

Review Article

Advising Patients on the Use of Non-Herbal Nutritional Supplements During Cancer Therapy: A Need for Doctor-Patient Communication

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Abstract

Context. Many cancer patients are using non-herbal nutritional supplements (NHNS), often without informing their oncologists.

Objectives. To review the literature and summarize the beneficial effects and safety of NHNS in the prevention and reduction of treatment-related symptoms.

Methods. Databases were searched for randomized, controlled clinical trials (Jadad score ≥ 2) using AltHealthWatch, Cochrane Database of Systematic Reviews, Embase, MEDLINE, Memorial Sloan-Kettering Integrative Medicine Service Database, Natural Standard Database, and PubMed. The key words searched were the following: alternative and/or complementary medicine, nutritional and/or dietary supplements, quality of life, symptoms and/or side effects, specific toxicities (e.g., neuropathy, mucositis), and specific supplements (e.g., vitamin E, glutamine, etc.).

Results. A number of NHNS products were found to be effective. The incidence and severity of peripheral sensory neuropathy associated with taxane-agents such as paclitaxel can be reduced with vitamin E, glutamine, and acetyl-L-carnitine. Vitamin E and glutamine also have been shown to reduce oral mucositis resulting from radiation and chemotherapy, and glutamine and probiotics can reduce chemotherapy-induced diarrhea.

Conclusion. There is a need to develop an open and nonjudgmental dialogue between oncologists and cancer patients, addressing the needs of the patient

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while dealing with issues related to the efficacy and safety of these products. Referral of patients to an integrative medicine consultant may help achieve these goals, providing both parties with the option of reaching an informed and respectful decision about treatment. *J Pain Symptom Manage* 2013;46:887–896. © 2013 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.

Key Words

Dietary supplements, integrative medicine, safety, efficacy, complementary alternative medicine, doctor-patient communication

Introduction

Conventional anti-cancer treatment is invariably accompanied by significant toxic effects, which can lead to dose reductions and treatment delays, compromising disease control and eventual clinical outcomes and survival.¹ Current conventional therapies for treatment-related toxicities are often of limited benefit and may themselves have potentially harmful effects. Many cancer patients are turning to complementary medicine (CM), with the hope of improving outcomes and reducing treatment-related toxicities. Nearly half of cancer patients in the U.S. report using at least one CM treatment modality after their initial diagnosis² and as many as 91% during chemotherapy and radiation treatments.^{3,4}

Nutritional supplements are defined by the U.S. Food and Drug Administration as products that are intended to supplement the diet and contain any of a number of ingredients such as vitamins, minerals, herbs, amino acids, or other botanicals.⁵ One of the most popular forms of CM in Western countries is the use of non-herbal nutritional supplements (NHNS), which patients believe to be both effective and safe.⁶ In the U.S., for example, as many as 88% of cancer patients report using NHNS at some stage of their illness.⁷ Female patients are more likely to be using CM therapies such as NHNS, as are those with more years of education.⁸ The highest rates of supplement use can be found among patients with breast cancer and the lowest rates among those with prostate carcinoma.⁸ Supplement use is also very high among patients on hormonal treatments such as tamoxifen (61.9%), followed by those receiving radiation therapy (42.2%) and chemotherapy (38.7%).⁹ CM use is often related to patients' search for empowerment ("something I can do to help myself"). This

may be regarded in the context of "strengthening myself" and often in an attempt to boost what patients believe to be the body's "immune system."¹⁰ The NHNS products in use during radiation and chemotherapy typically include multivitamins, calcium supplements, vitamin-mineral supplements, fish oil, glucosamine, and selenium.^{11,12}

Patients who use CM are often reluctant to reveal this practice to the medical professionals responsible for their care.^{6,13,14} This lack of disclosure has been attributed to a number of factors, including an anticipated negative response by doctors to CM or simply because they are not asked.^{6,13–16} Velicer and Ulrich⁸ found that more than two-thirds of physicians are unaware that their patients are using NHNS. Lee et al.¹⁷ examined the files of patients who reported NHNS use and found that in only 28% of the files was there any mention of this practice. Despite the fact that many oncologists are supportive of the use of CM therapies such as NHNS,^{3,4} cancer patients report that conversations they had on this subject with their doctors were either unsupportive or not helpful at all.¹⁸

In this review, we identify palliative care literature related to the symptoms that result from anti-cancer adjuvant treatment. We chose to examine only subjective symptoms and not other toxic effects (e.g., hematological) for a number of reasons: 1) treatment-related symptoms are a major reason why patients cannot complete treatment regimens, 2) patient symptoms are more likely to reflect impairment of function and quality of life than objective findings, and 3) there is a need for an overview with guidelines that can help practitioners and patients make informed decisions. The aims of this review, therefore, were to review the literature and summarize the beneficial effects and safety

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