



INTEGRATIVE AND COMPLEMENTARY PRACTICES - DOCUMENTARY ANALYSIS AND HEALTH PROFESSIONALS' LOOK

Práticas integrativas e complementares - análise documental e o olhar de profissionais da saúde

Prácticas integrativas y complementarias - análisis documental y la mirada de profesionales sanitarios

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ABSTRACT

Objective: To investigate the implementation of integrative and complementary practices and assess the use, training and acceptance of these practices by professionals working in Primary Health Care (*Atenção Primária à Saúde - APS*). **Methods:** The study was held in two stages: (a) a retrospective documentary analysis was done through systematic reading of the reports of the Municipal Health Conferences (2005-2015) held in Curitiba, Paraná, Brazil to identify proposals related to the National Integrative and Complementary Practices Policy (*Política Nacional de Práticas Integrativas e Complementares - PNPIC*); (b) a cross-sectional quantitative study was conducted in a Sanitary District located in the analyzed municipality in 2017 with 240 professionals in APS centers. Data were collected through semi-structured interviews that addressed socioeconomic variables and integrative and complementary practices (ICP): knowledge of PNPIC; ICP training; ICP practice in APS; access to referral; being a user of ICP; opinion on benefits of ICP in APS. The results were analyzed using frequencies and percentages. **Results:** Of the 2,975 proposals analyzed, 20 were related to the PNPIC, which represents 0.71% of the total. Primary data indicate that 81.3% (n=195) of professionals are unaware of the PNPIC, 98.7% (n=237) believe in the benefits of its provision in APS, 5.8% (n=14) have been trained and 2.1% (n=5) of these offer ICP in APS. **Conclusion:** The proposal for the implementation of ICP in the analyzed municipality is incipient. Although there is a growing interest and acceptance of PIC by health professionals working in APS, it is little used in the analyzed Sanitary District.

Descriptors: Complementary Therapies; Homeopathy; Acupuncture; Unified Health System.

RESUMO

Objetivo: Investigar a implantação das práticas integrativas e complementares e avaliar o uso, formação e aceitação dessas práticas pelos profissionais que atuam na Atenção Primária à Saúde (APS). **Métodos:** Estudo dividido em dois momentos: a) documental retrospectivo, realizado pela leitura sistemática dos relatórios das Conferências Municipais de Saúde (2005-2015) de Curitiba, Paraná, Brasil, identificando propostas relativas à Política Nacional de Práticas Integrativas e Complementares (PNPIC); b) quantitativo transversal, realizado em um Distrito Sanitário de Saúde do município analisado, em 2017, com 240 profissionais de Unidades Básicas de Saúde (UBS). Coletaram-se os dados a partir de entrevista semiestruturada, a qual incluiu variáveis socioeconômicas e as práticas integrativas e complementares (PIC): conhecimento da PNPIC; formação em PIC; desenvolvimento de PIC na APS; acesso ao encaminhamento; ser usuário de PIC; opinião sobre benefícios das PIC na APS. Os resultados foram analisados por meio de frequências e percentuais. **Resultados:** Das 2.975 propostas analisadas,



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identificaram-se 20 referentes à PINPIC, o que representa 0,71% do total. Os dados primários apontam que 81,3% (n=195) dos profissionais desconhecem a PNPIC, 98,7% (n=237) acreditam nos benefícios da oferta da APS, 5,8% (n=14) possuem formação e, destes, 2,1% (n=5) ofertam PIC na APS. **Conclusão:** A proposta de implantação de PIC no município investigado é incipiente. No distrito sanitário estudado existe pouca utilização, embora haja um crescente interesse e aceitação das PIC pelos profissionais da saúde que atuam na APS.

Descritores: Terapias Complementares; Homeopatia; Acupuntura; Sistema Único de Saúde.

