

EAST MEETS WEST FORUM

Pathfinders - 7th September 2017

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Introduction

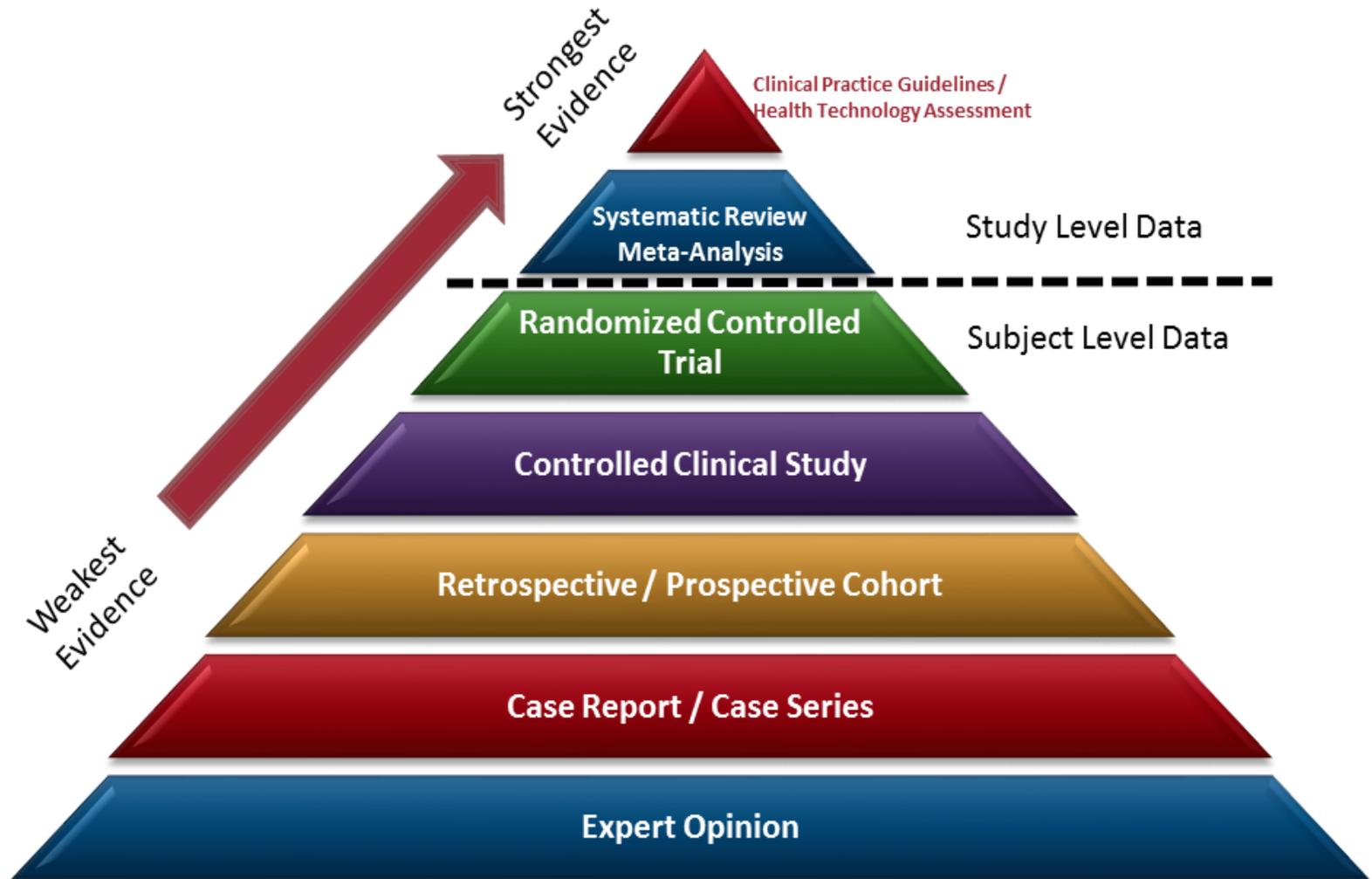
- Australia's National Medicines Policy is a cooperative endeavour to bring about better health outcomes for all Australians, focusing especially on **people's access to, and wise use of, medicines.**
- The term “medicine” includes prescription and non-prescription medicines, **including complementary healthcare products**

Topic 1 - How to effectively integrate complementary medicines into pharmacy practice and help consumers make informed decisions?

- **Business considerations and Professional Practice**
- **Work place support**
- **Quality products – regulation**
 - Quality Assurance – Australian Register of Therapeutic Goods
 - AUST R (registered) and AUST L (listed)
 - Scientific evidence
 - TGA reform
- **Quality of resources**
 - Non-bias
 - Relevant
 - Synthesis of the evidence that is convenient and integrated into standard reference texts
- **Non-bias relevant evidence-based education**
 - at undergraduate, post-graduate and professional CPE levels
 - (Ung, Harnett et al. 2016)(Ung, Harnett et al. 2017)(Ung, Harnett et al. 2017)

Topic 2 – What does evidence based research mean?

(http://guides.lib.usf.edu/ebp/levels_of_evidence)



Topic 3 - Why do 'most' people who use complementary products not disclose this to their doctors?

'People living with Cancer'

- The patients story (from 21 studies n = 4000)
 - 40-50% of patients did not tell their physicians. (Davis, Oh et al. 2012)
 - not relevant
 - weren't asked
 - fear the physicians would disapprove or be disinterested
 - physicians' inability to provide adequate information
 - limited consultation time
- The oncologists story (n=392)
 - The majority of oncologists did not support CMs use: (Lee, Barbo et al. 2014)
 - due to the potential of drug-herb interactions
 - unnecessary costs to patients
 - doubts about the effectiveness
 - Two out of three oncologists indicated they did not have enough knowledge to answer patients CM questions, and 59% had not received any education about the topic. (Lee, Barbo et al. 2014)

Topic 3 – Disclosure rates improving – CAMHULD 2017 study ARCCIM project

Preliminary unpublished data

(McIntyre E, Steel A, Harnett J, Foley H, Adams J, 2017 ARCCIM)

n = 2029	<i>Consultations with conventional health professionals and disclosure behaviours. n = (%)</i>			
	GP	Specialist	Hospital Dr	Pharmacist
Told about ALL CAM used	510 (69.1)	417 (71.9)	311 (62)	353 (50.8)
Told about SOME CAM used	130 (17.6)	105 (18.1)	118 (23.5)	153 (22)
DID NOT tell about CAM use	98 (13.3)	58 (10)	73 (14.5)	189 (27.2)
Total Participants	738 (100)	580 (100)	502 (100)	695 (100)
% consultations by profession	36.4%	28.6%	24.7%	34.3%

References

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3. Le, T. Q. Smith, L. Harnett, J. (2016). "A systematic review - Biologically-based complementary medicine use by people living with cancer - is a more clearly defined role for the pharmacist required?" Res Social Adm Pharm.
4. Ung, C. O. L., Harnett J, Hu H. (2016). "Community pharmacist's responsibilities with regards to Traditional Medicine/Complementary Medicine products: A systematic literature review." Research in Social and Administrative Pharmacy.
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7. McIntyre E, Steel A, Harnett J, Foley H, Adams J, The CAMUHLD study UNPUBLISHED preliminary data obtained from a cross-sectional survey representative sample of 2029 Australians.