

Notes

This is a brief listing of additional information to be used by pharmacists providing CAMs.

Pharmacists should evaluate and consider the risk to individuals wishing to take CAMs, particularly those:

- taking medications with a narrow therapeutic index
- taking multiple medications
- who are elderly
- who are children
- diagnosed with a chronic or severe medical condition
- with impaired liver or kidney function.

These individuals are at higher risk of adverse events when CAMs are co-administered with prescription medicines, and this should be carefully explained.

Information on adverse effects has been derived from traditional use, clinical trials and post-marketing surveillance. Pharmacists have an important role in the recognition and reporting of adverse reactions to the Adverse Drug Reactions Advisory Committee (see '[Clinical monographs](#)', Section B).

CAMs that have anticoagulant or antiplatelet effects or potentiate or prolong sedation should generally be ceased one to two weeks prior to surgery.³ Some CAMs, however, should not be discontinued abruptly.⁴ Valerian, for example, has been associated with withdrawal symptoms similar to those of benzodiazepine withdrawal. Where possible, doses should be tapered or, if this is not possible, valerian should be continued until surgery and benzodiazepines should be used to treat any withdrawal symptoms.⁵ The following CAMs should be used with caution in individuals on anticoagulants or antiplatelet therapy:

- artichoke
- bilberry
- celery
- chamomile (German)
- coenzyme Q10
- cranberry
- devil's claw
- dong quai
- evening primrose oil
- feverfew
- fish oil
- garlic
- ginger
- ginkgo

- glucosamine
- grape seed
- green tea
- horse chestnut
- kelp
- licorice
- pau d'arco
- red clover
- saw palmetto
- willow bark.

Studies have identified a high rate of CAM use by patients undergoing treatment for cancer. These patients should be encouraged to openly discuss any use of CAMs with their medical practitioner(s) *prior* to commencing treatment in order to avoid drug interactions, adverse reactions or diminished efficacy. Information from sources such as the Cancer Council of Australia or the National Center for Complementary and Alternative Medicine (NCCAM) can provide valuable assistance for both pharmacists and patients.^{6,7}

Pregnancy and breastfeeding

The reported level of CAM use during pregnancy in Australia is between 10 and 56% and increasing.⁸

Pharmacists should be aware of the common herbal supplements used by women during pregnancy, and of the evidence regarding potential benefits or harm.

Few scientific trials have studied the safe use of conventional medicines in pregnancy and breastfeeding, and significantly fewer have addressed CAMs.

Women considering CAM use during pregnancy or breastfeeding should be given detailed advice on both the potential harms and benefits, so they can make an informed decision, particularly where limited data are noted. No medicine, either conventional or complementary, should be taken during pregnancy or breastfeeding unless the benefit is greater than the risk to the mother or infant. For the majority of CAMs, there is no evidence suggesting they cause birth defects, but there is also very little direct evidence that they are safe for use in pregnancy.

The Royal Women's Hospital Drug Information Centre has published a list of CAMs to avoid during pregnancy and breastfeeding.⁹ Pharmacists may consult a specialised information service for guidance on CAM use in pregnancy or lactation, since recommendations may change as further safety data becomes available. See '[Specialist medicines information centres](#)' in '[Medicines and breastfeeding](#)', Section D.