

A Country Practice: Characteristics of Patients of a Rural Acupuncture Clinic

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ABSTRACT

The use of complementary and alternative medicines (CAM), including acupuncture, in Australia is increasing. While data describing the characteristics of traditional Chinese medical practitioners and the nature of the workforce exist, there is comparatively little research into the users of traditional Chinese medicine in a private practice context. This study explores the characteristics of patients presenting at a rural Victorian acupuncture practice during the first two years of operation. Patients were typically female, married, and had a mean age of 44 years. The typical patient self-referred or was referred through the multidisciplinary clinic, and was taking vitamins or supplements. The most common reason for presentation was pain. Patient characteristics were similar to existing data for Australian CAM patients. In order to more accurately describe the users of acupuncture, practitioners must contribute to the literature. In addition, practitioners should describe issues that are unique to practice in their context.

KEYWORDS acupuncture, clinic, patient characteristics, rural

Introduction

It has been well documented that the use of complementary and alternative medicine (CAM), including acupuncture, has been increasing in Australia and the number of CAM practitioners has increased accordingly.¹ Recent workforce data from Victoria suggest that the majority of acupuncturists practise in metropolitan areas, with only 10.4% of registered Chinese medicine practitioners practising in rural areas.²

Australian census data describe the majority of consumers of CAM, including chiropractic, naturopathy and acupuncture, as female, with the highest proportion between 25 and 64 years of age.¹ There are many studies reporting characteristics of acupuncture consumers attending university clinics³⁻⁶ hospital outpatient departments,^{7,8} and in general practice,⁹⁻¹⁵ as well as telephone or postal surveys of users of complementary medicine, including acupuncture.^{16,17} A literature search revealed only one paper describing characteristics of patients in Australian private practice.¹⁵

Bensoussan and Myers surveyed medical and non-medical practitioners of Traditional Chinese Medicine (TCM) across Victoria, New South Wales, and Queensland. Practitioners were requested to describe characteristics of all patients treated on a specific day. Responses were received from 223 non-medical practitioners and 51 medical practitioners. Patients were typically female (approximately two thirds), with those attending non-medical practitioners being younger (mean 40 years vs 50 years). Thirty eight per cent were engaged in full time work, 33% had private health insurance covering acupuncture, and 83% either self-referred or heard about acupuncture through word of mouth. Vitamins and supplements were the most frequently used medications, with 36% of patients concurrently taking pharmaceutical drugs. The most frequently cited reason for seeking acupuncture was rheumatological conditions.¹⁵

There is a dearth of literature describing characteristics of people using acupuncture in a private practice setting, and no information about rural acupuncture consumers. Therefore,

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the aim of this study was to explore the characteristics of people attending a rural Victorian acupuncture practice, to compare these with existing data. In addition, this paper aims to discuss some of the issues and experiences of an acupuncturist practising in a rural Victorian town.

Context

The acupuncture practice operates from a multi-disciplinary clinic in Sale, a town in south-eastern Victoria with a population of approximately 14 000 people. The clinic primarily provides chiropractic care, with massage and myotherapy, naturopathy, counselling, and prosthetics and orthotics services also available. Acupuncture is provided two days per week by one acupuncturist, with hours varying to accommodate people needing appointments outside of office hours. One hundred and ninety-one new patients attended the practice during the first two years of operation, and the acupuncture practice sees an average of 11.8 patients per week.

TABLE 1 Demographic Information for Patients

Gender (<i>n</i> = 191)	
Female	149 (78.0%)
Male	42 (22.0%)
Age (<i>n</i> = 191)	
Female	43.1 (14.7)
Male	47.0 (17.5)
Marital status (<i>n</i> = 191)	
Married	120 (62.8%)
Single	31 (16.2%)
Defacto	28 (14.7%)
Other	12 (6.3%)
Employed outside the home (<i>n</i> = 178)	141 (79.2%)
Private health insurance (<i>n</i> = 191)	106 (55.5%)
Referral source (<i>n</i> = 186)	
Clinic (including internal referrals from AHP)	86 (46.2%)
Family/friend/word of mouth	58 (31.2%)
Advertising	15 (8.0%)
AHPs (external to clinic)	6 (3.2%)
Internet	6 (3.2%)
Phone book	6 (3.2%)
GP referral	5 (2.7%)
AACMA/CMRB referral	4 (2.2%)
Previous use of acupuncture (<i>n</i> = 191)	86 (45.0%)
Values are <i>n</i> (%) or mean (SD)	

Method

An audit of registration forms was conducted. Demographic data collected for all new patients presenting to the clinic during the first two years of operation, from December 2007 to December 2009, were included in this study. During the first consultation, patients completed a registration form which contains demographic details (including gender, age, marital status, occupation, private health insurance, and source of referral), previous experience with acupuncture, current medications, allergies and consent to treatment.