RESUMEN

Objetivo: Investigar la implantación de prácticas integrativas y complementarias y evaluar el uso, la formación y la aceptación de esas prácticas por profesionales de la Atención Primaria de Salud (APS). **Métodos:** Estudio dividido en dos momentos: a) documental retrospectivo realizado a través de la lectura sistemática de los informes de las Conferencias Municipales de Salud (2005-2015) de Curitiba, Paraná, Brasil, identificando propuestas de la Política Nacional de Prácticas Integrativas y Complementarias (PNPIC); b) cuantitativo transversal realizado en un Distrito Sanitario de Salud del municipio analizado en 2017 con 240 profesionales de Unidades Básicas de Salud (UBS). Se recogieron los datos a partir de entrevista semiestructurada en la cual se incluyeron las variables socioeconómicas y las prácticas integrativas y complementarias (PIC): conocimiento de la PNPIC; formación en PIC; desarrollo de PIC en la APS; acceso a la consulta; ser usuario de PIC; opinión sobre los beneficios de las PIC en la APS. Se analizaron los resultados por frecuencias y porcentajes. **Resultados:** De las 2.975 propuestas analizadas se ha identificado 20 referentes a la PINPIC lo que representa el 0,71% del total. Los datos primarios señalan que el 81,3% (n=195) de los profesionales desconocen la PNPIC, el 98,7% (n=237) creen en los beneficios de la oferta de la APS, el 5,8% (n=14) tienen formación y, de ellos, el 2,1% (n=5) ofertan PIC en la APS. **Conclusión:** La propuesta de implantación de PIC en el municipio investigado es incipiente. En el distrito sanitario estudiado hay poca utilización aunque haya un creciente interés y aceptación de las PIC por los profesionales sanitarios que trabajan en la APS.

Descriptores: Terapias Complementarias; Homeopatia; Acupuntura; Sistema Único de Salud.

INTRODUCTION

Integrative and complementary practices (ICP) consist of a heterogeneous set of different types of knowledge, practices and products that do not fall within the scope of conventional medicine⁽¹⁾. They have emerged in Brazil based on the delivery of comprehensive health care to the population focusing on strategies and ways of producing health at the individual and collective levels⁽²⁾. The idea of integrating ICP into public health services appeared at the Alma-Ata International Conference (1978) concurrently with debates related to social inequality, lack of access to basic health services and high mortality rate⁽³⁾. That period also gave rise to questions about the biomedical model of care, and health was then understood as more than just the absence of disease and incorporated aspects of quality of life, emotional well-being, happiness and vitality. Subjective aspects of illness and different dimensions of the human being were then valued^(4,5).

In 1986, the First International Conference on Health Promotion held in Ottawa discussed the care model, the concept of health-disease as a process, and the proposal of articulation between technical and popular knowledge to achieve comprehensive care. Thus, ICP emerged as resources, techniques and therapeutic systems that highlight other dimensions of the human being and incorporate different medical rationales⁽⁶⁾.

In Brazil, debates on the inclusion of ICP in the Unified Health System (*Sistema Único de Saúde - SUS*) date back to the 1980s and were strengthened in the deliberations of the 8th National Health Conference (1986) through reports and ordinances. In February 2006, the National Health Council issued a document that supported the creation of the National Policy on Integrative and Complementary Practices (*Política Nacional de Práticas Integrativas e Complementares - PNPIC*) within the SUS and which was published as Ministerial Ordinances No. 971 of May 3, 2006 and No. 1600, of July 17, 2006⁽⁷⁾.

The implementation of ICP in the SUS has been occurring gradually since the approval of PNPIC. In 2017, the Ministry of Health reported 8,200 health facilities distributed in 54.2% of the Brazilian municipalities (3,018) offered ICP. Currently, ICP are offered in 100% of the capitals by local managers. Brazil has 29 ICP included in its national policy and is one of the countries with the most approved practices⁽⁸⁾. Some aspects, such as poor financial incentive, little investment in training, and poor evaluation and monitoring, especially regarding their inclusion in Primary Health Care (*Atenção Primária à Saúde - APS*), have been questioned in the PNPIC⁽¹⁾.

