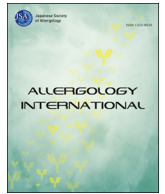




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Original article

Complementary and alternative medicine for allergic rhinitis in Japan



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ABSTRACT

Background: Complementary and alternative medicine (CAM) is extensively used in patients with allergic diseases worldwide. The purpose of this study was to investigate the actual situation of CAM practice in the treatment of allergic rhinitis.

Methods: We distributed questionnaires to otolaryngologists at 114 facilities in Japan. The subjects who participated in this study included children <16 years of age and adults ≥16 years of age diagnosed with allergic rhinitis by otolaryngologists. The survey was performed in the period from September 2007 to August 2009. Furthermore, we performed the same investigation out of the hospital setting, such as during general health examinations. All questionnaires were returned to Chiba University and analyzed.

Results: The proportions of patients who had ever experimented with CAM in the hospital survey were 7.1% (225/3170) and 19.2% (1416/7363) of children and adults, respectively. Approximately 36.2% of the adult patients thought that the treatments were effective. The main reasons for CAM use were safety, convenience and low price. However, the group who spent more than \$1000 on CAM felt more dissatisfaction and anxiety related to treatment at the hospital. The situation of CAM practice was not consistent and was instead influenced by the backgrounds of the subjects.

Conclusions: Many patients who receive CAM report feeling that the effects of treatment provided by hospitals are insufficient and have concerns about the side effects of such treatments. Information regarding standard treatments, as described in the guidelines, should become widely known and diffused, and strong communication with patients should be considered.

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Introduction

Forms of complementary and alternative medicine (CAM) are extensively used worldwide. CAM is defined as “a group of diverse medical and health care systems, therapies and products that are

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often not integrated with conventional medicines".¹ The number of CAM therapies is enormous, and the treatments differ by country, race, culture, religion, history and the prevalence of various diseases. Data compiled from public opinion surveys conducted between 1985 and 1992 show rates of CAM use in the general population of 26% in the United Kingdom, 49% in France, 46% in Germany and 34% in the United States.² A follow-up national survey performed in the United States revealed that the use of CAM increased from 33.8% in 1990 to 42.1% in 1997.³

The prevalence of CAM use is high among patients with chronic diseases.⁴ Allergic diseases, including asthma and allergic rhinitis, are common chronic conditions, and CAM therapies are also extensively used in the treatment of allergic diseases. A population-based survey in the United States conducted in 1999 reported the prevalence of CAM use among adults with asthma or rhinosinusitis to be 42%.⁵ In another survey conducted from 2000 to 2001, 26.5% of the participants used CAM treatments for their allergies (Germany).⁶

In recent years, many countries have experienced an increase in the prevalence of allergic rhinitis.⁷ There are many reports evaluating the efficacy of various CAM therapies for allergic rhinitis, such as acupuncture,^{8–10} herbal medicines,^{11–17} homeopathy^{18–24} and physical techniques.^{25,26} However, few reports have focused on the actual situation of CAM use for the treatment of allergic rhinitis.

We therefore performed the first survey on this issue using a questionnaire. The purpose of this study was to investigate the actual situation of CAM practice in patients with allergic rhinitis, as well as the reasons for CAM use, comparing the situation among groups with different backgrounds.

Methods

Distribution and collection of the questionnaire

We distributed questionnaires to the otolaryngologists of 114 hospitals and clinics affiliated with the university of each author in Japan. The subjects who participated in this study included children <16 years of age and adults ≥16 years of age diagnosed with allergic rhinitis by otolaryngologists. The survey was performed in the period from September 2007 to August 2009. Furthermore, we performed the same investigation outside of the hospital, such as during general health examinations and open lecture meetings for allergic rhinitis. All questionnaires were returned to Chiba University and analyzed. The study protocol was approved by the Ethics Committee of Chiba University Hospital, and informed consent was obtained from each subject.

