



Body System: Population-Based Care		
Session Topic: Herbal Therapies		
Educational Format		Faculty Expertise Required
REQUIRED	Interactive Lecture	Expertise in the field of study. Experience teaching in the field of study is desired. Preferred experience with audience response systems (ARS). Utilizing polling questions and engaging the learners in Q&A during the final 15 minutes of the session are required.
OPTIONAL	Problem-Based Learning (PBL)	Expertise teaching highly interactive, small group learning environments. Case-based, with experience developing and teaching case scenarios for simulation labs preferred. Other workshop-oriented designs may be accommodated. A typical PBL room is set for 50-100 participants, with 7-8 each per round table. <u>Please describe your interest and plan for teaching a PBL on your proposal form.</u>
Professional Practice Gap	Learning Objective(s) that will close the gap and meet the need	Outcome Being Measured
<ul style="list-style-type: none"> Family physicians should be aware of recent trends in use of dietary supplements/herbal therapies, particularly among specific patient populations (i.e., women, adults 30-69 years old and those with higher levels of education, living in the Western region of the U.S., with private insurance and who reported having six or more health conditions). Family physicians should also be familiar with the types of interactions that can occur between prescribed medications and herbal therapies. Family physicians should be prepared to initiate discussions with patients regarding their use of herbal therapies/dietary supplements (and other integrative therapies, if applicable). In doing so, however, it may benefit them to be familiar with official definitions of 	<ol style="list-style-type: none"> Evaluate trends in use of herbal therapies and dietary supplements used by patients. Identify common interactions that can occur between prescribed medications and herbal therapies. Initiate discussions with patients regarding their use of herbs and supplements, if applicable, counsel patients on appropriate use. 	Learners will submit written commitment to change statements on the session evaluation, indicating how they plan to implement presented practice recommendations.



herbs, supplements and botanicals and relay such information to patients – including potentially false claims – when necessary.			
ACGME Core Competencies Addressed (select all that apply)			
X	Medical Knowledge		Patient Care
X	Interpersonal and Communication Skills		Practice-Based Learning and Improvement
	Professionalism		Systems-Based Practice
Faculty Instructional Goals			
<p>Faculty play a vital role in assisting the AAFP to achieve its mission by providing high-quality, innovative education for physicians, residents and medical students that will encompass the art, science, evidence and socio-economics of family medicine and to support the pursuit of lifelong learning. By achieving the instructional goals provided, faculty will facilitate the application of new knowledge and skills gained by learners to practice, so that they may optimize care provided to their patients.</p> <ul style="list-style-type: none"> • Provide up to 3 evidence-based recommended practice changes that can be immediately implemented, at the conclusion of the session; including SORT taxonomy & reference citations • Facilitate learner engagement during the session • Address related practice barriers to foster optimal patient management • Provide recommended journal resources and tools, during the session, from the American Family Physician (AFP), Family Practice Management (FPM), and Familydoctor.org patient resources; those listed in the <u>References</u> section below are a good place to start <ul style="list-style-type: none"> ○ Visit http://www.aafp.org/journals for additional resources ○ Visit http://familydoctor.org for patient education and resources • Provide strategies for evaluating trends in use of herbal therapies and dietary supplements among specific patient populations. • Review common interactions that can occur between prescribed medications and herbal therapies. • Initiate discussions with patients regarding their use of herbs and supplements, if applicable, counsel patients on appropriate use. 			

Needs Assessment:

Data from the 2012 National Health Interview Survey finds that 17.9% of U.S. adults use nonvitamin, nonmineral dietary supplements.¹ This data is consistent with a 2002 National Health Interview Survey (NHIS) that indicated nearly 1 in 5 people in the U.S. population report using an herb for treatment of health conditions and/or health promotion; however, more than half did not disclose this information to their primary care provider.²

