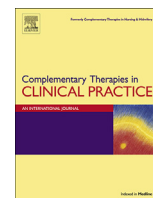




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The determination of Complementary and Alternative Medicine use in patients presenting at the emergency room

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ABSTRACT

Objective: The aim of this study was to determine CAM use in patients presenting at the emergency room.**Method:** This cross-sectional study was conducted with the participation of 385 patients presenting at the emergency room. Data was collected with a questionnaire between the dates 02.01.2016–31.03.2016. **Results:** The reasons for the presentation at the emergency room were found to be stomach ache (17.2%), vomiting nausea (14.8%), headache (11.2%), shortness of breath (10.9%), and urinary problems (9.6%). 94% of the patients presenting at the emergency room were found to use CAM methods with the methods used being prayer (82.3%), herbal medicine/tea (48.6%), and diets supplementary (9.4%). 80.9% of the patients were found not to share their CAM usage with health professionals.**Conclusion:** In order to ensure patient safety and prevent patients from coming to harm, it is thought that encouraging patients to share their CAM use with health care professionals is very important.

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1. Introduction

Although there is limited evidence on the effectiveness of many CAM methods, the rate of benefiting from these methods increases daily in Turkey, just as it increases worldwide (Table 1). The National Center for Complementary and Alternative Medicine (NCCAM) classifies CAM methods as mind-body medicines, biologic-based practices, manipulative and body-based practices, energy therapies and whole medical systems [1].

CAM use varies according to social, cultural, and economic constructs within a society [2]. World Health Organization reported the rates of using CAM methods at least one time to be 48% in Australia, 70% in Canada, 42% in the United States, 38% in Belgium, and 75% in France [3]. In Asia and Latin America, Traditional Medicine is currently used as a result of population, historical circumstances, and cultural beliefs; while 80% of the African population and approximately 40% of the Chinese population continue to use Traditional Medicine in order to meet health care needs. In addition, it was reported that the majority of the world population

mostly used chiropractic manipulation, homeopathy, phytotherapy/herbal medicine, and massage [4].

In a study conducted in China, it was found that the prevalence of CAM use is 1.4% and that the patients benefited from Chinese herbal medicine [5]. In another study conducted by Taylor et al. in Australia, it was determined that the prevalence of CAM use during the last year was 68.1% among the patients and that the patients benefited from herbs including chamomile, green and peppermint teas, Echinacea, ginger, and garlic/guarana [6].

In a study by Tan, Uzun, and Akçay (2004), which was conducted with 714 participants living in Eastern Turkey, it was found that 70% of the participants used at least one CAM method, 41% mostly used herbs, 87% were satisfied with CAM use, and that CAM users did not share this information with their doctors [7]. Other studies conducted in Turkey reported that people used CAM methods due to the following: in order to live healthy and live longer, to reduce drug side effects, and to boost the immune system; believing that CAM is beneficial and brings no harm; because other people tried CAM and were satisfied with it, because of curiosity, and because medical treatment did not produce the desired outcomes [7–12].

In Turkey, the rate of using prayer and phytotherapy is very high. It is common for Turkish people to use herbs in order to produce natural medicine. Families with low educational and economic status in particular commonly use herbal therapies recommended

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by neighbors, friends, relatives, or television shows without consulting a healthcare professional. Furthermore, prayer is a widely used healing method in the Turkish culture. Among the Turkish population, 99.2% is Muslim. In Turkey, Muslim people pray to Allah (God) and the prophet Mohammad (The Koran) five times a day. Regardless of health status, most people pray to God to remain healthy or to regain lost health. For these reasons, patient relatives frequently benefit from prayer practices [13]. Another CAM method used by Turkish people is apitherapy. Apitherapy refers to the therapeutic use of honeybee products such as bee's pollen, honey, royal jelly, propolis, beeswax, and bee venom. In apitherapy, bee stings (bee venom) are commonly used for reducing inflammation and boosting the immune system, while propolis is used in anti-cancer treatment.

In Turkey, the “Complementary and Alternative Medicine Application Department” was established under the Ministry of Health, Health Services Directorate [14]; while the “Complementary and Alternative Medicine Applications Regulation” was implemented in 2014 [15]. Through this regulation, the trainings and authorizations of the people to apply these complementary and alternative methods (acupuncture, apitherapy, fitotherapy, hypnosis, leech applications, homeopathy, chiropractic, cup applications, larvae applications, mesotherapy, prolotherapy, osteopathy, ozone applications, reflexology, music therapy) as well as the health institutions and people to apply these were regulated. According to this regulation, many complementary applications can be performed by other healthcare professionals as long as they are under the supervision of a doctor certified on the subject [14].

