

Short Communication

Discussing Mind and Body Practices with a Healthcare Provider is Associated with Better Outcome in the United States

Dongsheng Jiang^{1*}, Weihong Kong² and Joanna J. Jiang³¹Department of Family & Community Medicine, Pennsylvania State University, USA²Kong Learning, State College, USA³Schreyer Honors College, Pennsylvania State University, USA

*Corresponding author

Dongsheng Jiang, M.D., Department of Family and Community Medicine, Hershey Medical Center, Pennsylvania State University, 1850 East Park Avenue, Suite 207 State College, PA16803, USA, Tel: 814-235-2480; Email: DJiang@HMC.PSU.EDU

Submitted: 16 February 2016

Accepted: 11 March 2016

Published: 14 March 2016

Copyright

© 2016 Jiang et al.

OPEN ACCESS

Keywords

- Tai chi
- Healthcare provider
- Alternative therapy
- Health outcome

Abstract

In the United States, it is common for people to choose their favorite alternative therapy and not to talk to their routine healthcare providers because alternative medicine and standard healthcare practice are generally separated practices. The purpose of this study is to examine whether discussing the use of Yoga/Tai Chi/Qigong therapy with a healthcare provider offers health benefits. We examined data from the 2012 National Health Interview Survey (NHIS) (n=33,397), the latest national representative survey of U.S. civilian population, to estimate the practice patterns of Yoga/Tai Chi/Qigong. We selected people who choose Yoga/Tai Chi/Qigong as their first top alternative therapy (n=1,306) among all alternative treatments. We weighted estimates to reflect the complex sample design using SPSS. Both bivariate and multivariate logistic analyses were used. Among all people using Yoga/Tai Chi/Qigong as their first top therapy, talking to healthcare providers about those alternative therapies was positively correlated with lower stress, better sleep, enhanced emotional wellbeing, easier coping with health problems, improved overall health, improved relationships with others, and improved job/school attendance. We found that people who told their healthcare providers about their Yoga/Tai Chi/Qigong were 178% more likely to feel that the therapy helped. When asked about why they did not tell, 66% said the reason was that their providers did not ask. In conclusion, talking to a healthcare provider about alternative therapies is positively associated with achieving better health outcomes among people who choose Yoga/Tai Chi/Qigong as their first top alternative therapy.

INTRODUCTION

The use of integrative approaches to achieve better health and wellness has grown within healthcare settings during recent years in the United States. The 2012 National Health Interview Survey is by far the most current and comprehensive source of information on the use of complementary health treatments by Americans. According to the NHIS report, 10 percent of American adults used Yoga/Tai Chi/Qigong in 2012 [1].

Studies have shown that mind and body practices like Yoga/Tai Chi/Qigong are related to various factors and may have positive effects on specific health conditions such as anxiety and depression [2-4]. Although mechanisms of these mind and body interventions are not clear, their practitioners have

seen meaningful improvements in physical and psychological functioning [5-8]. The health benefits of these techniques have been documented in a large number of clinical studies mostly focused on specific diseases.

However, evidence is significantly lacking in many areas of mind and body interventions. What is the specific mechanism for mental and physical health? Why and how do people practice? Should they be kept separate from mainstream conventional medicine?

In this study, we look into associations between the benefits of Yoga/Tai Chi/Qigong and discussion about the practice with healthcare providers. We selected people who used Yoga/Tai Chi/Qigong as their first top alternative therapy, which means

they would choose Yoga/Tai Chi/Qigong for their alternative therapy over any other alternative treatments despite of the fact that they may also use other treatment. We examined the patterns of reported Yoga/Tai Chi/Qigong use to answer the following questions: 1) Was it beneficial to talk to health care providers about the practice? 2) Why didn't many people tell their providers about alternative practices? 3) What was the implication for healthcare providers?

MATERIALS AND METHODS

NHIS provides the most current and comprehensive national representative surveys of U.S. civilian population. The most recent survey on Alternative Medicine Supplement was in 2012. During the year, NHIS assessed 12-month engagement in different complementary and alternative medicine practices including natural products, herbs, acupuncture, chiropractic, Yoga/Tai Chi/Qigong, and many other practices. We examined data from the 2012 NHIS (n=33,397) to estimate the practice patterns of Yoga/Tai Chi/ Qigong. We studied people who practiced Yoga/Tai Chi/Qigong as their first top alternative therapy (n=1,306). We weighted estimates to reflect the complex sample design using SPSS. Bivariate and multivariable logistic analyses were used to calculate odds ratios (ORs) and 95% confidence intervals (CIs). All analyses were performed using IBM SPSS version 22 for Windows.