The PNPIC and the Health Promotion Policy are articulated as both are fields of proposals, ideas and practices that start from a broader concept of the health-disease process and its determinants, particularly self-care⁽⁹⁾. Both

articulate technical and popular knowledge and take into consideration the sociohistorical context seeking to improve people's quality of life^(10,11). ICP are a valuable resource for health promotion⁽⁹⁾.

Despite the challenge of its incorporation in the SUS, the search for and use of ICP is increasing across populations and health professionals – not only in Brazil, but worldwide⁽¹²⁾. However, currently there has been intense debate about whether ICP should be maintained in the SUS, although the World Health Organization (WHO) recommends and values the implementation of traditional and complementary medicine (TCM) in its member states and highlights the need to create a framework for active management of ICP⁽¹³⁾. Thus, this study aimed to investigate the implementation of integrative and complementary practices and assess the use, training and acceptance of these practices by professionals working in APS.

METHODS

This quantitative study was divided into two stages: the first stage consisted of a documentary and retrospective analysis; the second stage consisted of a quantitative cross-sectional analysis.

The documentary analysis was conducted in the first half of 2017 and covered the collection of secondary data by selecting, organizing and systematically reading and analyzing the final reports of the Curitiba Municipal Health Conferences. The 8th conference was held in 2005 and the 13th was held in 2015. A total of six public documents were analyzed in the present study and all of them are available on the website of the Curitiba Municipal Health Council⁽¹⁴⁾.

We chose to analyze the years 2005-2015 to cover the year of approval of PNPIC (2006) until the last report issued (2015) in order to analyze the impact of PNPIC at the municipal level. These documents were actively searched using ICP-related terms/keywords to identify any proposals. We used the following keywords: “traditional”, “integrative”, “popular”, “natural”, “non-hegemonic”, “unconventional”, “alternative”, “complementary” - in addition to the terms “homeopathy”, “herbal medicine”, “acupuncture”, “thermalism”, “crenotherapy” and “anthroposophic medicine”. Citations outside the context of ICP proposals/deliberations were excluded.

The critical nodes in the implementation of PNPIC pointed out by authors who publish in the area^(4,15,16) were taken into consideration for the *a priori* selection of three categories: allocation of financial resources, studies/research, and training/professional qualification, which would be important to assess the extent to which these critical nodes are being addressed in the proposals analyzed.

After the documentary study, we conducted an observational cross-sectional field study in the priority locus of PNPIC implementation, that is, in Family Health Care Centers (*Unidades de Saúde da Família - USF*). The study population consisted of all professionals working in the Tatuquara Health District (Tatuquara HD) (n=253) who make up the Family Health Teams of eight Family Health Care Centers. The teams are composed of: community health workers (n=64), nursing assistants (n=77), nurses (n=24), local health authorities (n=6), nursing technicians (n=77), nurses (n=24), physicians (n=22), oral health technicians and assistants (n=31), and dental surgeons (n=16). The Tatuquara HD comprises three neighborhoods that sum up 82 thousand inhabitants, which corresponds to 4.7% of the total population of Curitiba, which, according to IBGE data (2010), has 1,751,907 inhabitants.

Such territory was selected because the Tatuquara HD has 100% of its UBS covered by ESF and the highest vulnerability index (VI) in the municipality, which takes into account variables related to access to work, income and education. In addition, the Tatuquara HD is the district that is most distant from the city center, which suggests the need for a diversified care delivery in the territory to enable its users to access health care.

Research inclusion criteria were: (a) being at least 18 years old; (b) being a permanent employee of the Curitiba Municipal Health Secretariat, (c) working in the USF of the Tatuquara District and (d) agreeing to participate in the study. Exclusion criteria were: having another type of employment bond with the UBS, such as residence, internship or any other similar bond; being on any type of leave (vacation during the research period, sick leave or three-month leave); and dropping out the research during the interview.

A trained and skilled team was supervised by the main researcher to collect data using semi-structured interviews conducted between June and September 2017. In addition, a pre-test was performed to adjust the content and order of questions.

