

THE EFFECT OF COMPLEMENTARY AND ALTERNATIVE MEDICINE/ FUNCTIONAL FOODS ON LUTS AND HEALTH-RELATED QOL IN ELDERLY POPULATION: A JAPANESE SURVEY IN LUTS PROMOTION ACTIVITY.

Hypothesis / aims of study

Complementary and alternative medicine (CAM) and functional food (FF) have increased drastically in popularity in both USA and Japan. CAM is a group of diverse medical and health care systems, practices, and products, and FF is any fresh or processed food claimed to have a health-promoting property beyond the basic nutritional function of supplying nutrients; both are not presently considered to be part of conventional medicine. Despite a wealth of information sources on the subject, the fundamental problem with CAM or FF therapies is a dearth of evidence-based medicine (1). The objectives of this study are to examine the effects of lower urinary symptoms (LUTS)-related CAM, and LUTS-unrelated FF on health related quality of life (HRQOL) and LUTS in elderly population in JAPAN.

Study design, materials and methods

A survey was conducted for 884 people older than 60 years old during a LUTS-promotion program. Questionnaires included personal data (age, gender, body height, and body weight), I-PSS, King's Health Questionnaire (KHQ), overactive bladder questionnaire short form (OABqSF), OAB symptom score (OABSS) (2), and questionnaire relating to the use of CAM/FF were used. Data were analyzed by unpaired U-test, and $p < 0.05$ was considered to be significant.

Results

A total of 402 people (45.5%) used CAM/FF. Adequate answers for questionnaire could be obtained from 684 people (male 441 and female 238), mean age 67.0 years old.

(1) LUTS-related CAM;

People using LUTS-related CAM (CAM-user) had higher I-PSS storage symptoms ($p < 0.070$), higher symptom bother ($p < 0.0014$), higher HRQL ($p = 0.031$), and higher sleep-related score ($p = 0.0139$) in OABqSF than CAM non-user. In KHQ, CAM-user showed higher life-related QOL, higher limitation on job and house-keeping, higher limitation on social activity, higher limitation on personal relationship, higher emotional problems, and higher sleep-related problem than CAM non-user. However, lower HRQOL score (overall, and sleep) in OABqSF was revealed in CAM-user.

(2) LUTS-unrelated FF; There was no difference in either of OABSS or KHQ between FF user and FF non-user.

People (male and female) using 1 or 2 types of LUTS-unrelated FF (FF user) had lower sleep subscore in OABqSF than people not using LUTS-unrelated FF (FF non-user). One or 2 types FF user showed higher OABqSF total than non-FF user ($p = 0.0071$), and more than 3 types FF user showed higher OABqSF total than non-FF user ($P = 0.0175$).

In male, FF user showed lower sleep-related OABqSF score than non-FF user ($p = 0.0022$). One or 2 types FF user showed higher sleep-related OABqSF score than non-FF user ($p = 0.0054$), and more than 3 types FF user showed higher OABqSF total than non-FF user ($P = 0.00333$). FF user showed higher OABqSF symptom bother (SB) score than non-FF user ($p = 0.0478$). In female, more than 3 types FF user showed lower OABqSF total than non-FF user ($p = 0.0179$), however, 1 or 2 types of FF user showed no difference in any one of OABqSF.

(3) CAM/FF; Higher I-PSS voiding symptoms were shown in CAM/FF user than non-user. More than 3 types of CAM/FF user showed higher I-PSS total score than non-user.

Interpretation of results

Forty-five % of elderly population was CAM/FF user. LUTS-related CAM user may have more bothersome LUTS than non-user, and FF user may potentially have lower urinary tract disorder, or may not suffer from harmful effects of FF on LUTS.

Concluding message

CAM/FF widely distributes in elderly population. There may be difference of quality of population, or of presence of lower urinary tract disorders between CAM user and FF user.

References

1. J Nutr., 135:1226-1230, 2005
2. Urology, 68:318-323, 2006

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Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	Yes
Specify Name of Ethics Committee	Ethical Committee of University of Yamanashi. School of Medicine.
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes