internists were more likely than pediatricians to talk to their patients about CAM. Similarly, female physicians were more likely than male physicians to talk to their patients about CAM or refer their patients for CAM. Finally, physicians aged 35 years and younger were more likely than those 60 years and older to use CAM for themselves or their families. Predominant among the conditions for which the physicians would refer for CAM were long-term problems, traditional therapy failures, psychiatric disorders, and behavioral problems. Results reveal wide variations in the way osteopathic primary care physicians view and use complementary and alternative care.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-14740982>

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**Promoting CAM services.**

McGrady, Elizabeth S.  
Healthc Exec; 17(5): 54-5, 2002 Sep-Oct.  
Artigo em Inglês | MEDLINE | ID: mdl-12233124  
<http://pesquisa.bvsalud.org/portal/?output=site&lang=pt&from=0&sort=&format=abstract&count=20&fb=&page=1&q=Promoting+CAM+services&index=ti>

75

**Comments on complementary and alternative medicine in Europe**

Reilly, D.

J Altern Complement Med; 7 Suppl 1: S23-31, 2001.

Artigo em Inglês | MEDLINE | ID: mdl-11822632

### RESUMO

Despite the advances in Western medicine, up to one in three people in populations served by this medical system are seeking some form of unorthodox care each year, and Europe is no exception. Patients have driven this change, to the point where complementary and alternative medicine (CAM) is the second biggest growth industry in Europe. Often patients have to rely on the growing numbers of CAM practitioners with a variable standard of care that ranges from excellent to dangerous. Many practitioners work without regulation or even work illegally. Many orthodox health care professionals have shared their patients' concerns. Over the last 15 years, these practitioners have moved from silent interest to open enquiry and growing use. For example, approximately one in five of Scotland's general practitioners have received basic training in integrating homeopathy with orthodox practice. The demand for CAM is in part a search for a broader range of therapies, but is also a call for a different approach to care, with less emphasis on drugs, and a more whole-person approach. Mostly, people look to CAM when orthodoxy has failed. But CAM is also increasingly becoming a first-line intervention for some, because of the worry about the side effects of conventional treatments and a perception that orthodoxy has become dehumanized. With some exceptions, research is still in its early stages and lacks infrastructure. Patient satisfaction, empirical clinical outcome, and cost are beginning to be emphasized over mechanism of action or explanatory models. Recent official reports are calling for national and European-level enquiry and response. Future development is likely to emphasize integrative care. The challenge is to create better medical systems, with a whole-person emphasis, calling on a broader range of approaches than is currently orthodox. We seem to need a reunion of the art and science of medicine.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-11822632>

76

### Alternative medicine and the medical profession: views of medical students and general practitioners

Hasan, M Y; Das, M; Behjat, S.

East Mediterr Health J; 6(1): 25-33, 2000 Jan.

Artigo em Inglês | MEDLINE | ID: mdl-11370337

### RESUMO

A survey was undertaken to explore the attitudes and practices of general practitioners and medical students in the United Arab Emirates with regards to forms of therapy not generally accepted by conventional medicine, including herbal medicine, acupuncture, homeopathy, spiritual therapy and osteopathy/chiropractic. The study found that alternative medicine is in common use to complement conventional medicine by a section of educated people within the health care system. Our observations lead us to appreciate its role in community health care and indicate a need to design culturally appropriate medical curricula which incorporate information about alternative medicine.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-11370337>

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### Complementary healthcare practices and the implications for nurse practitioners

Manzella, S M.

Clin Excell Nurse Pract; 4(4): 205-11, 2000 Jul.

Artigo em Inglês | MEDLINE | ID: mdl-11261080

### RESUMO

Complementary, or alternative, healthcare practices are being incorporated into approximately 4 out of 10 Americans' daily health practices. The out-of-pocket expense for such healthcare use was estimated at \$21.2 billion in 1997. There are many different forms of complementary health care that nurse practitioners (NPs) must be aware of when evaluating and forming plans of care with their patients. NPs must develop and incorporate interview techniques to obtain this information from their patients to prevent potential interactions. NPs must also be aware of their lack of experience with complementary healthcare practices and the legal liability of incorporating these practices into their practice without appropriate preparation in their use.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-11261080>

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### Cuidando a la persona, no sólo su enfermedad. Actitudes y saberes para la práctica enfermera cotidiana

López Alonso, A; Pérez Rivera, F J; Castro González, M P.

