

ADDRESS LETTERS TO

The Editor, Australian Family Physician
1 Palmerston Crescent, South Melbourne Vic 3205 Australia
FAX 03 8699 0400 EMAIL afp@racgp.org.au

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Chinese herb usage among Chinese Australians with type 2 diabetes

Dear Editor

Chinese people living in Australia have a prevalence of diabetes approximately three times that of other Australians.

We undertook a survey to investigate the usage of traditional Chinese herbal medicine (referred to as Chinese herbs from hereon) among Chinese Australians with type 2 diabetes. Of the 86 participants, mostly recruited through general practices in Melbourne, 22% (19/86) used this form of medicine. All of them except one combined western medicine and Chinese herbs for treatment of their diabetes. No associations were detected between Chinese herb use and age, gender, insulin use, diabetes control, or length of residence in Australia.

There is little or no information regarding the potential benefits or risks of this combined western/Chinese herbal medicine approach. Three systematic reviews regarding the efficacy of Chinese herbs in type 2 diabetes, involving over 186 trials and 14 000 participants, found that some Chinese herbs demonstrate beneficial effects for control of type 2 diabetes.¹⁻³ However, no evidence was found regarding the potential benefits or risks of combining western medicine and Chinese herbs. Not only were our participants combining western medicine with Chinese herbs, they were using Chinese herbs not currently supported by evidence. Of the 32 Chinese herbs used by study participants, only one, Liuwei Dihuang was found to have evidence of efficacy in the systematic reviews.

Clinicians should be aware that Chinese herb use for treatment of type 2 diabetes is not uncommon among Chinese Australians, and that little evidence exists about the efficacy, safety, potential for interactions, and tolerability of Chinese herbs.

Thus, in treating Chinese Australians with type 2 diabetes, it is reasonable that a detailed medication history be performed, and that clinicians also take into account that use of Chinese herbs may be a factor that confounds diabetes control in these patients.

Aaron Kee Yee Wong, Phyllis Min-Yu Lau,
Vasuki Prabaharan, Marie Pirotta
Department of General Practice
University of Melbourne, Vic

References

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Breast cancer survivors

Dear Editor

The article by Brennan et al¹ in this issue of *Australian Family Physician* draws attention to the importance of long term follow up for survivors of breast cancer in Australia. Many women diagnosed with breast cancer over 5 years ago may have understood that their risk of recurrence was small. However, for the 60% of women with hormone receptor positive breast cancer, their recurrence risk and their risk of new primary cancers in the opposite breast, continues to increase as they age. For women aged in their 60s, the overall annual risk may be as high as one in 25.

Clinical trials have shown short term protection from this risk by the use of the aromatase inhibitor letrozole at 5 years, and this therapy is Pharmaceutical Benefit Schedule (PBS) supported if implemented at 5 years. However, important questions remain unanswered and further clinical trials research for the thousands of women with ongoing risk long term is required:

- What is the optimal schedule of letrozole? This has not been determined, and a new international study called 'SOLE' for postmenopausal, node positive, hormone receptor positive women will test continuous letrozole against an intermittent schedule after 4 years. The aim is to reduce side effects while at the same time enhancing activity
- Is letrozole effective if a number of years have elapsed since tamoxifen was completed? This also is not known and a new clinical trial, 'LATER', invites participation from postmenopausal Australian women who had breast cancer 6 or more years previously, have completed hormone blocking therapy at least a year ago, and are disease free.

An initiative of the ANZ Breast Cancer Trials Group (ANZ BCTG) and funded by an National Health and Medical Research Council project grant, this trial will compare letrozole with placebo in a double blind randomised trial.

Further information on these high priority studies for your breast cancer survivors can be obtained from the ANZ BCTG website at www.anzbctg.org, or for the 'LATER' trial by calling 1800 039 634. Sites are open in each Australian state.

Associate Professor Fran Boyle
SAC Chair, ANZ BCTG

Professor John Forbes
Director of Research, ANZ BCTG and Study Chair, LATER

Reference

1. Brennan M, Butow P, Spillane A, Boyle F. Survivorship care after breast cancer. *Aust Fam Physician* 2008;37:826-30.