The questions analyzed in the study addressed sociodemographic variables (age, sex, marital status, children, education, length of employment, job and working hours) and ICP: (1) Do you know PNPIC? (2) Have you received any training in ICP? If so, which one? (3) Do you carry out any ICP in your professional practice in SUS? If so, which ones? (4) Do you have access to your patient's referral to some ICP? If so, which ones? (5) Have you ever used

ICP yourself? (6) In your opinion, can ICP benefit users if they are implemented in APS? If so, which benefits can they have?

For analysis purposes we created the category “involvement with ICP”, which refers to professionals who are trained and/or have already used some practice. ICP was analyzed across the professional categories “physician”, “CHW” and “other professionals” and the hypothesis was that the frequency of training and practice in APS was higher among physicians since acupuncture and homeopathy are medical specialties.

The analysis of quantitative data was performed using descriptive epidemiology. Results were described as mean, standard deviation, median and range, and categorical variables were described as frequency and percentage. The association between categorical variables was checked by the chi-squared test or Fisher’s exact test ($p < 0.05$). Data were analyzed using Stata/SE version 14.1 (Stata Corp LP, USA).

This study was approved by the Ethics Committee of the Federal University of Paraná (*Universidade Federal do Paraná - UFPR*), Approval No. 2.031.061, April 2017, and the Ethics Committee of the Municipal Health Secretariat (*Secretaria Municipal de Saúde - SMS*), Approval No. 2.086.711, May 2017.

RESULTS

The findings of the ten-year documentary analysis of the Curitiba Municipal Health Conference (*Conferência Municipal de Saúde - CMS*) revealed 2,975 proposals approved in the municipality of Curitiba. Deliberations on ICP were almost nonexistent during the period and totaled 0.71% ($n=20$). The highest prevalence was 2013 – 2.4% ($n = 2$) – and the lowest was in 2007 – 0.24% ($n=0.2$).

The most commonly used terms to refer to ICP were: complementary practices (2); natural medicines (2); integrative and complementary practices (2); alternative therapies (2); integrative and alternative practices (1) and integrative, alternative and complementary therapies (1). The most cited ICP were: herbal medicine (4); homeopathy (3); acupuncture (3) and medicinal plants (1).

After categorizing the deliberations according to the critical nodes in the implementation of ICP we found that only two addressed the allocation of resources: one related to study/research and one related to the training of professionals, both containing very little data.

Chart I shows the number of proposals approved in the CMS between 2005-2015, the percentages related to deliberations on ICP, and their details.

With regard to the collection of primary data in the second stage of the study, we interviewed 240 of the 253 health professionals working in ESF in the studied territory, which corresponds to 94.9% of the workers. The 13 professionals who did not participate in the interview were four refusals – three physicians and one nurse – and nine exclusions due to sick leave and three-month leave.

Table I depicts the demographic and professional profile and shows a predominance of women (88.3%; $n=212$) and people with a partner (65.8%; $n=158$) and children (83.8%; $n=201$). Regarding education, 51.3% ($n=123$) of the professionals had completed secondary education and 48.8% had completed higher education.

The data presented in Table II show that 53.8% ($n=129$) of the professionals interviewed were involved with ICP, 81.3% ($n=195$) were unaware of PNPIC, and almost all respondents (98.7%, $n=152$) believed that the implementation of such practices in their territory would bring benefits to users. Nevertheless, training is poor (5.8%, $n=14$) and only 2.1% ($n=5$) used ICP in their workspace.

After stratifying by professional category, physicians and other professionals have twice as much involvement with ICP as community health workers ($p < 0.0001$). Similarly, the rates of knowledge about PNPIC, training, referral to ICP, and being a user were statistically higher among physicians compared with community health workers. It should be noted that although all (100%; $n=64$) community health workers believed that ICP could bring benefits to users, only 29.7% ($n=19$) of them used the practices.

