

LOW ACCEPTANCE OF PHYTOTHERAPY BY PHYSICIANS IN UKRAINE

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Abstract. There has been conducted a questionnaire survey of 380 physicians on the rational phytotherapy in Ukraine. Results of investigation showed that 88.9% of physicians prescribe herbal medicines. Results of the study showed that older doctors prescribe herbal medicines more often than their younger colleagues ($p < 0.05$). Practically all physicians (96.0%) did not know about compliance of patients to use phytotherapy in general. In the same time, 41.3% of physicians noted that patients often were inclined to replace prescribed synthetic medicines with herbal medicines in a possible clinical situation. But only 56.8% respondents were positive about the patient's choice of herbal remedies.

Key Words: herbal medicines, rational phytotherapy, medical doctors, pharmaceutical care

Introduction

Nowadays, herbal medicines (HM) are being used along with modern medicine in many countries and this combination is playing an important role in health care. The increase in the popularity of HM is due to increase of the cost of treatment with modern medicine, possibility of side effects of modern drugs and appreciation of natural remedies, which represent the alternative healthcare movement. [3]. More than 80% of the population within developing countries relies on the use of herbal and other traditional medicines for their primary health care [3, 4]. The World Health Organization also encourages, recommends and promotes the use of traditional and herbal remedies in the National Health Care Programs because these medicines are easily available at low cost and are comparatively safe [3, 6].

The global increase of the use of HM is set to continue apace well into the foreseeable future. This raises important public health concerns, especially as it relates to safety issues including adverse effects and herb-drug interactions. Most Western-trained physicians are ignorant of the risks and benefits of this healthcare modality and assessment of knowledge that identify appropriate intervention strategies to improve physician-patient communication in this area [1]. Because of the possible herb-drug interac-

tions health care providers need to be aware of herb used by their patients. Results revealed that 62.5% of American study participants used both herbs and pharmaceuticals regularly. Among them only 33% reported that they «always» tell their care provider about it. Forty-one percent reported that they receive most of their information about herbs from retail staff, but only 3% of participants reported that their primary source of information was a doctor, nurse or pharmacist [2].

In Ukraine more than 25% of drugs used in clinical practice are of herbal origin [5]. But, practically, in spite of this scientific recommendations do not exist for their efficient use in the prevention and treatment of common diseases [5].

Therefore, the aim of the study was to investigate the spectrum of physicians opinions regarding the prescription of HM and to determine the level of medical doctors (MD) knowledges on rational phytotherapy.

Materials and methods.

Statistical analysis of results was performed using computer software package STATISTICA v6.0. Methods of descriptive statistics have been used for the results analysis. Normality of distribution of quantitative data was inspected by Shapiro-Wilk test. Calculation of the arithmetic mean value (M), its er-

Table 1. Demographic factors of respondents

Factor	%
Gender	
Male	24.2
Female	75.8
Category of MD	
General physicians	36.9
Dentists	20.3
Therapeutics	12.4
Surgeons	6.1
Pediatricians	4.7
Anaesthesiologists	4.0
Psychiatrists	2.4
Gynaecologists	2.1
Neurologists	2.1
Others	9.0
Years practicing medicine	
Less than 10	35.0
11 to 20	13.9
21 to 30	24.0
More than 30	13.7
Interns	13.4
Qualification Level	
High	27.9
I	21.1
II	9.7
0	41.3

ror (m), t-Student's test and the degree of probability (p) were conducted. Results considered significant if p value <0.05.

Settings: the cohort of physicians was recruited from the six Public Outpatients Departments and multidisciplinary (1000 beds) Emergency Aid City Hospital, Lviv, Ukraine. The questionnaire covered

380 respondents with specially designed protocol. The age of respondents was from 21 to 76, the average age – 39.2 ± 14.7 .

Demographic details of physicians including category of MD, years of practicing medicine and qualification level are presented in Table 1.

Results and Discussion

The results of investigation showed that 88.9% of physicians prescribe HM. In this case 75.0% of respondents considered them effective. The most frequently HM were prescribed by general physicians and dentists. Much less it revealed by intensive care profile specialists and surgeons ($p < 0.01$). However, significant difference ($p > 0.05$) was not confirmed in cohort of other profile specialists (ICU caregivers, gynecologists, anesthesiologists, etc) (Table 2).

Results of the study showed that older doctors prescribe HM more often than their younger colleagues ($p < 0.05$). At the same time, the more experienced physicians are more inclined to prescribe HM ($p < 0.05$). It was revealed that adherence to prescribe HM increases with age and experience of the doctors. The mean age of doctors who prescribe HM is higher (39.9 ± 14.8), than those who do not (33.7 ± 13.5 years, $p < 0.01$).

We believe that young practitioners are still not enough informed in the field of HM including the information support for the rational and effective use of HM.

