



REPLY TO
ATTENTION OF

DASG-HSZ

DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH VA 22041-3258
1 May 2000



MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: OTSG Policy on Medical Screening for Dietary Supplement Use

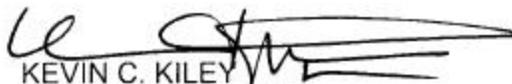
1. Ascertaining the use of dietary supplements is an important patient safety issue. This information is needed to evaluate possible medical contraindications, interactions with medications or foods, surgical risks, and education needs.
2. Health care providers must obtain a good medication history, to include not only prescription medications but also over-the-counter medications, herbal preparations, vitamin/mineral supplements or other dietary supplements. Screening personnel will document use of these products on the appropriate patient assessment forms (e.g., electronic patient assessment admission forms; SF 600, *Chronological Record of Medical Care*; DD Form 2766, *Adult Preventative and Chronic Care Flowsheet*; DA 3888, *Nursing History and Assessment*).
3. We must expect that many of our patients consume dietary supplements. Recent surveys show that more than half of the U.S. adult population uses dietary supplements. Reasons for consuming them are diverse: to maintain and/or improve health; assist with weight loss; improve physical performance; and for self-treatment of a medical condition. Some dietary supplements have clear benefits, some have uncertain benefits, and others are unsafe. Some dietary supplements interact with prescribed medications or may increase surgical risk (Encl 1).
4. Health care providers will document adverse events believed due to the use of dietary supplements in the patient's medical record and notify the Pharmacy and Therapeutics (P&T) Committee. Further, providers or the P&T Committee will report adverse events to the FDA (see <<http://www.fda.gov/medwatch/how.htm>> for reporting information). An adverse event is any event that is fatal, life-threatening, permanently/significantly disabling, requires or prolongs hospitalization, or requires intervention to prevent permanent impairment or damage.
5. My POCs for this action are COL Heath (DSN 761-5959) and LTC Thomas (DSN 761-3159).

DASG-HSZ

SUBJECT: OTSG Policy on Medical Screening for Dietary Supplement Use

FOR THE SURGEON GENERAL:

Encl



KEVIN C. KILEY
Brigadier General, MC
Assistant Surgeon General
for Force Projection

Distribution:

COMMANDER, EUROPEAN REGIONAL MEDICAL COMMAND
COMMANDER, NORTH ATLANTIC REGIONAL MEDICAL COMMAND
COMMANDER, SOUTHEAST REGIONAL MEDICAL COMMAND
COMMANDER, GREAT PLAINS REGIONAL MEDICAL COMMAND
COMMANDER, NORTHWEST REGIONAL MEDICAL COMMAND
COMMANDER, PACIFIC REGIONAL MEDICAL COMMAND
COMMANDER, 18TH MEDCOM
COMMANDER, AMEDD CENTER AND SCHOOL
Surgeon General Consultants
HQ, FORSCOM, ATTN: Command Surgeon
HQ, TRADOC, ATTN: Command Surgeon
HQ, USAEUR, ATTN: Command Surgeon
HQ, USASOC, ATTN: Command Surgeon

INFORMATION PAPER

DASG-HSZ
24 April 2000

SUBJECT: Potential Adverse Effects of Dietary Supplements

1. PURPOSE. Provide basic guidance for health care providers regarding dietary supplements.

2. FACTS.

a. "Dietary supplements" is a general term for a variety of products: Vitamins, minerals, amino acids, proteins, botanicals (including herbal preparations), glandular extracts and other animal products. Under current law, manufacturers of dietary supplements are not required to provide proof of safety or efficacy to the Food and Drug Administration (FDA) prior to marketing.

b. Health care providers may encounter adverse effects and drug interactions associated with herbal remedies and other dietary supplements. Here are some examples:

1. Ginkgo biloba, promoted to improve cognitive functioning, has been reported to cause spontaneous bleeding and may interact with anticoagulants and antiplatelet agents.

2. St. John's wort, promoted as an aid for depression, may have monoamine oxidase (MAO)-inhibiting effects and cause increased levels of serotonin, dopamine, and norephenepine. An FDA Public Health Advisory, issued 10 Feb 00, states that results from a study conducted by The National Institutes of Health (NIH) show a significant drug interaction between St John's wort and indinavir, a protease inhibitor used to treat HIV infection. For additional information refer to the 12 Feb 00 issue of Lancet (Piscitelli, et al).

3. Ephedrine alkaloid-containing dietary supplements (ephedra and ma huang), promoted to increase metabolism, have been associated with cardiovascular events, increased risk of heat injury, depression, agitation, rhabdomyolysis, heart attack, stroke and even death. Exercise and dehydration increase the risk of these effects. No one should consume these if taking an MAO-inhibitor or allergy, asthma, or cold medication containing ephedrine, pseudoephedrine, or phenylpropanolamine.

4. Saw palmetto, promoted to shrink prostate tumors, may have gastrointestinal (GI) upset side effects similar to those of radiation therapy. If the physician is unaware that the patient is taking this herb, he or she could erroneously attribute the GI symptoms to the radiation rather than to the herb.

Enol

DASG-HSZ

13 April 2000

SUBJECT: Potential Adverse Effects of Dietary Supplements

5. Vitamin E, garlic, feverfew, and ginger have anti-platelet effects and may increase bleeding times. It is likely that health care providers will encounter patients taking all of these supplements and NSAIDS at the same time.

c. Current references on dietary supplements are listed below. Check with your medical librarian for other appropriate references.

1. Cupp MJ. Herbal remedies: adverse effects and drug interactions. *Am Fam Physician* 1999 Mar 1;59(5):1239-45.

2. Miller LG. Herbal medicinals: selected clinical considerations focusing on known or potential drug-herb interactions. *Arch Intern Med* 1998 Nov 9;158(20):2200-11.

3. Tyler's Honest Herbal by Varro Tyler, 1999.

4. The Health Professional's Guide to Popular Dietary Supplements by Allison Sarubin, 1999.

d. Internet references on dietary supplements.

1. <http://www.brooks.af.mil/web/af/altmed/HOMEFRAME.htm>

2. <http://www.usuhs.mil/mim/ergopam.pdf>

3. National Center for Complementary and Alternative Medicine (<http://nccam.nih.gov>), Phone: 1-888-644-6226

4. Office of Dietary Supplements, National Institutes of Health (<http://dietary-supplements.info.nih.gov>), Phone 301-435-2920

5. Food and Drug Administration (FDA) (<http://www.cfsan.fda.gov/~dms/supplmnt.html>)

e. Consumers and health care providers are encouraged by the FDA to report adverse events (see <http://www.fda.gov/medwatch/how.htm> for reporting information). An adverse event is any event that is fatal, life-threatening, permanently/significantly disabling, requires or prolongs hospitalization, or requires intervention to prevent permanent impairment or damage.

f. Consumer advocates recommend that herbs intended for treatment purposes be sold as approved drugs, not as dietary supplements; that quality standards be mandatory; and that proof of safety and efficacy be required prior to sale. Implementation of these recommendations will require Congress to change existing law (the 1994 Dietary Supplement Health and Education Act).

LTC Thomas/DSN 761-3159