Content of the questionnaire

The details of the questions in the questionnaire are shown in Table 1. The current study focused on the prevalence of CAM use, type of CAM, period and efficacy of a CAM treatment which was used for the longest time, expense, reason for CAM use, provider of information, consultation with the physician and adverse effects. The questionnaires were filled out by the patients. When the children were too young to fill out the questionnaire, their parents completed the form.

Statistical analysis

All data were analyzed at Chiba University. The data analysis was performed using the chi-square test at a significance level of 5%.

Table 1
The contents of the questionnaire.

No.	Questionnaire items
1	Had you ever used CAM therapies for allergic rhinitis? (yes/no)
2	What types of CAM have you ever used? Multiple answers are possible. [Following 23 items: Ten-Cha (<i>Rubus suavissimus</i>); Chameleon plant tea (<i>Houttuynia cordata</i>); Guava tea (<i>Psidium guajava</i>); Japanese green tea (<i>Camellia sinensis</i>); Japanese persimmon tea (<i>Diospyros kaki</i>); Gymnema tea (<i>Gymnema sylvestre</i>); Herb tea; Shiso (<i>Perilla frutescens</i>); Green juice; Chlorella; Aloe; Acupuncture; Moxibustion; Chinese medicine; Foods containing lactic acid bacteria (such as yogurt); Cedar pollen candy; Mint gum; Tablet containing lactic acid bacteria; Propolis; Nose steam therapy; Aromatherapy; Spa therapy; Others]
3	Tell the period of use of a CAM which was used for the longest time. [Less than one month; Approximately half one year; Approximately one year; More than one year; Others]
4	How was the efficacy of a CAM which was used for the longest time? [Unknown; Ineffective; Slightly effective; Very effective; Others]
5	How much had you spent on CAM therapies? [Under \$10; \$10–100; \$100–1000; More than \$1000; Others]
6	What were the reasons why you began CAM therapies? Multiple answers are possible. [Few side effects; Convenience; Low price; Dissatisfaction with the treatment at the hospital; Worry about the side effects of the treatment at the hospital; Insufficient treatment explanation from the physician; Others]
7	What or who were the providers of CAM information? Multiple answers are possible. [TV or newspaper; Family or friends; Health magazines; Website use; Physicians; Others]
8	Had you ever talked about CAM therapies with physicians? [yes/no]
9	How was the reaction of the physicians when you talked about CAM therapies? [Physicians recommended to continue using your CAM treatments; Physicians encouraged to stop using your CAM treatments; No advice]
10	Had you ever experienced any adverse effects? [yes/no]
11	Tell me the contents of the adverse effects.

Results

Answers of the patients who visited the hospitals

A total of 10,533 patients with AR completed the questionnaire.

Prevalence of CAM (Question 1)

Table 2 shows the prevalence of CAM use according to age and gender. The proportions of patients who had ever experimented

Table 2
Prevalence of CAM.

	Total (No.)	CAM practice (No.)	Prevalence of CAM (%)	p-Value (between the genders)
Children (<16 yr)	3170	225	7.1%	–
16 yr–20s				<i>p</i> < .01
Female	1027	174	16.9%	
Male	605	69	11.4%	
Total	1632	243	14.9%	–
30s				<i>p</i> < .05
Female	1144	309	27.0%	
Male	495	104	21.0%	
Total	1639	413	25.2%	–
40s				<i>p</i> < .001
Female	1013	267	26.4%	
Male	465	84	18.1%	
Total	1478	351	23.7%	–
50s				<i>p</i> < .01
Female	829	183	22.1%	
Male	413	64	15.5%	
Total	1242	247	19.9%	–
60s–80s				<i>p</i> < .01
Female	748	106	14.2%	
Male	624	56	9.0%	
Total	1372	162	11.8%	–
Total of adults				<i>p</i> < .001
Female	4761	1039	21.8%	
Male	2602	377	14.5%	
Total	7363	1416	19.2%	–

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