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LETTER TO THE EDITOR

INTEGRATIVE MEDICINE: WHAT IS THE ROLE OF THE DIETITIAN?

To the Editor: Integrative Medicine (IM) refers to the blending of conventional and complementary medicine and therapies with an emphasis on prevention and lifestyle changes. The aim of IM is to use the most appropriate of either or both modalities to care for the patient as a whole.¹ In Australia, the Therapeutic Goods Association defines complementary medicines (CMs) as ‘medicinal products containing herbs, vitamins, minerals, and nutritional supplements, homoeopathic medicines and certain aromatherapy products’.² Dr Ralph Snyderman from Duke University and Dr Andrew Weil from University of Arizona in the USA highlight that IM is not synonymous with CM because it calls for restoration of the focus of medicine on health and healing and emphasises the centrality of the patient–physician relationship.³ IM does not reject or compete with conventional health care but rather expands its boundaries to build a scientific foundation to provide the best possible combination of care to patients.⁴ Many patients are finding these therapies useful in improving health as they generally aim to enhance a healthy lifestyle, work with the natural healing process, empower patients to be active participants in their own healing process and nurture the body, mind and spirit (as the World Health Organisation Constitution⁵ suggests) to improve quality of life. Research has identified the ‘new consumer’ or patient with the following characteristics: more demanding; well-informed; information seeking; asks critical questions; shows a desire to initiate dialogue; seeks counselling; is no longer prepared to blindly accept the authority of the health care provider. It is this ‘new consumer’ that has driven the development towards holistic and integrative health care and expectations that health professionals and pharmacists have knowledge in this area.^{6,7}

There is a growing body of scientific evidence for IM as highlighted by the increasing number of Cochrane reviews and in several Australian textbooks that include thousands of references.^{8–11} There is also a growth in the number of universities now developing and providing education programs specifically related to IM and CM for health practitioners, such as the Universities of Queensland (Graduate Certificate in Evidence-based Complementary Medicine¹²), and Sydney (Master of Herbal Medicines, Graduate Diploma in Herbal Medicines¹³), RMIT University (Master of Wellness¹⁴), Southern Cross University (Master of Clinical Science Complementary Medicine¹⁵), Monash University (Short courses in Mindfulness¹⁶), University of Newcastle

(Diploma in Botanic Medicine¹⁷) and several other universities.¹⁷ While research indicates patients prefer to discuss their use of CMs with their general practitioners (GPs)¹⁸ and pharmacists,¹⁹ similar surveys are needed on patient expectations of CMs with dietitians and other health professionals. Interestingly, a recent study of pharmacy customers reported that some participants felt that pharmacists were not adequately skilled to counsel them about CMs as many customers did not refer to pharmacists as an information source.¹⁹ This correlates with reports that pharmacists often feel uncomfortable dealing with CM queries because of insufficient knowledge and training.^{20–22} Dietitians have in-depth training in nutritional diagnosis, medical nutrition therapy and drug–nutrient interactions, but this may not be known by many patients, GPs or pharmacists. Dietitians should be important contributors to IM, but may be an underutilised and undervalued resource. One would expect that patients would and should turn to dietitians for advice regarding nutritional CMs. In many respects, dietitians (with some further training) can be a great asset to the GP and pharmacist to assist with managing queries and in recommending the appropriate CMs.

An Australian 2007 national population-based survey estimated the annual number of visits to CM practitioners was equivalent to the number of visits to medical practitioners.²³ Of interest, a 2008 National Prescribing Service survey found that over 80% of community pharmacists recommend CMs and 30% of surveyed GPs described themselves as practicing IM and that 90% had recommended at least one CM in the 12 months prior.²⁴ The present study also found less than 40% of GPs surveyed were aware of the risk of side effects and pharmaceutical interactions with some commonly used CMs. There is no doubt that there is a growing use of these therapies by Australians and a need for improved knowledge in this area. A number of studies have identified the use of CMs by the Australian population with prevalence of use ranging from 52% to 66%.^{25,26} A recent National Prescribing Service study indicated that 28% of participants used CMs on a regular basis.²⁵ A survey conducted on 1121 pharmacy customers located in metropolitan and regional areas of Australia found that 72% had used CMs within the previous 12 months, 61% used prescription medicines daily and 43% had used both concomitantly. Multivitamins, fish oils, vitamin C, glucosamine, vitamin B complex, probiotics, Echinacea, coenzyme Q10, Ginkgo biloba, St Johns wort and Valerian were the most popular CMs.¹⁹ Over 70% of people using CMs rated their products as ‘very effective’ or ‘effective enough’. Recommendation of

CMs to pharmacy customers was as follows: self-prescribed 42%; medical doctor 32%; family/friends 20%; naturopath 20%; pharmacy assistant 13%; health food store staff 7%; pharmacist 10%; other 6%. Over 90% of the sample reported that pharmacists should provide safety information about CMs and their interactions with medications, 87% thought they should recommend effective CMs, 78% wanted CMs to be recorded in their medication profile and 58% reported that pharmacies stocking CMs should employ a CM practitioner. A similar patient survey on dietitians and their role with respect to CMs would be invaluable.

It has been estimated that over 70% of patients seen in general practice are at risk of having or developing a nutritional deficiency and many will have a history or exhibit symptoms suggestive of nutritional inadequacy or imbalance, which is contributing to their illness.²⁷ There is emerging evidence that certain nutrient deficiencies are becoming more prevalent in Australia.²⁸ Dietitians are viewed as the experts in nutritional assessment and diagnosis (diet assessment, clinical signs and symptoms, blood tests) and medical nutrition therapy²⁸ so should be an invaluable asset to GPs and pharmacists in deciding if and which CMs are needed (hospital grade, pharmacy or practitioner only). There are literally hundreds of CMs being sold in supermarkets, pharmacies and health food shops (Australian Government, Department of Health and Ageing, Therapeutic Goods Administration²⁹) so the potential for consumer confusion is high. Understandably the consumer needs assistance and dietitians would appear to be an obvious resource for advice as the nutrition experts. Dietitians are seeing large numbers of patients on Enhanced Primary Care Plans so are ideally placed to assist busy GPs and pharmacists to evaluate the appropriate and inappropriate use of CMs by patients and potential interactions with their medications.³⁰ Furthermore, many widely available vitamin supplements now include herbs, so dietitians may require some up-skilling in the evidence base on herbs/medicinal foods. So in view of the high use of CMs, the rapidly expanding range of CMs available in pharmacies and health food shops and directly from CM manufacturers (practitioner only CMs), the increasing attendance by patients to CM practitioners, the rapidly expanding body of scientific evidence and knowledge regarding the benefits, side effects and risks of interactions of CMs with pharmaceuticals, there is an urgent need for further training and for quality information to be easily accessible by practising dietitians and other health practitioners to enable the provision of holistic, quality care to patients.

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