RESULTS

Among 33,397 participants who responded to questions in 2012 NHIS survey, 1,306 (4%) people chose Yoga/Tai Chi/

Qigong as their first top alternative therapy.

Of those 1,306 people, after adjusting for age, sex, race, education, region, marital status, and private health insurance, our complex sample logistic regression showed that people who told their providers about the Yoga/Tai Chi/Qigong practices were 178% more likely to report beneficial outcome out of these practices Table 1.

Among the 1,306 people, only 296 ever told their healthcare providers about their alternative treatment choice. Of the 536 people who chose not to tell their healthcare providers about their Yoga/Tai Chi/Qigong practice, 256 (49% \pm 2.2%) thought their providers did not need to know. Three hundred forty five people (66% \pm 2.2%) didn't tell because their providers did not ask. Most people believed that their providers have certain knowledge of alternative medicine (94%) and there was enough time to tell during their office visits (96% \pm 1%). However, many people did not tell their healthcare providers about their alternative treatment. More details are shown in Figure 1.

Other positive associations were found between telling healthcare providers about Yoga/Tai Chi/Qigong practice and reporting beneficial outcomes of the practice such as reduced stress level or relaxation (OR, 2.1; 95% CI, 1.3-3.6), better sleep (OR, 2.6; 95% CI, 1.9-3.6), feeling better emotionally (OR, 2.7; 95% CI 1.9-3.9), making it easier to cope with health problems (OR, 2.8; 95% CI, 2.0-3.9), improved overall health (OR, 2.3; 95% CI, 1.5-3.5), improved relationship with others (OR, 2.4; 95% CI, 1.8-3.2), and improved attendance at job or school (OR, 2.0; 95% CI, 1.3-3.0).

Table 1: Adjusted Odds Ratio on Finding Yoga/Tai Chi/Qigong Helpful Based on 2012 NHIS, United States.

Variable		Adjusted Odds Ratio (95% CI)	
Age	<30	0.56	(0.29-1.10)
	30-39	0.67	
	40-49	0.50	(0.25-1.00)
	50-59	0.71	(0.37-1.39)
	60+	1	
Sex	Female	1.91	(1.26-2.89)
	Male	1	
Race	Black	0.70	(0.38-1.27)
	AIAN	0.76	(0.10-5.96)
	Asian	1.65	(0.85-3.21)
	Multi	1.00	(0.42-2.39)
	White	1	
Education	High School or less	1.66	(0.93-2.97)
	Grad school or more	0.93	(0.57-1.53)
	College level	1	
Region	Mid-West	0.51	(0.32-0.81)
	Southern	1.03	(0.63-1.68)
	West	1.09	(0.63-1.88)
	Northeast	1	
Marital Status	Yes	1	
	No	1.09	(0.73-1.65)
Private Health Insurance	Yes	1.62	(0.98-2.67)
	No	1	
Told provider about practice	Yes	2.78	(1.74-4.44)
	No	1	

