



Naturopathic Medicine: Health Promotion for Older Adults

Older adults in the United States have opted to take a stand in their health care. The overall burden of chronic disease impact on this population is high and often the ailments are preventable. This increased disease burden leads to a spike in polypharmacy, with two thirds of American patients over 60 taking two drugs, and more than a third taking more than 5 drugs. Drug-drug interactions lead to unintended symptoms and hospitalizations. Many older adults know that the first chronic disease predisposes one to a second ailment, and then a third, in a vicious cycle. Likewise, a first drug predisposes one to a second and then a third.

(Qiuping Gu, et al. Prescription Drug Use Continues to Increase: U.S. Prescription Drug Data for 2007–2008. 2010. <http://www.cdc.gov/nchs/data/databriefs/db42.htm>, accessed July 21, 2015.)

Prevention of a disease is more beneficial to individuals & society than is the treatment of a disease, yet not enough preventive care is found in conventional medicine. Prevention is *sine qua non* for naturopathic medicine. Likewise, using ND doctors who are expert primary care caregivers in integrative medicine/CAM often leads to better disease control, better long-term outcomes, and better quality of life.

(Bradley RD, et al. "Naturopathic Medicine and Diabetes: a Retrospective from an Academic Clinic." *Alt Med Rev* 2006; 11(1):30-39)

(Zarraga IG, Schwarz ER. "Impact of dietary patterns and interventions on cardiovascular health." *Circulation* 114.9 (2006): 961-973.)

(Seely D, et al. "Naturopathic medicine for the prevention of cardiovascular disease: a randomized clinical trial." *Canadian Medical Association Journal* 185.9 (2013): E409-E416.)

(Kraschnewski JL, Sciamanna CN, Stuckey HL, et al., "A silent response to the obesity epidemic: decline in US physician weight counseling." *Med Care*. 2013 Feb;51(2):186-92.)

(Pool AC, Kraschnewski JL, et al., "The impact of physician weight discussion on weight loss in US adults." *Obes Res Clin Pract*. 2014 Mar-Apr;8(2):e131-9.)

(Foster, et al, "Primary Care Physicians' Attitudes about Obesity and Its Treatment," *Obesity Research* 11:1168- 1177, 2003.)

(Schoen C, et al, "Primary Care And Health System Performance: Adults' Experiences In Five Countries," *Health Affairs*, web exclusive, October 24, 2004.)

(Maciosek MV, et al, "Priorities among effective clinical preventive services," *American Journal of Preventive Medicine*, July 2006.)

There is harm occurring in Massachusetts at this time by the lack of experts in disease prevention and health promotion through therapies and activities which utilize integrative medicine/CAM approaches alongside patient centered communication techniques. For example, according to CDC's *Healthy People 2010*, only 6.3% of older adult Americans meet the criteria of having enough exercise, despite the fact that this is one of the most important disease prevention activities. The current medical *status quo* is not serving our older patient population well enough. The ND practice successfully uses patient centered communication techniques to assist in modifying behavior.

(Kruiger J, Carlson SA, Buchner D. How active are older Americans? *Prev Chronic Dis*. 2007 Jul;4(3):A53.)

Older adults frequently incorporate complementary and alternative medicine (CAM) therapies. Integrative medicine/CAM practitioners educate patients to develop healthy lifestyles and learn

simple self-care. This combination fosters self-efficacy, a key component to the successful aging process. Older adults often blend conventional and complementary medicine.

As an example, in one study exploring CAM use by multiethnic older adults to determine whether CAM practices undermined conventional diabetes self-management, it was found that CAM *adds to* rather than *substitutes* for biomedical self-management. Respondents also suggested that use of CAM was limited by CAM's inaccessibility, and, underlying all, the dominance of conventional biomedical therapies undermined belief in CAM's efficacy. NDs work collaboratively with conventional doctors to deliver evidence based integrative approaches with improved outcomes. (Schoenberg NE, et al. Complementary and alternative medicine use among a multiethnic sample of older adults with diabetes. *J Altern Complement Med.* 2004 Dec;10(6):1061-6.) (Bradley RD, et al. "Naturopathic Medicine and Diabetes: a Retrospective from an Academic Clinic." *Alt Med Rev* 2006; 11(1):30-39)

Conventional physicians lack the education NDs have in CAM therapies, despite the fact that, for example, in one survey study, three-quarters of Medicare beneficiaries prefer that their doctors use natural therapies before prescribing drugs or surgery. Further, conventional physicians have not yet successfully transitioned to patient centered practices enough to create change in behavior of their patients. As a desire to have their needs met, more than half stated that they would consider seeing a naturopathic doctor for their health care needs if NDs were available. (Older Americans' Views on Naturopathic Physicians in Medicare. http://www.naturopathic.org/files/About_Naturopathic_Medicine/Medicare%20survey%20report.pdf, accessed July 30, 2015)

While successful use of prescribed integrative medicine/CAM approaches by clinicians is increasingly documented, guidance by those trained in CAM approaches is needed. While proper use of these approaches increases health, well-being, and self efficacy, *nonprescribed* self-care, without a trained clinician, may lead to unintended consequences. This study shows CAM approaches currently available may lead to poorer outcomes when appropriate guidance is lacking. (Altizer KP, et al. Relationship between nonprescribed therapy use for illness prevention and health promotion and health-related quality of life. *J Appl Gerontol.* 2014 Jun;33(4):456-73.)

Naturopathic doctors are experts in health promotion and disease prevention. Older adult strategies for preventive care by use of CAM approaches leading to health self-efficacy would be supported by access to naturopathic doctors. In one qualitative focus group with quantitative analysis pilot trial of older adults perspective of naturopathic medicine, common diagnoses seen were consistent with primary care: fatigue, anxiety, diabetes, diarrhea, and depression. Themes for choosing to see an ND included, (1) feeling heard by a medical practitioner, (2) a strong focus on health education including prevention and self-care, and (3) feeling supported. These themes distilled into optimal descriptive characteristics of patient-centered providers that may best support older adults' healthy aging. (Oberge EB, et al. Older adults' perspectives on naturopathic medicine's impact on healthy aging. *Explore (NY).* Jan-Feb;10(1):34-43.)

Older aged Americans seek NDs to fill a gap in their health care needs, in terms of health promotion, disease prevention, and guidance in the use of CAM approaches. They seek to take an active role in their health care and well-being, to prevent diseases from beginning, to help treat diseases, to add integrative medicine/CAM approaches to their conventional care leading to better quality of life.