

Introduction

- The use of complementary therapy (CT) is increasing,¹ leading to increased potential for interactions with traditional treatments and consequently increased numbers of enquiries about the clinical relevance of these interactions.
- In 2015, the North West Medicines Information Centre (NWMIC) received 48 CT enquiries, 105 in 2016 and 173 in 2017. The proportion received from secondary care was 23%, 54% and 56%, respectively (figure 1).
- The Natural Medicines Database (NMD) is a key resource for answering CT questions and for many years was included on the Essential Resource List for UKMi centres. However, a significant price increase meant that many centres could no longer justify its expense. Consequently, an increasing number of CT enquiries are being referred to NWMIC, who retained access.
- These enquiries are time-consuming, taking 21% more time than a non-CT enquiry in 2017. This is due to a paucity of information and lack of quality evidence, with caution and uncertainty due to theoretical assumptions being a common theme.
- Greater utilisation of easily accessible resources at local medicines information (MI) centre level might reduce the increasing burden on the regional centre. For those enquiries that did require referral, the aim was to improve provision of background information supplied.

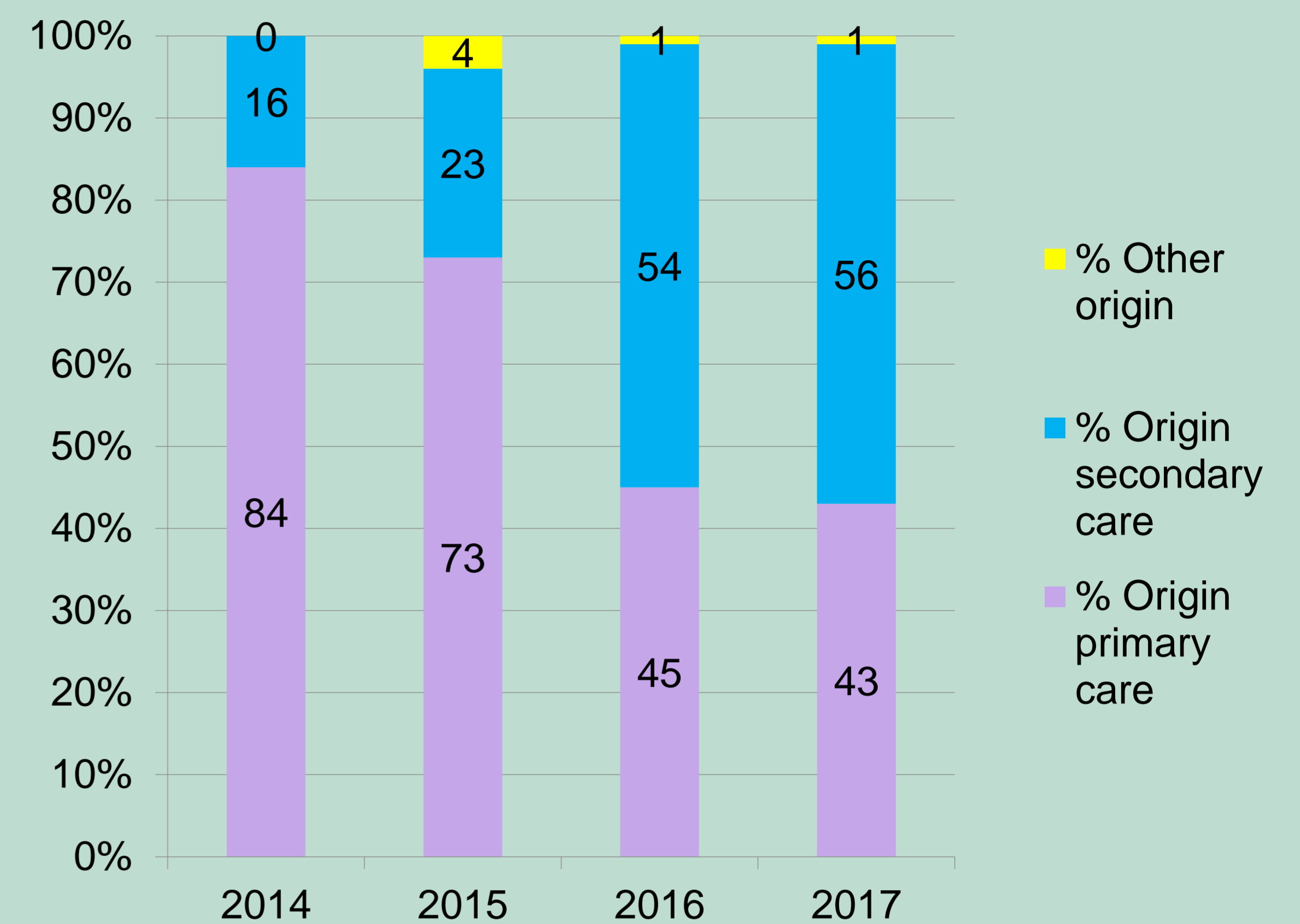


Figure 1: Origin of NWMIC complementary therapy enquiries (2014-2017)

Aims & Objectives

- To reduce the need for referral of CT queries to NWMIC by highlighting open-access CT resources (e.g. Memorial Sloan Kettering Cancer Centre) to local MI centre staff, as well as more widely available subscription resources that can help with CT enquiries (e.g. Herbal Medicines, Martindale), and to provide guidance for when referral of CT enquiries to NWMIC is appropriate.
- To reduce the time taken to complete CT enquiries at NWMIC by encouraging enquirers to supply relevant background information such that CT enquiries can be dealt with more efficiently by NWMIC staff.

Method

A training session was delivered to staff in local MI centres in the North West region in April 2018 highlighting open-access CT resources, as well as more widely available subscription resources that MI centres are likely to have access to. Participants were advised when to refer to NWMIC, the expectation of what resources should be used before referral and the background information required (e.g. CYP metabolism pathways of prescribed medicines). The CT enquiries referred from local MI centres to NWMIC were collated for the 12 months pre-training and compared with those received 12 months post-training; average time taken per enquiry was also recorded.

