Complementary and alternative medicine in psychiatry
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The world of complementary alternative medicines

Whereas conventional medicine is predominantly disease-oriented, complementary alternative medicine (CAM) is symptom-orientated.

CAMs include pharmacological, physical and psychological options.

Most treatments applicable to mental health aim at reducing stress, anxiety, agitation, low mood and sleep disturbance.

The evidence base for many treatments is extremely limited, but individual patients may still derive benefit.

Although all of these treatments are all very gentle and can enhance well-being, vulnerable people may experience a deterioration of their mental health problems.

Herbal remedies and supplements

For most pharmacological CAMs used for psychiatric problems, the evidence remains limited.

The best evidence exists for the use of St John’s wort in the treatment of depression. Its effectiveness has been confirmed in several meta-analyses.

S-adenosylmethionine (SAMe) is also effective in the treatment of depression but trials in this area tend to be small and short-term. Its use remains expensive.

Omega-3 fatty acids may be of some value as adjunct treatment of uni- or bipolar depression but not as a mood stabiliser on their own. This requires confirmation in larger trials.

The evidence for remedies targeting the GABA system including valerian for insomnia remains inconclusive. Kava has been shown to be effective as treatment against anxiety but its use cannot be recommended due to concerns about liver toxicity.

Pharmacological CAM options for psychosis, tardive dyskinesia or dementia remain extremely limited.

Safety aspects of CAMs

Contrary to the commonly held belief that pharmacological CAMs are natural and hence harmless they may be associated with significant health risks.

Some remedies are associated with substantial adverse effects, others with significant drug interactions.

Not all drug interactions identified in vitro or in animal experiment may be clinically significant.
All serotonergic remedies may potentially increase the risk of (hypo-) manic episodes in predisposed individuals. Equally, they may potentially increase the risk of serotonin syndrome if combined with other serotonergic agents.

Kava kava is associated with significant liver toxicity and should not be used.

St John’s wort can interact with many drugs including oral contraceptives, some antifungals and antibiotics, some antiretrovirals and anticancer drugs. Thus its applicability in systemic disease may be limited.

Several cases of severe haemorrhage have been reported with ginkgo biloba. However, epidemiological studies are required to quantify the potential risk.

Trials and systematic review are powered to evaluate effectiveness but underpowered to identify health risks reliably. Rare but serious adverse effects may be underestimated. However, relying on case reports alone most likely introduces significant publication bias. Rare but serious adverse effects may be overestimated.

**Psychological and medico-legal aspects of CAMs**

Clinicians need to be aware of side effects or interactions associated with CAMs and should be able to identify hazards.

Patients may not say that they are taking CAMs. Proactive history-taking is important.

Ignorance in this area may lead to criticism and possibly litigation. Uncritical endorsement of CAMs is as undesirable as overcautious discouragement.

However, because both patients and clinicians often have strong feelings in regards to CAMs, clinical consultations may become unconstructive or even if not conducted sensitively and tactfully.

**Reflective questions**

(1.2) Which types of complementary alternative medicines do you know?  
(1.8) Can CAM ever be evidence based? Look at the two meta-analyses on page 1.8. Can you think of factors which may influence the outcome of a CAM therapy trial?  
(2.5) Can you think of some pharmacological CAMs people might use for depression?  
(2.10) Can you think of some pharmacological CAMs people might use for anxiety and insomnia?  
(3.15) Can you think of which conventional medicines act as anticoagulants? Do you know any CAMs that may also have this effect?  
(4.2) Can you think of aspects to consider when discussing CAMs during a clinical consultation?

**References**


Natural Medicines Comprehensive Database (NMCD) 2009. [website]


Useful websites

Department of Health: Complementary and Alternative Medicine [website]

Food Standard Agency [website]

Memorial Sloan Kettering Cancer Centre: Cancer Information: Integrative Medicine [website]

National Centre for Complementary Alternative Medicines / National Institute of Health [website]

Natural Medicines Comprehensive Database [website]

Royal Botanical Gardens, Kew: Education: Resources: Information Sheets [website]

Royal College of Psychiatrists: Mental Health Information: Therapies: Complementary and Alternative Medicines 1 & 2 [website]

The Prince’s Foundation for Integrated Health [website]

RX List: Alternative medicine [website]

Quackwatch.Your Guide to Quackery, Health Fraud, and Intelligent Decisions Operated by Stephen Barrett, M.D [website]

Further reading

Anaesthetist.com: Assessing coagulation: testing the coagulation system. [website]

BBC News website (2002) Ban proposed for herbal medicine. [article]
BBC News website (2005) Homeopathy's benefit questioned. [article]


Elliott A (2009a) Depression and HIV in the era of HAART. The Body website. [article]


Nursing times (2009): NICE endorses acupuncture for lower back pain. [article]


The Economist (2009): Libel: Court behind. [article]

The Royal College of Psychiatrists, Complementary and alternative medicines. [web page]

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