Rev Enferm; 22(2): 120-2, 1999 Feb.

Artigo em Espanhol | MEDLINE | ID: mdl-10446607  
<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-10446607>

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### **Primary care physicians' attitudes and practices regarding complementary and alternative medicine**

Kurtz, Margot E; Nolan, Robert B; Rittinger, William J.  
J Am Osteopath Assoc; 103(12): 597-602, 2003 Dec.  
Artigo em Inglês | MEDLINE | ID: mdl-14740982

#### **RESUMO**

Data were gathered from 423 osteopathic primary care physicians who are members of the Michigan Osteopathic Association, assessing their attitudes and practices regarding complementary and alternative medicine (CAM). Family physicians and general internists were more likely than pediatricians to talk to their patients about CAM. Similarly, female physicians were more likely than male physicians to talk to their patients about CAM or refer their patients for CAM. Finally, physicians aged 35 years and younger were more likely than those 60 years and older to use CAM for themselves or their families. Predominant among the conditions for which the physicians would refer for CAM were long-term problems, traditional therapy failures, psychiatric disorders, and behavioral problems. Results reveal wide variations in the way osteopathic primary care physicians view and use complementary and alternative care.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-14740982>

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### **Use of and interest in alternative therapies among adult primary care clinicians and adult members in a large health maintenance organization**

Gordon, N P; Sobel, D S; Tarazona, E Z.  
West J Med; 169(3): 153-61, 1998 Sep.  
Artigo em Inglês | MEDLINE | ID: mdl-9771154

#### **RESUMO**

During spring 1996, random samples of adult primary care physicians, obstetrics-gynecology physicians and nurse practitioners, and adult members of a large northern California group practice model health maintenance organization (HMO) were surveyed by mail to assess the use of alternative therapies and the extent of interest in having them incorporated into HMO-delivered care. Sixty-one percent (n = 624) of adult primary care physicians, 70% (n = 157) of obstetrics-gynecology clinicians, and 50% (2 surveys, n = 1,507 and n = 17,735) of adult HMO members responded. During the previous 12 months, 25% of adults reported using and nearly 90% of adult primary care physicians and obstetrics-gynecology clinicians reported recommending at least 1 alternative therapy, primarily for pain management. Chiropractic, acupuncture, massage, and behavioral medicine techniques such as meditation and relaxation training were most often cited. Obstetrics-gynecology clinicians used herbal and homeopathic medicines more often than adult primary care physicians, primarily for menopause and premenstrual syndrome. Two thirds of adult primary care physicians and three fourths of obstetrics-gynecology clinicians were at least moderately interested in using alternative therapies with patients, and nearly 70% of young and middle-aged adult and half of senior adult members were interested in having alternative therapies incorporated into their health care. Adult primary care physicians and members were more interested in having the HMO cover manipulative and behavioral medicine therapies than homeopathic or herbal medicines.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-9771154>

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### **Primary care physicians and complementary-alternative medicine: training, attitudes, and practice patterns**

Berman, B M; Singh, B B; Hartnoll, S M; Singh, B K; Reilly, D.  
J Am Board Fam Pract; 11(4): 272-81, 1998 Jul-Aug.  
Artigo em Inglês | MEDLINE | ID: mdl-9719349

#### **RESUMO**

**BACKGROUND:** Physician interest in complementary medicine is widely documented in many Western countries. The extent of level of training, attitudes toward legitimacy, and use of complementary therapies by US primary care physicians has not been extensively surveyed. We conducted a national mail survey of primary care physicians to explore these issues. **METHODS:** Primary care specialties represented were family and general practice, internal medicine, and pediatrics. A total of 783 physicians responded to the survey. For the multivariate analysis, sample weights were assigned based on specialty. Assessments were done for training, attitudes, and usage

