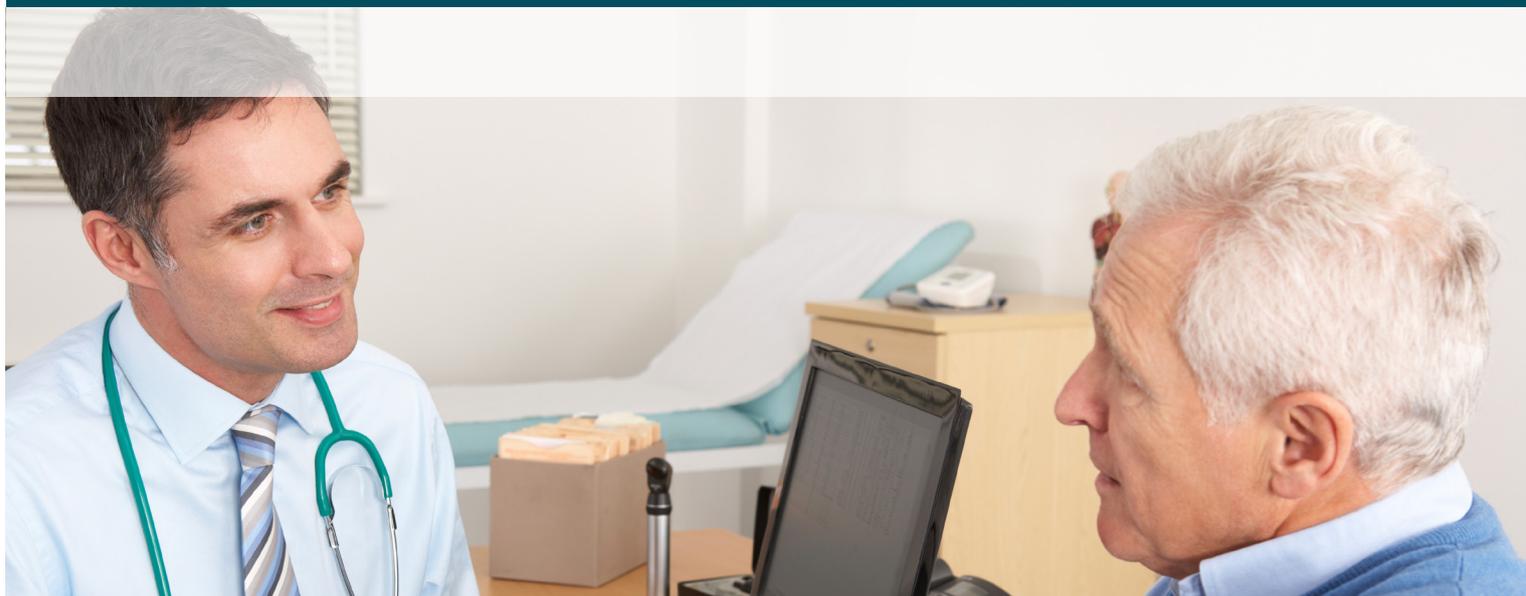




Talking with your patients about Complementary Medicine – a Resource for Clinicians

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Why talking about complementary medicine is important

Many Australians report that they use complementary medicine (CM) but do not disclose this information to their clinicians.¹ Without a full understanding of their patients' health practices, it is difficult for clinicians to provide safe and patient-centred health care.

How this resource can help clinicians

The information contained in this resource is for clinicians including medical practitioners, nurse practitioners, pharmacists and allied health professionals. The resource is intended to help clinicians to have collaborative and patient-centred discussions about CM use. It provides ideas about:

- initiating a conversation about CM use
- discussing evidence and the effectiveness of CM
- discussing the potential risks of CM use.

The document also includes background information on the use and regulation of CM in Australia, and provides additional sources of referral for clinicians and their patients.

Complementary medicine and its use in Australia

The term CM is used to describe a wide range of health care medicines, therapies (forms of treatment that do not involve medicines) and other products that are not generally considered within the domain of conventional medicine.² Defining CM can be difficult, as new products and therapies are constantly emerging. This resource is aimed at the use of both complementary medicines (such as vitamins, mineral, herbal, aromatherapy and homoeopathic products) and therapies. CM is broadly used throughout the document to include both 'medicines' and therapies.

