

Experiences with herbal products: a survey of community pharmacists in England

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Objective

Herbal products are increasingly being used by the general public to replace or supplement conventional medicines.¹ In the UK, since a high proportion of herbal products is sold from pharmacies,² pharmacists are well-placed to advise consumers about herbal products and monitor for problems associated with their use. However, a previous study showed a potential underutilisation of the pharmacist by herbal-product users for advice on suspected adverse reactions (ADRs).³ The present study aimed to explore UK community pharmacists' experiences with herbal products and complementary remedies and, in particular, to determine whether pharmacists interface with users of herbal products and identify or receive reports from consumers of suspected ADRs to herbal products.

Materials and Methods

Postal questionnaire survey of all community pharmacists in six regions in England (n = 1337). First mailing in February 1998; follow-up mailings sent to non-responders in April and June 1998 and, where possible, a follow-up telephone call in May 1998.

Results

Response rate = 67.0%. Seventy-six percent of respondents said their pharmacy sells herbal products. Herbal products to aid sleep/anxiety were the types of herbal products most frequently requested by consumers or recommended to consumers by pharmacists. Overall, for the 12 months prior to the survey, 90 pharmacists (11.0%) provided 107 reports of suspected ADRs to herbal products and complementary remedies; 44 reports related to herbal products (including Chinese herbal medicines). No attempt to classify or assess causality was made.

Conclusions

Herbal products are widely sold in pharmacies in England. Pharmacists interface with users of herbal products and receive or identify reports of suspected ADRs associated with herbal products. However, it is likely that greater vigilance on the part of the pharmacist, and increased awareness of ADR reporting for herbal products, are required.

References

1. Newall CA, Anderson LA, Phillipson JD. London: Pharmaceutical Press, 1996
2. Anon. Complementary medicines. London: Mintel International Group Ltd. 1997
3. Barnes J, Mills SY, Abbot NC, Willoughby M, Ernst E. *SrI Clin Pharmacol* 1998;45:496-500