

Profiles in Senior Care Pharmacy

Innovation

Maria Toscano

Maria Toscano's long interest in the preventive and curative properties of herbal and vitamin supplements was sparked by girlhood visits to her grandmother's herb garden. Now she's applying her extensive knowledge of these widely used products to establish an innovative practice niche on the expanding continuum of senior care pharmacy.



Maria Toscano, PharmD, learned from her Puerto Rican grandmother that sometimes you can find treatments for what ails you right in your own backyard. "If you had a stomach ache, for example, she'd search outside and pick some leaves to take care of it," recalls Toscano, a senior care pharmacist in private practice in Mineola, New York.

Toscano's early exposure to herbal medicine sparked a keen interest that she puts to use in the patient popula-

tion she serves in nursing facilities, rehabilitation units, and assisted living facilities. She makes sure to learn everything she can about what her patients are taking, including herbs and vitamins; to check for interactions among foods, medications, and supplements; and to recommend dietary supplements for patients when she thinks they are a better choice than (or good complement to) conventional medicines. Over the years Toscano's herbal expertise has

sometimes brought her into the spotlight. She's written articles for *Self*, a popular magazine on newsstands across the country, and has presented informational spots on a local cable TV station, covering such topics as herbal teas.

So, when Toscano completed an

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ASCP workshop on the MDS MedGuide in June 2000, she was inspired to develop a proposal on assessing people's risks from herbal and vitamin supplements. She presented the proposal to agencies on aging and to assisted living facilities near her Long Island home, a multiethnic area where many are accustomed to so-called "alternative" medicines. "As part of the assessment, I'd check for interactions to see if supplements were putting the patient at increased risk, and I'd look for side effects," Toscano explains. "The reality is, 40% of people in the United States are using these products and often the physician is unaware of it. Even nurses and aides sometimes don't know everything a person is taking."

'No One's Looking'

Her program hasn't taken off yet, but Toscano hopes it's just a matter of time. "Mostly I've talked with wellness directors, and from a clinical point of view, they love it," Toscano explains. "They say, 'Oh, no one else is looking at these things—especially interactions between medications and herbal and dietary supplements,' and especially not in assisted living, where residents bring this stuff in with them."

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Taking high doses of vitamin E while on warfarin therapy is an example of the sort of issue Toscano seeks to address. "A lot of people wouldn't think of it as a problem—they think 'it's just a vitamin'—but if the doses are above 400 IU, the patient may be at increased risk for bleeding."

Toscano's proposal called for her to do short interviews (15–20 minutes) with patients to gather a medication history and tease out information on the herbs and supplements they take. Then she would assess the regimen to identify potential problems and make recommendations for correcting them. The final product would be a personalized guide for

using over-the-counter products and dietary supplements.

Administrators at the facilities were concerned about these interviews taking too long, "but I said, in ambulatory care we really need to get the patient involved," Toscano notes. "Dietary supplements are a way for patients to have control over their health, so we have to acknowledge that they may be using them. And sometimes their families give them things, and health care providers don't know. When it comes right down to it, what I proposed doing is something that isn't being done: I would *ask* them what they're taking."

Despite the wellness directors' enthusiasm, each time they took Toscano's proposal to the administrators, it was turned down. "They would get back to me and say that the bean counters couldn't pay for it." She expects to refine it and try again, and she also promotes her expertise and consultation services through her Web site, presentations, and continuing education courses. Currently she is offering a two-session, hands-on course to adults in the community to teach them how to make lotions, soaps, and other herbal products for external use.

RESPECTING BELIEFS

In Toscano's core practice, she conducts drug regimen reviews at two long-term care facilities (500 beds total); at an assisted living facility for private-pay residents; and at a home for elderly people on public assistance. She sees patients from a wide variety of backgrounds and socioeconomic levels and has learned to respect their belief systems rather than ignore the remedies patients are

convinced will work. Many think that natural medicines are safer, and sometimes they prefer to use them over prescription drugs.

One man who had learned by word of mouth of Toscano's expertise called and asked if it was okay to use an herbal remedy for hypothyroidism instead of the levothyroxine his doctor had prescribed. "As a pharmacist, I couldn't in good conscience go along with that," she says. "I said, 'I

recognize that you will be on this for the rest of your life, and that is an adjustment, but conventional medicine isn't necessarily a bad thing.' I promote supplements when they will improve a patient's quality of life, but I also help patients accept the treatments their doctors prescribe. Some people will go to great lengths to avoid medications. You have to deal with their belief systems. Pharmacists are in a good position to point people



in the right direction and give them the information they need. I said to the man, ‘No, stop taking the herbal supplement. You really need to get this problem under control and the reason is that your long-term health is at risk, not just your thyroid.’”

Toscano, who earned her Doctor of Pharmacy degree in 1985 from St. John’s University College of Pharmacy, became acutely aware of herbal medicine’s prevalence among certain groups when she did a hospital pharmacy residency in Brooklyn more than a decade ago. The hospital served many people of Asian or Caribbean heritage, and when Toscano realized how many herbs they used, she started reading up on them. Back then, her computer searches to find reports and studies might yield 100 articles if she typed in the key word “herbs”; today she’d get at least 1,000 hits, she says.

ASSESS THE LITERATURE

In keeping with her quest to stay informed, last year Toscano completed a 16-hour certificate program in herbal pharmacy offered by the University of Florida College of Pharmacy. Rather than teaching about specific products—which change all

the time—the program helps pharmacists sift through information to find solid evidence of benefits and risks. “It was great because it focused on how you interpret the available information and use it in a clinical setting,” she says.