Table III depicts information on training in ICP and shows that 28.6% of the respondents ($n=4$) are homeopaths. As for the possibility of referral, 63.4% ($n=41$) of the respondents said it was possible. Of these, 63.4% ($n=26$) said that the treatment available is acupuncture.

Table IV provides a description of what has been cited as benefits of ICP. In all, 22.1% ($n=53$) of the professionals believed that they could improve mental health conditions and 20.8% ($n=50$) reported a decrease in medication use. As for which ICP should be implemented in the territory, 14.6% ($n=35$) of the respondents suggested acupuncture.

Chart I - Descriptive profile of the approved proposals involving integrative and complementary health practices at the Curitiba Municipal Health Conferences (2005-2015). Curitiba, 2017.

Year	Approved proposals (n)	Total approved proposals related to ICP n (%)	Approved proposals involving ICP
2005	596	03 (0.5)	162. Submit thesis {...} developed by the Paraná Homeopaths and Pharmacists Association to CES 289. {...} Ensure the continuation and implementation of the SMS herbal medicine program 337. Encourage the incorporation of healthy practices and access to natural medicines and complementary practices {...}
2007	829	02 (0.24)	339. {...} Ensure the continuation and implementation of the SMS herbal medicine program {...} 438. Encourage the incorporation of healthy practices and access to natural medicines and complementary practices {...}
2009	390	01 (0.25)	279. Implement the PNPIC in the Curitiba SUS
2011	403	02 (0.49)	07. {...} include acupuncture in Dentistry 220. Sensitize men to health promotion activities {...} including alternative therapies and body therapies
2013	331	08 (2.40)	33. {...} promotion and prevention, including ICP for all segments {...} 103. {...} include acupuncture in Dentistry {...} 142. Creation of a center for PWD with alternative therapies {...} 143. {...} include acupuncture in Dentistry {...} 209. {...} Incorporate herbal and homeopathic medicines 210. Implement the PNPIC at all levels of care {...} 211. Prioritize qualified professionals with a degree to work with ICP {...} training the others {...} to enable the implementation of these services 212. Expand the insertion of existing SAI/SUS codes for ICP registration {...}
2015	246	04 (1.62)	59. {...} Include acupuncture in Dentistry {...} 107. {...} Implement integrative and complementary therapies with unrestricted support from the SMS 131. The SMS should carry out a study for the implementation of medicinal plants and herbal medicines in health centers {...} 132. Include acupuncture and other ICP in the APS portfolio {...}
Total	2.795	20 (0.71)	

Table I - Demographic and professional variables related to health professionals working in the Family Health Team. Curitiba, 2017.

Variable	Classification	n	%
Age (years)	Mean \pm sd (min – max)	36.1 \pm 9.7	(23.8 – 69.1)
Sex	Men	28	11.7
	Women	212	88.3
Marital status	With partner	82	34.2
	Without partner	158	65.8
Children	Yes	201	83.8
	No	39	16.3
Education	Incomplete/complete secondary	123	51.3
	Incomplete/complete higher/graduate	117	48.7
Length of work (years)	Mean \pm sd (min – max)	16.4 \pm 8.8	(0.3 – 41)
Job	Nursing assistant	77	32.1
	CHW	64	26.7
	Nurse	24	10.0
	Physician	22	9.2
	OHA/OHT	31	12.9
	Dental surgeon	16	6.7
	LHA	6	2.5
Working hours	30-40	233	97.1
	More than 40	7	2.9

Sd: standard deviation; min: minimum; max; maximum; CHW: Community health worker; OHA: oral health assistant; OHT: oral health technician; LHA: local health authorities

Table II - Comparison between community workers, physicians and other professionals regarding variables related to integrative and complementary practices. Curitiba, 2017.

