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Health services use among young Australian women with allergies, hayfever and sinusitis: A longitudinal analysis

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Longitudinal study;
Health service;
Women

Summary
Objectives: The existing knowledge base on the use of complementary and alternative medicine among patients with allergies is built upon findings of cross-sectional surveys and there is a lack of longitudinal data. There is also a lack of studies that examine both the use of conventional medicine and complementary and alternative medicine among allergy patients.
Design and setting: : This paper reports the findings of the first ever longitudinal study of the use of conventional providers, practitioners of complementary and alternative medicine, and self-prescribed modalities amongst women with allergies, hayfever and sinusitis from a large nationally representative sample.
Main outcome measures: : Analysis focused upon data from 7538 women from the younger cohort of the Australian Longitudinal Study on Women's Health collected between 1996 and 2006. Chi-square tests were employed to compare the groups across consultations and self-prescribed treatments and one-way analysis of variance was used to compare the groups across health status. A modified Bonferroni test was used to correct for multiple comparisons.
Results: The study identified that women who sought help for their allergic disorder were more likely to consult a range of practitioners and self-prescribed complementary and alternative

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medicine than women who either did not seek help or did not have allergic disorders. The analysis shows that many women with allergic disorders use complementary and alternative medicine alongside or as a complement to conventional healthcare services.
Conclusions: The frequent use of a range of conventional providers and practitioner-based and self-prescribed complementary and alternative medicine amongst women with allergic disorders warrants further investigation.

Introduction

Allergies have become a major public health challenge over recent decades with an increase in the prevalence of allergic disorders such as sinusitis, asthma, hayfever and atopic eczema in the developed world.[1–3] Recent epidemiological studies suggest that the increase in allergic disorders is attributable, at least in part, to processes of urbanisation and western lifestyles which feature reduced microbial burden during childhood.[4] As the share of the global population living in urban areas is projected to reach 6.3 billion in 2050,[5] the number of persons suffering from allergic disorders appears set to continue to rise.

Allergies place a heavy burden on healthcare systems worldwide.[6] In 2007, hayfever, chronic sinusitis and asthma were the most frequently reported long-term health conditions in Australia.[7] Australia also has a high prevalence of asthma when compared with other countries[8] and the prevalence of asthma in Australian children is amongst the highest in the world.[9]

There is evidence that the use of complementary and alternative medicine (CAM) — a range of healthcare practices and products not traditionally associated with biomedicine — is popular among patients of allergic disorders.[10] In 2007, asthma, sinusitis and other allergies were ranked eighth, ninth and tenth in conditions treated with CAM for US children under 18 years old.[11] More broadly, international surveys of CAM consumption among patients with allergies have reported a prevalence rate of between 18% and 65%.[10,12–16]

Accompanying the increase in prevalence of CAM among patients with allergies has been a growing interest in CAM amongst conventional practitioners in recent years.[17–19] According to Bielory,[20] allergy is an area of medicine that has experienced a large increase in the popularity of CAM, second only to practitioners who treat lower back pain. There have been calls for additional CAM education for clinical immunologists.[18,21] Although the evidence base of CAM use for allergies is developing rapidly,[22–24] the benefits and risks of CAM in treating and managing allergic conditions remain contentious issues.[25,26] Previous studies also reveal only a small proportion of patients with allergies inform their doctor about their use of CAM.[12,15,27,28]

Like findings from general population surveys,[11,29,30] studies of people with allergies confirm CAM users as more likely to be younger, female and with a higher educational background than those who do not use CAM.[13] Studies suggest patients with allergies are motivated to use CAM as a result of: dissatisfaction with conventional medication; a perception of fewer side-effects and the influence of social networks.[13,31] There is also evidence that people with allergies who use CAM have higher life satisfaction and better quality of life than CAM non-users with allergy.[32] However, the existing knowledge base on CAM use among patients with allergies is built upon findings of cross-sectional surveys and there is a lack of longitudinal data that reveals trends and patterns of CAM consumption and their relation to the use of conventional medicine over time among people with allergies. There is also a shortage of studies that examine both the use of conventional medicine and CAM among allergy patients. The present study directly addresses these gaps in the evidence.

Methods

Sample

This research was conducted as part of the Australian Longitudinal Survey of Women's Health and was approved by the Human Ethics Committee at the University of Queensland and University of Newcastle. The Australian Longitudinal Survey of Women's Health was designed to investigate multiple factors affecting the health and wellbeing of women over a 20-year period. Women in three age groups (''young'' 18—23, ''mid age'' 45—50 and ''older'' 70—75 years) were randomly selected from the national Medicare database.[33] The focus of this study is women from the young cohort who have been surveyed four times over a ten year period (1996—2006). The baseline survey, survey 1 ($n = 14,779$), was conducted in 1996 and the respondents have been shown to be broadly representative of the national population of women in the target age groups.[33] Survey 2 was conducted in 2000, survey 3 was conducted in 2003 and survey 4 was conducted in 2006. Analyses for this study are restricted to the two most recent surveys (2003, 2006) as questions on individual CAM practitioners were only asked in these two surveys.

Measures of health service use and self-prescribed treatments

The women were asked about their frequency of use in the previous twelve months of a GP and a specialist doctor. In addition, they were asked if they had consulted with a range of conventional providers (i.e. hospital doctor, physiotherapist) and CAM practitioners (i.e. chiropractor, massage therapist, acupuncturist, naturopath/herbalist,