


Abstract

Herbal Medicines and Dietary Supplements' Usage and Beliefs among UK Adults: A Cross-Sectional Study [†]

Kyriaki Myrissa * , Lauren Gayle, Magali Chohan and Eirini Kelaiditi

School of Allied Health and Life Sciences, Faculty of Sport, Technology and Health Sciences, St Mary's University Twickenham, London TW1 4SX, UK; misslaurenrebecca@aol.com (L.G.); magali.chohan@stmarys.ac.uk (M.C.); eirini.kelaiditi@stmarys.ac.uk (E.K.)

* Correspondence: kyriaki.myrissa@stmarys.ac.uk

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Abstract: Background and objectives: The use of herbal medicines and dietary supplements is rising in popularity, further supporting the increased movement towards self-medication. The present study aimed to gain a better understanding of knowledge and beliefs and to explore sociodemographic factors associated with herbal medicines and dietary supplements usage. Methods: A cross-sectional online survey consisting of demographic and socioeconomic information, usage, knowledge and beliefs about herbal medicines and dietary supplements. Participants were eligible to take part if they were over 18 years old and resided in the UK. Results: A total of 228 participants took part (71.9% female, and 28.1% male), and 48.7% reported using herbal medicines, while 74.1% reported using dietary supplements. The predominant reason for herbal medicines use was health promotion (75.7%), with the most commonly reported motivation being fewer side effects (50.5%) and safety (40.5%). The majority of participants made decisions about dosage, frequency and length of use based on label instructions (65.8%). Information about herbal medicines and dietary supplements was mainly received from friends (39.9%), family (39.5%) and the Internet (36.8%). Most participants did not inform their doctors about their herbal medicines' usage (71.2%), and those that informed their doctor (28.8%) received little support for their use of herbal medicines and dietary supplements (28.1%). Aloe vera (69.4%), chamomile (55.0%), lavender (54.1%), ginger (53.2%), coconut oil (45.0%), tea tree oil (44.1%), turmeric (43.2%), arnica (43.2%) and garlic (39.6%) were the most popular herbal medicines. Vitamin D (48.7%) and vitamin C (30.3%) were the most popular dietary supplements. Participants with a higher income (>GBP 25,000) were more likely to use herbal medicines (OR: 4.13, 95% CI 1.16–14.72), and those with a higher education level (undergraduate and postgraduate degrees) were less likely to use herbal medicines (OR: 0.18, 95% CI: 0.03–0.98). Discussion: Herbal medicines' use is more common in wealthy households, and this has been seen in both developing and developed countries. Highly educated people might seek more modern medical treatments and medications than traditional herbs. A better understanding of the socioeconomic factors that affect herbal medicines and supplement' use will support health policymakers in the design of effective evidence-based interventions.



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