



Patients seeking care from acupuncture practitioners in the UK: A national survey

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Summary

Objective: The primary aim was to describe the characteristics of acupuncture patients and in particular the main problem or symptom for which they were seeking treatment. Our secondary aim was to compare the profiles of acupuncture patients with those of a patient survey undertaken in 1988.

Methods: We used the data from a recent prospective adverse event survey of a representative sample of 9408 acupuncture patients who were consulting members of the British Acupuncture Council. We analysed patient reports of demographic details, pathways to care, whether the National Health Service paid for their treatment, whether they had previously consulted a GP or hospital specialist for their main problem and whether they were consulting an acupuncturist for the first time. We separately analysed equivalent data from a survey funded by the Nuffield Provincial Hospital Trust undertaken in 1988.

Results: Seventy-four percent of patients were female, and with an average age of 51 years. Most commonly, patients had self-referred (39%), had previously consulted their doctor about their problem or symptom (78%), were paying for their own treatment (95%), and had received acupuncture before (87%). The most common main problem or symptom reported by patients was musculo-skeletal (38%), followed by psychological (11%), general (9%), neurological (8%) and gynaecological/obstetric (8%), while 5% of patients were seeking treatment for their general well-being. In comparing our data with that of the 1988 survey, we found a number of changes over time, in particular the proportion of musculo-skeletal conditions had dropped significantly ($\chi^2 = 17.36$, d.f. = 1, $p < 0.001$), indicating a wider case mix amongst patients compared with those seeking care in 1988.

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Conclusion: This evidence from acupuncture patients' reports shows that musculo-skeletal problems provide the main reason for seeking treatment. The large dataset from this study provides a wealth of information and a fresh raft of questions which will inform future research and policy-making.

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Introduction

More people are visiting acupuncturists in the UK than ever before and largely paying for these visits out-of-pocket. Paying out-of-pocket implies that there are important reasons for choosing acupuncture care, yet we have very little information about what problems or symptoms they are seeking help for, and whether they are consulting their doctor about their condition beforehand. There is increasing pressure on National Health Service decision-makers to provide alternative treatments within the NHS. However if acupuncture is to have more of a role in the health service, information about the patients that seek care in this field and for what conditions patients seek that care is crucial in order to inform purchasing decisions.

We know from a postal survey of over 5000 members of the adult general population conducted in 1998¹ that approximately 11% of the UK population had visited complementary practitioners from one of six established therapies (acupuncture, chiropractic, homeopathy, hypnotherapy, medical herbalism and osteopathy) within the previous year. From this study it was estimated that 7% of the adult population had visited an acupuncture practitioner within their lifetime and 1.6% had done so within the previous year. A more recent survey, conducted as part of the National Omnibus Survey also estimated that in 2001 1.6% of adults had consulted a practitioner of acupuncture in the preceding year.²

Patients who visit complementary practitioners in the UK have certain characteristics. More women than men are consulting, they tend to be more in the middle age ranges, and they seek care most commonly for musculo-skeletal problems.³ However, we have much less specific information about acupuncture patients. One of the best sources is from a survey of acupuncturists' patient records conducted in 1995 by Wadlow and Peringer⁴ who found that acupuncturists also saw more women than men, and presented primarily with musculo-skeletal disorders. With the increasing popularity of acupuncture and the potential for its wider inclusion into the National Health Service, the more

information we have about why people are seeking acupuncture care and who those people are, the better-informed decision makers can become.

In this paper we report the results of our analysis of the profiles of acupuncture patients who completed a recent survey of adverse events.⁵ With an unusually large dataset of over 9000 patients, a number required to meet our target for capturing potentially more rare adverse events, we have taken the opportunity of collecting and analysing data on the profiles of the patients, including their demographic details. Our primary focus in this paper has been the main problem or symptom reported by acupuncture patients, and we report these data along with associated patient characteristics.

Methods

This study was designed as an integral component to a large-scale acupuncture safety study, which has recently been reported elsewhere.⁵ Within this safety study, patients completed sufficient baseline data to provide us with a robust cross-sectional survey of their profiles and this forms the main body of results reported here. The Northern & Yorkshire Multi-centre Research Ethics Committee gave ethical approval for the study.

