

Alternative medicine use increasing for patients suffering with chronic rhinosinusitis

October 5 2009

A new study suggests that a growing segment of patients are turning to complementary and alternative medical therapies to help treat the symptoms of chronic rhinosinusitis (CRS).

In a paper presented at the 2009 American Academy of Otolaryngology - Head and Neck Surgery Foundation (AAO-HNSF) Annual Meeting & OTO EXPO in San Diego, researchers sought to explore the pattern of complementary and [alternative medicine](#) (CAM) use in patients with a prior diagnosis of CRS at a rhinology outpatient clinic in Aberdeen, Scotland.

CRS is defined as a group of disorders characterized by inflammation of the mucosa of the nose and paranasal sinuses of at least 12 weeks duration. The group of CRS disorders annually accounts for as many as 22 million office visits and more than 500,000 emergency department visits in the U.S., according to some estimates.

Questionnaires were provided to 75 patients over a two-month period. The questionnaire consisted of demographic information and whether they had ever used CAM from a list of 49 herbal and non-herbal alternative therapies (such as acupuncture, massage, aloe vera, and cod liver oil). Subjects were also asked why they used CAM, where they learned of CAM, whether they found it efficacious, and whether their general practitioner was aware they were using it.

Sixty-five percent of patients had used CAM. Thirty percent of patients

used it for chronic rhinosinusitis. Women were significantly more likely to use CAM than men, according to the statistics. Patients who were employed, married, and had university degrees were also more likely to use CAM. Only 43 percent of CAM users had informed their doctor about the use of the therapy.

Researchers noted that patients were reticent about telling their physician about usage of CAM. Clinicians should enquire as to all the medications being taken by [patients](#), and the dangers of non-compliance with conventional medications should be emphasized to CAM users by their treating physician.

Source: American Academy of Otolaryngology

Citation: Alternative medicine use increasing for patients suffering with chronic rhinosinusitis (2009, October 5) retrieved 23 May 2024 from <https://medicalxpress.com/news/2009-10-alternative-medicine-patients-chronic-rhinosinusitis.html>

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