Medications used by patients were classified according to MIMS categories.¹⁸ While on the registration form patients listed all medications used, for the purposes of this study, the focus was on the categories of medications used, rather than the frequency of category use. For example, where multiple medications were used for controlling blood pressure, this was recorded as one use of a medication from the MIMS cardiovascular category.

Presenting complaints were grouped into the following categories: pain, fertility, pregnancy, digestive, gynaecology, menopause, dermatology, stress/anxiety/emotional disturbance, general wellbeing, and other. Subcategories of pain included back, neck, headache, arm, shoulder, elbow, leg, knee, ankle, and other (e.g. post-surgery, tooth/jaw, etc).

Advice was sought from two ethicists as to whether patient consent was required for the study. The advice indicated that as the study was reporting on characteristics of a business, it was not required; however, it was advisable to present results in aggregate so as to maintain patient confidentiality. Data were collated and entered into a Microsoft Excel spreadsheet for analysis, and results are presented in aggregate. Descriptive statistics were used, including frequencies and means.

Results

PATIENT CHARACTERISTICS

Demographic data are presented in Table 1. One hundred and ninety one patients attended the clinic in the study period, with the majority being women (78.0%), aged 43.9 years (with males older than females, 47.0 vs 43.1 years), married (62.8%), employed outside the home (79.2%), had private health insurance (55.5%), and had not previously used acupuncture (55.0%). Whether private health insurance covered acupuncture services was not collected.

Source of referral data were missing for five patients. Over 46% of patients heard about the service through the clinic, which included internal referrals from allied health professionals, advertising material in the waiting room and in each of the treatment rooms. Thirty one per cent

of patients were referred through word of mouth, and 8% through advertising in local newspapers.

MEDICATION USAGE

Medication use is described in Table 2. One hundred and eighty five patients (96.9%) were using one or more types of medications (prescribed or vitamins/supplements). Of those using medication, vitamins and supplements were most commonly used (56.8%), followed by cardiovascular (18.9%), endocrine/metabolic (17.8%), alimentary (15.1%), and central nervous system (14.6%).

PRESENTING COMPLAINTS

Pain was the most common reason for people presenting at the clinic (47.1%; see Table 3). The acupuncturist has an interest in women's health, reflected in the next four most frequently seen health complaints: fertility (14.7%; including natural and assisted conception), pregnancy (5.8%; including pregnancy related health complaints and general wellbeing during pregnancy), digestive (4.7%), and gynaecology (3.7%).

Discussion

The characteristics of patients attending a rural Victorian acupuncture practice are similar to those previously published for Australia as a whole in relation to gender, age, previous acupuncture experience and presenting complaint.¹⁵ Although the proportion of women attending the practice may have been influenced by the acupuncturist's interest in women's

health, this is less likely due to similarities in the proportion of women reported in previous Australian studies.^{1,15} A key difference was noted in the source of referral. In this study, the clinic environment was a major factor in informing clinic attendees about the acupuncture service available. A strong referral culture has been fostered within the clinic, ensuring patients receive continuity and coordinated care, a feature not unnoticed by patients.

The categories for medication used by patients are similar to those of previous studies,¹⁵ particularly the use of vitamins and supplements. Medications from the endocrine/metabolic category were used almost as frequently as cardiovascular medications. This was surprising, but can be explained by the acupuncturist's strong focus on women's health. Almost 15% of women presented for fertility support, with many of these undergoing assisted reproductive techniques, including IVF. A vast majority of the medications used for IVF and assisted reproduction fall into the category of endocrine/metabolic.

