



Associations between complementary medicine, satisfaction with body weight and shape, and the use of methods to lose or control weight: Results of a national survey of 8009 Australian women



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ABSTRACT

Objective: This study aimed to determine whether the use of complementary medicine (CM) is associated with body satisfaction and weight management methods in Australian women.

Methods: Women aged 34–39 years from the Australian Longitudinal Study on Women's Health were surveyed regarding satisfaction with their body weight and shape, and the use of weight management methods. Associations with CM use were analysed using logistic regression modelling.

Results: Women using CM less likely wanted to lose weight; and were more likely to cut down on fats and/or sugars, use low glycaemic diets, diet books and 'other' methods (OR: 1.33–2.83) compared to CM non-users. Women using herbal medicine products 'sometimes' were more likely to use meal replacements/slimming products (OR: 1.50–1.67) compared to non-users.

Discussion: Australian women using CM are more likely to be satisfied with their body weight and shape, and to use a range of weight management approaches compared to CM non-users.

1. Background

The rates of overweight and obesity have reached epidemic proportions worldwide and nearly two in three people in Australia and the US are classified as overweight or obese.^{1–3} Excess body weight is a major risk factor for many conditions including cardiovascular heart disease, type 2 diabetes mellitus, and some cancers.^{4–7} Obesity and overweight are also a significant global burden, individually, socially and economically,^{6,8,9} with estimated associated annual costs of \$AUD58 billion in Australia.¹⁰ and \$US190 billion in the US.¹¹

The use of complementary medicine (CM) such as herbal medicine and naturopathy is increasing,^{12,13} though there has been little critical examination of CM use amongst those seeking to lose weight. Naturopathy is focused upon promoting the inherent healing capacities of the body and includes a variety of complementary interventions such as herbal medicine alongside dietary guidance and clinical nutrition, health behaviour change, and fasting therapy interventions.^{14,15} Non-pharmacological dietary and lifestyle change are often the first choice when following naturopathic treatment regimens,¹⁴ including when focused specifically on treatment of obesity and overweight.¹⁶

However, despite the focus of naturopathic medicines on non-pharmacological treatment, longitudinal studies also suggest women consulting with a naturopath use more non-prescription medication.¹⁷

In addition to practitioner-led weight management, thousands of non-prescription over-the-counter weight-loss products are registered in Australia as elsewhere.¹⁸ The use of non-prescription weight-loss products is related to sociodemographic characteristics, and lifestyle, and research has shown that users of non-prescription over the counter weight loss products were more likely to be younger and female,^{19,20} are less likely to be physically active,²⁰ and respondents reported a larger number of lifetime weight loss attempts and methods compared to non-users.²¹ Another study suggests the use of CM for weight control is associated with body dissatisfaction.²² While the use of methods to lose or control weight is not limited to women, they are more prevalent behaviours amongst women.²³

It is also known that CM practitioners appear to have an active role in dietary and lifestyle management of health conditions, including weight management where relevant, with dietary and lifestyle prescriptions built into nearly every clinical encounter, and reinforced over successive visits.^{24,25} However, dietary supplements are also prescribed

Abbreviations: ALSWH, Australian Longitudinal Study on Women's Health; BMI, body mass index; CI, confidence interval; CM, complementary medicine; OR, odds ratio

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in nearly every clinical naturopathic encounter.²⁶ Despite the growth in CM use amongst women almost nothing is known about the association between consultation with CM practitioners (such as naturopaths) and the use of supplements such as herbal medicine with methods to lose and control weight. In order to advance our empirical understanding of what remains largely uncharted territory, the study reported in this paper analysed whether consulting with naturopaths and the use of herbal medicine was associated with body satisfaction and methods to lose or control weight in Australian women aged 34–39 years.

2. Material and methods

Data was obtained from the Australian Longitudinal Study on Women's Health (ALSWH) – a study designed to assess health and wellbeing and associated factors in Australian women. The ALSWH was set up in 1996, and women in three different age groups (1921–1926, 1946–1951 and 1973–1978 cohort) were randomly selected from the national Medicare database at the time.²⁷ Respondents have been shown to be broadly representative of the national population of women in the respective age cohorts.²⁸ For the sub-study reported here, analyses focused on 8009 women from the ALSWH 1973–1978 cohort, who were aged 34–39 years at the 2012 survey.

2.1. Body satisfaction

Women were questioned regarding how much they would like to weigh now with the following answers provided: 'happy as I am'; '1–5 kg more'; 'over 5 kg more'; '1–5 kg less'; '6–10 kg less' and 'over 10 kg less'. All respondents who reported a desire to weigh less were categorised into one group (*want to weigh less*) with the remainder of the women categorised into another group (*did not want to weigh less*). The women were further asked how dissatisfied they felt about their weight and shape on 7-point Likert scales, with response options ranging from: 'not at all dissatisfied' (0); 'slightly dissatisfied' (2); 'moderately dissatisfied' (4) and 'markedly dissatisfied' (6). All respondents with ratings above 4 points (*moderately dissatisfied*) were categorised into one group, with the remainder of the women categorised into another group.

