

## Complementary Therapy Use of Cardiovascular Patients

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The most common causes of the death around the world are Cardiovascular Diseases (CVD). While its frequency decreases in developed countries it goes up in developing ones. Eighty percent of deaths and 87% of health risking factors are due to CVD [1,2], (reported in the World Health Report 2003). Hypertension [3], high cholesterol and obesity [1], smoking, high blood pressure, high total cholesterol and low-density lipoprotein, low high-density lipoprotein, diabetes, and advanced age are main risk factors for CVD [4-6]. Because of the fast developments in diagnosis, care and therapy, patients intent to control on their therapies, try to reduce symptoms, time shortage of medical staff, higher daily therapy expenses, good psychological feel and limited satisfaction from traditional methods led higher interest into Complementary and Alternative Medicine (CAM), which was highly utilized in chronic diseases [7,8].

CVD remain the principal cause of death (20%) in all countries [9]. Interest in "alternative" medicine including plant-derived medications has grown. Self-administration of herbal medicine is among the most popular of alternative therapies. The use of CAM therapies has been increasing sharp in the United States (US), from 33.8% of Americans in 1993 and to 42.1% in 1997. The yearly swelling expenditure for CAM in the US was \$21.2 billion in 1997 [10]. Slone Survey of outpatient medication use in 14% of Americans used at least one herbal or non-herbal supplement [11].

There are no laws for current herbal products and dietary supplements on their purity, safety, or efficacy [12]. A serious concern is that most patients do not discuss CAM use with their health care people – in a study only 17% of patients undergoing coronary artery bypass surgery informed their physician about their alternative medicine use [13]. Significant dangers associate with CAM agents although some forms are helpful and even prescribed or recommended by physicians. Profound adverse drug reactions to dietary supplements and herbal remedies are many: stroke, myocardial infarction, supraventricular tachycardia and even sudden death due to ephedra [14]; significant drug-drug interactions and interference with laboratory testing.

As many of the patients with cardiovascular disease are at increased risk since they use medications with narrow therapeutic windows in particular [15] drugs (warfarin and digoxin) cause deathly results if used with herbal remedies. 20% (meaning 15 million Americans) patients taking prescribed medicine, regularly use at least one herbal product, a high-dose vitamin, or both. Adverse reactions (alteration of drug bioavailability and efficacy) occur likely in patients over 65 years with chronic medical illnesses of liver or renal disease [16].

Many individuals are sired to complementary therapies, given the holistic approach to health and wellness. Patients desire an active role and a sense of control in their treatment or health care, with the belief that natural therapies have fewer adverse effects [7]. Zick et al. [17] reported that 6% of patients with congestive heart failure used complementary modalities to treat hypertension. National Health Interview Survey (NHIS) (2002) revealed that 36% of self-identified CVD patients use some type of CAM therapy, with this percentage increasing to 68% with prayer [18]. Other cross-sectional studies found out a range of 33% to 81% complementary therapies among cardiac patients [7,15,19]. Types of CAM therapies are mind-body modalities, natural products, manual therapies, and other complementary

therapies: energy healing therapies and alternative medical systems [20].

Health care professionals especially nurses caring for patients with cardiovascular disease need to be aware of and understand the potential risks and benefits of these therapies and maintain open communication with patients regarding their health care choices [21].

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