The boundaries between CM and conventional medicine are blurred occasionally, with some specific CM practices becoming more widely used over time. Cultural and traditional use or personal beliefs may also influence what a patient considers to be 'CM'.

CM products and therapies are sometimes called 'complementary medicine' when used together with conventional medicine, or 'alternative medicine' when used as an alternative to conventional medicine.²

Traditional customs and a long history of use can form the basis of some CM. Bush Medicine and traditional customs are widely used by Aboriginal and Torres Strait Islander peoples. In Australia, CM is generally seen by consumers as part of a 'holistic' view of health and it is often used in conjunction with, not in isolation from, other strategies for achieving and maintaining good health.¹

It is estimated that more than two-thirds of the Australian population use CM, and nationally, the annual 'out of pocket' expenditure on CM is estimated to be approximately \$4 billion.³

Availability of information on CM

In general, there is a lack of easily accessible consumer information about CM. In 2009, an independent evaluation of CM resources found that the sources of information available to consumers are of variable quality and reliability.⁴

As a consequence, some consumers may be relying on inaccurate or misleading statements when deciding whether a particular CM is an appropriate health care option.

As CM use grows in Australia, there have been calls for improvements in the information available so that Australian health consumers can make better-informed decisions.

The Consumers Health Forum of Australia has raised awareness of information gaps faced by patients when considering CM treatments – including information on regulation, consumer protection, efficacy and evidence.⁵

Why patients don't discuss their use of CM

A 2008 national consumer survey found that only half of those who reported using CM mentioned or discussed their treatment with a doctor.¹

One of the most common reasons patients have not discussed their use of CM is that their clinician has not asked them about it.³ This was confirmed by a survey that found clinicians often did not initiate discussions about CM with their patients and were often unaware of their patients' CM use.⁶ In response, NPS MedicineWise called for the promotion of active discussions about CM between consumers and health care providers.

Clinicians should be sensitive to the variety of other reasons for patients not disclosing CM use. These reasons include:

- a belief that CM products and therapies are ‘natural’ and ‘safer’ than conventional medicine
- a feeling of dissatisfaction with conventional medicine
- a lack of awareness of the risk of unintended drug interactions
- awareness of the clinician’s attitude to or knowledge of CM
- discomfort in raising the topic
- fear of the practitioner’s response.

Regulation of complementary and conventional medicines in Australia

Prescription, over-the-counter and complementary medicine products

Australia has a two-tiered system for regulating all medicinal products, including prescription medicines, over-the-counter (OTC) medicines and CM products. CM products are regulated as complementary medicines under the *Therapeutic Goods Act 1989* by the Therapeutic Goods Administration (TGA).⁷

All prescription medicines, most OTC medicines and some higher-risk CM products are evaluated by the TGA for quality, safety and efficacy. Once they are considered suitable to enter the market they become registered medicines on the Australian Register of Therapeutic Goods (ARTG) and are labelled as *Aust R*.⁸

In Australia, some OTC and most CM products that are considered lower-risk (including herbs, vitamins, minerals and nutritional supplements, homeopathic medicines and

some aromatherapy products) are not evaluated by the TGA before they enter the market. These products can only make limited therapeutic claims. Once the CM products meet certain criteria for safety and quality they become listed medicines and are labelled as *Aust L*.⁸

Therapeutic goods must be entered on the ARTG before they can be lawfully supplied in Australia. There are about 10,000 CM products on the ARTG.⁹

There is no assurance that CM products purchased in other countries or on the internet have been manufactured to Australian standards of quality and safety.⁷ For example, these CM products may be contaminated with heavy metals, fungal toxins or pesticides.

Professional practice

Australia has a National Registration and Accreditation Scheme for registered health practitioners that is run by the Australian Health Practitioner Regulation Agency (AHPRA).¹⁰ AHPRA now partners with the National Boards of some CM practitioners such as Chinese medicine practitioners and chiropractors. Practitioners of CM covered by AHPRA must be registered by law with the National Board of their profession to practice under a protected title (for example, acupuncturist, Chinese medicine practitioner, chiropractor). Health practitioners registered with AHPRA are therefore required to meet quality and standards of care.

