Complementary and Alternative Medicine: A Pharmacist’s Perspective on Patient Needs

COMMENTARY

Dipen Kalaria, BScPhM
Director of Pharmacy Services, Pharmacy.ca

ABSTRACT
The use of complementary and alternative medicine (CAM) is pervasive throughout the Canadian healthcare landscape. The lead paper offers recommendations on research, regulation and funding based on accepting evidence beyond that found through randomized clinical trials. Unfortunately, the efforts that go into policy-making are unlikely to reflect the ever-evolving and plastic nature of CAM. Pharmacist have long been the most easily accessible healthcare professional and a natural bridge between CAM and conventional medicine. The role of CAM, and specifically herbal medications, in conjunction with conventional therapy is a dilemma faced by pharmacists every day. Policy-makers need to be creative in order to collect data on safety first and then efficacy for a public that is already using these services. The quandaries pharmacists face on these issues are a microcosm of what researchers and governments must deal with in creating policies that respect patient autonomy and at the same time protect public safety.

The Pharmacist’s Role
The increasing demand for complementary and alternative medicine (CAM) in Canadian pharmacies is clearly reflected by the current retail marketplace. Since 1997 the number of drugstores that sell herbal remedies has remained steady at 89% (Rogers Media 2001). Add to this

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the fact that 31% of Canadians claim to have used a herbal preparation in the same year, and you have a clearer picture of how deeply involved pharmacists have become in CAM (Rogers Media 2001). The pharmacist is often privy to a patient’s conventional medical history. This position offers great insight into the criteria patients use in terms of selecting certain types of CAM, namely natural health products.

The lead authors’ suggestion that patients rely on health confidants and the Internet for information is certainly verified in clinical practice. In many cases, the pharmacist is a patient’s health confidant and also the patient’s final consultant before embarking on a herbal treatment. The questions posed by patients can be divided into three categories: product differentiation, the suitability of a herbal for a specific indication and the safety of a herbal for a patient that may be on other medications or have other medical conditions. The role of research and regulation has to focus on practical data collection that can help answer these questions. New standards being created by the Natural Health Products Directorate will certainly aid in answering the first question, but for the rest we will have to rely on novel research and further funding. The lead authors’ recommendation to establish an Institute for Complementary and Alternative Healthcare is a lofty goal that with the correct mandate may yield practical information. In the interim, an effective method for collecting data on the safety of products already being used by millions of Canadians needs to be established.

A Practical Example
For years, the single most commonly sold herbal medication in Canada has been echinacea. In 2001 echinacea had sales of $22 million (Rogers Media 2001). This simply highlights how much patients are spending on products that may or may not work effectively. Echinacea in its various forms has been touted as a treatment for the common cold and a general immune booster (Bratman 2000). When diagnosed with the common cold, patients are often told to rest and that no medical treatment is necessary. However, when they reach for a CAM approach they are given numerous options, of which echinacea is one of the most popular. When pharmacists are questioned on the effectiveness of echinacea they often have to rely on anecdotal evidence or fragmented studies with poor design on which to base their decisions. With the knowledge that popular herbs such as ephedra and kava kava have been recently banned for sale by Health Canada over safety concerns, these questions take on significant importance. A recent randomized, double-blind study on echinacea has proven it to be no more effective than a placebo (Barrett et al. 2002). This information, however, will be unlikely to dissuade believers of CAM who will cite hundreds of years of experience as well as differences in various roots and forms of echinacea that should be more effective than the one tested. The ineffectiveness of this research method only highlights the challenges facing researchers. In the most practical sense, this dilemma underscores the fact that the complexity of CAM will likely preclude clear answers, but it does not reduce the need for research, especially in the area of safety.
Challenges Facing Regulators and Researchers
The lead authors have succeeded in outlining the complexities faced by researchers designing CAM studies. Discussing the possible solutions is beyond the scope of their paper, and the authors have done well not to address those issues specifically.

Self-regulation at the provincial level may be the ultimate goal, but it needs to be guided by federal policies and regulations. Patients seem to use CAM for chronic conditions for which they hold some reservations about how much conventional medicine has helped them (Kelner and Wellman 1997a, 1997b). Under these circumstances, some patients are susceptible to claims of relief for conditions that conventional medicine defines as chronic or persistent. The CAM practitioner will often refer to non-specific conditions such as stress and lack of energy (Lewith et al. 2002; Verhoef et al. 2002). These types of claims can be highly misleading to chronically ill patients, and the focus of any regulation should be around the limitation of these claims. Schedule A to the Food and Drugs Act lists a variety of conditions for which cures cannot be advertised. In order to limit the risk to patients, we need a similar schedule that eliminates unsubstantiated claims that can be misleading.

The Internet has allowed many manufacturers to produce materials that look like medical information but that are in fact advertising. The World Wide Web is full of examples where specific products are being advertised for indications for which they have no sound scientific evidence. When patients have access to information around the world it is impossible to control what they are exposed to. This makes it all the more important to ensure that CAM practitioners are guiding patients in a reliable and ethical manner.

Once CAM has achieved self-regulation or another form of imposed standards, then it can be determined if therapies are cost-effective. At this time we have too little data to hypothesize whether CAM is cheaper or ultimately more costly to the healthcare system. Funding decisions should also evaluate the efficacy of CAM therapies as compared to conventional therapies. It will also be important to see if researchers are able to show that certain conditions or patients are more responsive to CAM than conventional medicine. Integrating this data with cost-effectiveness will give policy-makers a clearer picture on future healthcare funding strategies.

How Can Pharmacy Help?
While funding researchers and creating a body of evidence is in the best interest of all stakeholders, it does not address the use of CAM today. The creation of a Natural Health Products Directorate must not only focus on future research but also current usage of CAM. We know that Canadians are using CAM today, yet we have very little data to track actual usage. For years now, pharmacists have enabled governments to limit and track usage of prescription medications. It seems a natural fit that they take on the role of monitoring the use of herbal and natural products as well. In this manner, any new national agency will be able to monitor the use and absolute safety of these products. This type of database would also provide more information on the safety of combining CAM with conventional medications,
an area sorely in need of data. The pharmacist's role in drug delivery is well defined. Should the use of potent herbas and natural products be treated any differently than prescription drugs?

Conclusion
It is clear that we need a framework to assess CAM for both effectiveness and safety in the Canadian marketplace. Innovative research and new regulations are necessary before we can be assured patients are receiving the most appropriate care. Since Canadians are already using these services, however, it is imperative that any changes to access be tempered with respect for patients' autonomy. Researchers and governments should focus their efforts on determining the safety of practices already in use. It is hoped that with the cooperation of CAM practitioners and other healthcare professionals we will one day be able to provide definitive answers to the question of a natural product's safety. Until then, pharmacists are left to answer very difficult questions with little sound evidence.

References