Interestingly, it was revealed that 42 (11.1%) respondents do not prescribe HM at all. Among them for 40 physicians the primary reason for rejecting HM was due to the rare scientific information available from clinical trials and EBM sources that support the safety and efficacy of medicinal herbs in healthcare management. But the only 2 doctors of all cohort have really skeptical view on phytotherapy in general and they personally do not believe that herbs are effective. Therefore, physicians should be provid-

Table 2. Prescribing HM depend on MD speciality

Do You prescribe HM?	General physicians	Therapeutics	Surgeons	Pediatricians	Dentists	Others*	Total
Yes	134	40	17	18	69	60	338
No	6	7	6	0	8	15	42
Total	140	47	23	18	77	75	380

*this group included: anesthesiologists (15); psychiatrists (9); gynecologists (8); neurologists (8); cardiologists (4); rheumatologists (6); common health administrators (6); ophthalmologists (6); endocrinologists (2); gastroenterologists (2); traumatologists (4); nephrologists (2); urologist (1); oncologist (1); orthopaedic (1).

Table 3. The most common diseases doctors prescribed HM

The answers options	%
Nervous system disorders	65.3
Liver / gallbladder diseases	63.4
Digestive and metabolism disorders	58.3
Respiratory diseases	55.0
Cardiovascular diseases	35.0
Endocrine disorders	19.7
Other	0.5

Table 4. Groups of patients whom had been prescribed HM

The answers options	%
Children	64.5
Pregnant women	61.3
Elderly patients	52.9
Chronic illness patients	46.3
Patients prone to allergic reaction	28.4
Patients with comorbid problems	26.0

ed with evidenced-based and accessible information on the rational use of HM. First of all, we consider that it is possible through the introduction of specially developed directions of pharmaceutical care and activities of clinical pharmacist in particular.

It was revealed that physicians most often prescribed HM for nervous system disorders and liver/gallbladder diseases (Table 3). It should be noted that for great importance of HM pharmacotherapy in common diseases when it was choosing by MD like a monotherapy.

Most doctors prescribe HM for following categories of patients: 64.5% – children; 61.3% – pregnant;

Table 5. Physicians' need for drug/HM interactions info

Need for information on herb-drug interactions	Simultaneously prescribing			Total
	Prescriber (%)	Rarely (%)	No prescriber (%)	
No need	95 (37,4)	33 (40,7)	22 (48,9)	150
Need	159 (62,6)	48 (59,3)	23 (51,1)	230
Total	254 (100)	81 (100)	45 (100)	380

Table 6. Physicians' need for AHDR information

Need for information on AHDR	Possessed (%)	No possessed (%)	Total
No need	117 (54.7)	85 (51.2)	202
Need	97 (45.3)	81 (48.8)	178
Total	214 (100)	166 (100)	380

52.9% – elderly patients (Table 4).

Practically all physicians (96.0%) did not know about adherence of patients to use HM and phytotherapy in general. In the same time, 41.3% of physicians noted that patients often were inclined to replace prescribed synthetic medicines with HM in a possible clinical situation. But only 56.8% respondents were positive about the patient's choice of HM.

Only 26.3% of physicians stated that their patients used HM without consulting the doctor in a course of common pharmacotherapy. Similarly, only 59.2% physicians directly asked patients about application of HM in a course of common pharmacotherapy. From that point of view we consider that question of the application HM/other alternative therapies should be an important integral part of patient pharmacological anamnesis.

The results of our study revealed that 87.9% of physicians combined HM with other synthetic medicine simultaneously. However, only 27.4% of physicians possessed information of herb-drug interactions. But most of the surveyed physicians (58.2%) did not have any information in this field and 18.9% of MD were not interested in this issue at all. In contrast to that, it was revealed that physicians who prescribed HM with other synthetic drugs had enough info and did not need additional data on drug interactions ($p > 0.05$) (Table 5).

Similar things were observed in MD's surveillance on adverse herbal drug reaction (AHDR). Almost 43.7% of physicians did not possess data concerning AHDR. It was confirmed that MD who didn't know the possibility AHDR didn't require information in this area ($p > 0.05$) (Table 6).

Most physicians (88.9%) needed proved additional information on rational phytotherapy. We consider that continuing education in phytotherapy is important to

Table 7. The content of information on HM that MD most needed

The answers options	%
Interactions between HM and synthetic drugs	60.0
Clinical recommendation concerning some diseases	50.8
Safety of HM using in some categories of patients (child's, pregnant and breastfeeding)	51.3
Adverse reactions of HM	47.4
The duration of phytotherapy course	27.1

facilitate greater doctor-patient interaction in the area of healthcare management. In particular, physicians need information (60.0%) concerned the interaction between HM and synthetic drugs (Table 7).

Conclusions

1. It was established low level of compliance between MD and a patient in the area of phytotherapy. Therefore, there is a need for active interdisciplinary cooperation within a clinical phytopharmacist and the doctor for the rational use of HM for effective phytotherapy.
2. Our findings showed that 88.9% of physicians need more information on the rational use of HM for rational phytotherapy. Introduction of educational programs and policies would increase the knowledge base of healthcare professionals. Thus, with increasing adequate information support and implementation of phytopharmaceutical care focused on physician will form a professional relationship between patient and physician, will increase consumer awareness about HM and will positively affect the quality of healthcare delivery in Ukraine.

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