**Appendix 1 (part 1 of 3):** Sample monograph from the www.herbalckd.com website. Reproduced by permission of the authors.

Herbal-CKD: Evening Primrose Oil



# **Evening Primrose Oil**

## Safety





HD/PD



**Transplant** 



## Dosing

#### **CKD-ND**

No dose adjustment was found in the literature

#### HD/PD

2 capsules po twice daily x 6 weeks (1 capsule = 360 mg linoleic acid, 50 mg oleic acid 45 mg gamma-linoleic acid)<sup>[1]</sup> was used in 1 study. Long term safety of this dose has not been studied.

#### **Transplant**

4 capsules at time of transplant then 2 capsules three times daily for 6 months was used in 1 study (1 capsule = 0.6 mL of oil that was 73-74% linoleic acid + 8-9% gamma-linoleic acid)<sup>[2]</sup> Long term safety of this high dose has not been studied.

### **Adverse Effects**

#### **Common Adverse Drug Reactions**

- Nausea, dyspepsia, headache<sup>[3],[4]</sup>
- Oral supplements of evening primrose oil has been used safely in the general population for up to 1 year with no reports of significant adverse reactions<sup>[5]-[7]</sup>
- In vivo, gamma-linoleic acid has been shown to increase bleeding time by 40%<sup>[8]</sup>

#### **Nephrotoxic effects**

No nephrotoxic effects were reported in the literature

Supplementary material for Leung S, Shalansky K, Vashisht P, Leung M, Marin JG. Creation of a natural health products database for assessing safety for patients with chronic kidney disease or renal transplant. *Can J Hosp Pharm.* 2017;70(5):343-8.

Appendix 1 (part 2 of 3): Sample monograph from the www.herbalckd.com website. Reproduced by permission of the authors.

Herbal-CKD: Evening Primrose Oil

## Interactions

#### General

Evening primrose oil contains gamma-linoleic acid, which can inhibit platelet aggregation and prolong bleeding time. Evening primrose oil should be used with caution in patients taking antiplatelet (including non-steroidal anti-inflammatory agents) or anticoagulant medication due to increased risk of bleeding and/or bruising.<sup>[8],[9]</sup>

#### **CYP Metabolism**

In vitro research suggests that CYP2C9 is inhibited by evening primrose oil constituent cis-linoleic acid<sup>[10]</sup>

#### **Immunomodulatory**

*In vitro* and clinical commentary for the general population suggest that the build up of gamma-linoleic acid metabolite, arachidonic acid, may lead to immunosuppression<sup>[11],[12]</sup>

## **Pharmacokinetics**

#### **Molecular Weight**

No data was found in the literature

#### **Volume of Distribution**

No data was found in the literature

#### **Protein Binding**

No data was found in the literature

#### Metabolism

No data was found in the literature

#### **Renal Clearance**

No data was found in the literature

### Literature Review

- Nephron. 1999 Feb;81(2):151-9.<sup>1</sup>
- Transplantation. 1977;24(4):263-7.2

## References

- 1. Yoshimoto-Furuie K, Yoshimoto K, Tanaka T, Saima S, Kikuchi Y, Shay J, et al. Effects of oral supplementation with evening primrose oil for 6 weeks on plasma essential fatty acids and uremic skin symptoms in hemodialysis. *Nephron.* 1999;81(2):151-9.
- 2. McHugh MI, Wilkinson R, Elliott RW, Field EJ, Dewar P, Hall RR, et al. Immunosuppression with polyunsaturated fatty acids in renal transplantation. *Transplantation*. 1977;24(4):263-7.
- 3. Roemheld-Hamm B, Dahl NV. Herbs, menopause, and dialysis. Semin Dial. 2002;15:53-9.

Supplementary material for Leung S, Shalansky K, Vashisht P, Leung M, Marin JG. Creation of a natural health products database for assessing safety for patients with chronic kidney disease or renal transplant. *Can J Hosp Pharm.* 2017;70(5):343-8.

**Appendix 1 (part 3 of 3):** Sample monograph from the www.herbalckd.com website. Reproduced by permission of the authors.

Herbal-CKD: Evening Primrose Oil

- 4. Kleijnen J. Evening primrose oil. BMJ .1994;309:824-25.
- 5. Evening Primrose Oil. In: Natural Standard: the authority on integrative medicine. Cambridge (MA): Natural Standard; 2014.
- 6. Khoo SK, Munro C, Battistutta D. Evening primrose oil and treatment of premenstrual syndrome. *Med J Aust.* 1990;153:189-92.
- 7. Van Gool CJ, Zeegers MP, Thijs C. Oral essential fatty acid supplementation in atopic dermatitis-a meta-analysis of placebo-controlled trials. *Br J Dermatol.* 2004;150:728-40.
- 8. Guivernau M, Meza N, Barja P, Roman O. Clinical and experimental study on the long-term effect of dietary gamma-linolenic acid on plasma lipids, platelet aggregation, thromboxane formation, and prostacyclin production. *Prostaglandins Leukot Essent Fatty Acids*. 1994;51:311-6.
- 9. Halat KM, Dennehy CE. Botanicals and dietary supplements in diabetic peripheral neuropathy. *J Am Board Fam Pract.* 2003;16(1):47-57.
- 10. Zou L, Harkey MR, Henderson GL. Effects of herbal components on cDNA-expressed cytochrome P450 enzyme catalytic activity. *Life Sci.* 2002;71(13):1579-1589.
- 11. Phinney S. Potential risk of prolonged gamma-linolenic acid use. Ann Intern Med. 1994;120:692.
- 12. Kinsella JE. Lipids, membranee receptors, and enzymes: effects of dietary fatty acids. *J Parenteral Enteral Nutr.* 1990;14:200s-17s.

Disclaimer: The content of this website is intended for informational purpose only. It is not intended to replace clinical judgement or to be used as a substitute for professional advice for

an individual patient.

Supplementary material for Leung S, Shalansky K, Vashisht P, Leung M, Marin JG. Creation of a natural health products database for assessing safety for patients with chronic kidney disease or renal transplant. Can J Hosp Pharm. 2017;70(5):343-8.

November 2015