However, most CM practitioners are not covered by AHPRA and are largely self-regulated. This regulation often differs between each state and territory. Most CM therapists are affiliated with a professional association but membership is usually voluntary and any agreed standards of care do not carry legal obligations.¹¹

Talking about CM use

It is important for clinicians to get a full picture of all conventional medicine and CM that patients use to manage their health care. A first step in the process may be to include a question about the use of CM on 'personal details' forms for new patients and/or to request that patients bring a list of all CM they use with them to consultations.¹²

When clinicians initiate discussions about CM with their patients, it is important to use an approach that increases collaboration and trust while still eliciting the relevant information.

CM use

Clinicians could initiate the discussion by asking their patients if:

- they have tried anything else to help with their problem
- they have used any herbal or natural remedies, Bush Medicine or traditional medicines or treatments, vitamins or supplements that they have bought from a supermarket, chemist or health food store, or that they have grown or prepared themselves
- they have seen a CM practitioner
- they have tried changing their diet because they thought it might help their problem, for example by adding or eliminating particular foods or food groups.

Benefits of CM

Clinicians could continue the discussion by asking their patients:

- what made them decide to try CM
- how long they have been using CM and are they going to continue using it
- whether they feel that they are benefiting from the CM
- whether they have noticed any side effects from the CM
- if they have considered keeping a diary of how they feel while using the CM.

Details of CM

Clinicians could also ask if their patients are happy to share:

- how often they use the CM
- if they know the dose of the CM product they are taking
- where they buy the CM product or which CM therapy clinic they are visiting
- whether they are using the CM instead of, or in addition to, their regular medications.

Details of CM practitioners

Clinicians could ask their patients if:

- they are aware if their CM practitioner has treated others with the same condition
- they are aware of the CM practitioner's professional qualifications or registrations
- they would feel comfortable for their CM practitioner to advise you (the clinician) about their treatment and progress.

Discussing evidence

Clinicians should encourage their patients to make well-informed decisions about their health care and consider scientific evidence when making these decisions. It may be important to explain that most CM products are classed as 'listed' medicines by the TGA, which means that the TGA has generally not evaluated their efficacy (see the section on regulation of CM in Australia).⁸

It is useful to know what emphasis the patient places on evidence. Some do not consider scientific evidence to be important. Others do not know how to consider evidence, choosing instead to rely on personal success stories of friends, family or colleagues. A long history of use and/or cultural practices can be closely linked with CM use, which is important for clinicians to identify when discussing CM and evidence.

Consumers will vary in their level of health literacy and so discussions of any evidence might vary. If appropriate, clinicians might consider suggesting consumer resources to aid collaborative discussion about the strength of different types of evidence. These include a summary of the 'levels of evidence' from the Cochrane Consumer Network¹³ and information on 'understanding clinical trials' from NPS MedicineWise.¹⁴ The National Health and Medical Research Council (NHMRC) also has a resource to aid communication between patients receiving treatment and clinicians delivering health care.¹⁵

Discussing evidence

If appropriate, clinicians could initiate a discussion by asking their patients:

- what they have heard about how the CM works
- if they are aware of any potential side effects or interactions with other medicines or therapies
- what kind of information helped them to make their decision about using the CM
- if they know whether any research has been published in recognised medical journals
- if they would like the clinician to help them to find or understand any information.

Discussing reliability of information

Clinicians could continue the discussion by talking about:

- the differences between the types of information about CM such as research studies and clinical trials compared to personal stories
- the importance of being aware of the funding of research and commercial interests of authors or websites for both conventional medicine and CM.

Discussing effectiveness

As with other discussions, talking about effectiveness needs to be tailored to the level of health literacy of the patient. Clinicians should encourage patients to make a decision based on evidence and can ask their patients if they would like help identifying and interpreting evidence of effectiveness for the CM they use.

Patients might not understand the significance of peer-reviewed journals for either conventional medicine or CM. They may need support and encouragement in thinking critically about the source and quality of information. Clinicians may encourage their patient to seek information from a variety of sources, including information from governments that is targeted to consumers.

Clinicians may need to advise their patients to be cautious where claims made for CM are not underpinned by quality evidence or where practitioners are not subject to regulation. This might include suggesting patients return for regular reviews to monitor progress if they choose to use a CM.

Patients should be encouraged to think twice about statements describing any medicine or therapy as a ‘quick fix’, ‘scientific breakthrough’, ‘miracle cure’, ‘secret ingredient’, ‘ancient remedy’ or similar. It may help to suggest to patients that if it sounds too good to be true, it usually is.

