Determining Attitudes Toward Acupuncture: A Focus on Older U.S. Veterans

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Abstract

Objective: To explore whether factors related to attitudes toward acupuncture use in a population of older veterans is similar to previously identified motivators for nonveterans.

Methods: A sample of veterans was asked to complete a questionnaire, which included questions on socio-demographic traits, history of acupuncture, chronic diseases, and the Health Belief Model (HBM). Data reduction was performed by using principal components analysis to identify major factors among the HBM responses. Linear regression was performed to evaluate variables that may contribute to attitudes toward acupuncture.

Results: There were 402 completed questionnaires. Principal components analysis yielded three significant factors. Linear regression resulted in a model that explained 35% of the variance for positive attitudes toward acupuncture: Age, race, religion, access to acupuncture, self-efficacy for nonpharmacologic treatments, and the presence of one or more physical and mental chronic health condition were significantly related to positive attitudes toward acupuncture.

Conclusions: Factors related to attitudes toward acupuncture were very similar to factors identified in other literature for nonveterans, with the exception of income and education. The findings suggest that availability of treatment influences attitudes toward acupuncture.

Introduction

THE USE OF COMPLEMENTARY and alternative medicine (CAM) has risen over the last few decades, spawning many studies that have sought to further understanding of the use of CAM. Across cultures, participants of these studies tend to have positive attitudes toward CAM treatments, along with similar sociodemographic and health characteristics, which may influence their attitude.¹ Older age, religion, income, education, and chronic health conditions tend to be particularly salient among CAM users. Middle-aged and older persons are more likely to have used CAM than have younger adults.^{2,3} A relationship between religiosity and CAM use has also been determined to various degrees. Some authors have noted Christian religious affiliation as a predictor of biologically based CAM use, such as herbal remedies,⁴ but not for other CAM treatments, such as exercise-based CAM.⁵ It has also been found that persons who identify as both spiritual and religious were disinclined toward CAM use whereas persons identified only as more spiritual were predisposed toward CAM treatments.⁶ Higher

income coupled with higher education is also consistently predictive of CAM use.⁷ Finally, health also plays an important role in whether someone reports CAM use. Persons with poorer reported health and higher rates of chronic health problems tend to use CAM more often than persons with higher-rated health and fewer chronic health problems.⁸ Often, CAM is used specifically for the treatment of chronic conditions,^{9,10} such as anxiety disorders, which tend to appear in higher rates among CAM users.^{11,12} Ultimately, use of CAM is influenced by a blend of sociodemographic variables, such as age, religion, income, education, and chronic physical and mental health conditions.

Although use of CAM has been well described in the literature, CAM does not have a specific definition, and fewer studies have addressed specific CAM modalities, such as acupuncture. Use of acupuncture, as with other CAM modalities, has increased in recent years, growing by 32% between 2002 and 2007 in the general population.¹³ As acupuncture use has grown, so has the amount of research on the clinical efficacy of acupuncture for treating various conditions, such as knee osteoarthritic pain,^{14,15} chronic neck

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pain,¹⁶ chronic back pain,^{17,18} various headaches,^{18,19} and post-traumatic stress disorder.²⁰ As acupuncture use and research continue to grow, it has become more important to understand the attitudes toward acupuncture that drive this increased use.

Much of the research on acupuncture efficacy has used a population of veterans. Veterans have reported dissatisfaction with reliance on medications and a lack of holism (e.g., use of such approaches as diet and exercise) in conventional medicine, causing them to seek CAM treatment.²¹ A case series of acupuncture in veterans with chronic pain that did not respond to conventional treatments showed significant benefits.²² A recent systematic review of cost-effectiveness analyses of acupuncture demonstrated its cost-effectiveness in controlling clinical symptoms of several conditions or improving measured quality-adjusted life-years compared with conventional therapies.²³ Thus, it is important to understand the attitudes toward acupuncture in the veteran population that could drive or impede the use of acupuncture.

Although veterans are reported to have similar attitudes toward CAM compared with nonveterans,⁷ questions remain regarding attitudes toward acupuncture because of differences in demographic and health concerns between the two populations. Compared with nonveterans, veterans are disproportionately older and nonwhite and tend to have unique healthcare needs. About 43% of veterans are 65 years of age or older, compared with 13.3% of the general U.S. population.²⁴ Although older adults use the majority of health services, research indicates they may underuse health services for chronic conditions.²⁵ In addition, veterans tend to have high rates of chronic diseases; more than half of military personnel who use CAM have been identified as having depression²⁶ and anxiety.²⁷ Veterans also have an overall lower educational attainment than do nonveterans.²⁸

Despite these differences in veterans and nonveterans, Veterans Affairs medical centers provide a valuable data source for health care research, given the accessibility of the comprehensive electronic medical record system for this at-risk population. Because attitudes probably drive use, this study sought to explore veterans' attitudes toward acupuncture. Identifying attitude profiles will further understanding of acupuncture use among veterans and improve understanding of whether the veteran population is generalizable to the nonveteran population with respect to attitudes toward acupuncture.