Variable	Total (n=240)	Community health worker (n=64)	Physician (n=22)	Other professionals (n=154)	p value*
Involvement with ICP					
Yes	129 (53.8)	19 (29.7)	14 (63.6)	96 (62.3)	
No	111 (46.3)	45 (70.3)	8 (36.4)	58 (37.7)	<0.001
Knowledge of PNPIC					
Yes	45 (18.8)	4 (6.3)	11 (50)	30 (19.5)	
No	195 (81.3)	60 (93.8)	11 (50)	124 (80.5)	<0.001
Training in ICP					
Yes	14 (5.8)	1 (1.6)	4 (18.2)	9 (5.8)	
No	226 (94.2)	63 (98.4)	18 (81.8)	145 (94.2)	0.016
Practises ICP					
Yes	5 (2.1)	0 (0)	2 (9.1)	3 (2)	
No	235 (97.9)	64 (100)	20 (90.9)	151 (98.1)	-
Access to referral to ICP					
Yes	41 (17.1)	4 (6.3)	9 (40.9)	28 (18.2)	
No	199 (82.9)	60 (93.8)	13 (59.1)	126 (81.8)	<0.001
ICP user					
Yes	129 (53.8)	19 (29.7)	14 (63.6)	96 (62.3)	
No	111 (46.3)	45 (70.3)	8 (36.4)	58 (37.7)	<0.001
Benefits of ICP in APS					
Yes	237 (98.7)	64 (100)	21 (95.5)	152 (98.7)	
No	03 (1.3)	0 (0)	1 (4.6)	2 (1.3)	-

*:Chi-squared test, $p < 0.05$; (-): Non-applicable test; ICP: Integrative and complementary practices; APS: Primary Health Care; PNPIC: *Política Nacional de Práticas Integrativas e Complementares* (National Policy on Integrative and Complimentary Practices)

Table III - Profile of training, performance of and referral to integrative and complementary practices in the Family Health Team among professionals from Curitiba. Curitiba, 2017.

Variables	TOTAL	Community Health Workers (n=1)	Physicians (n=4)	Other professionals (n=9)
Training in ICP (n=14)				
Homeopathy	4 (28.6)	-	3 (75)	1 (11.1)
Acupuncture	3 (21.4)	-	1 (25)	2 (22.2)
Massage Therapy	3 (21.4)	1 (100)	-	2 (22.2)
Reiki	2 (14.3)	-	-	2 (22.2)
Shiatsu	1 (7.1)	-	-	1 (11.1)
Development in ICP (n=5)				
		Community Health Workers (n=0)	Physicians (n=2)	Other professionals (n=3)
Homeopathy	2	-	2 (100)	
Auriculotherapy	1	-	-	1 (33.3)
Acupuncture	1	-	-	1 (33.3)
Access to referral to ICP (n=41)				
		Community Health Workers (n=4)	Physicians (n=9)	Other professionals (n=27)
Acupuncture	26 (63.4)	2 (50.0)	4 (44.4)	20 (74.1)
Homeopathy and acupuncture	9 (21.9)	1 (25.0)	3 (33.3)	5 (18.5)
Homeopathy	4 (9.8)	1 (25.0)	1 (11.1)	2 (7.4)
Herbal Medicine	1 (2.4)	-	1 (11.1)	-
Not reported	1 (2.4)	-	-	-

ICP: integrative and complimentary practices

Table IV - Variables related to the benefits of integrative and complementary health practices according to Family Health Team professionals. Curitiba, 2017.

Variables	Classification	n	%
Benefits (n=240)			
Improvement of mental health conditions	Yes	53	22.1
Decreased use of medication	Yes	50	20.8
Management of acute and chronic pain	Yes	47	19.6
Improvement of quality of life and well-being	Yes	31	12.9
Stress reduction	Yes	22	9.2
Which ICP would bring most benefits (n=240)			
Acupuncture	Yes	35	14.6
Yoga	Yes	6	2.5
Homeopathy	Yes	9	3.8
Florals	Yes	4	1.7
Reiki	Yes	1	0.4

ICP: integrative and complimentary practices

DISCUSSION

After analyzing the 2005-2015 CMS Final Reports in the present study, we found that the proposals related to ICP were almost nonexistent (0.71%) and that just a few of them addressed the critical nodes in the effective implementation of PNPIC, such as financing and training/professional qualification. The deliberations were little

purposeful and were repeated systematically throughout the conferences, which demonstrates the little attention given to the theme in policies and in the Municipal Health Plan.

