Advising Patients About Herbs and Nutraceuticals: Tips for Primary Care Providers

Erica Lovett, MD*, Neelima Ganta, MD

KEYWORDS

- Herbal • Nutraceutical • Dietary supplements
- Integrative medicine
- Complementary and alternative medicine

Herbal remedies and nutraceuticals are used in many households in the United States. According to a 2007 study from the National Center for Complementary and Alternative Health (NCCAM) of the National Institutes of Health (NIH), one third of adults and one tenth of children used some form of complementary and alternative medicine (CAM) within the last month, with herbal and other supplements being the most frequently used CAM modality.[1] Physicians and patients may be interested in natural forms of healing, but they often have differing perspectives. Many health care providers are not comfortable discussing these products, their side effects, or potential interactions with their patients; however, patients desire their physicians to do so. Moreover, patients report using herbals and nutraceuticals regardless of their physician's knowledge base or acceptance of these products.[2] This article discusses basic issues surrounding the use of a number of popular herbs and nutraceuticals other than vitamins and minerals, with the intent of enabling providers to openly discuss their use with patients.

SUPPLEMENT REGULATION IN THE UNITED STATES

Some health care providers are uncomfortable discussing herbal remedies and nutraceuticals with their patients because they did not learn about them in medical school, there are few evidence-based guidelines to guide use, and they are unfamiliar with potential supplement-drug interactions. In addition, the Food and Drug Administration

Central Maine Medical Center Family Medicine Residency, 76 High Street, Lewiston, ME 04210, USA
* Corresponding author.
E-mail address: lovetter@cmhc.org (E. Lovett).

Prim Care Clin Office Pract 37 (2010) 13–30
doi:10.1016/j.pop.2009.09.007 **primarycare.theclinics.com**
0095-4543/10/$ – see front matter

(FDA) does not regulate dietary supplements the way it does medications; providers may not be familiar with supplement manufacturing standards or how to advise patients about choosing different supplement brands.

Some regulation does exist. In 1994, the United States Congress enacted the Dietary Supplements Health and Education Act.[3] This legislation outlines the regulation of herbals, vitamins, minerals, and other ''natural health'' products. Under the Act, manufacturers have a responsibility to substantiate the safety of their products and make claims about their products only if they are backed by adequate evidence to show that they are not false or misleading. A difference between pharmaceutical regulation and herbal product regulation is that this protection under the Act is postmarketing; manufacturers need not prove safety before distribution. Pharmaceuticals, in contrast, must be FDA approved before sale.

The United States Pharmacopeia (www.usp.org) is an independent, not-for-profit organization that evaluates the effectiveness and safety of herbal products. Although other organizations may provide similar services, no other United States organization that evaluates supplements is recognized under federal law as the nation's official standard-setting body. United States Pharmacopeia standards are enforceable by the FDA.

In 2002, the United States Pharmacopeia designated a voluntary-optional program for manufacturers to obtain the United States Pharmacopeia quality seal. This voluntary program will become mandatory for all companies after 2010. Following current good manufacturing practices is no longer optional as it was in the past for supplement manufacturers. The current good manufacturing practices industry-wide rules require that dietary supplements are manufactured consistently with regards to identity, purity, strength, and composition (no heavy metals); laboratory inspection (sanitation and safety); accurate labeling; and effective release into the body.[4] The new current good manufacturing practices standards are a step in the right direction in providing better-quality, consistent products across all suppliers.

WHO USES SUPPLEMENTS?

The new regulatory standards are essential, given that a significant proportion of the United States population uses dietary supplements. The National Health Survey of 2007 included 23,393 adults 18 years of age and older and 9417 children 17 years of age and younger. According to this survey, 30% to 44% of adults age 18 to 84, 22% of adults 85 and older, and 7% to 16% of children used a CAM therapy within the last month.[1] Nutraceuticals and herbal preparations are the most commonly used therapy in the United States. Nearly 18% of adults and 4% of children in the United States use ''nonvitamin, nonmineral, natural products.''[1] Other, earlier studies evaluating CAM and supplement use demonstrated similar or slightly higher proportions of individuals (14%–35%) using supplements and herbal therapies.[5,6] The typical adult using CAM is female with a relatively higher income education level.[1] A child's use of CAM is more likely if their parents take supplements, if they are age 12 to 17, if they have more chronic illnesses, or if conventional care is unaffordable.[1]

It is vital for health care providers to ask all patients about dietary supplement use. For instance, it is not uncommon for this author to go on a home visit to a patient who does not fit the previously mentioned characteristics and find a cabinet full of supplements that was never mentioned. Many studies over the last decade substantiate findings that patients are often not comfortable disclosing their supplement use to their physician.[7,8] A 2008 study demonstrated that only half of adult patients and half of patients with chronic health problems disclosed their supplement use.[9]