In 2002, we asked acupuncturists, all of whom were UK based members of the British Acupuncture Council and then in practice, to help us recruit patients. The British Acupuncture Council is the self-regulating professional body for acupuncturists in the UK, and accredited training colleges are required to provide a minimum of a 3 year full-time training or equivalent. Of the total membership of the British Acupuncture Council, 638 (33%) agreed to participate. We collected information on acupuncturists who agreed to participate and on those who declined, including data on their sex, years in practice, where they trained and the number of patients they were treating a week. The extent that this sample represents the membership of the British Acupuncture Council as a whole has been described elsewhere.⁵

Survey forms, which were piloted with a small number of patients, were handed out to consecutive patients by their practitioner, provided the patients were interested in helping with the survey, over 18 years old, and able to complete the form. Nine thousand and four hundred eight patients consented and returned survey forms. The data they provided us with included their age, sex, whether they were first time acupuncture patients, the problem or symptom for which they were seeking help, their pathway to care, and whether the National Health Service was paying for their acupuncture.

To establish whether or not acupuncture patients differed from the general population, we compared our data with information on GPs patients⁶ and on the general population.⁷ To explore whether the profile of acupuncture patients has changed over time, we have extracted data on acupuncture patients ($n = 518$) from a 1988 survey of complementary therapists and their patients, funded by the Nuffield Provincial Hospitals Trust and conducted by one of the co-authors.³

To allow further comparisons, we used the International Classification of Primary Care (ICPC)⁸ to code their main reported problem or symptom, with an additional category of 'general well-being'. Used in the 'Reason for Encounter' mode, this World Health Organisation classification is designed specifically to capture the patients' own descriptions of their health problems rather than a health-

care professional's diagnosis, and as such it works well for coding a patient survey such as this one. Some patients reported more than one main problem, but as we had asked for only one, for consistency we coded only their first problem.

For data management and analysis, we used the Statistical Package for the Social Sciences (SPSS). Percentages and proportions are reported using complete data (missing data was minimal—just 0.1% for sex to 1% for age). Odds ratios and confidence intervals were calculated using SPSS and Confidence Interval Analysis (CIA). Between databases we used *t*-test to compare the mean ages and Chi-square to test for significant changes in proportions of disease presentation and sex.

Results

Sex and age profiles

In Table 1 we present demographic data on sex and age as well as comparing with data from the General Household Survey,⁶ the Census,⁷ and the 1988 Nuffield survey.³ While women tend to consult GPs more often than men ($p < 0.001$), our survey confirmed findings from the earlier (Nuffield) survey that the gender imbalance in people consulting acupuncturists is even more pronounced in favour of women ($p < 0.001$). Among acupuncture patients,

Table 1 Sex and age of acupuncture patients compared to other populations in the UK.

	Acupuncture patients in this survey 2002 (%), $N = 9408^f$	Patients consulting GPs (GHS ^a 2002) (%), $N = 20,149$	General population (UK Census 2001) (%), $N = 58,789,194$	Acupuncture patients from Nuffield Survey, 1988 (%), $N = 518$
Sex				
Male	26	43	48.7	35.3
Female	74	57	51.3	64.7
Age				
18–24	1.8	14 ^b	8.4	4.5 ^e
25–34	12.3		14.3	17.2
35–44	21.7		14.9	20.5
45–54	24.4	16 ^c	13.2	17.6
55–64	19.1		10.6	19.8
65–74	12.2	22	8.4	13.2
75–84	6.6	25 ^d	5.6	5.4
85+	0.9		1.9	0.4
Average age	51.0	44.3	38.6	48.7

^a General Household Survey.

^b Patients aged 16–44 years.

^c Patients aged 45–64 years.

^d Patients aged over 75 years.

^e Patients aged 16–24 years.

^f Missing data; $n = 5$ for sex and $n = 93$ for age.

a significantly higher proportion of women were treated in 2002, 74%, as compared to 1988, 65% ($p < 0.001$). Also acupuncture patients were represented in relatively higher proportions in the age range 35–64 years when compared with either GP patients or the general population.

Key characteristics of people seeking acupuncture care

Patients reported their pathway to care, whether they had previously consulted their GP or hospital specialist about their main problem or symptom, whether it was their first time receiving acupuncture, and whether the NHS had paid for their treatment (see Table 2). The most common pathways involved were self-referral (39%) or recommendation from a family member, a friend or a colleague (34%). A relatively small proportion (10%) of patients had been recommended to consult their acupuncturist by someone in the NHS: that is a GP, hospital specialist, physiotherapist, or nurse.