Private health insurance data were collected to identify individual insurance companies for which provider numbers needed to be sought. Whether private health insurance covered acupuncture services was not documented on the patient registration form. This highlights the importance of considering the information being collected, and how this

TABLE 2 Medication Groups Used by Patients

Medication group	Number of patients*
Alimentary	28 (15.1%)
Cardiovascular	35 (18.9%)
Central nervous system	27 (14.6%)
Analgesia	14 (7.6%)
Musculoskeletal	11 (5.9%)
Endocrine/metabolic	33 (17.8%)
Genito-urinary	1 (0.5%)
Infections/infestations	5 (2.7%)
Neoplastic	4 (2.2%)
Respiratory	6 (3.2%)
Allergic disorders	5 (2.7%)
Ear, nose and throat	3 (1.6%)
Eye	2 (1.1%)
Skin	1 (0.5%)
Contraceptive	10 (5.4%)
Vitamins and supplements	105 (56.8%)

*Patients using one or more drugs from medication group

TABLE 3 Presenting Complaints of Patients

Presenting complaint (n = 191)	N (%)
Pain (n = 90)	90 (47.1%)
Back	19 (21.1%)
Leg	12 (13.3%)
Neck	11 (12.2%)
Arm	11 (12.2%)
Headache/migraine	9 (10.0%)
Shoulder	9 (10.0%)
Elbow	6 (6.7%)
Knee	4 (4.4%)
Other	9 (10.0%)
Fertility	28 (14.7%)
Pregnancy	11 (5.8%)
Digestive	9 (4.7%)
Gynaecology	7 (3.7%)
Menopause	6 (3.1%)
Dermatology	6 (3.1%)
Stress/anxiety/emotional problems	5 (2.6%)
General wellbeing	5 (2.6%)
Other (including sleeping, weight loss, breathing difficulties)	24 (12.6%)

information would be used. Collecting data about health insurance ancillary cover would further add to the literature.

Collecting patient information on the registration form provided valuable data about the characteristics of patients attending for acupuncture. This information was intended to be used in two ways from the outset. Firstly, it provided key data that fed into marketing strategies for the business. Secondly, knowing that there was relatively little data about users of acupuncture services in private practice, the intention was to publish characteristics of patients. Private practitioners should be encouraged to publish the characteristics of their clinic,¹⁹ as more information about the nature of private practices will help inform choices, particularly for new graduates or those considering relocation.

Despite similarities between patients of this rural acupuncture practice and national data,^{1,15} rural practice can bring unique challenges. Rural practice can be isolating, both geographically and professionally.²⁰ The onus is on the practitioner to maintain contact with colleagues, the profession (e.g. through continuing education programs), and other health professionals, and the importance of establishing strong networks is amplified.

Having an interest in and knowledge of the community can assist with integrating into a rural community for newcomers. In country towns, local events become talking points, and having an understanding of local issues can assist in promoting a sense of belonging and connectedness. Other professions describe the life of a rural health professional as lacking anonymity compared with colleagues working in the city.²¹ This can be both positive and negative. Seeing patients at the shops or social events can provide informal opportunities for follow up and to further build rapport. Many health professionals describe the lack of anonymity as making separation between work and private life difficult, and report a sense of always being 'on call'.²²

Issues surrounding patient confidentiality can present more frequently than in cities, particularly when word of mouth is a key source of referral.²¹ Patients frequently report how you helped a friend or family member, and practitioners' responses to such comments need to be carefully measured to ensure patient confidentiality is maintained.

Conclusion

This paper adds to the body of literature about the users of acupuncture in private practice, and is the first describing characteristics of patients in a rural context. Patients attending the rural acupuncture practice were typically female, married, employed outside the home and with no previous acupuncture experience. Most patients were using medication (either

prescription or vitamins/supplements), and the most common reason for presentation was for alleviation of pain. Rural practice appears to attract similar clientele to existing data. More research around the users of acupuncture in private practice is needed, and will help inform choices for the workforce. Rural practice may present a viable alternative to city life.

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Clinical Commentary

There is a dearth of information reporting on the characteristics of patients attending private acupuncture clinics in Australia, and in particular in rural areas. This paper describes the characteristics of patients presenting to a rural Victorian acupuncture practice. Patients were typically female, middle-aged, and self-referred for pain relief/management. The paper also describes issues that are unique to practice in rural areas. The findings from this study will help inform workforce choices of new graduates and experienced practitioners considering practice in rural areas.

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