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SUB-STUDY FROM LONGITUDINAL STUDY

Is there an association between women's consultations with a massage therapist and health-related quality of life? Analyses of 1800 women aged 56–61 years

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Summary *Background:* The use of complementary and alternative medicine (CAM) is commonplace in Australia with massage being a popular CAM modality.

Methods: This is a sub-study from the Australian Longitudinal Study on Women's Health (ALSWH). A total of 2120 mid-age (56–61 year old) women who consulted a CAM practitioner were invited to participate in this study. The Short-Form (SF-36) questionnaire was used to measure women's health-related quality of life.

Results: A total of 1800 women returned the questionnaire generating a response rate of 85.0%. Overall, 912 (50.7%) women visited a massage therapist in the previous 12 months. Women with lower quality of life scores in terms of bodily pain ($p = 0.012$) and/or emotional health ($p = 0.029$) were more likely to consult a massage therapist than those with higher scores.

Conclusion: The implications of these associations are important for informing healthcare providers in providing effective and coordinated care for patients with pain and mood symptoms.

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Introduction

The use of complementary and alternative medicine (CAM) – a group of diverse medical and health care systems, practices and products not traditionally considered part of conventional medicine (Adams et al., 2012) – has increased world-wide in recent years (Barnes et al., 2008; Frass et al., 2012; Posadzki et al., 2013). The acceptance and utilisation of CAM in Australia has increased in parallel with other Western countries, with bodywork modalities demonstrating particular popularity (Xue et al., 2007). Women are key users of CAM (Adams et al., 2012; Barnes et al., 2008), with previous research showing that in particular mid-age women (45–50 years) compared to women aged 18–23 years and women aged 70–75 years, are more likely to use the service of a CAM practitioner if they report poorer health status, have an increased number of illnesses and symptoms, reside in a rural or regional location, and are higher users of conventional health care services (Adams et al., 2003).

Massage therapy is one of the largest CAM professions in Australia and massage therapists are considered one of the most popular CAM practitioner types visited by both males and females (Wardle et al., 2015; Xue et al., 2007; Zhang et al., 2007). Research suggests that between 20.0% and 30.0% of Australians visited a massage therapist at least once in a 12-month period (Xue et al., 2007; Zhang et al., 2007). A recent study investigating CAM practitioner utilisation found that, of the women who consulted a CAM practitioner during the previous 12 months, 63.9% visited a massage therapist (Adams et al., 2011a). In addition, pain relief is considered a primary driving motivation for seeking the service of a massage therapist, with 7.0%–41.4% of women living with chronic back pain visiting a massage therapist for this condition (Broom et al., 2012; Cherkin et al., 2002; Murthy et al., 2014).

Previous research has investigated the associations between women's quality of life and their use of CAM, including massage therapy for particular health conditions such as diabetes (Garrow and Egede, 2006; Sibbritt et al., 2015), arthritis (Feinglass et al., 2007; Unsal and Gozum, 2010), fibromyalgia (Gauffin et al., 2013), breast cancer (Brems et al., 2013), and depression and anxiety (Bar-Sela et al., 2015) worldwide. However, there has been no examination of the association between the use of massage therapy and health-related quality of life factors in a non-clinical population of women. As massage is one of the most common CAM modalities utilised in the general community (Xue et al., 2007; Zhang et al., 2007), it is necessary to examine the impact of women's health status and quality of life on consultations with a massage therapist. In response, this paper investigates the association between women's self-reported quality of life and consultations with a massage therapist in a large, mid-age cohort of Australian women.

Methods

Sample

This research was a sub-study of the Australian Longitudinal Study on Women's Health (ALSWH). The ALSWH was designed to investigate multiple factors affecting the

health and well-being of women over a 20-year period. Women in three age groups were randomly selected from the national Medicare database and invited by mail to participate. Medicare is a government-funded scheme that provides access to medical and hospital services for all Australian residents. The focus of this study is women from the 1946-51-cohort, now aged 56–61 years, details of this sample are described elsewhere in more detail (Adams et al., 2011b). At survey 1, 14,779 women consented to participate and through comparison to census data, respondents were shown to be broadly representative of the national population of women in the target age group despite some overrepresentation of women with a tertiary education and underrepresentation of some groups of immigrant women (Brown et al., 1999). For this sub-study, 2120 women who had indicated in Survey 5 that they consulted a CAM practitioner were mailed a questionnaire, of these women 1800 (85%) returned completed questionnaires.

Consultations with a massage therapist

Participating women were asked to indicate how many times they have consulted a massage therapist in the previous 12 months. The response included four categories: none; 1 or 2; 3 or 4; 5 or more.

Health status

The Short-Form 36 (SF-36) Quality of Life questionnaire was used to produce a measure of health status and quality of life as previous studies have demonstrated the reliability and clinical validity of this questionnaire (Mishra and Schofield, 1998; Garratt et al., 1993). Results of the SF-36 were reported in eight domains: general health, physical functioning, role physical, bodily pain, role emotional, social functioning, vitality, and mental health (Ware, 2000). Possible scores for each domain range from 0 to 100, with higher scores indicating a better health status (Busija et al., 2011). Women were also asked if they had experienced a number of common symptoms, including allergies/hay fever/sinusitis, breathing difficulties, headaches/migraines, severe tiredness, stiff or painful joints, back pain, hot flushes, night sweats, episodes of intense anxiety, and palpitations. Finally, they were asked if they had been diagnosed or treated for a number of conditions including diabetes, arthritis, heart disease, hypertension, stroke, iron deficiency, asthma, bronchitis, osteoporosis, cancer, depression, and anxiety.

Demographic characteristics

The women were asked about their current marital status (married/de facto; never married; divorced; separated; widowed) and about their area of residence (urban or rural). They were also asked how they managed on their available income (impossible or difficult all the time, difficult some of the time, not too bad or easy).

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