for complementary medicine. Additional data collected included years in practice, specialty, and type of medical degree. RESULTS: Biofeedback and relaxation, counseling and psychotherapy, behavioral medicine, and diet and exercise were the therapies in which physicians most frequently indicated training, regarded as legitimate medical practice, and have used or would use in practice. Traditional Oriental medicine, Native American medicine, and electromagnetic applications were least accepted and used by physicians. CONCLUSIONS: Many psychobehavioral and lifestyle therapies appear to have become accepted as part of mainstream medicine, with physicians in this study having training in and using them. Such therapies as chiropractic and acupuncture appear to be gaining in acceptance despite low training levels among physicians. Those in practice more than 22 years had the least positive attitudes toward and use of complementary therapies. Osteopathic physicians were more open than medical physicians to therapies that required administering medication or a procedural technique. In the multivariate analysis, attitude and training were the best predictors of use.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-9719349>

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### **Integrative therapies in primary care practice**

Berg, J A; Gagan, M J; Amella, E; McArthur, D B.  
J Am Acad Nurse Pract; 10(12): 541-6, 1998 Dec.

Artigo em Inglês | MEDLINE | ID: mdl-10085867

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-10085867>

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### **La médecine traditionnelle a encore sa raison d'**

Hoff, Wilbur.

Forum mondial de la santé 1992 ; 13(2/3) : 195-201

Artigo | WHOLIS | ID: who-45098

<http://pesquisa.bvsalud.org/portal/resource/pt/who-45098>

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### **Wholistic health care: challenge to health providers**

McKay, S.

J Allied Health; 9(3): 194-201, 1980 Aug.

Artigo em Inglês | MEDLINE | ID: mdl-7429958

#### **RESUMO**

With its emphasis on a healthy life style, self-responsibility, lessened dependence on the medical care system, and the interrelationship of body, mind, and spirit, the wholistic health movement is exerting a powerful influence on the health level of Americans. Health providers will increasingly find themselves challenged to reexamine their roles in patient relationships, increase the extent of interdisciplinary teamwork, emphasize health education and positive health behaviors, examine the usefulness of various alternative therapies, and consider the importance of health professionals as role models.

<http://pesquisa.bvsalud.org/portal/resource/pt/mdl-7429958>

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### **Manual para Técnico en atención primaria a la salud: modulo II medicina tradicional**

México. Secretaría de Salud. Dirección General de Enseñanza en Salud.

México, D.F; Secretaría de Salud; s.f. 41 p.

Monografia em Espanhol | LILACS | ID: lil-147867

#### **RESUMO**

El presente manual trata de dejar constancia escrita de los conocimientos, las creencias y las prácticas populares en materia de salud, es un instrumento fundamental que permite el desarrollo de las ideas y de los servicios en una comunidad. El propósito es mostrar que el conocimiento es accesible a grupos de personas no especializadas, que constituye un importante capítulo de la educación para la salud. Es ésta, en gran medida, la tarea de los grupos organizados en las comunidades indígenas rurales y en los núcleos urbanos. El manual está dirigido tanto a los terapeutas tradicionales reconocidos socialmente como a los futuros miembros de los equipos comunitarios de salud: amas de casa, jóvenes, trabajadores, promotores y en general, para todas aquellas personas que potencialmente constituyen los recursos humanos locales de los sistemas de salud popular y tradicional

<http://pesquisa.bvsalud.org/portal/resource/pt/lil-147867>

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### **Guidelines for training traditional health practitioners in primary health care / prepared by the**

**International Child Resource Institute**

World Health Organization. Programme on Traditional Medicine; World Health Organization. Division of Strengthening of Health Services; International Child Resource Institute.  
em Inglês, Thai | WHOLIS | ID: who-60348  
<http://pesquisa.bvsalud.org/portal/resource/pt/who-60348>

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**Traditional practitioners as primary health care workers: a study of effectiveness of four training projects in Ghana, Mexico and Bangladesh**

; World Health Organization. Department of Essential Drugs and Medicines Policy - WHO / EDM.  
Recurso na Internet em Inglês | LIS - Localizador de Informação em Saúde | ID: lis-LISBR1.1-5751

**RESUMO**

This study evaluated the effectiveness of four projects where traditional practitioners were being trained to provide various primary health care services to communities. Document in pdf format; Acrobat Reader required.

<http://pesquisa.bvsalud.org/portal/resource/pt/lis-LISBR1.1-5751>