Results

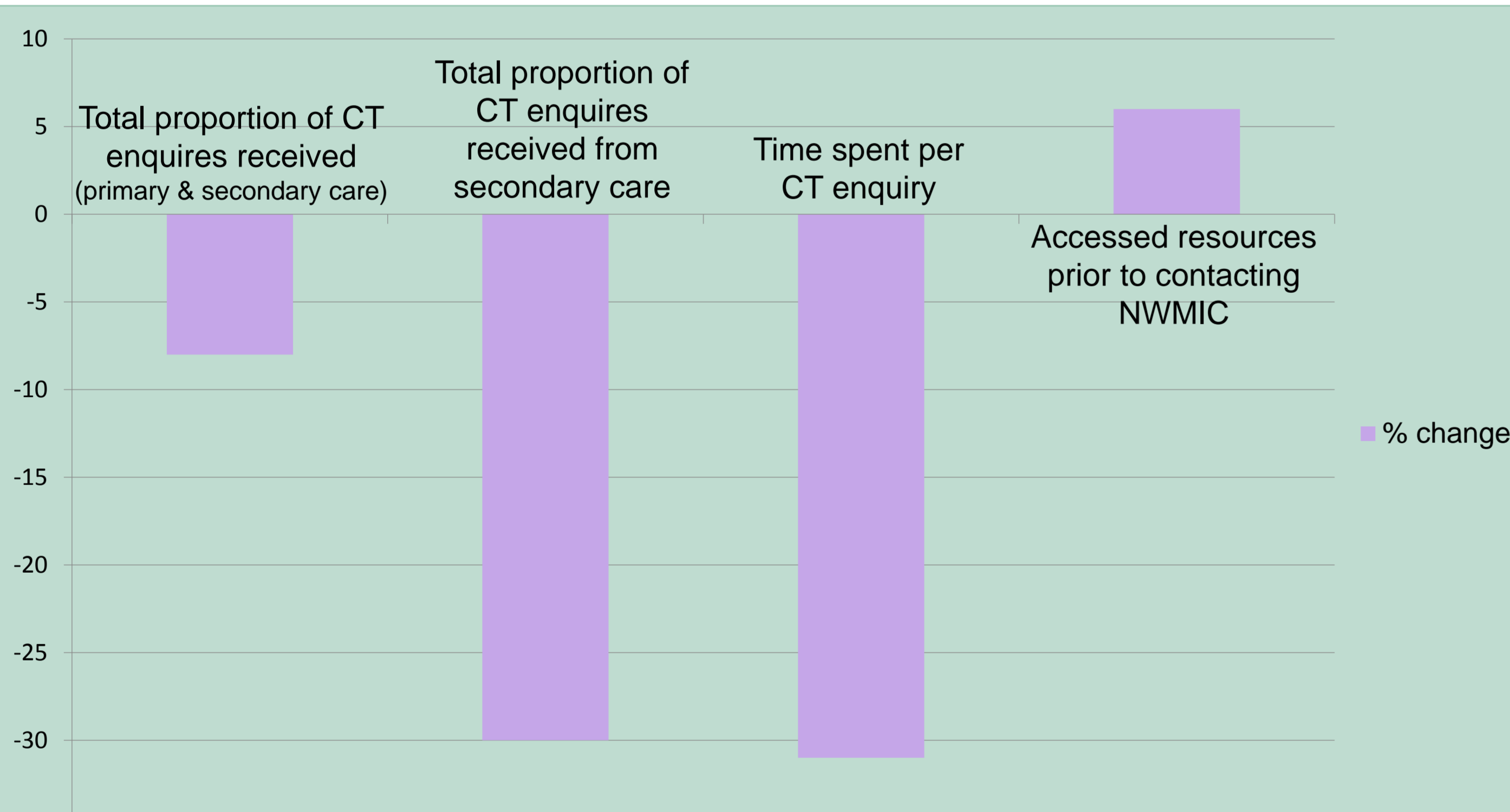


Figure 2: Percentage change in 12 months post-training

- 82 CT enquiries were received at NWMIC from secondary care MI centres in the 12 months pre-training; 61 were received in the 12 months post-training (26% reduction). The total number of CT enquiries received in 2018 was 159 (8% reduction), the proportion received from secondary care was 39% (30% reduction, see figure 2).
- The average time spent per CT enquiry was 88 minutes pre-training and 61 minutes post-training (31% reduction).
- Pre-training, 50% of enquirers accessed CT resources prior to contacting NWMIC; post-training, this increased to 56% (6% increase).
- 78% of enquiries post-training related to interactions with CT, but only 4% of these enquirers provided information on the metabolism of the traditional medicines, as had been requested at the training session.

Discussion

- NMD was a key resource for answering CT enquiries in local secondary care MI centres prior to the price increase. The comprehensive nature of the content meant many centres were reliant on it for these questions; its loss was therefore significant. Understandably, many local MI centre staff continued to access it via referral of CT enquiries to their regional centre.
- Post-training, fewer CT enquiries from secondary care were received, and less time was spent by NWMIC on referred CT queries, reversing the trend of an exponential increase in referral of CT enquiries.
- Of those enquiries referred post-training, the number of enquirers that accessed their available CT resources only increased by 6%. However, it can be assumed that as there was a 26% reduction in the number of referrals, a significant proportion did use available resources and found them sufficient; those that didn't may have missed the training.
- Of the 78% of enquiries involving an interaction, only 4% of enquirers supplied the requested information on metabolism of the traditional medicine; reiteration of the request for this could further reduce time spent on CT enquiries at NWMIC.
- We have demonstrated that training on use of open-access and conventional resources for answering CT questions empowers local MI staff to approach these enquiries without reference to NMD. This could be used as a basis for similar training for primary care pharmacists who are increasingly likely to see patients who are taking CT as well as traditional medicines.

References

1. World Health Organization. WHO traditional medicine strategy: 2014–2023. [Internet] WHO; 2016 (cited 19 July 2019). Available from: www.who.int/medicines/publications/traditional/trm_strategy14_23/en/