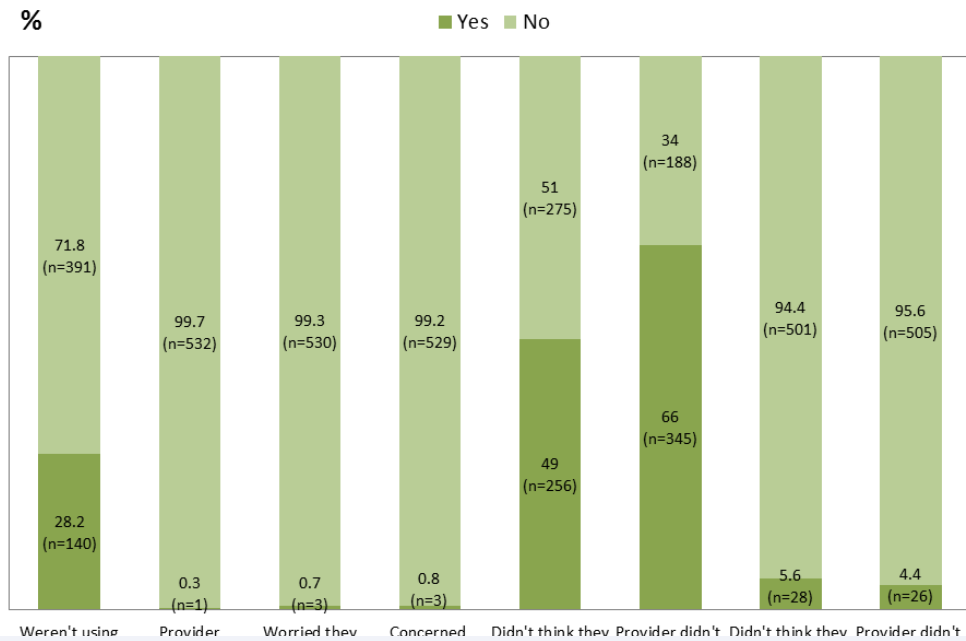


Figure 1 Why people did not tell their Health Care Providers about the use of Yoga/Tai chi/Quigong as First Top Therapy.

Table 2: Odds Ratios of Reasons and Outcomes of Practicing Yoga/Tai Chi/Quigong by Whether Communicated with a Healthcare Provider Based on 2012 NHIS, United States.

	Told Healthcare Provider (n=296)		Didn't Tell (n=536)		Odds Ratio (95%CI)
	N	Weighted % (SE)	N	Weighted % (SE)	
Reason for Practicing Yoga/Tai Chi/Quigong					
For your general wellness or general disease prevention	254	86.3 (1.9)	416	77.8 (1.9)	1.8 (1.2-2.6)
To improve your energy	221	75.0 (2.4)	327	60.8 (2.1)	1.9 (1.4-2.6)
To improve your immune function	101	34.3 (3.0)	122	21.9 (1.9)	1.9 (1.4-2.5)
To improve your athletic or sports performance	157	52.8 (2.9)	230	46.7 (2.1)	1.3 (0.9-1.7)
To improve your memory or concentration	113	39.8 (2.9)	124	22.6 (1.9)	2.3 (1.7-3.1)
Outcomes					
Reduced stress level or relaxation	263	91.3 (1.8)	437	82.9 (1.8)	2.1 (1.3-3.6)
Better Sleep	207	71.0 (2.6)	267	48.4 (2.2)	2.6 (1.9-3.6)
Feel better emotionally	231	80.4 (2.4)	314	60.2 (2.4)	2.7 (1.9-3.9)
Made it easier to cope with health problems	151	53.1 (3.0)	156	29.1 (2.2)	2.8 (2.0-3.9)
Improved overall health and feeling better	261	88.3 (1.9)	412	76.9 (1.8)	2.3 (1.5-3.5)
Improved relationships with others	129	45.0 (3.2)	133	25.5 (1.8)	2.4 (1.8-3.2)
Improved attendance at job or school	53	24.2 (2.9)	61	13.7 (1.7)	2.0 (1.3-3.0)

Abbreviations: SE: Standard Error

In addition, practicing Yoga/Tai Chi/Quigong for health purposes such as disease prevention, improving energy and immune function, or enhancing memory and concentration were also found to be positively correlated with telling healthcare providers. However, practicing Yoga/Tai Chi/Quigong for the purpose of improving athletic or sports performance was not found to be significantly correlated with telling healthcare providers. Please refer to Table 2 for more details.

DISCUSSION

Our study took a new look into the characteristics of those who chose Yoga/Tai Chi/Quigong as their first top therapy. This

is the first report to our knowledge to find associations between healthcare provider counseling and benefits of alternative therapy.

Our findings show that people who told their providers about their alternative practices were 178% more likely to report beneficial outcomes from these therapies. Telling healthcare providers about alternative practices was positively associated with better health outcomes, including better sleep, reduced stress level, feeling better emotionally, making it easier to cope with health problems, improved overall health, improved relationship with others, and improved attendance at job or school.

It is conceivable that healthcare providers are responsible for these positive associations. Being able to team up with a healthcare provider to handle challenges during mind-body practices means extra support. This positive dynamic of physician-patient communication may produce better patient outcome. A recent review of medical survey data on weight loss in a practice-based trial supports this view; it reports that people who had said their primary care doctors' support was especially helpful achieved better results when compared with those who did not consider their doctors helpful [9].

Unfortunately, NHIS surveys are not designed to study causation. Besides possible reporting bias, missing data among these surveys may complicate the seemingly obvious relationship. In addition, we need to keep in mind that a wide range of cognitive, social, and individual factors could come into play, to swing the relationship between coincidence and causation.