It should be noted that both the policy and the Municipal Health Plan are based on the proposals approved by the CMS, including the allocation of financial resources, which is essential for the implementation of policies. Thus, it is clear that the PNPIC was not taken as a priority by public managers^(17,18).

Thus, the results of the present study suggest that the different segments (managers, workers and users) are either unaware of PNPIC or are little concerned about/engaged in discussing the insertion of ICP in Brazil, although the 8th National Health Conference had already started to defend the need to offer other care practices and strategies and the World Health Organization (WHO), since the Alma Ata Conference in the 1970s, had already started to value and recommend that its member states implement traditional, complementary and alternative medicines in their national health systems⁽³⁾.

The final reports resulting from the CMS held in the municipality of Curitiba confirm that there is a great challenge in the institutionalization of these practices, even though Brazil has stood out among countries with universal health systems for the elaboration of the PNPIC⁽¹⁾. Therefore, transposing the National Policy into effective actions at the municipal level is still a challenge to be overcome through the necessary strengthening of primary care.

The second stage of this study was based on the WHO Strategy 2014-2023⁽³⁾, which addresses the need to create a framework for active management of ICP through appropriate public policies. Primary data were collected to assess the knowledge, acceptance and use of ICP by APS professionals.

The professionals interviewed in this study were predominantly women, had a partner and children, worked on average 40 hours per week, and had more than eight years of experience in public health. They have secondary and higher education and their level of education is compatible with the functions performed, a profile similar to that described in another study on ICP carried out in São Paulo⁽¹⁸⁾.

With regard to knowledge about PNPIC in the present study, only 18.8% of the respondents said they knew it. This finding is similar to that reported in another study in which 10.8% of the physicians and nurses knew it⁽¹⁹⁾. A total of 26% of managers know the PNPIC^(20,21). The different studies show that knowledge of the policy is poor and suggest reflection on whether the means adopted for its dissemination are effective.

As for the training of professionals to perform ICP, only 5.8% of the respondents in the present study had some qualification. Of these, 18.2% were physicians trained in the area: homeopaths, acupuncturists and massage therapists. In Campinas, Florianópolis and Recife, 83% of the professionals trained in ICP were physicians also trained in acupuncture and homeopathy, which demonstrates the prevalence of trained physicians⁽²²⁾.

ICP should not be a professional specialty, nor should they be concentrated within a single professional category; instead, they should be a tool for professionals who will choose among them the most appropriate therapeutic resources for each patient within APS⁽²³⁾. Access to professional training should be provided through a municipal policy to all professional categories in the multidisciplinary team as this is not confirmed by our findings, which demonstrate that training is obtained through individual initiatives from health professionals and not through institutional offers.

Regarding the use of ICP by professionals trained in the area in their practice in SUS, 35.7% of the professionals used them and homeopathy and acupuncture were the most used ICP in the studied territory. Other studies have shown a prevalence of the same practices in APS. Homeopathy and acupuncture are the most common practices in APS⁽²⁴⁾. Acupuncture, herbal medicine and homeopathy are the practices that health professionals know and have the most experience with⁽⁹⁾.

As for access to referral to ICP in SUS in Curitiba, only 17.1% of the respondents knew about this option on the search screen, which shows lack of knowledge about the health network and its equipment/services offered. It should be noted that the capital of Paraná offers homeopathy and acupuncture in secondary outpatient care. The outpatient clinic serves all HD through medical referrals from UBS subject to regulation of vacancies.

Although the municipality has a specialized outpatient clinic, there are several barriers to access (distance, availability of vacancies, among others). These barriers reinforce the relevance of having ICP offered in the territory by APS professionals. Moreover, the creation of outpatient clinics specialized in ICP is a strategy that hinders the access to and the dissemination of these practices in addition to requiring more professionals and reducing the comprehensive care potential of APS⁽¹⁾.