Main clinical problems or symptoms

The primary outcome from this survey is the data on the main problem or symptom reported by patients. We report this data in two ways. Firstly in Table 3 we present the main International Classification for Primary Care.⁸ As might be expected, the largest category is that of musculo-skeletal conditions, accounting for 38% of all consultations. For the purposes of comparison, we also present the equivalent data from the 1988 Nuffield survey.³ Secondly in Appendix A we present the full data on main problems and symptoms reported by 10 or more

patients, i.e. those occurring in more than 0.1% of all patients in the sample.

The proportion of patients attending with musculo-skeletal disorders decreased significantly from 47.3% in 1988 to 38.1% in 2002 ($\chi^2 = 17.36$, d.f. = 1, $p < 0.001$). The proportion of patients attending with gynaecological and obstetric disorders increased significantly during this time from 3.3% to 7.6% ($\chi^2 = 12.97$, d.f. = 1, $p < 0.001$). The proportion of patients attending with general disorders and those classified as 'general well-being', when combined, increased from 9.8% in 1988 to 13.9% in 2002 ($\chi^2 = 7.19$, d.f. = 1, $p < 0.007$). For the more common conditions, no other changes reached statistical significance. There are many tests of significance here and we can apply the Bonferroni correction⁹ to test the composite null hypothesis that there is no difference between the 1988 and 2002 populations. This would be significant if any p -value were less than 0.003 (i.e. 0.05/17), which was achieved for musculo-skeletal and for gynaecological and obstetric disorders. We conclude that there is good evidence that the type of presenting problem changed between 1988 and 2002.

Comparing key characteristics with the main problem or symptom

To obtain a clearer picture of the patients we explored their key characteristics in further detail. For this analysis we have focussed on five categories of main problems or symptoms from within the ICPC: these are musculo-skeletal (L), psychological (P), neurological (N), gynaecological/obstetric (for which we have combined categories W and X) and general well-being. Using these groupings, we

Table 2 Information about people seeking acupuncture care.

	2002 survey data, <i>n</i>	2002 survey data (%)
Pathway to care: (<i>n</i> = 9328)		
Self-referral	3690	39.6
Family/friend/colleague	3185	34.1
Complementary practitioner	767	8.2
General practitioner	502	5.4
Physiotherapist	196	2.1
Hospital specialist	172	1.8
Nurse	49	0.5
Other	532	5.7
Multiple	235	2.5
Previously consulted their GP or hospital specialist about their main problem or symptom (<i>n</i> = 9337)	7257	77.7
Patients receiving acupuncture for the first time (<i>n</i> = 9381)	1253	13.4
Patients who had their treatment paid for by the NHS (<i>n</i> = 9337)	441	4.7

Table 3 Main problem or symptom of people seeking acupuncture care.

ICPC ^a categories		2002 survey data		1988 Nuffield survey data	
		<i>n</i>	% of total	<i>n</i>	% of total
A	General	852	9.1	31	6.1
	General well-being ^b	446	4.8	19	3.7
B	Blood	31	0.3	2	0.4
D	Digestive	434	4.6	20	3.9
F	Eye	34	0.4	3	0.6
H	Ear	72	0.8	5	1.0
K	Circulatory	335	3.6	7	1.4
L	Musculo-skeletal	3560	38.1	241	47.3
N	Neurological	763	8.2	37	7.3
P	Psychological	1047	11.2	61	12.0
R	Respiratory	533	5.7	33	6.5
S	Skin	264	2.8	12	2.4
T	Endocrine, metabolic and nutritional	125	1.3	11	2.2
U	Urology	93	1.0	6	1.2
W	Pregnancy, childbearing, family planning	232	2.5	1	0.2
X	Female genital system	481	5.1	16	3.1
Y	Male genital system	20	0.2	2	0.4
Z	Social problems	18	0.2	2	0.4
	Total	9340	100.0	509	100.0
	Missing	68		9	
		9408		518	

^a International Classification of Primary Care.⁸

^b Additional category not listed in the ICPC.

present the following results where statistical significance is reached.

Sex

Men were significantly more likely than women to present to an acupuncturist for musculo-skeletal problems (OR 1.29: 95% CI 1.17, 1.42) and, unexpectedly, for general well-being treatments (OR 1.38: 95% CI 1.13, 1.70). They were less likely to present with neurological problems (OR 0.82: 95% CI 0.69, 0.98).

