



# 'Less like a drug than a drug': The use of St John's wort among people who self-identify as having depression and/or anxiety symptoms

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## Summary

**Objective:** St John's wort (SJW) is one of the most commonly used complementary medicines (CM) for the self-treatment of depression which can be accessed with or without health professional advice. While there is evidence to support its effectiveness in depression it has potential for serious side effects and interactions with many pharmaceuticals and herbs. Despite the potential risks, we know little about consumer perspectives on the use of SJW. Our research aimed to understand, from their own perspective, how and why people use SJW for management of self-identified 'depression, stress or worries'.

**Design:** A qualitative design, focusing on understanding the reasons for SJW use. A purposive sampling strategy was used to recruit 41 people who self-identified as having used SJW for 'depression stress or worries' from the community in Melbourne, Australia. In-depth face-to-face interviews were conducted. Interviews were taped, transcribed and analysed thematically.

**Results:** Three themes emerged as to why participants used SJW — ease of access of SJW, perceptions of effectiveness and safety of SJW enabling control over its use, and the perceived benefits of using a natural product. Generally, participants did not reserve use of SJW only for mild depressive symptoms.

**Conclusions:** People use many self-care strategies to manage symptoms of depression, including more severe symptoms. While there is often a preference for more natural approaches like SJW, people experiment and continue to use what they perceive is most effective for them.

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## Introduction

St John's wort (SJW) (*Hypericum perforatum*) is the most commonly used complementary medicine (CM) for the self-treatment of depression.<sup>1</sup> It is also widely used for the medication of self-defined stress and anxiety. For example, one community based Australian study found that approximately 3% of the population took CAM for depression or anxiety; with SJW being the most popular choice. Participants often used more than one CAM for treatment.<sup>2</sup>

A recent Cochrane systematic review concluded that SJW for people with mild to moderately severe symptoms of depression was not only superior to placebo overall, but also similarly effective to pharmaceutical antidepressant medications (AD).<sup>3</sup> Compared to ADs, SJW has fewer adverse effects<sup>3,4</sup> making it a realistic alternative to pharmaceutical intervention. However, the use of SJW is not without risks, as it has the potential to interact with many drugs.<sup>5</sup> Despite this potential for harm, SJW is available directly to consumers, without professional guidance. We have previously found that while general practitioners (GPs) do recommend SJW to their patients, they are less knowledgeable about SJW than AD and are unlikely to recommend exact dosages as they are confused by the lack of uniformity of extracts contained within SJW products.<sup>6,7</sup>

Studies about CAM use in general provide an overview of the key themes that help explain use of SJW. Some relate to medical care. For example, lack of success with conventional medicine (or a poor prognosis), lack of trust or unsatisfactory interactions with health professionals, or the wish for an holistic approach are important.<sup>8,9</sup> Similarly beliefs about CAM influence its use. Perceptions of naturalness and safety (particularly alongside negative beliefs about conventional medicine) that leads to a lack of questioning of the possibility of side effects,<sup>8,9</sup> CAM as a strategy for wellbeing<sup>10</sup> alongside the desire for personal control have been found as reasons for CAM use. Linked to the idea of personal control, a study of people with MS found that embodied knowledge is highly valued and perceived as facilitated by CAM use.<sup>8</sup>

There are a range of similar reasons for the use of CAM for depression: dissatisfaction with conventional treatment options for depression<sup>11,12</sup>; a preference for a natural treatment approach<sup>13–15</sup>; a desire to be in control of one's own health<sup>14,16</sup>; and a desire for treatment that aligns with one's own beliefs, values and philosophical orientation to health care.<sup>11,15,16</sup> The use of CAMs, in general, and SJW in particular for mental health issues in the context of a reluctance to seek medical advice for mental health problems, primarily due to the stigmatised nature of mental illness, may increase the likelihood that people will choose to self-treat without seeking medical intervention.<sup>17</sup> A study of people with depression in primary care found that just under half used 'self-chosen' therapies, with the most common being SJW.<sup>13</sup> Again, lack of consultation with health care providers was found, as was the perception that herbal remedies were natural, safe and with no side effects.

The scant research to date specifically on use of SJW has tended to focus on users' perceptions of its effectiveness, side-effects and whether they disclose their use of SJW to the doctors or use it concurrently with AD.<sup>18,19</sup> Only one study worldwide has specifically investigated why

people choose to self-treat their depression with SJW. This interview study was undertaken in the USA in 1999 with 20 community-based users of SJW, 19 women and 1 man. Personal health beliefs, mildly depressed mood, perceptions of their illness along with the risks of treatment, and issues of access to health care, were the key contributors to the decision to use SJW.<sup>20</sup>

While this study provides useful information, the experiences of men were little explored and in the intervening years there has been an accumulation of evidence about SJW's effectiveness and safety profile, its widespread usage and potential to become a mainstream treatment.<sup>21</sup> We aimed to explore why and how people use SJW for the treatment of self-identified depression or anxiety.

## Methods

A qualitative approach enables in-depth investigations of the meanings that people ascribe to their beliefs and actions, and thus an in-depth interview study was designed.<sup>22</sup> We aimed to develop a comprehensive understanding about how and why people used SJW for 'depression, stress or worries'. We used the term 'depression, stress and worries' as we wished to identify people using SJW across the spectrum of depressive and anxiety symptoms and we did not require that participants identify with the label of depression as a medical diagnosis. Using a purposive sampling strategy, we sought information rich participants comprising both women and men of different ages and with a variety of backgrounds and experiences with SJW. Participants were people aged 18 and over, with current or recent experience of using SJW for the treatment of 'depression, stress, or worries'. Participants were recruited using advertisements placed in health food shops, pharmacies, naturopathy and medical clinics, in University staff and student newsletters, and well known social networking sites. Recruitment ceased when ongoing analysis indicated that there was a range of gender and ages, and no new experiences or opinions were being reported.

Participants took part in face-to-face interviews, between one and 3 h duration, in a place and time of their choosing. The interview guide prompted for information about individuals' healthcare history, their use of SJW, negotiation and integration of pharmaceutical and CM treatments, sources of information, and advice received from health practitioners including CM therapists. Prompts were used throughout the interviews to ensure that key areas of interest were covered. A gift token (\$AUD 30) was offered to participants at the end of the interview in recognition of their contribution and time.

Interviews were transcribed in full and then coded (tagging of text relating to each expressed idea) using NVivo 9 software. The coded text was examined to identify similarities and differences in the ideas expressed, and from the patterns in the data that became evident, we generated the key themes<sup>23</sup> about how and why participants used SJW. Pseudonyms are used in reporting the results.

The project was approved by the University of Melbourne Human Research Ethics Committee. As the topic related to mental health, a protocol was developed for participants showing distress and participants were advised about

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