



# Guest Post: ASMI

## (Australian Self Medication Industry)



The full Frost & Sullivan report and summary infographic can be accessed at:

<http://www.asmi.com.au/news-information/news-media-releases/new-research-complementary-medicines-can-contribute-to-reduced-government-healthcare-costs-and-productivity-gains.aspx>

There are many high quality sources of scientific evidence which include:

- Peer-reviewed original clinical research in well cited journals (e.g. New England Journal of Medicine or The Lancet)
- Systematic reviews of the clinical research that has been done globally relating to particular subject areas (e.g. those conducted by the Cochrane Collaboration)
- Unpublished studies or 'Proprietary research' (as long as they meet the required criteria)
- Secondary sources or non-clinical studies.

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### Complementary Medicine: Evidence and Impacts

Too often in the world of complementary medicines people are sceptical of the body of evidence which supports its efficacy. It is true that the body of knowledge is imperfect but it is also true that there are many complementary medicines with strong evidence behind them.

Take the recent Frost & Sullivan study entitled 'Preventive Use of Complementary Medicines: Health Care Outcomes and Cost Savings resulting from the Targeted Use of Complementary Medicines in Australia.' The authors examined the scientific literature for several ingredients and their link to a reduction in specific health issues (e.g. calcium and vitamin D use to reduce the risk of bone fractures in women with osteoporosis).

A thorough literature review was conducted, using the National Institute of Health Library of Medicine (PubMed). They looked at studies that investigated a relationship between complementary medicine use and the probability of a specific health condition event among a well-defined at-risk population. A percentage risk reduction for those at high risk of a particular medical event was then calculated.

The next step was to look at the impact of complementary medicines. This required first translating the percentage risk reduction into the amount of reduced medical events; this was then translated into a dollar figure to show what impact, economic in this case, the specific complementary medicine could potentially have. The percentage risk reduction was used to identify how many potential medical events could be avoided if all identified high-risk individuals were to use the complementary medicine. The associated costs, from a medical services as well as lost productivity perspective were then calculated.

The potential savings identified in the study are substantial and a strong indicator of what's possible when you take evidence-based complementary medicines and analyse the impact from a broad economic perspective. Based on these savings, the study concluded that there are potentially significant economic advantages to investing in a risk-reduction model of healthcare.

The potential impact identified in the report should be the impetus for government, universities and industry to do further research into product efficacy. There are a broad range of complementary medicines available, and given that over 70% of Australians use complementary medicines, there is potential for a larger range of conditions and interventions to be identified that have significant economic advantages.

An increased evidence base that identifies effective CMs would serve the Australian population well. The time to build evidence of efficacy and demonstrate impacts is now. Consumers are ready and the health system needs it.

### What is the difference between 'Scientific' and 'Traditional' evidence for complementary medicines?

Complementary medicines have existed for centuries and have provided the basis for many of the formulations of 'conventional' medicines that are widely available today. More commonly referred to as vitamins, minerals and herbal supplements, these medicines have become part of our mainstream healthcare practise in Australia as well as globally.

The evidence for complementary medicines can be either 'traditional' or 'scientific'. Each of these requires rigour and the allowable claims coming out of each type of evidence differs.

Many complementary medicines have a plethora of 'traditional evidence'. This refers to the historical use in certain cultures over at least 3 generations. This is a well recognised form of evidence accepted by the Therapeutics Goods Administration and allows specific traditional-use claims to be made.

Examples of the types of questions that sponsors of products must answer for traditional evidence include:

- Does the reference being used support a tradition of use for at least three generations or 75 years?
- Has the evidence been published by a credible institution such as a government or international agency?
- Is the evidence sourced from a well-accepted text in the relevant field of expertise?
- If oral evidence, is the evidence corroborated from at least one other separate source?

The rigour required for traditional evidence is substantial and more about this can be found on the TGA website at:

<http://www.tga.gov.au/industry/cm-evidence-listed-medicines-04.htm>

'Scientific evidence' also exists for many complementary medicines. Scientific evidence refers to quantifiable data and includes: clinical trials in humans; epidemiological evidence; animal studies; and other evidence of biological activity.

The rigour required for scientific evidence is also substantial and more about this can be found on the TGA website at:

<http://www.tga.gov.au/industry/cm-evidence-listed-medicines-05.htm>