Age

People aged 55 years and older were much more likely to present for a musculo-skeletal problem (OR 3.0: 95% CI 2.75, 3.28) and less likely to use acupuncture for a psychological problem (OR 0.47: 95% CI 0.40, 0.54) or a neurological problem (OR 0.75: 95% CI 0.64, 0.88) and very much less likely to present for treatment for general well-being (OR 0.14: 95% CI 0.11, 0.20). As could be expected, women aged under 55 years were many times more likely to present for a gynaecological/obstetric problem (OR 6.97: 95% CI 5.08, 9.57).

Paid for by the NHS

Compared with patients using private acupuncture, those reporting NHS acupuncture were more likely to be male (OR 1.25: 95% CI 1.01, 1.54) and have had a prior GP or NHS specialist consultation (OR 5.19: 95% CI 3.43, 7.86). Compared to all other reasons for encounter, patients with musculo-skeletal problems were much more likely to have their treatment paid for by the NHS (OR 1.93: 95% CI 1.59, 2.34). The NHS was less likely to pay for gynaecological/obstetric problems (OR 0.42: 95% CI 0.22, 0.79) and very unlikely to pay for treatments for general well-being (OR 0.13: 95% CI 0.04, 0.42).

Prior consultation with GP or specialist

People who consulted their GPs or a hospital specialist about their main problem were more likely to be women (OR 1.26: 95% CI 1.13, 1.40) and aged 55 years or older (OR 1.29: 95% CI 1.16, 1.42). Our participants were much more likely to have consulted a GP or hospital specialist about their neurological problem (OR 3.01: 95% CI 2.34, 3.86) and marginally more likely if they had a musculo-skeletal problem (OR 1.16: 95% CI 1.05, 1.28). If they were present-

ing for psychological problems they were less likely to have consulted their GP or a hospital specialist beforehand (OR 0.56: 95% CI 0.48, 0.64) and very much less likely if they were consulting for a general well-being treatment (OR 0.16: 95% CI 0.13, 0.19).

First time receiving acupuncture

First time users of acupuncture were more likely to be men than women (OR 1.35: 95% CI 1.18, 1.54), and it was more likely that NHS paid for treatment for first time users (OR 1.88: 95% CI 1.49, 2.38). It was more likely that first time users will have consulted their GP or hospital specialist about their main problem (OR 1.36: 95% CI 1.17, 1.59). Patients receiving acupuncture for the first time were more likely to be coming for musculo-skeletal problems than people who had had acupuncture before (OR 1.69: 95% CI 1.50, 1.91). They were much less likely to be consulting for gynaecological/obstetric problems (OR 0.59: 95% CI 0.43, 0.82) or for general well-being treatments (OR 0.20: 95% CI 0.12, 0.35).

Discussion

Our main findings were that people presenting for acupuncture care did so most commonly for musculo-skeletal problems (38.1%), followed by psychological (11.2%), general (9.1%), neurological (8.2%), and gynaecological/obstetric (7.6%) problems. While the ranking is similar to that reported in the Nuffield survey,³ re-analysis for those patients consulting acupuncturists showed that the proportion consulting for musculo-skeletal problems was significantly higher in 1988 at 47.3%. This reduction in the proportion of patients using acupuncture for musculo-skeletal problems over time might be due to a broadening of the public perception of what acupuncture might be used to treat. The categorisation of presenting problems given in [Appendix A](#) provides sufficient detailed prevalence data for all sorts of symptoms, such as tinnitus, irritable bowel syndrome, asthma, insomnia, which establishes a useful baseline for measuring trends in patterns of use and for future research studies in these areas.

As might be expected, musculo-skeletal problems were significantly more likely to be reported by patients who were male and aged 55 years or more. Psychological complaints, mostly involving stress, anxiety and depression, were more likely to be reported by women and those under 55 years of age. Patients who presented primarily with neurological complaints, usually migraine or

headache, were also more likely to be women and under 55 years of age. The sex and younger age of these patients may be explained in part by the fact that some types of headaches and migraines have a hormonal cause. From practitioner records, similar patterns of use by 714 acupuncture patients were found by Wadlow and Peringer,⁴ who found that the most common problems recorded were musculo-skeletal (33%), "emotional, psychological and spiritual" (9.1%), neurological (9.5%), and gynaecological/obstetric (5.9%).

