The prognosis for the Dutch population in the coming decades is that it will grow from 16.6 million in 2010 to 17.5 million in 2038 and will get older. Life expectancy at birth for men is expected to rise from 78.4 years old in 2008 to 81.1 in 2030 and for women from 82.5 to 85.3. The percentage of people over 65 is expected to increase from 15% (2009) to 25% (2050), with an increasing proportion of people over 80.

Old age is associated with chronic disease. During the period 2003–2007 more than 25% of the total Dutch population had a chronic disease, and 8% had more than one. Of those that were 65–74 years old, 50% had a chronic disease and of those 75 and over, 57.5%. Since chronic disease is associated with lower quality of life and higher healthcare related costs, it is very important, both for society and for the individual, to stay as healthy as possible into old age.\(^1\)

In the last 150 years, modern Western medicine has achieved enormous success with its approach to fighting disease. This includes the fighting of disease-related organisms, cells and functions in the body; the reduction of disease-related symptoms; and the manipulation and/or substitution of non-functioning or dysfunctional parts of the body.

However, in the last decades, there has been a growing interest in the additional approach of ‘health promotion’ in both healthcare and society in general. One of the definitions of this approach is: ‘Health promotion is the process of enabling individuals, groups or societies to increase control over, and to improve their physical, mental, social and spiritual health.’ This could be achieved by creating environments and societies characterised by clear structures and empowering environments where people are able to identify their internal and external resources, use and reuse them to realise aspirations, to satisfy needs, to perceive meaningfulness and to change or cope with the environment in a health promoting manner. Within the health promotion approach, one can distinguish between preventative health promotion which aims at becoming more healthy and remaining healthy in order to prevent diseases; and curative health promotion.

Antibiotics and cytostatics are typical medicinal products of the fighting disease category. Homeopathic and anthroposophic medicines can be regarded as medicinal products within a curative health promotion approach. This approach aims at supporting and increasing the self-healing capacities of the human organism and the self-management of the person. Health promotion activities and therapies, both at the physical and the psychosocial/mental level, are thus hypothesised to improve the health status of people. This might result in healthy ageing with fewer chronic diseases and a reduction of health(care)-related costs.

In order to gather evidence for these hypotheses, we\(^2\) studied a data set from a Dutch health insurer, containing quarterly information on healthcare costs (care by general practitioner (GP), hospital care, pharmaceutical care, and paramedic care), dates of birth and death, gender and 6-digit postcode of all approximately 150,000 insurees, for the years 2006-2009. Data from 1834 conventional GPs were compared to data from 79 GPs with additional training in complementary and alternative medicine (CAM) - acupuncture (25), homeopathy (28) and anthroposophic medicine (26). The results were that the healthcare costs and mortality rates of patients whose GP had additional CAM training were 0 to 30 percent lower, depending on age groups and type of therapy. The lower costs resulted from fewer
hospital stays and fewer prescription drugs. Since the differences were obtained while controlling for confounders including neighbourhood specific fixed effects at a highly detailed level, the lower costs and longer lives are unlikely to be related to differences in socio-economic status. Possible explanations include selection (e.g. people with a low taste for medical interventions might be more likely to choose CAM) and better practice (e.g. less overtreatment, more focus on preventive and curative health promotion) by GPs with knowledge of complementary medicine.

Based on the results of this study, we can say that there is first economic evidence that patients from homeopathic, anthroposophic and acupuncture practices tend to be cheaper and live longer. This might be the result of healthy ageing with less chronic disease due to health promotion. However, more controlled studies (replication studies, research based on more comprehensive data, cost-effectiveness studies on CAM for specific diagnostic categories) are indicated to gather better quality evidence.

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\[1\] See the following for references :www.nationaalkompas.nl/bevolking/toekomst/; www.nationaalkompas.nl/object_binary/07727.gif; www.rivm.nl/vtv/object_document/o8493n40765.html

\[2\] Kooreman, P. & Baars, E.W. (submitted). Patients whose GP knows complementary medicine tend to have lower costs and live longer