2.2. Methods to lose or control weight

All participants were questioned about whether they had used one of the following methods to lose weight or control their weight or shape in the past 12 months: *commercial weight loss programs* (e.g. *Weight Watchers*[®], *Lite n' Easy*[®], *Sureslim*[®], *Jenny Craig*[®]); *meal replacements or slimming products* (e.g. *OPTIFAST*[®], *Herbalife*[®]); *exercise*; *cutting down on the size of meals or between meal snacks*; *cutting down on fats and/or sugars*; *low glycaemic index diet*; *using diet books* (e.g. *Atkins*, *Zone*, *CSIRO diet*, *Liver Cleansing diet*); *laxatives, diuretics or diet pills* (e.g. *Xenical*[®], *Reductil*[®]); *fasting*; *smoking*; and *others* (not elsewhere defined). Those questions all had yes/no answer options.

2.3. Use of complementary medicine

Participants were questioned about whether they had consulted with a naturopath/herbalist in the past 12 months (response options 'yes'/'no'). The women were also questioned regarding how often they had used herbal medicines in the last twelve months, with responses categories provided as: 'never'; 'rarely'; 'sometimes' and 'often'. The categories 'never' and 'rarely' were collated into one category ('non-use').

2.4. Body mass index

The body mass index (BMI) was calculated from height and weight, and the BMI was categorised as follows²⁹: normal BMI (18.5–24.9 kg/

m²), overweight (25.0–29.9 kg/m²) or obesity (over 30.0 kg/m²). A BMI less than 18.5 was reported by only 2.4% of the women; subjects in that category were excluded from the analysis.

2.5. Statistical analyses

Analyses were conducted separately for women within their respective BMI classes. Chi-squared tests were used to examine the association between the use of CM against body satisfaction and the use of methods to lose or control weight. Multiple logistic regression analyses were conducted to determine whether naturopath/herbalist consultation and herbal medicine use (dependent variables) were associated with body (dis)satisfaction, and methods to lose or control weight. Adjusted odds ratios with 95% confidence intervals were computed for all independent variables. Analyses were adjusted for socio-demographic characteristics and confounding variables (socioeconomic status including marital status, education, income, area of residence, and diagnosed depression). Statistical significance was set at $p < 0.05$. All statistical analyses were performed using IBM SPSS[®] software (IBM SPSS Statistics for Windows, release 22.0. Armonk, NY: IBM Corp.).

3. Results

3.1. Characteristics

Of the 8009 women included in the study, 48.6% had a BMI in the normal range, 26.0% were classified as overweight and 23.0% had obesity. Supplementary Table 1 shows that, within the respective groups of normal, overweight and obese BMI: 64.6%, 93.5% and 98.6% women stated that they wanted to weigh less; 26.2%, 62.4% and 81.1% of the women were at least moderately dissatisfied with their weight; and 30.7%, 58.1% and 77.0% were at least moderately dissatisfied with their shape. Only 10.0% of women reported to have never used one of the given methods to lose or control weight; those were 13.5%, 3.7% and 9.8% within the normal, overweight and obese BMI groups, respectively.

3.2. Use of complementary medicine

A naturopath/herbalist was consulted by 11.7% of all the women (normal BMI: 12.5%; overweight BMI: 11.6 and obese BMI: 9.7%, $p = 0.012$), and herbal medicine was used sometimes by 13.2% (normal BMI: 13.5%; overweight BMI: 13.2% and obese BMI: 12.1%), and often by 7.2% (normal BMI: 7.7%; overweight BMI: 6.9% and obese BMI: 6.3%) ($p = 0.158$) of respondents (Supplementary Table 1).

3.3. Associations with body satisfaction

Supplementary Table 1 shows the associations between body satisfaction and naturopath/herbalist. Women with a normal BMI were less likely to report that they wanted to weigh less when they consulted a naturopath/herbalist compared to women who did not consult with them (Supplementary Table 1). Significant group differences were also found between herbal medicine use and the desire to lose weight, with women with normal and overweight BMI who use herbal medicine 'often' being less likely to report the desire to lose weight compared to non-users.

The outputs from the logistic regression models are presented in Tables 1 and 2. Women with a normal BMI who consulted with a naturopath were less likely to report a desire to lose weight as compared to women who did not consult with a naturopath (OR = 0.80), as were women with normal (OR = 0.62) and overweight BMI (OR = 0.51) who used herbal medicine often as compared to women who did not use herbal medicine. Furthermore women with overweight BMI who used herbal medicine often were less likely to be dissatisfied with their body weight as compared to women who did not use herbal medicine

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