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RESEARCH ARTICLE

Examination of Complementary Treatment Use of Individuals with Interstitial Cystitis: Descriptive Study

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Abstract

Objective: The aim of this study was to examine the use of complementary therapy in individuals with interstitial cystitis.

Material and Methods: This study, which was carried out in a descriptive research design, was carried out with 80 female patients over 18 years of age with interstitial cystitis, who applied to the Urology Outpatient Clinic of a city hospital in Istanbul between January and July 2023. The data were collected by face-to-face (onsite) interview method using a form prepared by the researchers in line with the literature to determine the socio-demographic characteristics of the patients and their use of complementary therapy. Data were analyzed using SPSS 22 statistical software for Windows. Results are reported as mean ± SD. Ethics committee and institutional permission were obtained before starting the study.

Results: When the characteristics of the individuals included in the study were examined; The mean age was 42.80±10.68 years, 60% did not have a chronic disease, 65% used any complementary treatment method, 43.2% used herbal treatment method, 50% did not receive complementary treatment. 55% received this information from the physician, 50% used complementary therapy to reduce their pain, 61.5% did not experience any side effects after using complementary therapy, 80.8% believed that complementary therapy was effective. It was determined that 53.8% of them did not share the complementary treatment methods they used with the physician or nurse.

Conclusion: It was seen that the majority of individuals with interstitial cystitis used any complementary treatment, half of them did not get information before using the treatment, and more than half did not share the complementary treatment methods they used with the physician or nurse.

Keywords: Complementary medicine, complementary therapies, interstitial cystitis, painful bladder syndrome

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INTRODUCTION

Interstitial cystitis (IC) is a chronic condition characterized by symptoms such as pelvic pain, sudden urge to urinate, increased urinary frequency, urinary incontinence, nocturia and low voiding volume (1,2). In European guidelines, it is stated that the prevalence rate in women is 1.2-21/100,000/ year, with a prevalence between 0.005% and 0.05%, and that it is 5 times more common in women than in men (3,4). Considering the prevalence rates of the disease, it is known that in a considerable proportion of patients, working life and many daily life activities, especially sleep and sexuality, are adversely affected, and due to the difficulty in determining the diagnosis of the disease, the lives of patients are negatively affected until they reach the right treatment and care (3,4). The diagnosis of interstitial cystitis can be made when alternative diagnoses such as urinary tract infection, neoplasia and bladder stones are excluded. Due to the lack of definitive diagnostic criteria or tests for IC as well as symptomatic overlap with other conditions (e.g., overactive bladder), the true prevalence of IC is difficult to determine. Prevalence estimates of IC fluctuate widely based on the study methodology and diagnostic criteria used (5). It is reported to be 3-7% in the literature (1).

Pain/discomfort, urgency/frequent urge to urinate and nocturia are common symptoms of interstitial cystitis (6). Current guidelines recommend that the treatment of interstitial cystitis should be multidisciplinary, including myofascial physical therapy, pain management, intravesical hyaluronic or intravesical botulinum injection, and conservative treatments to reduce and eliminate the symptoms of interstitial cystitis (7). Conservative treatment includes stress management, dietary modification, and behavioral modifications such as physical therapy, timed voiding to prolong voiding intervals, and bladder training. When combined with other treatments, conservative treatment and behavioral recommendations are reported to be effective in long-term symptom management and cost-effective (1). The American Urological Association (AUA) recommends that first-line treatment for patients with interstitial cystitis should include patient education, behavioral modification and stress management (7). Urology nurses, who are part of the multidisciplinary team, have an important role in providing patient education and individualized care necessary for the successful management of interstitial cystitis together with the urologist (8).

Today, many patients use complementary therapies to improve their quality of life, reduce symptoms and side effects related to medications, strengthen the immune system, and provide physical and psychological support (9,10). According to the definition made by the National Center for Complementary and Alternative Medicine (NCCAM), it includes "different practices and products applied by trained people, different from the scientific treatments used in conventional medicine" (11). Complementary therapies include phytotherapy, larva therapy, mesotherapy, prolotherapy, music therapy, hypnosis, cupping, homeopathy, ozone therapy, leech therapy, osteopathy, acupuncture, reflexology, chiropractic (12).

