Complementary AIDS therapies: the good, the bad and the ugly

Ernst E

Authors' objectives
To assess the published data on the use of complementary medicine by HIV-infected or AIDS patients.

Searching
MEDLINE was searched from 1980 to 1996 using the term 'alternative medicine'. Additional references were obtained by searching relevant journals not listed on MEDLINE, personal files, files from other experts working in the field, and the bibliographies of all located articles.

Study selection
Study designs of evaluations included in the review
Questionnaire surveys and cohort studies were considered.

Specific interventions included in the review
Massage, acupuncture, vitamins and herbal remedies; immunostimulation; diets; healing; imagery; bodywork; psychotherapies; homoeopathy.

Participants included in the review
HIV-infected and/or AIDS patients were included.

Outcomes assessed in the review
Perceived effectiveness. Only one study considered assessment of CD4+ cell count, disease progression, physical functioning and mortality.

How were decisions on the relevance of primary studies made?
Papers were included if they reported data on prevalence of use, i.e. perceived effectiveness, safety or costs of complementary medicine as a treatment for HIV infection or AIDS. No details are provided of how these decisions were reached.

Assessment of study quality
The author does not state that they assessed validity.

Data extraction
The author does not state how the data were extracted for the review, or how many of the authors performed the data extraction.

Methods of synthesis
How were the studies combined?
A narrative synthesis was undertaken.

How were differences between studies investigated?
The author does not state how differences between the studies were investigated.

Results of the review
One cohort study (n=56) and 7 questionnaire studies (968 respondents).
The results of the cohort study found no evidence of the effectiveness of complementary medicine on follow-ups using assessments of CD4+ cell count, disease progression, physical functioning or mortality. In the questionnaire surveys, between 37 and 100% of individuals perceived benefit from complementary medicine.

Some surveys reported adverse reactions.

**Cost information**
One questionnaire study reported average annual expenditure on complementary medicines ranged from US$40 to US$8,000 with a median of US$700. A second interview study reported the average cost of herbal remedies per patients was US$418 per month.

**Authors' conclusions**
On average, about one third of HIV-infected or AIDS patients use some type of complementary medicine. Acupuncture, imagery, massage and vitamins seem to be the most popular therapies. Complementary medicine is usually perceived as effective and safe by those who use it. The prevalence, benefits, risks and costs of complementary medicine as a treatment for AIDS requires further investigation using appropriate methodology.

**CRD commentary**
This is a systematic review providing useful background information about the use of complementary medicine by HIV-infected and AIDS patients. However, no controlled studies were included in the review and only one study used potentially objective measures of effectiveness. Searches of other computerised databases may have identified more studies. The lack of detail of the review processes used by the author prevents a proper assessment of the quality of this review.

**Bibliographic details**

**PubMedID**
9175648

**Indexing Status**
Subject indexing assigned by NLM

**MeSH**
Acquired Immunodeficiency Syndrome /psychology /therapy; Complementary Therapies /methods; Humans

**AccessionNumber**
11997008063

**Date bibliographic record published**
31/07/1998

**Date abstract record published**
31/07/1998

**Record Status**
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.