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The use of complementary health approaches among patients with knee osteoarthritis in Pakistan: A hospital based survey



Saeed Bin Ayaz^{a,*}, Farooq Azam Rathore^b, Khalil Ahmad^c, Sumeera Matee^d

^a Department of Rehabilitation Medicine, Combined Military Hospital, Okara, Punjab, Pakistan

^b Department of Rehabilitation Medicine, Combined Military Hospital, Lahore and CMH Lahore Medical College, Lahore, Punjab, Pakistan

^c Department of Rehabilitation Medicine, Combined Military Hospital, Peshawar, Khyber Pakhtunkhwa, Pakistan

^d Armed Forces Institute of Rehabilitation Medicine, Rawalpindi, Punjab, Pakistan

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Abstract *Aim of the work:* This study aimed to document the trends of complementary health approaches in Pakistani patients with knee osteoarthritis (KOA) and consider them in relation to demographic factors.

Patients and methods: A cross-sectional survey was carried out at the outpatient department, Armed Forces Institute of Rehabilitation Medicine (AFIRM), Rawalpindi, Pakistan. Recruited patients fulfilled the American College of Rheumatology criteria for KOA.

Results: Of 300 patients (mean age: 62 ± 10 years), majority were male (68%), in age group 61–70 years (37.3%), with monthly income < 10,000 Pakistani Rupees (75.3%) and educational level from grade 6–10 (48%). Most patients were from urban areas (51.3%) belonging to the Punjab province (83.3%). Complementary health approaches were used by 45.3% of the patients. Most individuals used single therapy at a time (58.1%) and preferred therapeutic massage (63.2%). Nutritional supplements were used in 13.2%. Patients adopted these therapies chiefly based on self-knowledge (33.8%), primarily for pain relief (85.3%) and used them in combination with conventional medicines on a daily basis or at least five times a week (in 75%). The use of complementary health approaches was significantly more common in rural population ($p = 0.023$), in individuals who were illiterate or had education from grade 1–5 ($p = 0.038$) and individuals falling in age group of 41–50 years ($p = 0.008$).

* Corresponding author at: Consultant Physical Medicine and Rehabilitation, Combined Military Hospital, Okara 56300, Punjab, Pakistan. Cell: +92 3335245770.

E-mail address: saeedbinayaz@gmail.com (S.B. Ayaz).

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Conclusions: The use of complementary health approaches is common in Pakistani KOA patients who are primarily rural-based, young and less educated. Massage is the preferred complementary health approach and most patients practice a single approach at a time in combination with conventional medicines.

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1. Introduction

Osteoarthritis (OA) is a disease characterized by progressive destruction of articular cartilage, eventually leading to joint dysfunction and disabling pain. The knee is the most commonly affected joint and knee OA (KOA) represents the leading joint disorder in the world [1]. At present, there is no preventive or curative drug treatment available for KOA. Patients resort to use unproven alternative therapies which are not currently considered an integral part of conventional medical practice [2]. These therapeutic practices are complementary or alternative when used in addition to or instead of conventional treatments [3]. The use of complementary and alternative medicine (CAM) therapies is widespread all around the globe. Data from the developed countries report a prevalence of 40–80% of CAM usage [2,4,5].

Pakistan is a low resourced country with underdeveloped health care system. The use of complementary health approaches for different diseases is widespread. A few studies have reflected the use and effectiveness of a single or two CAM therapies [6–9], but comprehensive data regarding multiple complementary health approaches for treating KOA are lacking. The objective of this study was to assess the frequency of use of different complementary health approaches for treating KOA in a cohort of Pakistani population and consider them in relation to demographic factors. This study would add to the knowledge of therapeutic trends for KOA and facilitate management of such patients.

2. Patients and methods

A cross-sectional survey was designed and approved by the local ethics review committee. Three hundred patients diagnosed with KOA (both genders) were sampled by non-probability consecutive sampling. Patients were recruited from the outpatient department of Armed Forces Institute of Rehabilitation Medicine (AFIRM), Rawalpindi. The individuals were included if they fulfilled the clinical and radiographic criteria of American College of Rheumatology for the diagnosis of idiopathic KOA [10]. Patients who had an established dementia or other cognitive deficits affecting memory and patients performing complementary health approaches for symptoms other than those of KOA were excluded.

Verbal informed consent was taken from all patients after explaining the purpose of study and use of data for research and publication. They were inquired about the duration of pain in knee joints and the morning stiffness. The involved knee joints were examined for pain, tenderness and crepitus. Standard anteroposterior and lateral X-rays of the knee joints were obtained to confirm the presence of osteophytes. Face to face semi-structured interviews were conducted. All patients

were explained the operational meanings of the terms used in the study. Faith healing is a form of mind–body intervention with the use of prayer and belief in the power of God to treat disease while employing a laying-on of hands to enhance the effect [11]. Joint manipulation is the passive movements of a joint in a characteristic pattern [12]. Glucosamine and chondroitin sulfate were categorized into nutritional supplements. Medicines obtained from traditional herbal medicine practitioners “Hakims” and quacks were grouped into herbal medicines. Therapeutic massage was described as rubbing the skin over the joint with different lotions, creams or oils. Other terms were self-explanatory and easily understandable. Information was documented in a structured questionnaire.

Patients were asked about their age, living address based on Pakistani provinces (Punjab, Sindh, Khyber Pakhtunkhwa, Balochistan, Azad Jammu and Kashmir), level of education (illiterate, grade 1–5, grade 6–10, grade > 10), monthly income in Pakistani Rupees (PKR) (<10,000, 10,000–<50,000, 50,000–<100,000 and >100,000), use of acupuncture, herbal and homeopathic medicines, therapeutic massage, manipulation, body treatments, nutritional supplements and faith healing. They were also inquired about the purpose of use (pain relief, treatment of joint stiffness, reduction of swelling, improvement of gait, combination of purposes), method of use (used alone or in combination with conventional medicines), frequency of use (daily to five times a week, 1–4 times a week, 1–4 times a month, occasional use) and the principal reason for its usage (self-knowledge, peer pressure, advised by a doctor, advised by a complementary therapist, combination of factors).

Data were analyzed with the help of a statistical program Statistical Package for Social sciences (SPSS) version 19.0 (IBM Corp., Armonk, NY, USA). Descriptive statistics were used to calculate mean and standard deviation (SD) for age. Frequencies were calculated and compared for groups based on gender, living address based on Pakistani provinces, educational status, monthly income, type of treatment used, reason, method and frequency of use and the principal governing factor for its usage. The use of complementary health approaches was compared in relation to age group, gender, rural/urban-based living, educational status, ethnicity based on provinces and monthly income. The Chi-square and a one way ANOVA were used to compare variables in 2 or more groups respectively. A *p*-value of <0.05 was considered statistically significant.

3. Results

There were 204 males (68%) and 96 (32%) females with a mean age of 62 ± 10 years (range 42–86 years). The age distribution of the patients is shown in Fig. 1. Most patients were

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