Complementary treatment methods used unconsciously by individuals often cause interactions between drugs, leading to dysfunction of organs and exacerbation of the disease (13). The fact that the complementary treatment practices used are not deemed necessary to be shared by patients, not questioned sufficiently by healthcare professionals and the fear of not being approved by healthcare professionals are among the reasons why patients do not access information about complementary treatment practices from the right sources (14,15). Therefore, health professionals, especially nurses, have important roles and responsibilities in diagnosing the appropriateness of complementary therapy use and providing guidance and education to individuals about its safe use. The objective of this study was to examine the use of complementary therapies in individuals with interstitial cystitis.

MATERIAL AND METHODS

The study was conducted as a descriptive cross-sectional study. The study was conducted with 80 patients with interstitial cystitis, over the age of 18, no vision or hearing problems, admitted to the Urology Outpatient Clinic of a City Hospital between January-June 2023. Illiterate patients and patients with cognitive-perceptual problems were excluded.

The study is a descriptive study. The number of patients applying to the tertiary urology clinic specified during the study dates was determined as 20 per month. It was decided to include at least 76 patients with %80 reliability and 5% margin of error in the population where 25% of the patients seen in a total month were known to have interstitial cystitis. The study was completed with 80 patients. A case report form consisting of two sections prepared by the researchers in line with the literature was used for data collection. The questions in the first part will consist of 6 questions about the socio-demographic characteristics of the patients including age, gender, marital status, educational status and employment status. The second part consists of a total of 8 questions to determine the complementary treatment utilization status of the patients (13,16). The data were collected with the

case report form using the face-to-face interview method in the Urology Outpatient Clinic after being informed about the purpose and scope of the study. A pilot study was conducted with 8 patients to evaluate the comprehensibility of the questions. At the end of the pilot study, the questions were finalized. Patients included in the pilot study were not included in the sample.

Data were analyzed using SPSS 22 statistical software for Windows (SPSS, Chicago, IL, USA). Results were reported as mean ± SD. Ethics committee approval (16/2023) and institutional permission from the institution where the research will be conducted were obtained before starting the study.

Before the data were collected, the individuals to be included in the study were informed about the purpose and content of the study and that their data would be kept confidential, and their informed consent was obtained in line with the principle of voluntariness. This study was conducted in accordance with the principles of the Declaration of Helsinki.

RESULTS

The mean age of the patients included in the study was 42.80±10.68 years, 55% (n=44) were married, 60% (n=48) were primary school graduates, 60% (n=48) had no chronic disease and did not use medication continuously (Table 1).

In the study, 65% (n=52) of the patients used complementary and alternative medicine (CAM) methods, 43.2% (n=32) preferred herbal treatment as a CAM method, 55% (n=22) had physicians as their source of information on CAM use, and 50% (n=20) used CAM methods to reduce pain, It was observed that 61.5% did not experience any side effects after using CAM, 80.8 % (n=42) believed in the effect of CAM, and 53.8% (n=28) did not share the CAM method they used with the physician or nurse (Table 2).

DISCUSSION

Although the products used vary from region to region, many complementary alternative medicine (CAM) methods are widely used all over the world (17). Compliance with treatment and achieving the desired outcome in chronic diseases depends on various factors and this affects quality of life. Individuals may turn to CAM methods or different searches in order to improve their quality of life and better manage the symptoms associated with their disease (18). While Karakoc (17) determined that the rate of participants applying CAM methods was low in his study, Nural and Cakmak (18) and Hasan et al. (19) determined that the rate of CAM use was high in individuals with chronic diseases. Jia et al. (20) found that the majority of patients diagnosed with interstitial cystitis used CAM methods. In this study, it was observed that the majority of patients used complementary therapy.

Table 1. Individual Characteristics of Patients (N=80)

Characteristics		**n**	**%**
Age Mean ± SD () (Min:- Max:)	42.80±10.68(21-65)		
Marital Status	Married	44	55
	Single	36	45
Education status	Primary school graduate	48	60
	High school graduate	32	40
Employment status	Yes	32	40
	No	48	60
Chronic disease status	Yes	32	40
	No	48	60
Continuous medication use	Yes	32	40
	No	48	60

SD: Standard Deviation, Min: Minimum, Max: Maximum

Table 2. Characteristics of Patients Regarding the Use of Complementary Medicine (N=80)

Characteristics		n	%
Use of CAM method	Yes	52	65
	No	28	35
CAM method used*	Body and mind therapies	9	9
	Herbal Treatments	32	4.2
	Dietary Support	8	10.8
	Massage	12	15
Status of receiving information about CAM	Yes	40	50
	No	40	50
CAM information source	Physician	22	55
	Nurse	6	15
	Other health professional	8	20
	Another patient with interstitial Cystitis	4	10
Reasons for applying CAM method	To reduce pain	20	50
	Reducing stress	6	15
	Just out of curiosity.	4	10
	To relieve side effects of medicines	2	5
	Because recommended by a doctor or nurse	8	20
Presence of any side effects after using CAM	Yes	20	38.5
	No	32	61.5
Belief in the effectiveness of the CAM method used	Yes	42	80.8
	No	10	19.2
Sharing the CAM methods used with the physician or nurse	Yes	24	46.2
	No	28	53.8

*More than one answer was given.

CAM: Complementary and Alternative Medicine

Patients with interstitial cystitis often experience a reduced health- related quality of life associated with physical limitations, reduced vitality, increased sleep dysfunction, more pain and more problems with sexual/social functioning (21). Complementary and alternative medicine treatment options for interstitial cystitis are many and should be individualized for each patient (22). Leong et al. (23) reported that nutritional changes and physical treatment modalities were included in the alternative treatment category in patients with chronic pelvic pain. In the study by Oh-Oka (24) evaluating intensive systematic dietary manipulation in female patients with IC, he stated that the diet was clinically effective in reducing IC symptoms. Kanter et al. (25) indicated that there was a significant improvement in symptoms and pain self-efficacy in women with interstitial cystitis who applied mindfulness. Bouchard and Campeau (26) reported that the use of nutraceuticals may be useful in reducing IC symptoms. In the study of Jia et al. (20), it was reported that the majority of patients with interstitial cystitis used diet or physical therapy from complementary medicine methods. In this study, it was observed that the majority of patients used herbal treatment. This finding suggested that this may be due to the fact that herbal products are obtained naturally and they are easily accessible. Due to the paucity of data evaluating the efficacy of treatment approaches and inadequate understanding of the etiology of interstitial cystitis, no single approach is useful

for all patients (21). Therefore, it is important to inform patients about the lack of robust evidence for complementary therapies (27).

Today, access to information has become easier with advances in technology. Television and internet are considered as significant sources of information in determining health behaviors (12). The education and awareness status of individuals using these methods, their cooperation with health professionals, and the approach of health professionals to these practices affect the course of treatment (18). CAM practices should be applied by physicians who have been certified. Reasons such as difficult and costly access to medical treatments, the emergence of side effects of drugs, the idea that natural products do not have many side effects, and the lack of benefit from medical treatments have led patients to resort to these methods (10). In the study of Nural and Cakmak (18), it was determined that the main source of information about CAM methods of patients was television, followed by relatives, family and friends. In Jia et al. (20) study, more than half of the patients reported that their physicians recommended CAM. In this study, similar to the study of Jia et al. (20), it was observed that the source of information about complementary medicine was physicians. This finding may be associated with the awareness of the patients in the study about the use of CAM.

The meaning of the disease for the individual and the nature of the symptoms affect the health-seeking behavior of individuals. In Nural and Cakmak (18) study, it was determined that the most common reasons for patients to use CAM methods were to lower blood pressure and reduce pain. Manya et al. (28) reported that almost half of the patients with diabetes used one or more CAM methods to improve diabetes or general health, and Erdogan et al. (25) reported that almost half of the patients with heart failure thought that these methods were useful and used them because they felt good. In this study, it was determined that half of the patients used complementary medicine to reduce pain. Since pain is one of the most common symptoms in patients with interstitial cystitis, it is an expected result that they use CAM methods for pain.

