

## Response to: “Use of complementary and alternative medicine by patients with psoriasis”



*To the Editor:* We read the article by Murphy et al<sup>1</sup> keenly. It touches on issues that are pertinent to our specialty in particular and our profession in general. Furthermore, it buttresses findings that there is increasing use of complementary and alternative medicine (CAM) among the general populace,<sup>2</sup> with 34.5% of adults using CAM and 42.3% of these not discussing this use with their primary physician.<sup>2</sup> Top reasons were physician not inquiring (57%) and physician not needing to know (46.2%).<sup>2</sup> These findings are clearly important to our relationship with our patients because they may indicate a mismatch between patient preferences and what we physicians have to offer, as well as a “trust deficit.”<sup>3</sup> More research into CAM may therefore not only be informative for physicians, as the authors suggest, but may also help address this apparent mismatch and trust deficit, further improving patient satisfaction.

The authors define complementary and alternative therapies according to whether patients used them in concert with conventional medicine or not. This is a novel approach. In the interest of clarity and also for patient counseling regarding CAM, we would like to ask them to detail from their data which of the therapies listed in Table II were used in an alternative and which in a complementary manner. This information might be revealing in terms of which therapies patients may believe could be used alone or combined with conventional medicine, and patients’ CAM experiences (even in the absence of research data) could suggest future directions for CAM research.

Patients reported adverse effects (30.16% of respondents) and perceived lack of efficacy of conventional medicine (25.93% of respondents) as the chief reasons for trying CAM. These results may have implications beyond the care of patients with psoriasis. The current uptick in vaccine refusals may be rooted in these patient-perceived fears. Therefore, how we address our patients’ perceptions may affect treatment compliance.

Patients appear to want physicians who are knowledgeable to some extent in CAM and who are open to and respectful of their choice, which indicates that we may need to adapt to satisfy our patients’ wishes.<sup>4,5</sup> Thus, a takeaway could be that we physicians are, after all, service providers, and we cannot truly be such unless we are able to provide both needed and desired services.

We therefore thank the authors for their pertinent work and the *Journal of the American Academy of Dermatology* editorship for publishing it.

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