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• Research Article

A cross-sectional study of complementary and alternative medicine use in patients with coagulation disorders in Southern Iran

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ABSTRACT

OBJECTIVE: Complementary and alternative medicine (CAM) use has an increasing trend around the world. Despite the wild application of CAM in patients with coagulation disorders, its efficacy is still questioned by many studies. The aim of this study was to determine the frequency and types of CAM usage, and the factors affecting CAM use among patients with bleeding disorders.

METHODS: This cross-sectional study investigated the usage of CAM with a standard validated questionnaire in coagulopathic patients who were referred to Dastgheib Hospital, an educational therapeutic center affiliated to the Shiraz University of Medical Sciences in Shiraz, Southern Iran.

RESULTS: Between December 2015 and May 2016, 75 patients were included in this survey. Severe hemophilia A and rare bleeding disorders were the most frequent among our participants. Overall, nearly half of the studied population (49.3%) used at least one CAM product or practices. The most common products were multivitamin (29.3%), followed by folic acid (21.3%) and chamomile (12%). 32% of the patients resorted to faith healing. The main reasons of using CAM were reported to be increased general health, correction of anemia and thrombocytopenia and control of bleeding tendency.

CONCLUSION: CAM is being used frequently in patients with coagulation disorders like many other chronic illnesses all around the world. Due to emerging concern regarding the safety and possible interaction with the conventional medicine, it is necessary to develop basic data about the hematologic effects of these methods in order to use them more safely.

Keywords: medicine, traditional; complementary medicine; alternative therapies; coagulation disorder; hemophilia; Iran

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1 Introduction

Complementary and alternative medicine (CAM) is becoming increasingly popular worldwide especially among patients with chronic and disabling diseases. [1] It is practiced across many nations and countries. Among Western European and Australian people, CAM is regularly used by about 20%–70% of the population. [2,3] Similarly, CAM is used, at some point in their lives, by 30%–68% of the population. [4,5] These usage figures are not different from developing or under-developed countries worldwide. [1,6,7] According to the United States National Center for Complementary and Integrative Health, CAM includes different approaches, such as herbal medicine, acupuncture, manipulative therapies, homeopathy and spirituality. [8,9]

Coagulation disorder is a condition in which the blood's ability to form clot is impaired. Therefore, it can result in uncontrolled bleeding, which may occur spontaneously or following a minor trauma. Hemophilia, one of the most common bleeding disorders, is an X-linked recessive hereditary disorder caused by deficiency of the coagulation factor VIII (hemophilia A) or IX (hemophilia B).[10,11] The disease is classified into 3 levels based on the concentration of coagulation factors in the blood: mild (factor levels range between 5% to 40%), moderate (factor levels between 1% to 5%) and severe (less than 1%).[10,11] Most of the patients with the severe form of hemophilia suffer from recurrent spontaneous joint bleeding. Haemarthrosis results in hemophilic arthropathy that often causes severe pain and swelling. [12] The use of most chemical analgesics is contraindicated by coagulation disorders because of the increased risk of gastrointestinal bleeding. Therefore, any treatment for pain management that can provide an alternative to analgesic drugs would be considered useful.

According to the research by Kundu et al., [13] homeopathy can significantly reduce bleeding and improve symptoms in most severely affected hemophilia patients. An Indian study in 2013 demonstrated an increased usage of CAM (42.3%) among patients with hemophilia. [14] These authors also reported factors which were associated with the usage of CAM, such as economic status, comorbidity states and the level of education of the family's caretaker. In some reports, herbal remedies showed controversial effects on the coagulation process, while a great amount of studies have been based on the experiments *in vitro*. [15,16] The wrong usage of CAM may induce serious consequences, such as bleeding or other life threatening outcomes.

Therefore, the aim of this study was to determine how CAM is being used among patients with different coagulation disorders, as well as the reasons behind this use.

2 Materials and methods

2.1 Study design

This study was a cross-sectional study, conducted from December 2015 to May 2016. This survey investigated the usage of CAM in all coagulopathic patients registered in our center who gave consent to take part in our study. The protocol of this study was approved by the Medical Ethics Committee of the Faculty of Medicine, Shiraz University of Medical Sciences. The written informed consent was obtained from all patients.

2.2 Procedure

The present study was done by a standard 19-item questionnaire. [17] The questionnaire comprised various questions about the patients and family demographics, general health, the specific CAM products and practices used throughout in their life, reasons for CAM use, effectiveness and adverse events and the source of knowledge about CAM used. A trained nurse gave the questionnaires to the patients or their care givers (if the patients were less than 12 years old) while they were waiting to be visited in the clinic. Completed forms were collected and checked for completeness.

2.3 Participants

All patients with any coagulation disorders, who were registered in Dastgheib Hospital, an educational therapeutic center affiliated to the Shiraz University of Medical Sciences in Shiraz, Southern Iran, were candidate to be enrolled in the study. Therefore, we delivered the questionnaires to any patient or family who gave consent to take part in the study.

2.4 Statistical analysis

Data were analyzed using SPSS software (Version 18, Chicago, IL, USA). Descriptive data were presented as mean \pm standard deviation, frequency and percentage. Patients were divided into two groups with and without use of CAM. Qualitative and quantitative variables were compared by Chi-square test and Student's *t*-test between the two groups, respectively. Level of significance less than 0.05 was considered statistically significant.

3 Results

From December 2015 to May 2016, the questionnaires were delivered to 148 patients out of 212 registered individuals. 73 patients who failed to return the forms or filled them incompletely were excluded. Finally, 75 patients were included in the analysis (Figure 1).

The mean age of patients was 21.0 ± 13.7 years including 58 males (77.3%) and 17 females (22.7%). Severe hemophilia A and rare bleeding disorders were the most common in our participants (Table 1). The most common reasons for recent visits to a physician were regular follow-up without treatment (43.3%), ongoing

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