In the literature, it has been reported that patients obtain information about CAM methods from the internet, media and relatives and that the rate of informing and consulting their physicians about their use of CAM is low (12). Similar to this finding, it was observed that more than half of them did not share their CAM usage status with physicians and nurses. This finding appears to be an important result of the study. Because incorrect and incomplete information about CAM methods may lead to poor patient outcomes. For this reason, health professionals, especially physicians, should be aware of such tendencies of their patients and raise awareness of their patients about these methods, question their attitudes towards CAM methods and provide information that will protect them from misuse.

Limitations

There are some limitations in this study. The first of these is the small number of samples. Despite of the fact that, the sample size of the study was calculated, it is still cannot represent a large population. Another limitation is that there were only female patients in the study. One of the limitations is that the treatments received by the patients were not evaluated using validated and comprehensive inquiry forms.

CONCLUSION

It was observed that the majority of individuals with interstitial cystitis used any complementary treatment, half of them did not receive information before using treatment, and more than half of them did not share the complementary treatment methods they used with the physician or nurse. To conclude, it is recommended that individuals with interstitial cystitis should be guided and counseled by health professionals to prevent complications that may develop due to unconscious use of complementary therapies.

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Conflict of Interest

The authors declared no potential conflicts of interest with respect to the research, authorship, and/ or publication of this article.

Ethical Approval

The study was approved by Istanbul Prof. Dr. Cemil Tascıoglu Clinical Research Ethics Committee Board (approval date and number: 2023/16). Patients were informed as to the study. And their verbal and written consent was taken.

Author Contributions

Conception and design; YC, ESA, MGC, Data acquisition;YC, MGC, Data analysis and interpretation; YC, ESA, MGC, Drafting the manuscript; YC, ESA, Critical

revision of the manuscript for scientific and factual content; YC, ESA, MGC, Statistical analysis; YC, MGC , Supervision; YC, ESA.

