Preoperative use of herbal medicines

Editor—We read with interest Drs Skinner and Rangasami’s article on the preoperative use of herbal medicines.1 In a previous study, we showed that doctors rarely asked patients about ‘over-the-counter’ medications during their routine surgical clerking.2 We suggested a mnemonic ‘DRUGS’ (Table 1) as an aide-mémoire. By using this mnemonic in a prospective study of 1053 elective surgical patients we obtained additional drug information (Table 2) on 621 patients (59%),3 with some featuring in more than one category. We noted that 12% of all patients were taking over the counter medications, which included herbal remedies. Constituents of herbal preparations may cause adverse side-effects or drug interactions; they may also contain toxic ingredients and contaminants.4 We feel that the authors have highlighted the importance of herbal medicines and their impact on anaesthesia/surgery. Our study has shown that undeclared conventional drugs are also frequently missed in clinical practice. We suggest that the use of the ‘DRUGS’ mnemonic may encourage better drug history taking, and perhaps reduce the morbidity and mortality associated with it.

Table 1 The ‘DRUGS’ mnemonic

<table>
<thead>
<tr>
<th>Mnemonic</th>
<th>Number of patients in which additional information identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>106</td>
</tr>
<tr>
<td>Recreational</td>
<td>168 tobacco/cannabis smokers, 161 with excess alcohol</td>
</tr>
<tr>
<td>User</td>
<td>127 including herbal preparations</td>
</tr>
<tr>
<td>Gynaecological</td>
<td>104</td>
</tr>
<tr>
<td>Sensitivities</td>
<td>85 undocumented drug allergies</td>
</tr>
</tbody>
</table>

Table 2 Additional information obtained using the ‘DRUGS’ mnemonic in 1053 elective surgical patients

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Editor—We are pleased with the interest that Hocking and deMello have shown in our article.1 It is of real concern that in their study such a high number of patients were taking herbal and other ‘over-the-counter’ medicines that were not initially declared to their anaesthetist.3 As many of these drugs have a negative impact on the perioperative period, this only highlights the importance of taking a thorough drug history. We hope that the simple ‘DRUGS’ mnemonic they have derived is taken up by anaesthetists in their everyday practice.

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4 Kam PCA, Liew S. Traditional Chinese herbal medicine and anaesthesia. Anaesthesia 2002; 57: 1083–9

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