Creation of a Natural Health Products Database for Assessing Safety in Patients with CKD or Renal Transplant

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# Modern Herbal Medicine

- The World Health Organization (WHO) estimates 80% of people living in some Asian and African countries presently use herbal medicine
- Common belief among consumers is that NHPs are safe to use as they are "natural"
- In the EU, NHPs are regulated under the European Directive on Traditional Herbal Medicinal Products
- In the US, NHPs are regulated dietary supplements by the FDA

# Modern Herbal Medicine



Defining NHPs • Under the Health Canada's <u>Natural Health Products</u> <u>Regulations</u>, which came into effect January 1, 2004, NHPs are defined as:

Table 1. Health Canada Criteria for NHP Definition<sup>1</sup> (1) A NHP is defined as any of the following:

- (a) Vitamin
- (b) Mineral
- (c) Herbal remedy
- (d) Homeopathic medicine (e) Traditional medicine (e.g. traditional Chinese medicine)
- (f) Probiotic
- (g) Other products (e.g. amino acids, essential fatty acids) (h) An extract or isolate with the identical molecular structure of that from the source plant, animal, algae, bacteria or fungi
- (2) Additionally, an NHP must be safe to use as an over-the-counter (OTC) product and therefore not require a prescription to be sold

## Background

## Safety Concerns of NHPs

- Unstandardized nature of many products
- Interactions with prescription medications may result in adverse effects
- Altered pharmacokinetics in patients with chronic kidney disease (CKD)
- Nephrotoxicity in CKD/Tx patients, while dialyzability data for NHPs are quite limited
- Immunomodulating effects of other NHPs are of particular concern in renal transplant population

# Objectives

- 1. To determine:
  - Top NHPs used in the CKD and transplant
  - Demographics of NHP users using the BC Provincial Renal Agency's PROMIS database
- Compare BC NHP use to published literature
- To collate literature on safety, drug interactions, 2. immunomodulating activity and PK profiles of NHPs in patients with CKD, dialysis, and renal transplant
- 3. To create an online database to provide evidence-based recommendations for health-care professionals

# Methodology

- **Objective 1**: NHP user demographics and top NHPs used in BC
- Retrospective study using PROMIS database
- NHP data entry
- Demographic data of NHP users vs. non-NHP users for non-dialysis CKD (CKD-ND), dialysis and transplant patients
- Literature review on NHP use in renal patients

Demograp BC NHP us	nographic Characteristics of NHP users		
Characteristics	NHP users (n= 4,128)	Non-NHP users (n=15,548)	Statistics
Mean age ± SD (yrs)	69.8 ± 14.5	67.2 ± 17.2	P < 0.001
Male sex (%)	49.0%	56.2%	P < 0.001
Race (%)* Caucasian Asian Unknown	67.9% 14.1% 9.2%	51.6% 20.6% 23.1%	P < 0.001
Health authorities (%) IHA NHA FHA VIHA VCH/PHC	32.6% 25.3% 24.7% 20.0% 13.4%	67.4% 74.7% 75.3% 80% 86.6%	P < 0.001
	*55% of patient	s registered in PROM	IIS are caucasian







D	emograpl	nic Chara	cteristics
	Programs	BC	Literature*
	CKD-ND	22.3%	25%- 45%
	Dialysis	20.0%	2.3%-57%
	Tx	17.6%	44-49%
	* References at end of presentatio		









## Safety Rating System

LIKELY SAFE Available clinical evidence in a renal disease population showing no significant nephrotoxicity, immunomodulation and/or drug interactions Also categorized as "Likely Safe" in Natural Medicines

### POSSIBLY SAFE

Evidence in a renal population has <u>significant</u> methodological flaws but shows no significant nephrotoxicity, immunomodulation and/or drug interactions

In absence of study in renal population, evidence shows safety in general pop'n

POSSIBLY UNSAFE Evidence in a renal population shows adverse effects, nephrotoxicity,

immunomodulation and/or drug interactions

In absence of study in renal population, shows potential harm in general pop'n UNSAFE Evidence in a renal population shows significant serious adverse effects,

nephrotoxicity, immunomodulation and/or DI In absence of study in renal population, shows definite harm in general pop'n





# Limitations - PROMIS data

- Data relies on NHP data being entered in PROMIS, which may vary between programs
- Data relies on regular Med Rec routinely integrating questions around use of NHPs
   Our study likely under reported NHP usage since studies describe that 50-87.5% of patients do not discuss NHP use with their health care professional<sup>7,9-10</sup>

# Limitations - Website

- > Literature for NHPs in general population is geared toward efficacy data (and not safety)
- > Limited literature exploring efficacy <u>or</u> safety in renal disease and transplant population
- Some NHPs are combination products, which may confound safety generalizability
- Non standardized formulations

# Conclusions

- www.herbalckd.com is live on internet
- HerbalCKD currently contains safety information on most frequently used NHPs
- HerbalCKD's safety rating system adapted from Natural Medicines and clinical trials specific to renal disease or transplant population

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