Data from a recent American Academy of Family Physicians (AAFP) CME Needs Assessment Survey indicates that family physicians have a knowledge gap with regards to counseling patients about herbal therapies and shared decision making.³ More specifically, CME outcomes data from 2012 and 2015 AAFP FMX (formerly Assembly): *Herbal Therapies* sessions suggest that physicians have knowledge and practice gaps with regard to being aware of web-based resources with evidence-based information on herbal medications; being aware of the need to



proactively ask patients about their use of herbal supplements; using patient education materials to counsel patients about safe and efficacious use of herbal supplements; having strategies and resources to identify drug-herbal supplement interactions; and using point of care tools to facilitate discussions and coordination of care.^{4,5} This is validated by some studies that suggest there is poor communication between physicians and patients with respect to the use of herbal supplementation.⁶ Patients frequently perceive that their primary care physician would react negatively to their use of herbal therapies, so therefore do not bring up the subject; while physicians often perceive that if patients do not mention herbal therapies, then they must not be using them. This miscommunication is a missed opportunity to identify potential interactions between herbal therapies and pharmaceutical.⁷

Physicians may improve their care of patients who are currently using, or are interested in using herbal supplements by engaging in continuing medical education that provides practical integration of current evidence-based guidelines and recommendations into their standards of care, including, but not limited to the following:⁸⁻¹²

- Coenzyme Q10 may be used for slowing of functional decline in patients with Parkinson's disease.
- The evidence is too inconsistent to recommend use of coenzyme Q10 in symptomatic treatment of congestive heart failure.
- Data are insufficient to recommend use of coenzyme Q10 for improved glycemic control in diabetes mellitus.
- Short-term use of kava is recommended for patients with mild to moderate anxiety disorders who are not using alcohol or taking other medicines metabolized by the liver, but who wish to use "natural" remedies.
- Probiotics may reduce the incidence of antibiotic-related diarrhea.
- Most validated products are *Saccharomyces boulardii* and *Lactobacillus rhamnosus* GG
- Probiotics may reduce the duration and severity of all-cause infectious diarrhea.
- A large meta-analysis of all-cause infectious diarrhea included studies with viral diarrhea and traveler's diarrhea
- Probiotics may reduce the severity of pain and bloating in patients with irritable bowel syndrome.
- Probiotics may reduce the incidence of atopic dermatitis in at-risk infants. There is preliminary support for treatment of symptoms.
- Limited data suggest that probiotic use decreases duration and frequency of loose stools, and reduces length of hospital stay in children with persistent diarrhea.

Physicians should be aware of current evidence-based recommendations on the use of herbal therapies for various conditions, and be prepared to initiate conversations with their patients about the safe use of herbal therapies with the goal of maximizing their effectiveness, while mitigating potential harmful interactions with prescription and over the counter medications. Additionally, physicians may require guidance to reconcile evidence-based recommendations that seem contradictory. For example, the Choosing Wisely recommendation from the American Academy of Clinical Toxicology and the American College of Medical Toxicology who recommend against using homeopathic medications, non-vitamin dietary supplements or herbal supplements as treatments for disease or preventive health measure.¹³ This would seem contradictory to the AAFP policy on Integrative Medicine which is supportive of evidence-based



complementary and alternative treatments and therapies, as well as several AFP publications on the use of herbs and dietary supplements for various medical conditions.^{14,15}

These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations. These recommendations are only one element in the complex process of improving the health of America. To be effective, the recommendations must be implemented. As such, physicians require continuing medical education to assist them with making decisions about specific clinical considerations.

Resources: Evidence-Based Practice Recommendations/Guidelines/Performance Measures

- AAFP Complementary and Alternative Medicine¹⁶
- AAP Guidelines on the Use of Probiotics and Prebiotics in Children⁸
- Probiotics for persistent diarrhea in children⁹
- Herbal and dietary supplements for treatment of anxiety disorders¹⁰
- Coenzyme Q10¹¹
- Are You Ready to Discuss Complementary and Alternative Medicine?¹⁷
- FamilyDoctor.org: Herbal Products and Supplements (patient education)¹⁸
- FamilyDoctor.org: Drug Reactions (patient education)¹⁹
- MedlinePlus: Herbs and Supplements²⁰
- Engaging Patients in Collaborative Care Plans²¹
- Nutrition.gov: Herbal Supplements²²
- USDA Herbal Information²³
- U.S. Food and Drug Administration: Dietary Supplements²⁴
- USP Verified Dietary Supplements²⁵
- Simple Strategies to Avoid Medication Errors²⁶
- The Power of Two: Improving Patient Safety Through Better Physician-Patient Communication²⁷

References

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