Cognitive biases such as belief bias, confirmation bias, or social desirability bias may exist regardless of age, sex, race, education, region, marital status, and private health insurance. Patients who told healthcare providers about their alternative treatments may hold stronger beliefs about their practice; they may be more dedicated to the practice; they may devote more energy to learning and improving the techniques; they may do other things to improve health; they may also be more compliant with other treatments; and, they may tend to report more desirable outcomes. The combined biases may influence the patients' perceptions about the alternative treatments.

Furthermore, in addition to missing data and different biases, many other challenges in mind-body practice research persist. Viewing Tai Chi as a complex, multi component intervention, Wayne and Kaptchuk point out that Tai Chi integrates numerous physical, cognitive, and ritualistic components [10]. While some factors may result in bias toward positive associations, other factors may mask the effect and lead to seemingly less favorable outcomes. For example, without proper training, some people may practice incorrectly or sustain injuries and worsen the health problems they intended to treat. Unfortunately, these variables were not included in the NHIS survey and therefore could not be studied at this point.

Ultimately, counseling with healthcare providers can help patients gain new insights on alternative treatments. This process may increase patients' understanding and confidence in their practice. Despite all possible limitations, our findings of the above positive associations suggest the importance of open and effective communication between patients and healthcare providers. Thus, both physicians and patients should learn more and start to talk about alternative treatments. Due to its own

complexity and the existence of numerous confounding factors, well-designed mind-body research should help distinguish between specific and nonspecific effects, identify short-term and long-term impacts, and provide more evidence for future practice.

CONCLUSION

In conclusion, a simple conversation with a healthcare provider on alternative therapies is positively associated with multiple health benefits and better outcomes among people who choose Yoga/Tai Chi/Qigong as their first top alternative therapy. Future well-designed research will clarify the effect and support better clinic practice.

REFERENCES

1. Clarke TC, Black LI, Stussman BJ, Barnes PM, Nahin RL. Trends in the use of complementary health approaches among adults: United States, 2002-2012. *National Health Statistic Reports*. 2015.
2. Jiang D, Kong W, Jiang J. Study of Tai Chi practice in the United States. *Ann. Community Med Practice*. 2015; 1: 1005.
3. Field T, Diego M, Hernandez-Reif M. Tai Chi/Yoga effects on anxiety, heartrate, EEG, and math computations. *Complementary Therapies in Clinical Practice*. 2010; 16: 235-238.
4. Yin J, Dishman RK. The effect of Tai Chi and Qigong practice on depression and anxiety symptoms: A systematic review and meta-regression analysis of randomized controlled trails. *Mental Health and Physical Activity*. 2014; 7: 135-146.
5. Wang C, Schmid CH, Rones R, Kalish R, Yin J, Goldenberg DL, et al. A randomized trial of tai chi for fibromyalgia. *NEJM*. 2010; 363: 743-754.
6. Zainal NZ, Booth S, Huppert FA. The efficacy of mindfulness-based stress reduction on mental health of breast cancer patients: A Meta-analysis. *Psychooncology*. 2013; 22: 1457-1465.
7. Zeng Y, Luo T, Xie H, Huang M, Cheng AS. Health benefits of Qigong or tai chi for cancer patients: A systematic review and meta-analyses. *Complement Ther Med*. 2014; 22: 173-186.
8. Ye J, Cai S, Zhong W, Cai S, Zheng Q. Effects of tai chi for patients with knee osteoarthritis: A systematic review. *J Phys Ther. Sci*. 2014; 26: 1133-1137.
9. Bennett WL, Wang NY, Gudzone KA, Dalcin AT, Bleich SN, Appel LJ, et al. Satisfaction with primary care provider involvement is associated with greater weight loss: Results from the practice-based POWER trial. *Patient Education and Counseling*. 2015; 98: 1099-1105.
10. Wayne PM and Kaptchuk TJ. Challenges inherent to Tai Chi research: part I—Tai Chi as a complex multicomponent intervention. *The Journal of Alternative and Complementary Medicine*. 2008; 14: 95-102.

Cite this article

Jiang D, Kong W, Jiang JJ (2016) Discussing Mind and Body Practices with a Healthcare Provider is Associated with Better Outcome in the United States. *Ann Community Med Pract* 2(1): 1011.