REFERENCES

1. Colemeadow J, Sahai A, Malde S. Clinical management of bladder pain syndrome/interstitial cystitis: a review on current recommendations and emerging treatment options. Research and Reports in Urology. 2020; 12: 331. https://doi.org/10.2147/RRU.S238746
2. Mertoglu O, Budak S, Yucel C, Kısa E, Kocaoglu Z. Treatment management in interstitial cystitis/painful bladder syndrome. Journal of Gynecology-Obstetrics and Neonatology Medicine. 2018;15(2):66-9.
3. Engeler DBABJ, Bananowski AP, Berghmans B, et al. EAU Guidelines. 2019;21-22.
4. Kocak T, Acar O, Tarhan F, et al. Bladder pain syndrome (interstitial cystitis) consensus. Journal of Urological Surgery. 2019;7(4):251-263.
5. Anger JT, Dallas KB., Bresee C, De Hoedt AM., Barbour KE., Hoggatt K., ... & Freedland, SJ. National prevalence of IC/BPS in women and men utilizing veterans health administration data. Frontiers in Pain Research. 2022;3:925834.
6. Griffith J. Designing a mobile health application prototype for the management of interstitial cystitis/painful bladder syndrome. Precision Healthcare through Informatics IOS Press; 2017.p.94-97. https://doi.org/10.3233/978-1-61499-830-3-94
7. Hanno PM, Erickson D, Moldwin R, Faraday MM. American Urological Association. Diagnosis and treatment of interstitial cystitis/bladder pain syndrome: AUA guideline amendment. J Urol.2015;193:1545-53.
8. Forrest JB, Dell JR. Successful management of interstitial cystitis in clinical practice. Urology. 2007; (Suppl 4A):82-86. https://doi.org/10.1016/j.urology.2006.08.1110
9. Kurt H, Keskek SÖ, Cil T, Canataroglu A. Complementary/alternative therapy use in patients with breast cancer. Turkish Journal of Oncology. 2013;28(1):10-15. https://doi.org/10.5505/tjoncol.2013.827
10. Ozturk YE, Dombekci HA, Unal S. Use of traditional complementary and alternative medicine. Journal of Complementary and Anatolian Medicine. 2020;1(3):23-35.
11. National Center for Complementary and Integrative Health. [Accessed 01.12.2022] Access link: http://nccam.nih.gov/health/whatiscam).
12. Unal M, Dagdeviren HN. Traditional and complementary medicine methods. Eurasian Journal of Family Medicine. 2019;8(1):1-9. https://doi.org/10.33880/ejfm.2019080101
13. Guven SD, Muz, G, Erturk NE, Ozcan, A. Use of complementary and alternative treatment in the patients with hypertension. Balikesir Journal of Health Sciences. 2013;2(3).
14. Tangkiatkumjai M, Boardman H, Walker DM. Potential factors that influence usage of complementary and alternative medicine worldwide: a systematic review. BMC Complement Med Ther. 2020;20(1):363. https://doi.org/10.1186/s12906-020-03157-2
15. Ucar A, Canbolat O. Complementary and alternative treatment utilization in cardiovascular diseases. Turk J Cardiovasc Nurs. 2021;12(29):155-162. https://doi.org/10.5543/khd.2021.21-20-29
16. Solmaz T, Altay B. University students' use of complementary and alternative treatment methods. Pamukkale Medical Journal. 2019; 12:387-393. https://doi.org/10.31362/patd.526867
17. Karakoc MD. Oncology patients' use of complementary and alternative treatment methods. Pamukkale Medical Journal. 2020;13(1):69-80.
18. Nural N, Cakmak S. The use of complementary and alternative therapies by individuals with chronic diseases. Journal of Traditional Medical Complementary Therapies. 2018;1(1):1-9.
19. Hasan SS, Ahmed SI, Bukhari, NI, Loon WCW. Use of complementary and alternative medicine among patients with chronic diseases at outpatient clinics. Complementary Therapies in Clinical Practice. 2009;15(3):152-157. https://doi.org/10.1016/j.ctcp.2009.02.003
20. Jia X, Crouss T, Rana N, Whitmore KE. Complementary and alternative medicine for the management of interstitial cystitis/bladder pain syndrome: a recent update. Current Bladder Dysfunction Reports. 2020;15:214-218. https://doi.org/10.1007/s11884-020-00594-0
21. Hung HH, Chen WC, Chen YH, Chiu LT, Chen HY. Evaluation of the efficacy of Chinese herbal medicine and acupuncture for the prevention of mental disorders

in interstitial cystitis patients: A nationwide population-based study. Medicine. 2020;99(30):e21422. https://doi.org/10.1097/MD.0000000000021422

22. Atchley MD., Shah NM, Whitmore KE. Complementary and alternative medical therapies for interstitial cystitis: an update from the United States. Translational Andrology and Urology.2015;4(6): 662.

23. Leong FC. Complementary and alternative medications for chronic pelvic pain. Obstet Gynecol Clin North Am. 2014;41(3):503-10.

24. Oha-oka H. Clinical efcacy of 1-year intensive systematic dietary manipulation as complementary and alternative medicine therapies on female patients with interstitial cystitis/bladder pain syndrome. Urol. 2017;106:50-4.

25. Kanter G, Komesu Y, Qaedan F, Rogers R. Mindfulness-based stress reduction as a novel treatment for interstitial cystitis/bladder pain syndrome: a randomized controlled trial. Am J Obstet Gynecol. 2016. https://doi.org/10.1016/j.ajog.2016.01.014

26. Bouchard B, Campeau, L. Quality, value, and efficacy of complementary and alternative medicine in the treatment of interstitial cystitis/bladder pain syndrome. Current Bladder Dysfunction Reports. 2023;18(1):51-58.

27. Verghese TS, Riordain RN, Champaneria R, Latthe PM. Complementary therapies for bladder pain syndrome: a systematic review. International Urogynecology Journal. 2016;27:1127-1136. https://doi.org/10.1007/s00192-015-2886-3

28. Manya K, Champion B, Dunning T. The use of complementary and alternative medicine among people living with diabetes in Sydney. BMC Complementary and Alternative Medicine. 2012;12:1-5. https://doi.org/10.1186/1472-6882-12-2