Methods

Study design

The research instrument was developed after a series of interviews with a physician/acupuncturist, epidemiologists, and sociologists and through the use of previously validated measures.^{29,30} The instrument was piloted with 10 patients from a biweekly acupuncture clinic, and modifications were made in accordance with comments received during the pilot study. The questionnaire contained 46 items, and average time for completion was approximately 12 minutes. The questionnaire was composed of four sections: (1) demographic information (nine questions); (2) history of acupuncture use (nine questions); (3) the Health Belief Model (HBM)²⁹ (22 questions from the HBM), Revised, to include

questions on general health and use of acupuncture, answered on a Likert scale from 1 (disagree) to 4 (agree), with an option for "don't know"; and (4) self-efficacy for managing chronic disease³⁰: (six questions) answered on a Likert scale from 1 (not at all confident) to 10 (totally confident).

Data collection procedure

The study was reviewed and approved by the Atlanta Veteran Affairs Medical Center. Formal institutional review board approval was deemed unnecessary by the Atlanta Veterans Affairs Medical Center as this study was designated as a quality assurance project. A total of 1095 questionnaires were mailed to patients who visited Veteran Affairs primary clinics, pain clinics, and women's wellness clinics throughout Georgia between February and April 2012. Demographic data compiled at the time of the data abstraction included age, gender, and race. Mailed questionnaires included a cover letter requesting voluntary and uncompensated participation along with a preaddressed stamped return envelope. Participants were informed that completing the questionnaire implied consent for participation in the study. After the receipt of completed questionnaires, physical and mental chronic condition diagnoses were extracted from patients' active problems list in their electronic medical charts.

Data analysis

The electronic medical records maintained by the VA allowed for comparison of responders and nonresponders (Table 1). All data were entered and analyzed in SPSS version, 17.0 (SPSS Inc., Chicago, Illinois). Demographic characteristics for all responders and nonresponders were assessed and compared with descriptive statistics. Because of the large number of questions regarding attitudes in the questionnaire, principal components analysis (PCA) with Varimax rotation and Kaiser normalization was performed on HBM responses to determine which attitudes tended to group together, resulting in the identification of the most important factors, or groups of variables, that account for the majority of variance in the data. These factors are independent. We performed linear regression with the PCA factor measuring positive attitudes toward acupuncture as the dependent variable and variables that were found to be significant in previous published studies, such as socio-demographic traits and health status, along with other variables collected in the questionnaire, as the independent variables to identify factors related to attitudes toward acupuncture.

TABLE 1. SUMMARY OF RESPONDERS AND NONRESPONDERS

Characteristic	All responders (n=402)	All nonresponders (n=693)
Mean age (range) (y)	59.3 (25.7–91.9)	59.3 (22.1–97.4)
Men, n (%)	335 (83.3)	576 (83.1)
Race, n (%)		
Nonwhite	188 (46.8)	356 (51.3)
White	214 (53.2)	337 (48.6)

There were no significant differences between responders and nonresponders.

Results

Demographics

Of 1095 individuals who were mailed questionnaires, 618 (56%) responded, 452 (41%) did not respond, and 25 (2%) were not reachable because of incorrect contact information. No significant differences were found for responders and nonresponders on the variables of age, gender, and race. Of 618 respondents, 402 (65%) completed the questionnaire. The average age of the respondents was 59.3 years (range, 25.7–91.9 years). Most respondents were men (83.3%), and about two thirds identified as Christian (74.6%). About half did not graduate from high school (6.5%) or held a high school or equivalent diploma (46.8%). Likewise, many had a reported income that fell near or below the poverty levels for a four-person household; 41.5% reported earning \$24,999 or less. The majority of respondents identified themselves as white (53.2%), followed by African American (39.8%), American Indian (2.1%), and other (6.7%) (Table 2).

