P04.74. Use of Mind-Body Therapies Among Adults with Neuropsychiatric Symptoms Common to Mild Traumatic Brain Injury

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<td>Published Version</td>
<td>doi:10.1186/1472-6882-12-S1-P344</td>
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P04.74. Use of mind-body therapies among adults with neuropsychiatric symptoms common to mild traumatic brain injury

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From International Research Congress on Integrative Medicine and Health 2012
Portland, Oregon, USA. 15-18 May 2012

Purpose
Neuropsychiatric symptoms caused by mild Traumatic Brain Injury (mTBI) are difficult to treat with standard interventions. Given such limitations, patients may choose to treat themselves with mind-body therapies. However, little is known about the use of mind-body therapies by adults with neuropsychiatric symptoms associated with mTBI.

Methods
We compared mind-body therapy use between adults with and without neuropsychiatric symptoms associated with mTBI (self-reported anxiety, depression, insomnia, headaches, memory deficits, attention deficits, and excessive daytime sleepiness) using the 2007 National Health Interview Survey (n=23,393). Mind-body therapy use was defined as use of ≥1 therapy of meditation, yoga, acupuncture, deep-breathing exercises, hypnosis, progressive relaxation therapy, qi gong, and tai chi within the past year. We examined prevalence and reasons for mind-body therapy use in adults with neuropsychiatric symptoms and explored variations in use by number of symptoms. We performed logistic regression to examine the association between neuropsychiatric symptoms and mind-body therapy use, after adjusting for sociodemographic characteristics, illness burden, access to care, and health habits.

Results
Adults with ≥1 neuropsychiatric symptoms used mind-body therapy more than adults without symptoms (25.8% vs. 15.3%, p<0.001). Prevalence increased with increasing number of symptoms (22.1% for 1 symptom, 31.8% for ≥3 symptoms, p<0.001); differences persisted after adjustment (aOR 1.38 [1.25, 1.52] and 2.10 [1.83, 2.41], respectively, compared to adults without symptoms). Reasons for mind-body therapy use among adults with ≥1 symptom include general wellness (64.4%), conventional medicine was ineffective or too expensive (30.2%), and conventional provider recommendation (27.8%). Seventy percent of adults with ≥1 symptom did not discuss their mind-body therapy use with a conventional provider.

Conclusion
More than one in four adults with ≥1 neuropsychiatric symptom used mind-body therapies, with more symptoms associated with increased use. Future research is needed to understand the efficacy and cost of mind-body therapies for patients with neuropsychiatric symptoms common to mTBI.

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Published: 12 June 2012

do:10.1186/1472-6882-12-S1-P344
Cite this article as: Purohit et al. P04.74. Use of mind-body therapies among adults with neuropsychiatric symptoms common to mild traumatic brain injury. BMC Complementary and Alternative Medicine 2012, 12(Suppl 1):P344