

Review of Clinical Pharmacology and Pharmacokinetics

ΕΠΙΘΕΟΡΗΣΗ ΚΛΙΝΙΚΗΣ ΦΑΡΜΑΚΟΛΟΓΙΑΣ ΚΑΙ ΦΑΡΜΑΚΟΚΙΝΗΤΙΚΗΣ
ΕΠΙΘΕΩΡΗΣΗ ΚΛΙΝΙΚΗΣ ΦΑΡΜΑΚΟΛΟΓΙΑΣ ΚΑΙ ΦΑΡΜΑΚΟΚΙΝΗΤΙΚΗΣ
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Μιχαλακοπούλου 145, 11527 Αθήνα, Ελλάς
Τηλ.-Fax (0030)2107784700, 2107700663, 6932203802
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Letter from Guest Editor

The progress and contributions of 20th century pharmacology has been immense with over 20 pharmacologists to have received Nobel Prizes. This field of medical studies covers many areas; it is built upon and at the same time incorporates many disciplines such as biochemistry, biology physiology, pathology, anatomy, molecular biology, while the development of new analytical and experimental techniques and instruments has given a new boost in pharmacological research. Yet, although a remarkable progress has been made in developing new drugs and in understanding how they act, the challenges are endless. Integrating a depth of knowledge in many related scientific disciplines, pharmacologists offer a unique perspective to solving drug and chemical related problems which impinge on human health, with ultimate goal the treatment and prevention of major diseases.

The 5th Panhellenic Congress of Pharmacology focuses on four *hot* subjects: Regenerative Pharmacology, Herbal Medicines, Pharmacology of Abuse and Dependence, and Education in Pharmacology.

- *Regenerative Pharmacology* is one of the newest areas in Pharmacology, represents a groundbreaking field of research and has the potential to radically alter the treatment of diseases and disorders.

- *Herbal Medicines* have acquired an important percentage among the drug used; according to WHO 80% of people worldwide rely on herbal medicines for some aspect of their primary health care. This continuously increasing use of plant medicines imposes the need for establishing new regulations.

- *Pharmacology of Abuse and Dependence*, still not a well defined area, presents a lot of challenge for researchers and clinicians.

- *Education in Pharmacology* remains a hot subject in the Medical education, following the knowledge *explosion* of the last decades accompanied by a decreasing reliance on didactic teaching. The crucial question is: how and what should we teach?

We hope that the round table discussions along with the invited lectures, included in this abstract book, will raise new and intriguing ques-

tions that will further stimulate research, and will contribute to new therapeutic approaches and attitudes.

I would like to thank the Editorial Board of *Review of Clinical Pharmacology and Pharmacokinetics* in particular Journal Editors Prof. S.T. Plessas and Dr C.T. Plessas for invitation and for providing the suitable and high-standard forum through which new research findings will become available to the scientific community.

The Guest Editor

Charis Liapi

Assist. Professor in Pharmacology
Medical School, University of Athens
Chair of Hellenic Society of Pharmacology

Herbal and Dietary Supplement – Drug Interactions: Evidence for Clinical Significance

P. Galanopoulou-Couvri

Associate Professor of Pharmacology, Department of Pharmacology, Medical School,
 University of Athens, Goudi 11527, Athens, Greece

Among the wide range of Complementary and alternative medicine (CAM) used throughout the world, herbal therapy has increased dramatically in recent years. Herbal Medicines (HM) are natural products of crude drugs with vegetable origin utilized for the treatment of disease states, often of a chronic nature, or to attain or maintain a condition of improved health.

HM and other Dietary Supplements (DS) have become popular worldwide despite the differences in the purity, quality, and potency, their mechanisms of action being generally unknown, the lack of evidence of efficacy and inadequate toxicological data. According to estimations 1/3 of adults in developed nations and more than 80% of the population in many developing countries use HM, in the hope of promoting health and to manage common or serious diseases. Among consumers there is widespread belief that remedies of natural origin are not truly «medicines», or consider them safe, so they do not reveal their use to their doctors or pharmacists. These products are often used in combination with therapeutic drugs, raising the potential of adverse drug-herb or drug-supplement interactions. According to estimations, one in five Americans take prescription medications concurrent with at least one herbal product, a high dose vitamin or both. However, the prevalence of clinically significant interactions between herbals and medications is unknown. The likelihood of herbal–drug interactions could be higher than drug–drug interactions, because drugs usually contain single chemical entities, while almost all HM (even single herb products) contain mixtures of pharmacologically active constituents.

The information for many HM and /or DS–drug interactions is derived from case or case series reports and limited clinical trials, while there are other theoretical interactions indicated by in vitro or in vivo studies. Many data show evidence of significant interactions with therapeutic drugs, which can place individual patients at great risk.

Several clinically important drugs have been identified to interact with commonly used herbs or DS (e.g. garlic, echinacea, ginkgo, ginseng, St. John's wort, saw palmetto, kava, grape fruit, CoQ10). These drugs include warfarin, midazolam, digoxin, simvastatin, felodipine, indinavir, oral contraceptives, amitriptyline, cyclosporine, tacrolimus, verapamil and irinotecan. Many of HM and/or DS as well as most of the above drugs are substrates for cytochromes P450 (CYPs) and /or P-glycoprotein (P-gp) transporter; some of them have narrow therapeutic indices (e.g. warfarin and digoxin).

Both pharmacokinetic and/or pharmacodynamic mechanisms are implicated in these interactions leading to reduced drug's efficacy with therapeutic failure, or loss of safety with toxic reactions. The clinical importance of HM and/or DS–drug interactions depends on many factors associated with the particular supplement, drug and patient. Herbs and DS should be labeled to alert consumers to potential interactions when concomitantly used with drugs, and to recommend a consultation with their doctor or other health care providers.

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