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FILE: ▪Use of Herbs by Pharmacists
▪Pharmacists Attitudes Toward Herbs
▪Surveys – Pharmacists on Herb Use

HC 010244-257

Date: May 31, 2004

Re: Pharmacists' Use of and Attitudes Toward Herbal and Other Natural Products

Welna EM, Hadsall RS, Schommer JC. Pharmacists' personal use, professional practice behaviors, and perceptions regarding herbal and other natural products. *Journal of the American Pharmaceutical Association* 2003;43(5):602-612. [Article can be accessed through Medscape at www.medscape.com/viewarticle/463118.]

Research has documented, described, and analyzed the public's growing use of complementary and alternative medicine treatments, including herbal and other natural products (H/NPs). But, the question remains as to whether mainstream health care practitioners, particularly pharmacists, use these products on a personal or professional basis.

Since pharmacists are often asked to make professional recommendations to patients, other health care practitioners, and managed care organizations regarding the use of H/NPs, the authors conducted a study to:

- Characterize pharmacists' personal and family use of, professional practice behaviors regarding, and perceptions of H/NPs and to ascertain whether these characteristics differ by pharmacists' education, practice setting, and other demographic characteristics;
- Identify the H/NP information sources pharmacists use and determine the extent to which pharmacists themselves are used as information resources; and
- Gather general information on pharmacists' attitudes toward and concerns about H/NPs.

The authors systematically selected a random sample of 1,107 pharmacists from the 4,067 pharmacists with a fee-paid, active Minnesota pharmacy license at the time of the study. They developed a comprehensive questionnaire to gather information addressing the research questions and to collect demographic information on each respondent. The

authors deliberately used the phrase "herbal and other natural products" so that the respondents would provide information on all products of plant, animal, and mineral origin that could be classified as H/NPs.

The authors closely followed Dillman's tailored design method: The initial surveys were mailed in June 2000, along with a cover letter, a fold-and-mail survey form, and a $20 gift certificate toward an online herbal continuing education program. One week after the first mailing, a reminder postcard was sent to all subjects. Four weeks after the initial mailing, a second postage-paid-return survey form and a new cover letter were mailed to nonrespondents.

Of the 1,017 surveys mailed, 533 were returned and analyzed. Of those respondents, 282 (53%) reported personal use of H/NPs and 240 (45%) reported having recommended H/NPs to a family member. The products most often used by pharmacists are echinacea, aloe, zinc, glucosamine, chondroitin, ginkgo, garlic, melatonin, chromium picolinate, and ginseng. Those products recommended most often by pharmacists to family members included glucosamine, chondroitin, echinacea, aloe, zinc, ginkgo, garlic, melatonin, St. John's wort, and chromium picolinate. The products most often suggested to patients include glucosamine, chondroitin, echinacea, zinc, melatonin, saw palmetto, St. John's wort, garlic, ginkgo, and ginseng (any or all species). In all categories, about half of the natural products used or suggested for use by pharmacists were herbal in origin.

The authors report that pharmacists working in community and outpatient settings and pharmacists living in nonurban areas are more likely to report H/NP use. Factors that influenced the respondents' decisions to stock H/NPs included requests by patients, consumer demand, a manufacturer's reputation, and a manufacturer's ability to provide product quality data.

Regarding the preferred sources of information on H/NPs, pharmacists consider, in descending order of preference, trade journals and professional newsletters, continuing education coursework, reference texts, reports of randomized clinical trials in journals, case studies, and anecdotal reports from journals. These are followed by patient feedback, personal observation of patients' responses, pharmacist colleagues, reference websites, and physicians. However, 95% of respondents believe that the available information on H/NPs is "not adequate" or only "somewhat adequate." Half of the pharmacists (51%) believe that H/NPs are safe, but only 19% believe that the products are effective. Slightly more than half (56%) reported suggesting to a patient that he or she try an H/NP.

The amount of government regulation or oversight of H/NPs was considered "not adequate" by 78% of pharmacists. On average, pharmacists reported that patients ask them questions regarding H/NPs about seven times per 40-hour workweek; they receive questions from other health care practitioners an average of 1.3 times per week. Over 70 pharmacists desired that manufacturers provide more product information and that product quality needs "tighter control" as well as more training for pharmacists and clinical research on products. Pharmacists said that more governmental involvement is needed in the areas of good manufacturing practices and misleading marketing.

The authors conclude that the pharmacists in their sample used H/NPs at rates comparable to or higher than those of many other surveyed groups. Because pharmacists are being used more often as information sources on H/NPs, they strongly desire more information about these products. Based on the results of this survey, most pharmacists believe that the amount of information available and the level of government oversight of these products are not adequate.

—*Shari Henson*

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