



**THE NETWORK**  
TOWARDS UNITY FOR HEALTH



Facultad de Medicina



THE NETWORK: TOWARDS UNITY  
FOR HEALTH & FACULTAD DE MEDICINA,  
UNAM, PRESENT

# TUFH2020 MEXICO

**VIRTUAL CONFERENCE**

"PRIMARY HEALTH CARE: A PATH  
TOWARDS SOCIAL JUSTICE"

SYSTEMS AND COMMUNITY BASED  
RESPONSES TO COVID-19

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## TUFH 2020 Abstracts

<b>Title</b>	<b>Herbal Medicine use and Linked Adverse Drug Reactions (ADRs) among Hypertension Patients in a Ugandan Urban community.</b>
<b>Type</b>	Oral Presentation Working with Underserved Populations towards Community Empowerment
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<b>Country</b>	Uganda
<b>Abstract N°</b>	TUFH142
<b>Content</b>	<p>Hypertension, an important contributor to the global burden of disease stands at 26.4% prevalence in Uganda with most of the patients utilizing Traditional Herbal Medicines (THM). The popular belief that THM is "safe" is a misconception as they too can produce ADRs as serious as xerostomia associated with the use of St. John's Wort, oral and lingual dyskinesia associated with kava. The study objectives were to determine the prevalence of ADRs among hypertension patients using THM, evaluate the factors associated with the occurrence of ADRs and examine the practices of THPs in the management of ADRs. Methods: The study involved cross-sectional surveys of 120 Hypertension patients and 30 Traditional Herbal Practitioners (THPs). Data was analyzed with STATA-13. Results: The prevalence of ADRs was 10% among hypertension patients using THM. The odds of experiencing an ADR were 9 times higher (<math>p &lt; 0.01</math>, CI: 1.67-44.88) among patients that had used chia seeds (<i>Salvia hispanica</i>) compared to those who used any other THMs. 57% of THPs had ever recognized an ADR but only 27% had reported an ADR in the last 6 months and without standard ADR reporting forms. Conclusion: The high prevalence of ADRs among hypertension patients using THM and under-reporting of ADRs by Traditional Herbal Practitioners (THPs) impacts negatively on treatment adherence which worsens the morbidity and quality of life of the patient. Further studies investigating the utility of an ADR-trigger tool would help achieve prompt reporting and management of ADRs and improve patient safety. Patient Education is required on the effects of THM.</p>