Another highlight is the use of ICP by health professionals. More than half of the respondents (53.8%) in this study reported being users of ICP. In addition, physicians and professionals other than CHW were the ones who most used them – 63.6% and 62.3% respectively – compared with the poor use by CHW (29.7%). Other studies confirm

these results and demonstrate the acceptance and valorization of ICP by different professional categories and the difficulty of access experienced by CHW due to the scarcity of offers available in SUS^(24,25,26).

Recently, a published article on the prevalence of ICP use by 145,580 Brazilians aged 18 years and older showed a rate of 4.1%, and the main therapies cited were: medicinal plants and herbal medicine (2.5%), acupuncture (0.9%) and homeopathy (0.6%). In this study, the findings show a prevalence of 53.8% of ICP use among health professionals, a much higher rate compared with the general population – possibly due to access issues⁽²⁶⁾.

With regard to the benefits of ICP, almost all the respondents believed that such therapies are positive for the health of the population (98.7%). In all, 92.4% of the health professionals considered ICP efficient. When asked about what benefits ICP would bring to users, they mentioned: improvement in mental health conditions (22.1%), decreased use of medication (20.8%) and chronic pain management (19.6%)⁽⁹⁾.

These data are in line with the evidence since most patients seek acupuncture because they have chronic pain⁽¹²⁾. The main reasons that lead them to seek ICP are: joint pain, memory problems, sadness, loneliness, insomnia, anxiety and depression. There are other reasons why people look for ICP, such as: dissatisfaction with conventional medicine; the side effects of classic drugs; the search for increment of the doctor-patient relationship, and the search for a treatment that considers the person as a whole⁽²⁷⁻³⁰⁾.

Thus, this study raises the discussion about the limitations of the current biomedical model of care focused on disease and prescription and points to the need to look for health promotion, well-being and patient involvement in the care process. Therefore, the results found in this study meet the objectives, guidelines and priorities for the implementation of the National Health Promotion Policy, which, in agreement with the PNPIC, highlights the need to promote quality of life and health based on its broad concept and the encouragement of innovative and socially contributing alternatives with emphasis on primary care.

When asked about which ICP should be offered in their territory, most professionals cited acupuncture (14.6%), homeopathy (3.8%), yoga (2.5%), florals (1.7 %) and reiki (0.4%). All these practices are included in the PNPIC⁽⁷⁾. These same practices are also best known to users seeking ICP and are also the most reported by the media and fall into the category named complementary medical practices, which includes herbal medicine, acupuncture and homeopathy⁽⁹⁾.

The limitations of the present study were related to the focus on health professionals. Complementary studies should address the patients' perception. Care was taken to ensure reliability in data collection and ethical aspects of research with respondents.

CONCLUSION

It is possible to state that there is a growing interest in and acceptance of integrative and complementary practices by health professionals working in Primary Health Care in the municipality analyzed. The integrative and complementary practices collaborate to make the extended clinic effective and are powerful therapeutic resources in health promotion, with numerous benefits for quality of life, such as improvement of mental health conditions, management of chronic pain and reduction of medication use, as reported by the interviewees.

However, the implementation/operationalization of the National Policy on Integrative and Complementary Practices at the municipal level still faces many challenges. For a municipal policy to be implemented, it has to be advertised and discussed in different forums and political arenas and this should involve all stakeholders: users, workers and managers. Furthermore, there is a need to invest in research and dissemination of results.

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COLLABORATIONS

Luciana Elisabete Savaris and **Milene Zanoni da Silva** contributed to the elaboration of the project, the acquisition, analysis and interpretation of data and the critical revision of the manuscript. **Beatriz Böger** contributed to the analysis and interpretation of data and the writing and critical revision of the manuscript. **Anna Cláudia Savian** and

Andressa Siqueira Jansen contributed to the acquisition, analysis and interpretation of data and the elaboration of the manuscript.

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