This survey was cross-sectional, and therefore only provides a snapshot at one point in time. It would be interesting to monitor how patients reasons for consulting change over an extended course of treatment, perhaps by replicating the research of Gould and MacPherson with a longitudinal study, a larger sample and more robust instruments.¹⁰ They found that ongoing patients reported a shift in their reason for consulting away from physical problems and towards concerns about general health and well-being, which rose from 1% among patients at their first consultation to 22% among ongoing patients. We found that 5% of acupuncture patients consulted primarily for treatment for general well-being, and they were significantly more likely to be men and under the age of 55 years. The concept of general well-being is a common phenomenon in Chinese medicine, and reflects the philosophy of this medicine that has a focus of balancing *yin* and *yang* in the body to promote health. Cassidy, in a survey of 575 patients of Chinese medicine clinics in the US, found a high proportion (63%) of patients that gave "well-care" as one of potentially multiple reasons for having sought care from the clinic.¹¹

Our survey had a higher proportion of women (74%) patients, than did Wadlow and Peringer (69%) or Thomas et al. in 1988 (65%). The higher proportion of women consulting acupuncturists can be explained to some extent by the fact that women tend to respond to surveys more than men, as well to consult their GPs more often. In our survey the average age was 51 years, with a range from 18 to 100 years. When comparing our data with that of the 7, it is clear that a relatively higher proportion of people between the ages of 35 and 74 years tend to consult acupuncturists. This can be explained in part by older patients having higher morbidity, as evidenced by GP consultation rates, and in part because of our exclusion of respondents under the age of 18 years. The subset of acupuncture patients within the Nuffield survey showed a small but significant lower mean age of 48.7 years, with a range from 2 to 85 years.³ Wadlow and Peringer reported

a mean age of 47.1 years, with a range from 1 to 89 years.⁴

There are several limitations to our study. The survey was of patients of acupuncturists who were members of the British Acupuncture Council and so our results will not be representative of patients of all acupuncturists. In the UK, some doctors and physiotherapists provide acupuncture as a treatment that is secondary to their primary clinical practice, and they will have higher proportions of treatment provided or paid for within the NHS. Therefore our data cannot be extrapolated beyond the patients of professional acupuncturist members of the British Acupuncture Council. A response rate of 33% of acupuncturists can be viewed as relatively high from a profession as a whole, given the commitment required to conduct the survey. However it can be seen as a limitation in terms of potential response bias, even though this potential bias is mitigated by the fact that it is the patients not the acupuncturists that are self-reporting data. Although we had asked for only one main problem or symptom, people frequently put down more than one, and sometimes up to four or five. However if more than one was reported, we only coded the first on their list, thereby ensuring validity of data. In retrospect, we should perhaps have asked for more than one clinical problem or symptom, thereby providing us with valid data beyond the first one. With a dataset of over 9000 patients, we tried to be consistent using the ICPC codes by providing training for data entry personnel. After the first entry we sampled our coded data, and found some miscoding, which led us to double check areas of concern. We are unsure to what extent our method of coding was exactly the same as that used in the other studies we are making comparisons with. Nevertheless, using the ICPC coding system has a distinct advantage over other coding systems in that it is designed to allow coding of the patient's own statement about their main problem for which they are seeking help, and therefore does not require a formal conventional medical diagnosis for coding.

The majority of people in this survey self-referred or were given a recommendation by a member of their family, a friend or a colleague. Health care practitioners from within the National Health Service referred only 9.8% of our survey respondents, while the NHS paid for only 4.7% of our respondents' treatment. These data show that choice of care for our overall sample of acupuncture patients is primarily outside of the mainstream NHS system and is generally an out-of-pocket expense. Future research could usefully explore patients' rationales for choosing

this form of health care when consultations for conventional medicine are free at the point of delivery. Some pointers can be found in Cassidy's research conducted with acupuncture patients in the USA who found that patients value a range of aspects of treatment, including: improvement of symptoms, improved quality of life, reduced use of prescription drugs and surgery, improved physiological and psychosocial adaptivity, a closer relationship with their practitioner, and feeling more able to guide their own lives and care for themselves.^{11,12}

