

Concurrent use of self-prescribed complementary and alternative medicine, and hormone replacement therapy in menopause: possible side effects

Wenbo Peng

Faculty of Health, University of Technology Sydney
Level 8, 235 Jones St, Ultimo, NSW 2007
Email: wenbo.peng@uts.edu.au

Abstract

Whilst women frequently visit general practitioners for help with menopausal symptoms such as hot flushes, research shows many women also self-prescribe complementary and alternative medicine (CAM) to control these symptoms. Further research is required to understand women's motivations for self-prescribing CAM during menopause and to inform safe usage if these CAM and hormone products are utilised concurrently.

Keywords: Menopause; self-prescription; complementary and alternative medicine; hormone replacement therapy

Every woman will go through menopause. Whilst women frequently visit general practitioners (GPs) for help with menopausal symptoms, and hormone replacement therapy (HRT) is the most common treatment prescribed¹, research shows menopausal women are also frequent users of complementary and alternative medicine (CAM), often without the guidance of a CAM practitioner.² Concerns have been raised that self-prescribed CAM products may have troubling side effects and may interact with hormone products.³

There may be several reasons that women self-prescribe CAM alongside conventional HRT treatment. For example, the belief that CAM is inherently safe may lead menopausal women to consider there is no harm in self-prescribing these products alongside conventional medications such as HRT. This belief may be strengthened by the fact that most CAM products are not of a synthetic nature⁴ and CAM products can be easily accessed in retail stores such as pharmacies, supermarkets and health food shops without any limitations.⁵ Furthermore, research has shown some menopausal women make treatment decisions (including CAM) exclusively by themselves.^{6,7} They may consider their health is their own responsibility, especially those who are long-term users of CAM products.⁸ Menopausal women may also perceive there is no need to talk about their 'safe' CAM use when GPs prescribe HRT for their symptoms. Meanwhile, research has shown that some GPs hold negative attitudes towards the use of CAM in menopause care⁷, which may make it more difficult for menopausal women to discuss their use of CAM with them. Cost is another possible reason that menopausal women may self-prescribe CAM. Visits to GPs and medical specialists are covered or subsidised by Australian Medicare⁹ while only a few types of CAM

consultations are eligible for private health insurance rebates¹⁰, making visits to CAM practitioners more expensive. Since CAM products are generally believed to be safe, menopausal women might seek information regarding CAM use from a number of unprofessional sources and counterbalance their overall medicine cost by ceasing consultations with CAM practitioners.¹¹

Currently, there is a lack of high quality information regarding side effects and interactions between HRT and commonly used CAM products. However, the possible risks in relation to the concurrent use of CAM and HRT without professional advice strongly highlight the need of further multi-method studies. Conventional and CAM health care providers need to be aware of menopausal women's perceptions, their reasons for their choice of therapy, and their expectations of CAM practitioners (i.e. naturopaths, Chinese herbal medicine practitioners and acupuncturists) for symptom relief. It is important that further investigations provide details of the health-seeking behaviour, decision-making progress, and information sources of menopause women who take HRT and also utilise self-prescribed CAM. In addition, the concurrent utilisation of self-prescribed CAM and professional-prescribed HRT suggests a significant opportunity for GPs, gynaecologists and/or endocrinologists to take a more active role in guiding menopause care. It is an imperative for conventional medical practitioners to initiate conversations with menopausal women about their CAM use during routine visits, advise these women to be cautious about CAM-HRT polypharmacy, and refer these women to a qualified CAM practitioner for safety advice if necessary.¹² Due to the broad diversity of CAM products and practices, in order to achieve optimal menopause care, these conventional medical

practitioners may need to acquire sufficient knowledge of CAM through attending CAM workshops or training and cooperating with CAM practitioners.¹³

Acknowledgement

This commentary is informed by the study ‘Women’s reasons, perceptions and expectations of consultation with acupuncturists and use of acupuncture for menopausal symptoms’ which was funded by Endeavour College of Natural Health. We are grateful to the women who have participated in this study.

References

1. De Villiers TJ, Gass ML, Haines CJ, Hall JE, Lobo RA, Pierroz DD, et al. 2013. Global consensus statement on menopausal hormone therapy. *Climacteric* 16(2):203-4.
2. Peng W, Adams J, Hickman L, Sibbritt D. 2014. Complementary/alternative and conventional medicine use amongst menopausal women: Results from the Australian Longitudinal Study on Women’s Health. *Maturitas* 79(3):340-2.
3. National Center for Complementary and Integrative Health. 2008. Menopausal symptoms: in depth. Available from: <https://nccih.nih.gov/health/menopause/menopausesymptoms> on February 2016.
4. Hill-Sakurai LE, Muller J, Thom DH. 2008. Complementary and alternative medicine for menopause: a qualitative analysis of women’s decision making. *Journal of General Internal Medicine* 23(5):619-22.
5. Wardle J, Adams J. 2014. Indirect and non-health risks associated with complementary and alternative medicine use: An integrative review. *European Journal of Integrative Medicine* 6(4):409-22.
6. Berger G, Forster E. 2001. An Australian study on the sociocultural context of menopause: Directions for contemporary nursing practice. *Contemporary Nurse* 11(2-3):271-82.
7. Gollschewski S, Kitto S, Anderson D, Lyons-Wall P. 2008. Women’s perceptions and beliefs about the use of complementary and alternative medicines during menopause. *Complementary Therapies in Medicine* 16(3):163-8.
8. Lindenmeyer A, Jamie K, Griffiths F, L eGar e F. 2011. “They’re made in factories and not by witches on the allotment”: a qualitative study of midlife women in the United Kingdom, exploring their approaches to complementary and alternative medicines. *Health Care for Women International* 32(12):1046-67.
9. Department of Human Services of Australian Government. 2016. Medicare services. Available from: <https://www.humanservices.gov.au/customer/subjects/medicare-services> on June 2016.
10. Private Health Insurance Ombudsman of Australian Government. 2016. What is covered by private health insurance? Available from: <http://www.privatehealth.gov.au/healthinsurance/whatiscovered/privatehealth.htm> on June 2016.
11. Peng W, Adams J, Sibbritt D, Frawley JE. 2014. Critical review of complementary and alternative medicine use in menopause: focus on prevalence, motivation, decision-making, and communication. *Menopause* 21(5):536-48.
12. Shifren JL, Gass ML, NAMS Recommendations for Clinical Care of Midlife Women Working Group. 2014. The North American menopause society recommendations for clinical care of midlife women. *Menopause* 21(10):1038-62.
13. Schiff E, Frenkel M, Shilo M, Levy M, Schachter L, Freifeld Y, et al. 2011. Bridging the physician and CAM practitioner communication gap: suggested framework for communication between physicians and CAM practitioners based on a cross professional survey from Israel. *Patient Education and Counseling* 85(2):188-93.

NEW Advanced formulations

Formulated immune support

Echinacea Royale and Allergy Guard

Our latest innovations combine the traditions of naturopathy with the very latest advances in science to bring to life formulations to support immune health.

NEW Echinacea Royale - combining standardised Echinacea extract with TCM immune support

NEW Allergy Guard - containing clinically trialled Aller-7[®]

Aller-7[®] is a registered trademark of Network Nutrition and is also known by its ingredient code number NRA2.





Customer Care: 1300 265 662
Order online: myintegria.com

eaglenaturalhealth.com.au

For Practitioner Dispensing only.