

Original article

The use of complementary medicine among acne vulgaris patients: Cross sectional study

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Abstract

Background: Acne vulgaris is a very common skin disease and several modalities are used to manage the condition. Among those is Complementary Alternative Medicine (CAM). This study aims to evaluate the prevalence of CAM usage among acne vulgaris patients, and to determine possible factors associated with its adoption over the prescribed modern medicines.

Methods: A cross-sectional survey, conducted during an acne awareness campaign at King Abdulaziz University Hospital (KAUH), in Jeddah, Saudi Arabia. The survey was conducted between January 21st and 28th 2016.

Results: A total of 658 subjects were interviewed of which 68% were female and 32% were male; 72% reported a positive past-history of acne. The face was the most frequently affected site (90.7%). Among all acne sufferers, 77% admitted using CAM. Honey was the most common CAM type used by 53.4%, followed by yogurt (43.4%). Both gender and past history of side effects to medical treatment were associated with CAM use, but the levels of education was not.

Conclusions: CAM users were mainly middle-aged females: their high levels of education did not lower the CAM adoption rates. Their choices could have been driven by cultural beliefs and boundaries embedded in the community.

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Keywords: Acne vulgaris; Complementary medicine; Treatment

1. Introduction

Acne vulgaris is a skin disease characterized by inflamed spots and blackheads on the face, neck, back, and chest. Cysts and scarring can also occur, especially in more severe forms of the disease (Cao et al., 2011) Although multiple factors are associated with acne development, including

hormonal disturbance, bacterial infection and immune hypersensitivity, it is usually identified as a chronic inflammatory disorder affecting body areas rich in sebaceous glands (Cao et al., 2011; Oberemok and Shalita, 2002; Webster, 2002). It is considered a very common disease with almost every individual complaining of acne at least once during their lifetime (Webster, 2002, 1995; Kligman, 1974). In fact, it was repeatedly reported among the top most prevalent skin conditions across different populations (Rea et al., 1976; Wolkenstein et al., 2003; Johnson and Roberts, 1978; Hay et al., 2014).

In general, acne is more common in teenage years, but some severe forms can persist into adulthood (Lucky, 1998; Williams et al., 2012). Nevertheless, estimating its global prevalence is very challenging, since most of the

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available information is based on self-reporting (Williams et al., 2012). However, studies focusing on acne reported a prevalence range between 40 and 95% among young adults aged 12–17 years (Williams et al., 2012; Rademaker et al., 1989; Ghodsi et al., 2009). Acne has been associated with several physical and psychological morbidities which vary among populations, and depends greatly on the effectiveness of management regimes. A wide range of options are used in acne treatment, and the choice between these often depends on the severity and the dermatologist's preferred practice. Treatment options include counselling, topical and oral remedies, both chemical and non-chemical products (Webster, 2002; Williams et al., 2012).

One of the modalities used in the treatment of acne worldwide is Complementary Alternative Medicine (CAM). CAM is defined as “The sum of all knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, used in the maintenance of health and in the prevention, diagnosis, improvement or treatment of physical and mental illness” (Guidelines for Methodologies on Research and of Traditional Medicine, World Health Organization, 2000). The National Institute of Health defines CAM as: “Therapies that are not widely taught in medical school, not generally used in traditional medical practices, and not usually reimbursed by insurance companies” (Wilson and Klein, 2002). Several studies in the region documented a wide use of CAM among dermatology patients, especially in the treatment of acne (Demirci and Altunay, 2014; Yu-Fu and Chang, 2003). Those studies directed much of the dermatological research towards studying this phenomenon across different populations.

Acne is relatively common in Saudi Arabia, with its prevalence ranging between 20–52% (Webster, 1995; Kligman, 1974; Rea et al., 1976; Wolkenstein et al., 2003; Johnson and Roberts, 1978; Hay et al., 2014; Lucky, 1998; Williams et al., 2012; Rademaker et al., 1989; Ghodsi et al., 2009; Guidelines for Methodologies on Research and of Traditional Medicine, World Health Organization; Wilson and Klein, 2002), and a reported use of CAM of 40% among acne patients (Demirci and Altunay, 2014). However, only a limited number of studies in Saudi Arabia focused on the applications of CAM in the treatment of acne. This study aims to evaluate the prevalence of CAM usage among acne vulgaris patients, and to determine possible factors associated with its adoption instead of the prescribed or modern medicines.

2. Materials and methods

This study was a cross-sectional survey conducted at the King Abdulaziz University Hospital (KAUH) in Jeddah, Saudi Arabia. The survey took place between the 21st and 28th of January 2016, during a mass awareness campaign focusing on acne vulgaris diagnosis and management. Ethical approval was obtained from the Research Ethics Review Board at KAUH, along with all other nec-

essary administrative approvals. We targeted all hospital visitors during the campaign which included patients, their visitors, and health care professionals. We used a walk-in convenience sampling method to recruit participants. Upon approval to join, the participant was included in the study irrespective of his/her age, gender and – if any – their current dermatological complaint.

We used a pre-tested and validated questionnaire, and a face-to-face interview technique. A pilot study was conducted to test the tool, and to further enrich survey questions. The questionnaire was designed to collect data about knowledge and perceptions on acne vulgaris, and to account for self-reported acne episodes and treatment modalities used. We collected the following information:

- A. Demographic data including age, gender, social status, educational level and socio-economic status.
- B. Basic health profile.
- C. Past medical history of acne vulgaris: acne type, diagnosis approach (self vs professional), site, chronicity of the condition and relevant family history.
- D. Treatment: treatment approach (self vs professional), treatment modalities used, perceptions about resulting outcomes and side effects.
- E. History of applying CAM in treating acne; the specific type/remedies of CAM used, reasons for adopting CAM and the appreciated benefits and/or side effects.

For the types of CAM, participants were given options of herb and other remedies commonly used in Saudi Arabia. The questionnaire was distributed and filled in by trained interviewers. For each participant, the purpose of the study and the content of the questionnaire was explained and participants were reassured about data confidentiality.

Data obtained were coded, cross checked and entered on a daily basis. The analysis was conducted using SPSS 19.0 (Statistical Package for the Social Sciences; SPSS Inc., Chicago, IL, USA). The results are expressed as simple percentages with a qualitative description when appropriate. The groups were compared using a Chi Square Test and Fisher's exact test for inconvenient conditions. Significance was set at P -value ≤ 0.05 , and Mann-Whitney U tests were used for the non-parametric data. It must be acknowledged that due to time and resources constraints, we were not able to expand the survey to other institutes in other cities, and only managed to collect data from the above described setting.

3. Results

We interviewed 658 participants, of which female subjects constituted more than two thirds (68%) when compared to male subjects (32%). Most respondents (88.1%) were aged older than 17 years, unlike the expected population groups usually involved in acne research. According to age, 88 subjects ranged between 18–22 years, followed by

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