



ORIGINAL ARTICLE

# Availability and needs of herbal medicinal information resources at community pharmacy, Riyadh region, Saudi Arabia



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## KEYWORDS

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**Abstract** A cross-sectional survey of community pharmacists in Riyadh region, Saudi Arabia was conducted over a period of 6 months from July through December 2011. Data collection was carried out using a structured self-administered questionnaire. The survey questionnaire consisted of a brief introduction to the study and eleven questions. The questions consisted of close ended, multiple-choice, and fill-in short answers. A stratified random sample of one thousand and seven hundred registered pharmacy practitioners all over Saudi Arabia were randomly chosen to respond to the survey. The data from each of the returned questionnaire were coded and entered into Statistical Package for the Social Sciences (SPSS) version 19 software (SPSS Inc., Chicago, IL, USA) which was used for statistical analysis. Only one thousand four hundred one pharmacists responded to the survey (response rate is 82.4%) with a completely answered questionnaire. The study results show that 59.7% of the participants sometimes discuss herbal medicine use with their patients, while only 4.25% never discuss it. The study shows 48.5% of participated pharmacists record herbal medicine use sometimes where only 9.4% of them never did so. However, with regard to initiation of the discussion, the study shows that 44.3% of the respondents reported that patients initiate herbal issue discussion while 20.8% reported that pharmacists initiate the discussion. This discussion was reported to be a one time discussion or an ongoing discussion by 14.3% or 9.9% of the respondents respectively. According to the study results, respondents reported that the most common barriers that limit discussing herbal medicines' use with their patients were lack of time due to other obligations assigned to the community pharmacist (46%), lack of reliable resources (30.3%), lack of scientific evidence that support herbal medicine use (15.2%), or lack of knowledge of herbal medicines (13.4%). Yet, a small number of respondents was concerned about interest in herbal medicines (9.1%) and other reasons (2.4%). So it is urgent to ensure that pharmacists are

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appropriately educated and trained. Extra efforts are needed to increase the awareness of pharmacists to adverse drug reactions reporting system at Saudi Food and Drug Authority. Finally, more consideration to herbal issues should be addressed in both pharmacy colleges' curricula and continuous education program.

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## 1. Introduction

The safety and efficacy of many herbal medicines used remain essentially unknown. However, the potential benefits of herbal medicines could lie in their high acceptance by patients and lay public, efficacy, relative safety and relatively low cost. The use of herbal medicines continues to expand globally, in parallel to an increasing acceptance of herbal remedies by consumers. Despite the fact that herbal remedies are not classified as drugs by the United States (US) Food and Drug Administration (FDA) Dietary Supplements Health and Education Act, 1994, the attitude of the general population toward herbal medicine is that this kind of therapy is natural and therefore safe (Zaffani et al., 2006). So despite the potential for harmful side effects (De Smet, 1995) and interactions with conventional drugs (Williamson, 2003; Chavez et al., 2006), natural products are often taken on a self medication basis, without the advice of pharmacists or physicians (Eisenberg et al., 1998). This lack of professional supervision may expose the consumer to various risks, including those derived by interactions with conventional drugs (Abebe, 2002).

Herbal products are defined as "herbal preparations produced by subjecting herbal materials to extraction, fractionation, purification concentration, or other physical or biological processes. They may be produced for immediate consumption or as the basis for herbal products. Herbal products may contain excipients or inert ingredients, in addition to the active ingredients they are generally produced in larger quantities for the purpose of retail sales" (Legal status of traditional medicine and complementary, 2001). Despite the possible adverse effects and risk of interactions, people continue to use herbal medicines for a variety of reasons which may include general health maintenance, treatment of specific disease states and more frequently for chronic conditions (e.g., depression, anxiety, headaches, pain and cancer) (Eisenberg et al., 1998; Eisenberg et al., 1993), or the desire to control their medical and health related decisions. Survey data from the United Kingdom showed that herbal medicines have been used by about 30 per cent of the British population (Thomas et al., 2001), whereas, results from a study conducted in the United States by the centers for Disease Control and Prevention showed that 19 per cent of adults had used herbal products (Barnes et al., 2004). The out of pocket expenditure associated with the use of herbal medicines was estimated to amount to £31 million in the United Kingdom (Thomas et al., 2001) £1 billion in Germany (Marstedt and Moebius, 2000), and about \$5.1 billion in the United States (Barnes et al., 2004).

Among health-care professionals, pharmacists are in an ideal position to provide evidence based information and to help consumers to make safe choices about natural compounds, because of their accessibility and the increasing sales of these products in pharmacies. Lately, however, their role in providing primary health care is changing. As underlined by some studies (Levy, 1999; Gül et al., 2007) consumers still

consider pharmacists trustworthy and knowledgeable about herbs while in other situations consumers nowadays are better educated and have more access to information, so they no longer blindly accept the advice of pharmacists (Traulsen and Noerreslet, 2004; Kwan et al., 2008). So it is urgent to ensure that pharmacists are appropriately educated and trained. A recent study done in the US reported that pharmacists are now receiving more questions from patients regarding the use of natural products than ever before, which necessitate that pharmacists become knowledgeable about these products and on their uses, dosing, adverse effects, drug interactions and contraindications (Clauson et al., 2003). This increased use of herbal and complementary medicines, particularly herbal remedies and dietary supplements, makes it necessary for a pharmacist to keep himself updated with the current development in this area (Chang et al., 2000).

With the increased popularity of dietary supplements and herbal products, community pharmacists are likely facing an increased number of questions concerning these products, particularly since they often sell these products and are the health professionals most accessible to the consumer. This hypothesis is supported by a recent survey of Minnesota pharmacists, who reported a greater than threefold increase between 1996 and 2000 in the number of questions received concerning herbal and other natural products (Welna et al., 2003).

Despite the increased frequency of questions about dietary supplements and their availability in most community pharmacies, pharmacists appear to lack sufficient knowledge in this area (Nathan and Cicero, 2005). Studies reported that 44% of pharmacists surveyed acknowledged that their knowledge of herbs and natural products is not adequate (Welna et al., 2003). Similarly also surveyed various clinicians, including 46 pharmacists, about their knowledge of and attitude toward herbs and other dietary supplements. Pharmacists' knowledge level score was less than 50% of the maximal score, and their score for the level of confidence in their clinical expertise when dealing with questions about herbs and dietary supplements was 30% of the maximal score (Kemper et al., 2003). Given these results, the author believes that pharmacists need to have resources available to them on herbal supplements to provide current, accurate, and unbiased information on these products.

The use of herbal remedies is very common in the Arab world and Saudi Arabia is no exception to it. Anecdotally, it is thought that herbal products are popular as a result of a widespread belief that the preparations are natural and therefore safe. Another notable practice in Saudi Arabia is the increased prevalence of self-medication, along with a concomitant use of herbal and conventional medicines. This is an area of great concern due to its potential for drug-herb interactions (Al Braik et al., 2008). Moreover, several incidents of adulteration of herbal medicines with drug active ingredients, poor product quality, side effects and drug interactions are also reported from the region (Saxena, 2003).

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