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INFREQUENT OLDER ADULT–PRIMARY CARE PROVIDER DISCUSSION AND DOCUMENTATION OF DIETARY SUPPLEMENTS

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To the Editor

Almost half of older adults take dietary supplements,¹ with 19.5% taking nonvitamin, nonmineral (NVNM) supplements.² Despite the potential for drug–supplement interactions,³ individuals report disclosing <40% of their dietary supplements to a physician.⁴ Few studies have examined physician–patient interactions to measure how often supplement-related conversations occur, nor have studies investigated the concordance between physician–older adult dietary supplement discussions during office visits, patient reports of supplement use, and medical record documentation. This study compares older adults’ self-reported dietary supplement use with observed disclosure of supplement use in a primary care setting and physician documentation of supplement use.

METHODS

This study analyzes data collected from academically affiliated physician offices in southern California between February 2009 and February 2010 for a study on physician–patient communication about prescription medications.⁵ Study subjects included six family physicians, seven general internists, 14 internal medicine residents, and 256 of their patients. Eligible patients were aged 50 and older; spoke English; had a new, worsening, or uncontrolled problem; and were available for a follow-up assessment. The response rate among eligible patients was 57.9%, consistent with other studies using similar data collection methods.⁶

Physician–patient encounters were audio-recorded, transcribed verbatim, and analyzed to determine the dietary supplements discussed during the visit. Patients were surveyed about the supplements that they were currently taking, and their medical records were abstracted for any documentation about supplement use in the 12 months before the audio-recorded

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office visit. For every patient who reported dietary supplement use and for every dietary supplement that patients reported taking, mention of supplement discussions during office visits was compared with medical record documentation.

RESULTS

Patients who reported taking dietary supplements were mostly white (60%) and had a mean age of 64.6 ± 10.1 , and 52.1% reported completing at least some college education. Sixty-six percent of women and 50% of men were taking supplements ($P = .01$).

Fifty-six percent (142/256) of the patients in the study reported taking at least one supplement and had their visit audio-recorded and their medical records abstracted. These patients reported taking a total of 448 supplements (mean 3.1 ± 2.4 , range 1–18), of which 303 (67.6%) were vitamins and minerals and 145 (32.4%) were NVNM dietary supplements. Patients most frequently reported taking calcium with or without vitamin D (25.7%), fish oil or omega-3 (13.4%), and glucosamine or chondroitin (3.6%).

Fifty-nine (42%) of the 142 patients discussed at least one of their supplements during their office visit, and 58 (41%) had at least one supplement documented in their medical record, but only 7% discussed all of their supplements and only 13% had all of their supplements documented. Only 5% of patients mentioned all of their supplements during their office visit and had all of them documented. There was no association between the number of supplements patients were taking and supplement discussions or documentation.

Of the 448 dietary supplements that patients were taking, 16% (19% of vitamins and minerals and 10% of NVNM supplements; $P = .02$) were discussed during patients' visits and documented in their medical records (Figure 1). Thirteen percent of patients' supplements were discussed during office visits but were not noted in the medical record.

DISCUSSION

These results reveal incomplete discussion and documentation of dietary supplements during primary care office visits with older adults. Although it may be unrealistic to expect dietary supplement discussions to occur during every office visit, it is surprising that there was such incomplete documentation of supplement use. Poor documentation of supplements discussed during office visits may reflect provider ambivalence about the importance of documenting supplement use.

The importance of full disclosure of an individual's dietary supplements is debatable because many may be unlikely to cause adverse events or supplement–drug interactions.⁷ More vigilance might be expected with dietary supplements that have potential drug–supplement interactions, but the current study did not find significant differences in supplement discussion or documentation based on whether supplements were NVNM supplements (more likely to have potential interactions or adverse events)^{3,8} or supplements considered to be more benign, such as vitamins and minerals.^{7,9} The study examined medical records over a 12-month period, so it was not possible to assess documentation of supplement use on the day of audio-recorded visits.

Given the lack of awareness about potential adverse effects of dietary supplements and about drug–supplement interactions, physicians may need to ask patients proactively about supplement use. Greater physician education about the potential risks of dietary supplements may be needed to enhance awareness of the importance of assessing and documenting supplement use¹⁰ and to ensure patient safety.

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Figure 1.
Reported supplements discussed and documented (N = 448).