We found that 78% of patients had previously consulted their GP or hospital specialist about their condition. Men and those under 55 years were less likely to have consulted beforehand, as were those who reported psychological problems. Future research could usefully explore the reasons why people did not consult beforehand, and whether this was related to their perception of the seriousness of their condition, their attitude to their health or the nature of their condition. For example do patients with depression and anxiety avoid their GPs because of a perceived stigma of being labelled as having a mental health problem? Or does the data reflect limitations of medication on this area, or patients' fears of becoming addicted to prescribed medication? Have patients chosen acupuncture as a first option for certain conditions, and therefore only use their GP as a fallback option if acupuncture fails to help? A ripe area for further research, one outside the scope of this paper, is on the related issue of whether patients disclose to their physician that they are receiving acupuncture or not, and the reasons for this. Qualitative research could be used to explore these and many other related questions, thereby providing depth to help with the interpretation of our data.

Conclusion

Up to now, little has been known about acupuncture patients in the UK. With over 9400 respondents, this survey is much larger than any previous survey and consequently we have been able to find out in considerable detail who consults acupuncturists, and in particular their main problems and symptoms for which they were seeking treatment. Our findings are that people continue to come predominantly for musculo-skeletal complaints, though with a reduced proportion when compared with previous data, followed by psychological problems. This research provides a wealth of data and a fresh raft of questions that will inform future research and policy-making.

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Appendix A

Distribution of presenting complaints in acupuncture patients by ICPC^a codes (*n* = 9408).

	Number	Percentage
A: General and unspecified		
General/unspecified pain A01	30	0.32
General weakness/tiredness/ill feeling A04	447	4.75
Allergic reaction A12	19	0.20
Other viral diseases (ME/chronic fatigue) A77	271	2.88
Adverse effects medicines A85	28	0.30
Other general A02, A03, A05, A06, A08, A09, A10, A29, A73, A75, A78, A79, A82, A84, A86, A87, A88, A89	57	0.61
General well-being (other general problem not otherwise specified) A69	446	4.74
Percentage of all respondents		13.9
B: Blood, blood-forming organs, lymphatics, spleen		
HIV infection B90	15	0.16
Other blood B02, B29, B72, B73, B80, B82, B83	16	0.17
Percentage of all respondents		0.33
D: Digestive		
Stomach or abdominal pain D01, D02, D06	41	0.44
Flatulence D08	10	0.11
Constipation D12	15	0.16
Mouth, teeth, tongue, lip, gum problems D19, D20, D83	16	0.17
Infectious hepatitis D72	12	0.13
Stomach function disorders/gastritis D87	13	0.14
Irritable bowel syndrome D93	122	1.30
Ulcerative colitis/Chrohn's disease D94	38	0.40
Other digestive D03, D09, D10, D11, D29, D16, D17, D18, D29, D73, D75, D77, D84, D88, D89, D90, D92, D95, D97, D98, D99	171	1.82
Percentage of all respondents		4.66
F: Eye		
All eye problems F01, F03, F05, F14, F15, F16, F29, F70, F83, F84, F93, F99	34	0.36
H: Ear		
Tinnitus H03	32	0.34
Other ear symptoms H01, H02, H13, H29, H39, H74, H81, H82, H86, H99	72	0.76
Percentage of all respondents		1.10
K: Circulatory		
High blood pressure K86, K85	162	1.72
Stroke K90	26	0.28
Palpitations K04	14	0.15
Swollen ankles/edema K07	14	0.15
Other abnormal heartbeat K05	10	0.11
Other circulatory K01, K03, K06, K29, K74, K75, K77, K78, K82, K83, K88, K89, K92, K95, K96, K99	109	1.16
Percentage of all respondents		3.56

Appendix A (Continued)

