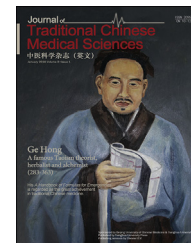


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Use of complementary and alternative medicines in people with depression and central obesity: Findings from a Tai Chi and Qigong study

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KEYWORDS

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Abstract *Objective:* Depression is a global and growing health issue. Complementary and alternative medicines (CAM) use is common among people with depression. We examined the baseline use of CAM (products, not services) in centrally obese adults with depression, a specific and increasingly important population who were part of a trial of Tai Chi and Qigong for depression.

Methods: Self-reported use of CAM products (four major groups: vitamins, herbal medicines, mineral supplements and purified chemicals as nutritional supplements) together with demographic, lifestyle and health status characteristics were collected using validated questions within a written survey. We used descriptive statistics to understand patterns of use.

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Results: Two hundred and sixty patients participated in the assessment. Half of the patients stated they were using CAM, on average reporting 2.3 CAM per patient. Women were more likely than men, and older people (>60 years) more likely than younger people (<40 years) to use any CAM products. Patients reported using CAM mostly for general health and alleviating aches and pains. CAM use was not associated with health state, use of a prescription antidepressant medicine, nor (self-reported) comorbidities such as arthritis, diabetes, hypertension or alcohol or tobacco use.

Conclusions: CAM products are commonly used in Australians with moderate depression, particularly in female or older patients. The range and number of CAM in this group with common comorbidity may present additional unknown risks due to potential interactions with other prescribed medications with a myriad of biological and pharmacological effects. The importance of establishing whether depressed patients are taking CAM, the particular CAM and whether the CAM interacts with each other, other drugs used for depression or the biological process of the depression itself are factors to be considered at each assessment.

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Introduction

Depression is a common serious and chronic illnesses with an estimated 350 million people of all ages affected worldwide.¹ Depression is an independent risk factor for heart disease² with growing evidence of a bidirectional relationship between depression and a range of physical illnesses, especially heart disease, stroke, type 2 diabetes (T2D), cancer, arthritis, osteoporosis, and obesity.^{3,4} Findings from the World Health Organization (WHO)'s World Health Survey indicate that depression is a leading cause of disability⁵; it is associated with the greatest decrement in health of any chronic disease, and co-morbid depression incrementally worsens other health problems more than many other disease combinations.^{5,6} In addition, the WHO Longitudinal Investigation of Depression Outcomes Study has reported that depression is associated with a 17%–46% increase in health costs.^{5,7} Almost half (45%) of Australians aged 16–85 years had a lifetime mental disorder and one in five (20%) has a disorder within the previous 12 months.⁸ Furthermore, depression is associated with central obesity, which has been linked to an increased risk for cardiovascular disease and diabetes. Therefore, management of depression, especially in depressed adults with central obesity is important to public health.

Complementary and alternative medicines (CAM) are widely used in Australia. While there is no standardized classification of such products, commonly used CAM products include natural and herbal medicines; nutritional supplements, traditional remedies and vitamins and minerals.^{9–13} CAM were the second mostly commonly used medicine class (after antihypertensive agents) in a national snapshot of medicine usage in adults aged 50 years and older.¹⁴ People who have depression and anxiety use CAM as well as conventional therapies.¹⁵ People with diabetes also use CAM based on studies in the US¹⁶ and Taiwan.¹⁷ Furthermore, there is a two-way association between depression and T2D as shown in a study involving more than 65 000 women.¹⁸ People use complementary and integrative therapies because they may have a proclivity toward a holistic health focus and therefore are motivated to seek self-management strategies consistent with their beliefs.

Others often seek alternative treatments because they are experiencing a disabling condition for which they have not been able to find appropriate relief, or are experiencing significant side effects from traditional pharmacotherapeutic treatments.¹⁹ The aim of this study was to describe the use of CAM products consumed by men and women with depression and central obesity, a significant contributor to T2D, who consented to participate in a Tai Chi and Qigong trial.²⁰

Methods

Study design and sample

Study methods and ethics approval have been described elsewhere.²⁰ This study was approved by the Human Research Ethics Committees of the University of Queensland and the Princess Alexandra Hospital, in Brisbane, Australia. The clinical study was registered with the Australian and New Zealand Clinical Trials Registry (ACTRN12613000010796). Briefly, voluntary participants were recruited between October 2009 and March 2010 using a range of methods. Eligibility criteria included age 18–80 years, a general practitioner's (GP) diagnosis of depression, taking antidepressants for depression or having a short-form Center for Epidemiologic Studies Depression Scale 10 (CES-D10) rating score of 10 or higher,^{21,22} and having central obesity assessed by waist circumference (>95 cm [men]; 80 cm [women]) and/or body mass index (BMI) > 30 kg/m² (the International Diabetes Federation²³). Exclusion criteria included contraindications to physical activity, mental illness other than depression, such as diagnosed bipolar disorder and schizophrenia, any severe or acute general medical illness that impacted on the capacity to participate or continue in the study, type 1 diabetes, current pregnancy, being within 3 months post-partum, or anticipating pregnancy during the course of the study. Initially, 1602 individuals responded to the study recruitment. We screened 536 respondents by telephone, of whom, 290 were potentially eligible and were invited to attend the screening assessment, where 260 attended the assessment.

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