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 HRQOL (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 imitation 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 lower 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=0.0033). 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

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