

## **Identification of Needs for Training in Phytotherapy in Germany**

Following we try to specify the target group for the training in phytotherapie. We rely on the current population structures in the Federal Republic of Germany, as well as the most common diseases within the population. Detailed information on self- medication will be mentioned on the example of herbal drugs. The German health and social system will briefly be described including its current changes.

### **Socio- demographic characteristics of the Federal Republic of Germany**

In the FRG there lived about 82.4 million people. (Source: federal office of statistics, 2005) The birthrate in Germany is decreasing, so that the population has reduced by 63,000 people in spite of an increasing life expectancy. The fall in population can especially be observed in the new federal countries and comparison to the previous year the development there showed -0.7%. The federal country of Saxony-Anhalt showed a remarkable negative trend with - 25,000 people.

“There with Germany is – on the whole – within the global trend, which is called demographic- economic paradox, by demographer: the wealthier, more educated and freer a society is, the less birthes is has. A misdirected family policy is said to be due for it.” (translated from: [www.wikipedia.de](http://www.wikipedia.de)) “since the re- unification in 1990 a drop in birthnumbers by up to 25% of the level before the watershed is stated in East Germany.” (translated from: [www.wikipedia.de](http://www.wikipedia.de))

The age structure in Germany has changed –as it has in other industrial countries- towards the fact that those generations with the highest number of population are to be found at an older and older age. Reasons for it are seen in the low birthrate and a higher life expectancy, which is- among others – due to a better health care (see: [www.wikipedia.de](http://www.wikipedia.de)). In 2005 the share of the over 60- years-ol people was 25% of the total population. The maximum was reached by the age group of 40- 60 with 29.1% of the total population in 2005.

It shows clearly that the share of the people over 60 will increase in the decades to come and in 2040 it will be at a level of about 52.6%. That is what the Federal Office of Statistics reckons (see: [www.destatis.de](http://www.destatis.de)).

## Measures on prevention and promotion of good health

“With the agreement on health targets the protagonist in health policy, like politicians, doctors, hospitals, health insurances, citizens, patients and science set a common focus on where they have found out a need in improvement.”  
(translated quotation by Gesellschaft für Versicherungswirtschaft- und gestaltung, 2003)

Thus diseases, which frequently appear among the population are included in the health targets and strategies and measures planned for the prevention of diseases and an improved health care. Current targets are referring:

- Diabetes mellitus 2, early diagnosis and intervention
- Breast cancer, prevention mortality and increasing life quality
- reduction of tobacco consuming (to lower the risks of heart, circulation and lung diseases)
- growing up healthy, improving nutrition, exercise and stress management with children and juveniles
- increasing health competence; enhance patients self- determination
- avoiding depressions, their early diagnosis, sustaining treatment

## Frequent diseases in Germany

The quantitative surveys of the WHO (2003) show that some selected diseases among the German population appear more frequently than others. The preventive measures within the formulation of health targets aim on these results. Table 1 shows the 10 leading disability groups for males and females in descending order. Places 1 to 3 are occupied by neuropsychiatric conditions, cardiovascular diseases and malignant neoplasmas. (see: [www.worldhealthorganization.int](http://www.worldhealthorganization.int))

Neuropsychiatric diseases represent the majority of health deficits for Germans. The mortality because of these diseases is relatively low. In everyday life they are most handicapping though and so they have replace cardiovascular diseases as a top diseases. Differences in sex are marginal ones. Differences in places 4 to 10 are obvious. They lie in their frequency of appearance under 10% and additionally show specific differences in sex. The priority of the above described health targets are confirmed.

Table 1:

Ten leading disability groups as percentages of total DALYs for both sexes  
 in Germany

Rank	Males		Females	
	Disability groups	Total DALYs (%)	Disability groups	Total DALYs (%)
1	Neuropsychiatric conditions	24.3	Neuropsychiatric conditions	28.1
2	Cardiovascular diseases	20.8	Cardiovascular diseases	18.8
3	Malignant neoplasms	17.7	Malignant neoplasms	17.0
4	Digestive diseases	6.1	Sense organ diseases	5.5
5	Unintentional injuries	5.6	Musculoskeletal diseases	5.5
6	Respiratory diseases	5.6	Respiratory diseases	5.2
7	Sense organ diseases	4.5	Digestive diseases	5.0
8	Musculoskeletal diseases	3.3	Unintentional injuries	3.0
9	Intentional injuries	2.9	Diabetes mellitus	2.0
10	Diabetes mellitus	1.9	Infectious and parasitic diseases	1.6

Source: Background data from WHO (2003f).

DALY= disability-adjusted life-year are summed up readings which summarize the effects of health deficits, disability and mortality on the population. Table 1 shows the 10 most common disorder with males and females in Germany, expressed in DALY.

### Self – medication with herbal remedies

In table 2 the fields of indication for self- medication with herbal remedies with the highest turnover in Germany are given in million euros. The figures refer the turnover in pharmacies, chemists and supermarkets exclusively. To understand the term “herbal drugs” better they are defined in the sense of the originator of table 2.

“As herbal drugs only those preparations are registered which are drugs and consist of plants, parts of plants, extracts from plants and their galenic exclusively. Labeled homoeopathic remedies as well as combinations with mineral, biogenic and homoeopathic components, if share of herbal components predominant, are also registered.” (translated from: Bundesverband der Arzneimittel – Hersteller e.V.; Der Arzneimittelmarkt in Deutschland in Zahlen [ab2001] In: www.destatis.de)

Table 2

The most common indications for self- medication with herbal remedies in  
 Germany

Field of indication (BAH)	Years in descending order				
	2001	2002	2003	2004	2005
all indications	1.203	1.187	1.228	1.123	1.168
Cough and cold remedies	289	278	360	311	365
Stomach and digestion	169	161	151	145	144
Heart and circulation	187	191	209	252	286
Calming and sleep	122	107	109	116	108
Painkillers/ Pains of muscles and joint	121	113	103	71	58
Bladder and reproductive organs	96	-	-	-	-
Tonic/ geriatric remedies	-	98	52	36	17
others	219	239	244	192	190

Tab.2 Source: Ah-hoc-Table Bundesverband der Arzneimittel - Hersteller e.V.

### Some remarks on the current situations of the German health system

„Today`s system is based on social health insurance. In 2003, about 87% of the population were covered by statutory health insurance; based on income, membership was mandatory for about 77% and voluntary for 10%. An additional 10% of the population took out private health insurance; 2% were covered by governmental schemes and 0,2% were not covered by any third-party-payer scheme. (European Observatory on Health Systems and Policies, 2000, 2002a-c; www.euro.who.int)

In last three years important changes in the German health and social policy have been made.

Especially the reform of the health system in 2003 lead to an additional financial burden of the individual in care of illness. Among others prescribing medicine has been strictly limited. The possibility, to get a free prescription for remedies against cold e.g., was cancelled. In table 2 you can see, that the turnover especially from this indication has been rising since 2003. Our citizens are demanded to pay a bigger share of the costs for their medicine, which had been paid for by the health insurance. That also contributed to a higher health awareness in our population. Many people have turned towards alternative and often cheaper medicine because they realized that not all the previously financed spendings in case of illness would be paid by the health insurance anymore.

Furthermore the health insurances expect of their insured a lifestyle which prevents illness. Insured will possibly be motivated by being paid a bonus (repayment of membership fees) not to burden their insurance with their costs. This tendency in health policy, too, will lead to a change of mind towards alternative medicine and more awareness of a healthy lifestyle.

## **Quellenverzeichnis**

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