	Number	Percentage
L: Musculo-skeletal		
Neck symptoms L01, L83	354	3.76
Back symptoms L02, L84, L85	678	7.21
Lower back symptoms/sciatica L03, L86	515	5.47
Jaw L07	11	0.12
Shoulder symptoms L08, L92	325	3.45
Arm symptoms L09	60	0.64
Elbow symptoms L10, L93	89	0.95
Wrist L11	24	0.26
Hand or finger L12	79	0.84
Hip L13, L89	128	1.36
Leg/thigh L14	118	1.25
Knee L15, L90	300	3.19
Ankle L16	43	0.46
Foot or toes L17	78	0.83
Muscle symptoms (incl. fibromyalgia) L18, L19	123	1.31
Multiple joint symptoms L20	56	0.60
Injuries L79, L81	68	0.72
Rheumatoid arthritis L88	97	1.03
Other osteoarthritis L91	294	3.13
Other musculo-skeletal L04, L05, L28, L29, L72, L76, L77, L78, L95	68	0.72
(All osteoarthritis L84, L89, L90, L91—numbers already included in above)	(365)	(3.89)
Percentage of all respondents		37.29
N: Neurological		
Headache N01, N02	170	1.81
Migraine N89	284	3.02
Neurological face symptoms N03, N91, N92	57	0.61
Vertigo/dizziness N17	37	0.39
Sensation disturbances/involuntary movements N05, N06	28	0.30
Multiple sclerosis N86	65	0.69
Carpal tunnel N93	24	0.26
Other neurological N04, N07, N16, N18, N19, N28, N29, N70, N71, N73, N74, N75, N79, N81, N85, N87, N88, N90, N94, N99	98	1.04
Percentage of all respondents		8.11
P: Psychological		
Feeling anxious/nervous/tense P01, P74	234	2.49
Acute stress P02	384	4.08
Feeling depressed P03, P76	185	1.97
Feeling irritable/angry P04	10	0.11
Insomnia P06	120	1.28
Tobacco abuse P17	58	0.62
Other substance abuse P15, P16, P18, P19	20	0.21
Other psychological P04, P20, P29, P70, P73, P79, P99	46	0.49
Percentage of all respondents		11.24
R: Respiratory		
Asthma and breathing difficulties R02, R03, R04, R96	149	1.58
Hayfever/allergic rhinitis R97	65	0.69
Cough R05	27	0.29
Nose and sinus symptoms R06, R07, R08, R09, R75	149	1.58
Respiratory infection R74, R78, R80, R81, R83	67	0.71
Other respiratory R01, R21, R23, R25, R29, R71, R76, R84, R85, R95, R99	76	0.81
Percentage of all respondents		5.67

Appendix A (Continued)

	Number	Percentage
S: Skin		
Skin rashes, sores or lumps S03, S04, S06, S07, S10, S12, S16, S93, S96, S97, S98	38	0.40
Baldness S23	13	0.14
Herpes zoster or simplex (not genital) S70, S71	29	0.31
Contact or atopic dermatitis/eczema S87, S88	99	1.05
Psoriasis S91	32	0.33
Other skin problems S01, S02, S22, S24, S29, S60, S75, S77, S99	53	0.56
Percentage of all respondents		2.80
T: Endocrine, metabolic and nutritional		
Hyperthyroidism T85	11	0.12
Hypothyroidism T86	19	0.20
Diabetes mellitus T90	12	0.13
Weight gain and excess appetite problems T02, T07, T82, T83	17	0.18
Other endocrine, metabolic or nutritional problems (includes "hormonal disorders") T06, T08, T15, T29, T73, T81, T91, T92, T99	66	0.70
Percentage of all respondents		1.33
U: Urology		
Urination difficulties U01, U02, U04, U05, U07, U71	49	0.52
Other urinary system problems U13, U14, U29, U75, U99	44	0.47
Percentage of all respondents		0.99
W: Pregnancy, childbearing, family planning		
Morning sickness W05	41	0.44
Infertility W15, W82	125	1.33
Other pregnancy W01, W17, W18, W19, W20, W27, W29, W90, W92, W94, W99	66	0.70
Percentage of all respondents		2.47
X: Female genital system (including breast)		
Menstrual problems X02, X05, X06, X07, X08	111	1.18
Premenstrual symptoms X09, X89	67	0.71
Menopausal symptoms X11	169	1.80
Breast malignancy X76	14	0.15
Uterine fibroid/myoma X78	21	0.22
Other female genital (incl. endometriosis) X01, X04, X12, X14, X15, X16, X18, X19, X29, X75, X77, X80, X84, X86, X87, X88, X90, X99	65	0.69
Percentage of all respondents		4.75
Y: Male genital system		
All male genital system Y02, Y04, Y06, Y08, Y10, Y29, Y78, Y79	20	0.21
Z: Social problems		
All social problems Z14, Z15, Z19, Z20, Z23, Z29, Z78	18	0.19
Missing	68	0.72
Total survey respondents	9408	100

^a ICPC is the International Classification of Primary Care.⁸

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