Discussing potential risks

All therapeutic goods carry a potential risk, including prescription medicines, OTC medicines and CM products. It is often difficult for consumers to know if an individual CM is safe or potentially harmful, and this may differ from patient to patient. Clinicians should explain to their patients that all health and treatment decisions involve weighing up potential benefits and potential risks and that this process can help patients to decide whether a treatment is appropriate for them.

Many consumers are not aware of the side effects of some CM products and their potential interactions with conventional medicines, which may put some users at unnecessary risk of harm.¹ Clinicians may need to consider and explain to their patients the risk of adverse reactions (including unintended medicine interactions). If considered clinically necessary, general practitioners may refer their patient to a pharmacist for a Medicare-supported Home Medicines Review to prevent medication-related problems.

Where CM is used in place of conventional medicine, clinicians should discuss with their patient any potential health consequences of delaying conventional treatment that may be more effective. Clinicians should especially advise caution in cases where CM of uncertain effectiveness is used as a replacement for conventional medicine of known effectiveness.

Further information for clinicians

Australian Medical Association: Position Statement – Complementary Medicine – 2012

ama.com.au/position-statement/complementary-medicine-2012

Cancer Council Australia: Position statement – Complementary and alternative therapies

wiki.cancer.org.au/prevention/Position_statement_-_Complementary_and_alternative_therapies

Clinical Oncology Society of Australia: Position statement – Use of complementary and alternative medicine by cancer patients

www.cosa.org.au/publications/position-statements.aspx

Izzo A, Ernst E. Interactions between herbal medicines and prescribed drugs: an updated systematic review. *Drugs* 2009;69(13): 1777–98

www.ncbi.nlm.nih.gov/pubmed/19719333

Medicare Australia: Home Medicines Review (HMR)

www.medicareaustralia.gov.au/provider/pbs/fourth-agreement/hmr.jsp

Memorial Sloan-Kettering Cancer Center (USA): About herbs, botanicals & other products

www.mskcc.org/cancer-care/integrative-medicine/about-herbs-botanicals-other-products

National Center for Complementary and Alternative Medicine (US Government): Resources for health care providers

nccam.nih.gov/health/providers

National Health and Medical Research Council: Making decisions about tests & treatments: principles for better communication

www.nhmrc.gov.au/guidelines/publications/hpr25-hpr27

National Prescribing Service: Review of the quality of complementary medicines information resources: Summary report (March 2009)

www.nps.org.au/__data/assets/pdf_file/0005/69656/CMsInfoSummary.pdf

The Cochrane Library: Complementary and alternative medicine reviews

www.thecochranelibrary.com/view/0/browse.html?cat=ccoachcomplementaryalternativemedicine

Therapeutic Goods Administration: An overview of the regulation of complementary medicines in Australia

www.tga.gov.au/industry/cm-basics-regulation-overview.htm

Therapeutic Goods Administration: Database of adverse event notifications – medicines

www.tga.gov.au/daen/daen-entry.aspx

Further information for patients

Better Health Channel (Victorian Government): Complementary and alternative medicine

www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/ct_alternative

Cochrane Summaries: Independent high-quality evidence summaries for health care decision making

summaries.cochrane.org/

Consumers Health Forum of Australia: How well do consumers know their product (November 2012)

www.chf.org.au/pdfs/chf/Health-Voices_NOV12_ComplementaryMedicine.pdf

HealthInsite (Australian Government): Trusted resources for complementary and alternative therapies

www.healthinsite.gov.au/topics/Complementary_and_Alternative_Therapies

National Center for Complementary and Alternative Medicine (US Government): Are you considering complementary medicine?

nccam.nih.gov/health/decisions/consideringcam.htm

National Health and Medical Research Council: Making decisions about tests & treatments – principles for better communication

www.nhmrc.gov.au/guidelines/publications/hpr25-hpr27

National Prescribing Service: Using complementary medicines

www.nps.org.au/conditions-and-topics/topics/how-to-be-medicinewise/using-complementary-medicines

Therapeutic Goods Administration: Listed medicines – the role of Australia's medicines regulator

www.tga.gov.au/consumers/information-listed-medicines-tga-role.htm#what

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