Acupuncture use

In terms of acupuncture use (ever/never) respondents had similar age ($t[54]=5.43$; $p=0.54$), gender (chi-square [1, $N=402$]=0.463; $p=0.496$), education levels (chi-square [4, $N=398$]=3.721; $p=0.445$), income (chi-square [8, $N=357$]=4.799; $p=0.779$), race (chi-square [3, $N=401$]=0.513; $p=0.546$), and religion (chi-square [1, $N=402$]=3.35; $p=0.088$). Among respondents, 88 (20.9%) had used acupuncture at some point for a variety of purposes. The most common reason for acupuncture use was for treating pain ($n=60$ [68.2%]), followed by promoting health ($n=114$ [15.9%]),

treating illness ($n=12$ [13.6%]), preventing illness ($n=6$ [6.8%]), and other ($n=5$ [5.7%]).

Both groups had positive responses to the item “Acupuncture would benefit me”; 76.0% of those who had partaken in acupuncture and 74.6% of those who never used acupuncture somewhat agreed or agreed with that statement. The two groups reported similar barriers to acupuncture use. Those who had a history of acupuncture use indicated that fear of needles was the primary barrier (57.3%), followed by cost (54.8%), and availability (52.3%). For non-acupuncture users, availability was the primary barrier indicated (69.7%), followed by cost (60.0%) and fear of needles (43.7%).

Attitudes toward acupuncture

PCA of the HBM questionnaire responses revealed three factors with moderate to good reliability represented: (1) positive attitudes toward acupuncture (Cronbach $\alpha=0.85$), (2) health concern (Cronbach $\alpha=0.68$), and (3) access to acupuncture (Cronbach $\alpha=0.72$). Linear regression was used to examine the relationship between attitudes toward acupuncture, as measured by PCA factor 1 (positive attitudes toward acupuncture), sociodemographic traits, and health concerns. Results of linear regression revealed age, race, religion, access to acupuncture, self-efficacy for non-pharmacologic treatments, and the presence of one or more physical and mental chronic health condition to be significantly related to positive attitudes toward acupuncture (Table 3). History of acupuncture use approached significance ($p=0.05$). Income, education, health concern, and gender were not significant.

TABLE 2. DEMOGRAPHIC CHARACTERISTICS OF RESPONDERS

Characteristics	All participants (n=402)	Acupuncture (n=88)	No acupuncture (n=314)
Mean age (range) (y)	59.3 (25.7–91.9)	57.1 (29.9–87.8)	59.9 (25.7– 91.9)
Men, n (%)	335 (83.4)	71 (80.7)	263 (83.8)
Race, n (%)			
Nonwhite	188 (46.6)	44 (50.0)	144 (45.9)
White	214 (53.2)	44 (50.0)	170 (54.1)
Education, n (%)			
Did not graduate high school	26 (6.5)	7 (8.0)	19 (6.1)
High school/GED graduate	188 (46.8)	34 (38.6)	154 (49.0)
Associates degree	83 (20.6)	19 (21.6)	64 (20.4)
Bachelors degree	64 (15.9)	16 (18.2)	48 (15.3)
Graduate degree	37 (9.2)	11 (12.5)	26 (8.3)
Missing	4 (1.0)	1 (1.1)	3 (0.9)
Income, n (%)			
≤\$24,999	167 (41.5)	38 (43.2)	129 (41.4)
\$25,000–\$34,999	52 (12.9)	9 (10.2)	43 (13.7)
\$35,000–\$44,999	37 (9.2)	8 (9.1)	29 (9.2)
\$45,000–\$54,999	33 (8.2)	7 (8.0)	26 (8.3)
\$55,000–\$64,999	21 (5.2)	3 (3.4)	18 (5.7)
\$65,000–\$74,999	13 (3.2)	2 (2.3)	11 (3.5)
\$75,000–\$84,999	12 (3.0)	1 (1.1)	11 (3.5)
\$85,000–\$94,999	4 (1.0)	2 (2.3)	2 (0.6)
≥\$95,000	18 (4.5)	4 (4.5)	14 (4.5)
Missing	45 (11.2)	14 (15.9)	31 (9.8)
Religion			
Christian	300 (74.6)	59 (67.0)	230 (73.2)
Non-Christian	102 (25.4)	29 (32.9)	84 (26.8)

GED, general education development.