Nevertheless, all types of herbs used in herbal therapy can be currently provided from herbalists. In Turkey, herbalists are distinct from pharmacists and they sell herbal, animal, and mineral raw materials which are used for making natural medicine. Herbalists can obtain an authorization of sale based on the permanent notice numbered 5777 and issued on October, 1st 1985 by the Ministry of Health Medicine and Pharmaceutics Directorate. Recently, the number of herbalists in Turkey is continuing to increase, which leads to a public tendency to use natural products without consulting healthcare professionals [16].

It is important for healthcare professionals to have knowledge on CAM use and methods, to assess patients without any prejudices, and to inform patients on CAM use in conjunction with medical treatment. Considering the potential risks of various CAM methods, patients' CAM use should be questioned on a regular basis and counseling should be provided when necessary [17].

It is important that healthcare professionals question CAM use during admission to the emergency service, which is the first point of contact with the healthcare system. In a systematic review by Jatau, Aung, Kamauzaman, Chedi, Sha'aban, and Rahman (2016), which determined CAM use and CAM toxicity among patients presenting at the emergency service, it was reported that the most widely used method was herbal therapy and that the patients benefited from herbs, homeopathy, folk remedies, Ayurveda, traditional Chinese medicine, and anthroposophic medicine. It was also determined that the prevalence of CAM use is high and that its popularity is continuing to increase. The authors recommended healthcare professionals to question CAM use and to receive training on CAM in order to provide appropriate medical care and to prevent adverse events related to CAM use [18].

In order to provide patients with high quality and safe care, it is very important to define the CAM use of the patients. Certain CAM methods, especially herbal treatments, can interact with conventional treatments and cause disruptions in the general state of the patient or cause further danger [18]. Additionally, in another study on the subject, despite the high CAM use prevalence, the rate of sharing CAM use with health professionals was found to be very

low [19].

Studies that exhibit the differences between countries, regions, and cultures with regard to the use of CAM methods, are needed. To our knowledge, this is the first study to determine CAM use in patients presenting at the emergency room. The findings of this study can be beneficial for the development of appropriate strategies in national and regional action plans regarding the use of CAM methods.

1.1. Aim

The aim of this study was to determine CAM use in patients presenting at the emergency room. The answers to the following research questions were sought:

1. What are the reasons for CAM use among the patients presenting at the emergency room?
2. Which CAM methods do the patients use?
3. Does CAM use show any differences according to sociodemographic and clinical characteristics?

2. Methods

2.1. Participants

The study was planned as a cross-sectional study to determine the CAM use of patients that presented at the Ondokuz Mayıs University Training and Application Center Emergency Service for various health problems. The study was conducted between the dates 02.01.2016–31.03.2016. The universe of the study consisted of patients that presented at the Emergency Service of a university hospital for various health problems, while the sample consisted of 385 patients willing to participate in the study with no communication problems, or psychiatric disorders. Inclusion criteria consisted of being literate, (at least a certificate from the literacy classes of the Ministry of National Education) being 18 years of age or older, and giving written informed consent. During the study period, 815 patients presented at the Ondokuz Mayıs University Training and Application Center Emergency Service. All of these patients were intended to be included in the sample, however patients who did not agree to participate ($n=68$), patients who could not sign informed consent because of serious illness or intense pain or trauma (falling, knife wound, puncture wounds, vehicle accidents, firearm wounds, etc.), and patients whose treatment took a short time in the emergency room ($n=362$) were excluded. The response rate to the questionnaire was 47.2%.

2.2. Procedure

The questionnaire was tested through a pretest with 12 participants. The items that could not be understood by the participants were edited. In this regard, the questionnaire was given its final form after the pilot study and was administered to the study sample. Patients who participated in the pilot study were not included in the study sample. The questionnaire was also tested by the researchers in previous studies, and was found to be a highly valid and reliable measurement tool [20,21]. Completion of the questionnaire took 8–10 min.

The study was initiated after taking permission from the Ondokuz Mayıs University Ethical Board (OMU Etik-199). The principles of the Helsinki Declaration were upheld in this study. Prior to data collection, all patients were verbally informed on the aim of the study and invited for participation. The participants were told that the choice to participate or not was completely theirs, that their names would not be written on the questionnaires, and that

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