Fads come and go, so pharmacists need to pay attention to what patients are reading and stay one step ahead of them, she says. “Right now I’m looking into olive leaf. Last year I had never heard of anyone using it, and this year I’m finding it in a lot of stores and magazines.” Olive leaf is being touted as an antiviral, antibacterial, and antifungal agent, but Toscano isn’t comfortable making recommendations on products supported only by folklore. “I want to see some good clinical studies.”

When Toscano talks about herbal supplements, her delivery is high-energy, reflecting her enthusiasm. A listener can have trouble keeping up as she hails the benefits of glucosamine for arthritis one minute and cautions about interactions between digoxin and St. John’s wort the next. Catherine Nugent, a consultant pharmacist in New Hyde Park, New York, says she calls Toscano when her patients—usually at the family’s insis-

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tence—want to take herbal products. “I don’t know all the food and drug interactions, but Maria has a wealth of knowledge,” she says. “I’ve never had a situation where she doesn’t know the answer off the top of her head or can get it for me right away.”

Among the rules of thumb Toscano follows when assessing herbs and natural products:

- Are there a reasonable number of clinical reports indicating benefits, or is most of the information anecdotal?

- What are the findings? If the studies are varied, Toscano turns to high-quality references such as the *The Complete German Commission E Monographs*, a series of papers on herbal products based on information



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from clinical trials, field studies, and scientific literature that is considered one of the most accurate assessments of the uses of herbs.

■ What is the safety profile? Are there any known drug interactions, side effects, or contraindications? To get this information, Toscano uses the Natural Medicine Comprehensive Database online, which is well referenced and updated daily.

■ Is the company that offers the product reputable? To find out, Toscano checks independent product test results at the Consumer Labs Web site (www.consumer/abs.com) and contacts the manufacturer’s quality assurance department.

SUPPORT FROM FAMILIES

Toscano is never shy about introducing herself to patients and family members in the facilities where she works. She wants them to know that she is there to help with medication issues. When she writes notes to physicians recommending an herbal remedy or dietary supplement—which she estimates is actually infrequent, only about 2% of the time—they do not always take her advice. “Sometimes doctors come back and say ‘No, that’s hocus pocus.’ Some are concerned about quality or liability.” If she is convinced that the supplement could improve the patient’s quality of life, she will bring it up with the family the next time she sees them, knowing that they may have more leverage. “I try to impress on physicians that these options are worth a try, but some are not ready to embrace them. They tend to follow my recommendation more if the family is pushing it.” The top five products that Toscano suggests for her patients because she feels they are effective, well tolerated, and offer a unique mechanism of action in comparison with conventional drugs:

■ Glucosamine for mild to moderate osteoarthritis—This substance comes from a sea crustacean and is

well tolerated. Furthermore, “it conserves the joints and patients who take it ambulate better,” Toscano says.

■ Coenzyme Q10—Preparations containing the synthetic form of this naturally occurring antioxidant have been reported to reduce hospitalizations in patients with congestive heart failure.

■ Gingko for mild dementia of a vascular nature—Because it inhibits platelet function, gingko is not recommended in patients with bleeding disorders.

■ Melatonin for sleep disorders—Toscano likes this natural sleep aid because it can restore quality sleep without a hangover effect and it allows patients to avoid using benzodiazepines.

■ Saw palmetto—Preparations of extracts of this shrubby palm tree appear to alleviate symptoms associated with benign prostatic hyperplasia.

Toscano also has had success recommending L-carnitine for dialysis patients, finding that it makes them feel more energetic. “It has to do with energy production in the cell,” she explains, noting that one physician she works with has been especially happy with the results.

“The most challenging thing about



this work is that I am not only monitoring patients and making recommendations, but also educating the physician and patient about pros and cons,” Toscano explains. “Most physicians weren’t trained in natural medicine, so pharmacists who help them out this way are providing a useful service.” Whenever possible she backs up her recommendations with clinical data, perhaps giving the physician a photocopied article or written guidelines from a respected source. She advises pharmacists who are interested in expanding their knowledge of herbs, vitamins, and natural products to take a course like the one she completed at the University of Florida so they can assess the literature on each product.

FEWER SIDE EFFECTS

“I know that in in long-term care these products don’t necessarily cure anything. But they can really improve quality of life because they bring benefits with a low risk of side effects,” Toscano points out. They can even reduce a patient’s medications: “For example, if I can control osteoarthritis with glucosamine, I use less analgesic.”

One of Toscano’s favorite cases is that of a nursing home resident with Alzheimer’s, who she refers to as “my

Louie.” After she started him on ginkgo, his cognitive function improved noticeably. “I know that he’ll never be 100%, but the fact that he started recognizing me after months of visits . . . it was an improvement,” she says. “I’m sure his family appreciates that little glimmer of cognitive restoration.” Many nurses Toscano deals with are receptive because they come from international backgrounds where herbs are commonly used. Furthermore, they like them because “anything that improves the patient’s quality of life makes their job easier.”

While visiting relatives in Spain not long ago, Toscano went searching through a nearby orchard when her grandmother developed a congested cough. “We were in the mountains, and I knew there wouldn’t be any Vicks Vapor around.” She laughs as she explains how she found a camphor tree, grabbed some leaves, and made a rudimentary inhalant right on the spot.

Back home in New York, Toscano carries on her grandmother’s traditions by growing herbs such as echinacea and lavender right in her own backyard. And when she gets an upset stomach—true to her grandmother’s teachings—she picks some peppermint and makes a soothing herbal tea. ☪

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