

# DISCLOSURE OF HERBAL MEDICINE USAGE IN DIABETES MANAGEMENT: A QUALITATIVE STUDY AMONGST TYPE 2 DIABETES MELLITUS PATIENTS AND HEALTH CARE PROVIDERS IN NEGERI SEMBILAN, MALAYSIA



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## INTRODUCTION

The use of Complementary and Alternative medicine (CAM) among diabetes patients is increasing over the years globally. Studies reported that among the most preferred CAM therapies pursued by chronic patients like diabetics are herbal remedies. Some types of Herbal Medicines (HM) may interact with diabetes conventional medicine or may cause serious adverse effects. Even though the HM has been widely used and carries potential risks, most studies revealed that HM usage is still hardly discussed between patients with their doctors.

## OBJECTIVE

This study was designed to explore the communication process and determine the extent to which patients disclose their HM usage to HCPs, as well as HCP's experiences in managing the patient's HM usage.

## METHODOLOGY

<b>STUDY DESIGN &amp; DATA COLLECTION METHOD</b>	<ul style="list-style-type: none"> <li>Qualitative study</li> <li>In-Depth-Interview (IDI) &amp; Focus Group Discussion (FGD)</li> </ul>
<b>SAMPLING TECHNIQUE</b>	<ul style="list-style-type: none"> <li>Purposive Sampling</li> </ul>
<b>TARGET POPULATION</b>	<ul style="list-style-type: none"> <li>T2DM patients and HCPs selected from four government clinics in Negeri Sembilan, Malaysia.</li> </ul>
<b>STUDY INSTRUMENT</b>	<ul style="list-style-type: none"> <li>Open-ended questions for IDI and Semi-structured questionnaire for FGD</li> </ul>
<b>DATA ANALYSIS</b>	<ul style="list-style-type: none"> <li>Thematically analysed and were sorted into various themes and subthemes.</li> </ul>
<b>ETHICAL APPROVAL</b>	<ul style="list-style-type: none"> <li>Medical Research Ethics Approval (MREC)</li> <li>NMRR-17-953-35849</li> </ul>

## RESULT

### Factors of Non-disclosure of HM Usage

The most prompted reason was fear of negative feedback from HCPs. The majority of patients informed that they feared if the HCPs will scold them and disapprove their self-practice of HM usage. Besides, patients reported that the HCPs never inquired them regarding their HM usage. Therefore, they were not really keen to disclose. However, some patients revealed that they did tell the HCPs about HM usage but were reluctant to share it anymore because they had bad experience after disclosure.

#### a) Fear of negative feedback

"No lah, I'm afraid...If I tell him, he will scold me. If they ask me to fill up a form or ask me if I have taking any herbal meds, I will say no".  
(PT17, Female, 51, Indian)

#### b) Never been inquired by HCP

"Not yet. **Never**. They never ask, so I keep silent lah" (laughing).  
(PT12, Male, 64, Malay)

#### c) Bad experiences after disclosure

"Err, I told one of private doctors once, I said.. Normally, I take this that Murungai leaves thing, traditional thing, he said if you take traditional then why you come for this western medicine? He asked me like that. So, starting from that time, I didn't tell the doctor anything".  
(PT2, Female, 63, Indian)

### Factors of Disclosure of Herbal Medicine Usage

Despite the bad experience, several informants voluntarily disclosed their herbal intake due to a good relationship with the HCPs. They want to get professional advice and usually, the HCPs will give positive feedback. Besides, some patients informed that they disclosed when the HCPs initiated a conversation and enquired nicely regarding the HM usage.

#### a) Patients having a good rapport with HCP

"...Sometimes when patients arrived at the clinic, if she closes with us, she will story, Haaa... I took this and that, and then we can ask more. If they are close with us, they will tell stories".  
(HCP 15, Female, 49, Malay)

#### b) HCP asked patients courteously

"For example, I will ask ermm...have you take any other meds? If she said no, I will tell her, it's okey. If you have taken, just tell me...I won't scold you, I'm just asking, if you have taken any, I would like to know. Aaaa, if I told like that.. then, she will voluntarily admit it".  
(HCP 3, Female, 35, Malay)

### HCP's experiences in dealing with patients

Most HCPs stated that they could not give proper advice as they did not have sufficient knowledge about HM. They claimed that the limitation made patients refuse to admit, and thus, there was no need to discuss further. In general, the majority of HCPs confessed that they did not have enough time to consult patients. Therefore, it was observed that the distinct attitudes between patients and HCPs will decrease the chances for patients to disclose their HM usage to HCPs.

#### a) Unable to advise patient due to limited knowledge

"As we know, our knowledge about HM truly limited and we don't know what are the ingredients. Sometimes they bought from outside, they put something harmful like steroid and so on. So, it will be more dangerous...".  
(HCP 11, Female, 30, Malay)

#### b) Patients refuse to admit

"No...Most of them will deny".  
(HCP 4, Female, 48, Indian)

#### c) Time constraint to consult patients

"So, alternative medication is actually very time consuming for me personally because of the restrain in time, it's very hard to go in-depth with that. Ermm... a lot of patients do talk to me but I can't go much in it".  
(HCP 5, Female, 42, Indian).

## CONCLUSION

Understanding views from both groups is crucial to develop an opportunity for patients to have a better self-care in diabetes management and for HCP to deliver effective patient care.

### ACKNOWLEDGEMENTS

We would like to express our gratitude to the Director-General of Health and Deputy Director of Health (Research and Technical Support) Malaysia for allowing this presentation. We would like also to express appreciation for all the support from all parties that have contributed directly or indirectly to complete this study.

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