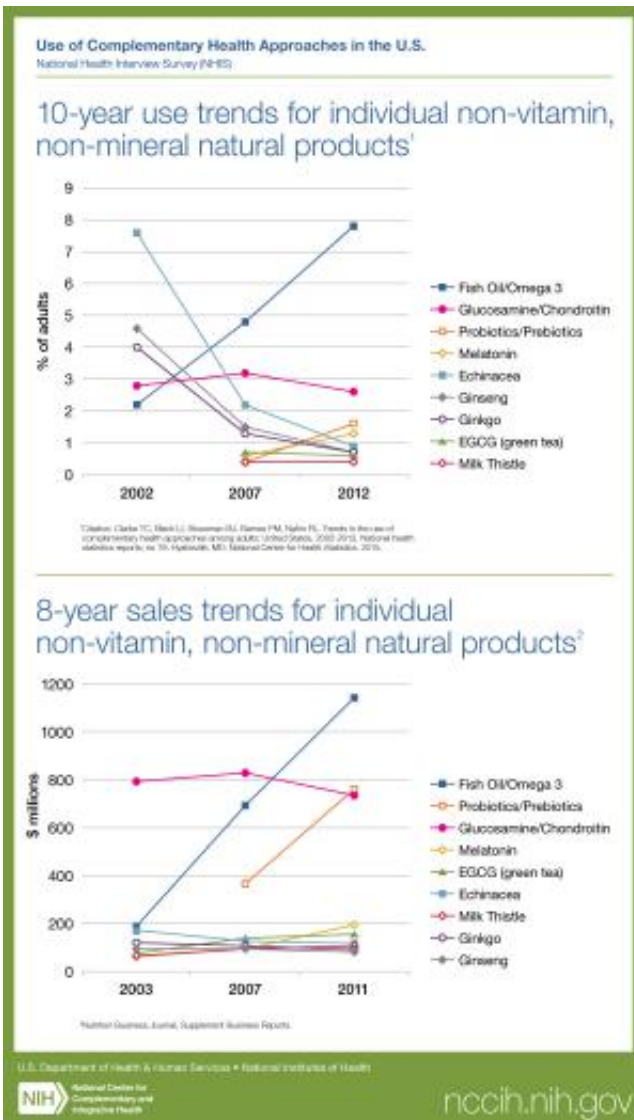


Nationwide study reports shifts in Americans' use of natural products

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8-year sales and 10-year use trends for individual non-vitamin, non-mineral natural products.

A nationally representative survey shows that natural product use in the United States has shifted since 2007, with some products becoming more popular and some falling out of favor. Overall, natural products (dietary supplements other than vitamins and minerals) remain the most common complementary health approach.

The complementary health questionnaire was developed by NIH's National Center for Complementary and Integrative Health (NCCIH) and the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS). The complementary health questionnaire is administered every 5 years as part of the National Health Interview Survey (NHIS), an annual study in which tens of thousands of Americans are interviewed about their health- and illness-related experiences. The 2012 NHIS [survey](#) is the most current, comprehensive, and reliable source of information on the use of complementary health approaches by U.S. adults and children.

To identify trends in Americans' use of certain supplements, 2012 survey data were compared with versions of the survey fielded in 2002 and 2007.

Survey highlights:

- Fish oil was the top natural product among adults.
- Adults' use of fish oil, probiotics or prebiotics, and melatonin increased between 2007 and 2012.
- Adults' use of glucosamine/chondroitin, echinacea, and garlic decreased between 2007 and 2012.
- Fish oil was the top natural product among children. This is a change from 2007, when echinacea was first.
- Melatonin was the second most used natural product by children in 2012. Its use increased substantially from 2007 to 2012.

"While NHIS does not assess why shifts in use occur, some of the trends are in line with published research on the efficacy of [natural products](#)," said Josephine P. Briggs, M.D., Director of NCCIH. "For example, the use of melatonin, shown in studies to have some benefits for sleep issues, has risen dramatically. Conversely, the use of echinacea has fallen, which may reflect conflicting results from studies on whether it's helpful for colds. This reaffirms why it is important for NIH to study these products and to provide that information to the public."

The 2012 survey results, released in a National Health Statistics Report by NCHS, are based on combined data from 88,962 American adults and 17,321 interviews with a knowledgeable adult about children aged 4-17 years. The 2012 survey is the third conducted by NCCIH and NCHS—previous surveys occurred as part of the 2002 and 2007 NHIS. Children's data were assessed in 2007 and 2012.

"The changes in use of individual natural products seen in the surveys are generally consistent with changes in nationwide sales data. Having independent confirmation of the NHIS data strengthens confidence in our findings," said Richard L. Nahin, Ph.D., M.P.H., the NCCIH senior advisor for scientific coordination and outreach. Dr. Nahin leads NCCIH's efforts to gather health care use statistics and has co-authored the surveys' reports.

Knowing the patterns of use of complementary approaches helps to inform NIH's research priorities in this area. The scientific evidence on many complementary approaches shown by NHIS results to be popular is limited. Use by the American public is one of the four guiding principles that determine the practices and products studied by NCCIH, and these NHIS findings reflect the importance of continuing to study approaches to health and wellness that the public is using, often without the benefit of rigorous scientific study. The Center's research priorities also include the study of other complementary approaches—such as spinal

manipulation, meditation, and massage—to manage pain and other symptoms that are not always well-addressed by conventional treatments.

More information: Read more about the use of other natural products and the use of mind and body approaches in the full report nccih.nih.gov/NHIS2012.

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