Purpose

To explore the relationship between healthcare access (HA), unmet healthcare needs (UHN), and CAM use in adults with chronic pain.

Background

- Chronic pain affects 1 in 5 Canadians, resulting in significant disability and burden on the healthcare system (Schopfeser, Taeker, & Jovey, 2011).
- Chronic pain is a complex phenomenon that is not fully understood for which there is no cure. Consequently, the focus of chronic pain treatment is management rather than cure (Fish et al., 2004).
- Often the pain is experienced or managed by conventional medicine alone (Phillips, 2008); as a result, people are increasingly using CAM to manage their pain (Fish et al., 2004).
- CAM comprises any type of medical system or therapy that is not provided within the conventional healthcare system (i.e., massage, osteopathy, medical cannabis, naturopathy or Reiki).
- Evidence has shown UHN and HA can motivate CAM use (Jakes & Kirk, 2015; Page, Ziemianski & Shi, 2017), and there is a gap in the literature regarding the relationship between UHN, HA, and CAM use in Canadian adults with chronic pain.

Method

Design and Data Source

- Secondary analysis of data from Cycle 9 of the NPHS; cross-sectional predictive nonexperimental design
- Descriptive statistics and multivariate binary logistic regression analysis using SPSS version 23 (IBM, 2015); guided by Behavioural Model of Health Services Utilization (Andersen, 1968).
- Sample study (n=1088) was NPHS respondents ≥18 years of age who answered no to the survey question "Are you usually free of pain?" (Statistics Canada, 2012)

Data Analysis

- All analyses were done with weighted data to comply with Statistics Canada Research Data Centre at Western University, Ontario
- Variables were entered into regression using a hierarchical approach (See Figure 1)

Results

See Table 1 for descriptive statistics of the sample
1. In 5 respondents reported using CAM in the last 12 months; more than half were not working at the time of the survey
2. In 5 respondents reported having UHN while most reported having access to a medical doctor
3. When controlling for demographics and health status indicators, having UHN made an individual two times as likely to use CAM (OR 2.02; p < 0.001) (See Table 2)
4. HA was not statistically significant in the model: Based on other statistically significant predictors of CAM use in the final model, adults with chronic pain were more likely to use CAM if they: o Identified as female; o Had some level of education; o Reported an annual household income of $40,000 or ≥ $79,999; o Reported not being in the labour force; and o Reported having a restriction of activities (See Figure 2)
5. The final model accounted for 19.4% of the variance in CAM use in adults with chronic pain

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Limitations

- All confidence intervals need to be interpreted with caution as bootstrapping weights provided by Statistics Canada were not compatible with the most recent version of SPSS
- Several variables were self-reported data, thus the amount of reporting error is unknown
- Though the 2010-2011 NPHS has the most recent available data on CAM use at a national level, it may not be a contemporary reflection of the state of CAM use, UHN and HA in Canada

Implications

- Health care providers, policy makers, researchers, and educators in health professions must provide the supports needed to ensure patients are receiving safe and effective management of their chronic pain condition
- This includes: 1. Better preparing nurses to discuss and understand CAM interventions being used by their patients; 2. Investing in research in establishing what CAM therapies are safe and effective; 3. Examining characteristics and causes of UHN and the role CAM plays in fulfilling those needs; and 4. Testing of new models of care that are more integrative and effective

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