TABLE 3. SUMMARY OF LINEAR REGRESSION ANALYSIS PREDICTING POSITIVE ATTITUDES TOWARD ACUPUNCTURE

Variable	β	SEM	SEM B
Demographics			
Age	0.11	0.03	-0.28***
White	-1.28	0.55	-0.13*
Female	-0.88	0.74	-0.07
Education level ^a	0.27	0.24	0.06
Income level ^b	0.03	0.09	0.02
Not Christian	-1.35	0.64	-0.11*
Health			
Chronic physical problem ^c	0.97	0.23	0.24***
Chronic mental problem ^d	0.65	0.32	0.11*
Self-efficacy for nonmedical treatments	-0.63	0.09	-0.37***
Acupuncture			
Has used acupuncture	1.27	0.65	0.11
Factor 2 (health concern)	-0.01	0.03	-0.01
Access to acupuncture	0.28	0.10	0.15**
R^2			0.381
Adjusted R^2			0.352

^aMeasured on a scale of 1–5: 1=less than high school, 2=high school/ general education development graduate, 3=associates degree, 4=bachelors degree, and 5=graduate degree.

^bMeasured on a scale of 1–9; 1= $\leq$ \$24,999, 2=\$25,000–\$34,999, 3=\$35,000–\$44,999, 4=\$45,000–\$54,999, 5=\$55,000–\$64,999, 6=\$65,000–\$74,999, 7=\$75,000–\$84,999, 8=\$85,000–\$94,999, and 9= $\geq$ \$95,000.

^cIncluded one or more of the following chronic physical conditions; asthma or chronic obstructive pulmonary disease, carpal tunnel syndrome, gastroesophageal reflux disorder, hypertension, osteoarthritis, senile nuclear cataract, urinary incontinence, diabetes type 1 or 2, or fibromyalgia.

^dIncluded one or more of the following chronic mental conditions; anxiety, depression, or post-traumatic stress disorder.

* $p < 0.05$; ** $p < 0.01$; *** $p < .001$.

SEM, standard error of the mean.

Discussion

Guided by the HMB, this study sought to identify factors related to attitudes toward acupuncture in a population of veterans. The hypothesis was that various sociodemographic and health factors would influence these attitudes, on the basis of previous research in nonveteran populations. About 20% of the study's population reported using acupuncture, which is similar to other studies that have reported similar rates ranging from 19% to 21.2%.^{26,31}

Within the current population, veterans who are older, white, and Christian and who have at least one chronic physical condition, at least one chronic mental condition, and higher rates of confidence that they can use non-medication-based treatments to support their health had more positive attitudes toward acupuncture. These findings are consistent with previous literature. Many previous studies have indicated that income, coupled with education, is predictive of health-seeking behavior³² and in particular CAM use.⁷ This was not the case for this study, where neither income nor education was predictive of acupuncture use. Because the veterans in this sample receive their care at a VA clinic, they probably receive their medical care at a subsidized rate—this may explain why education and income were not related to acupuncture use in this study.

This sample included patients who visited at least one VA clinic within Georgia in the previous 3 months, making it

likely that these participants receive other care at VA facilities. Of note, both availability and cost of acupuncture were primary barriers for acupuncture use even though acupuncture is available at VA clinics at no cost. Although these participants receive their care in the VA system, it is possible they do not view acupuncture as a health care option because long wait times for an acupuncture appointment limit availability; as a result they might consider the cost of pursuing acupuncture outside of the VA system as a barrier.

A limitation of this study was that it did not collect detailed information on initiation, frequency, and last use of acupuncture, nor did it identify when the chronic health conditions was first diagnosed. Therefore, the study could not determine whether the participant's chronic health problems were present before or after initial acupuncture treatment. Additionally, several studies have assessed acupuncture attitudes among health care professionals.^{33–35} The assumption was that physicians directly affect patients' decisions to use acupuncture. Reporting on physicians' attitudes and directly linking them with attitudes of patients would be a particularly interesting way to capture this information. This falls outside of the scope of this study.

This study provides evidence that the veteran population has acupuncture use profiles similar to those of nonveterans, including having sociodemographic and health traits that are related to generally positive views of acupuncture. Given the comprehensiveness of VA medical record tracking, coupled with the similar use of and attitudes toward CAM compared with those of nonveterans, the veteran population is particularly attractive for determining predictors of the use of acupuncture and should be considered for future research on CAM modalities. Veterans tend to be older and non-white and have higher rates of comorbid chronic conditions compared with the general population. Because veterans generally have negative expectations toward conventional medicine,²¹ it is important to explore safe and effective nonmedical treatment modalities that veterans view positively, such as acupuncture. This study found that although veterans have similar attitudes toward acupuncture compared with the general population, availability was a primary barrier. Removing this barrier by making acupuncture more available will likely increase patient satisfaction. This can be achieved by providing additional education to veterans on the availability of acupuncture in the VA system as well as working to make referring clinicians aware of the potential benefits and availability of acupuncture treatment.

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No competing financial interests exist.

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