

## **Older Australians in nursing homes have limited access to complementary medicines for pain relief**

In Australia and elsewhere, older people living in the community use complementary medicines (CM) to manage the symptoms of chronic illnesses, especially pain, and to supplement 'conventional' medical treatments for the same conditions. The bulk of CM used is self-administered supplements such as vitamins, minerals, herbal medicines and 'natural' health products, purchased in supermarkets, pharmacies and increasingly via the Internet. Consultations with CM therapists such as chiropractors, acupuncturists and naturopaths have also increased among this group. Besides the management of chronic illness symptoms, other reasons why older people use CM include the need for more control over their healthcare, because they think CM is more natural and less harmful than conventional medicine, and because it is cheaper in comparison to conventional medical treatments. In Australia the use of CM is not subsidised by the universal health insurance scheme – Medicare - and private health insurance only partially reimburses some therapies, so people are out-of-pocket if they use CM. However, increasing use of CM in Australia has been connected to government policy which promotes individual healthcare choices, the economy which drives a market for CM, and private health insurance which legitimises CM through partial subsidy.

While chronic illness is a reliable indicator of CM use among older people and international research shows benefits as well as barriers to using CM in residential aged care settings, little is known about use in Australian aged care settings, where increasing numbers of older, frailer people live. Research undertaken in four metropolitan and two regional residential aged care facilities in Victoria Australia, explored the use of CM. Residents, family members, care staff, doctors, nurses, managers, a CM therapist and an activities coordinator participated in interviews or focus groups.

The findings showed that many residents used CM, but this was often without the knowledge of staff and doctors, and could only occur with financial help from their family. Most of the CM used by residents were creams and oils to manage pain and improve mobility. However, cost coupled with the control exercised by doctors and the constraints imposed by facility policies were significant barriers to CM use in residential aged-care. Most residents had limited incomes and could not independently afford to use CM. They could not leave the facility so were also reliant of their family to purchase the CM. Facilities were also constrained by cost - Government funding did not include provision for CM – and by organisational policies which were not supportive of CM use or because they needed medical approval to allow CM use. Doctors were wary of allowing older people in residential aged care facilities to use CM because they felt there was no evidence to support its safety or effectiveness.

These findings are important for the large number of CM using 'babyboomers' as they age, who are better informed about health issues and are likely to expect to be offered choice, and to be

involved in health care decisions when they move into residential care.

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## **Publication**

["I Wouldn't Mind Trying It. I'm in Pain the Whole Time": Barriers to the Use of Complementary Medicines by Older Australians in Residential Aged-Care Facilities.](#)

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