**Table 3:** Themes related to disclosure and nondisclosure of dietary supplement use during office visits1.

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| **Domains** | **Themes** | **Disclosure examples** | **Nondisclosure examples** |
| Features of the office visit | Interaction during the visit | **Provider inquiry about supplement use**  (157): He asked me what supplements I was taking.  **Provider inquiry about what a patient is taking**  (705): She asked me what I take daily, and I told her.  (671): They always want to know what you are taking besides your medication. | **Provider didn’t ask about supplement use**  (187): He didn’t specifically ask.  (688): Any time they don’t ask [disclosure is unnecessary].  **Topic didn’t come up**  (198): It just never comes up. I mean, you're talking about a subject that just never, never, never comes up.  (448): It [supplements] just didn’t come up. |
| Discussion topic | **Self-care**  (691): I had not been feeling well, and I said that I had used my herbal remedies, which was Vitamin C and Echinacea.  (708): I mentioned that I was taking these [supplements] in addition to staying away from various foods.  **Lab results**  (802): We were itemizing the chem panel…and I started telling her, “Well, I take – I already take a multi.”  (560): I was taking a supplement called Coenzyme-A…and it really, really skewed one of my lab results…and I mentioned, “These are what I'm taking”. |  |
| Visit characteristics | **Before surgery/procedure**  (172): Before going into surgery, always discuss your supplements.  (705): If someone’s going to do a brain cat scan on me tomorrow, I think they should know what I have ingested that morning.  **Type of office visit**  (418): I was going in for a physical and…I let him know I’m taking some Mass XXX.  (455): If it’s an establishment visit, you definitely want to let your doctor know everything you’re taking. | **Supplements unrelated to purpose of visit**  (672): I really wasn’t there to talk to him about supplements.  (682): I went to see the doctor about something else.  **Competing demands during visit**  (151): I was more interested in addressing things that were probably way more important.  (557): There are other things to discuss, and that doesn’t really seem pertinent to any of the problems.  **Type of office visit**  (424): This was more kind of a follow up visit. There was no reason for it to come up.  (363): [Because] it wasn’t a general physical. |
| Organizational and procedural factors |  | **Not on list to discuss**  (329): [Supplement use] wasn’t on my list of things to talk about.  **Provider already knows about supplement**  (565): [The doctor] already knows that I’m taking all the vitamins and everything because … I usually tell these things to the nurse.  (511): It's in my summary, and I do not think I need to talk about. |
| Patient health and medical care | Concerns about supplement | **Concerns about side effects**  (560): If you're taking them and not feeling well…you need to bring it up.  (811): I thought maybe Vitamin C was too much, that’s why it is giving urinating (sic) too often.  **Safety concerns**  (187): I just wanted to make sure [fish oil] was safe.  (867): I wanted to know if it was safe or not.  **Request advice from provider**  (329): To ask…whether or not a couple of these supplements I was taking them right.  (857): It’s important for me to talk to her about my supplement use because…I want her input. |  |
| Circumstances of supplement use | **Taking unusual/multiple/mega-dose supplements**  (363): If I were to go on high potency regimen…then I think I should talk to the doctor.  (560): If you thought that you were taking something that may be kind of controversial … you should bring it up.  **Change in supplement use**  (591): I give her information every time I change my supplement list.  (618): Every time I have a visit with a doctor, I talk about supplements. Or I talk about any additional supplements. | **Sporadic use**  (362) If you’re very sporadic about taking supplements, it’s probably not necessary to bother the doctor with that.  (110): Light use…is why I didn’t really bring it up – you know, a handful of Vitamin D, fish oils, Vitamin C, that kind of thing sporadically.  **Long duration of use**  (329): I…didn’t bring it up because I’ve been taking them regularly for so long.  **Supplement considered safe**  (465): I don’t see it as something that would harm me.  (565): I thought [Co-Q10]’s very safe to take, and so I didn’t discuss it with my doctor. |
| Medication related | **Taking prescription medication**  (329): If you’re on a regular medication, you want to make sure your doctor knows that you’re also on these other things.  **Prescribed new medication**  (110): I would have discussed it if I were being prescribed a new medicine.  (158): What made me talk about it [was] … I was kind of concerned about what she was giving me for my acid reflux…would it counteract the enzymes. |  |
| Medical condition | **Having a medical condition**  (228): Anybody that has any health challenges should [disclose].  (820): I think with psychiatric conditions it is important. | **Good health/fitness**  (363): If my health is stable and good…I don't think it has to be brought up.  (557): Because we’re healthy.  (560): If I go in and my labs are perfect, and everything's good, I don’t feel the need to discuss it. |
| Provider and patient characteristics | Provider characteristics | **Doctor expertise/knowledge**  (835): She is a naturopath...so it was a built-in topic.  (591): I want them all to know [what I’m taking] because they’re very knowledgeable.  **Doctor receptiveness**  (122): It’s a very open-door type of situation where I could call her and tell her … I started taking something.  (749): If my practitioner is open to that I would talk about it. | **Doctor lack of knowledge**  (455): I’m sure it wouldn’t hurt [to disclose], but…I would doubt that she would know what they are.  **Doctor unreceptiveness/disinterest**  (157): I would never discuss it because they just don’t want to hear about it.  (151): I never would even think that a Western doctor would really be that interested.  **Prejudice against supplements**  (857) I’m probably not going to say I’ve tried to treat this with D-Mannose, or probiotics…because I just feel like there’s…a bias against it. |
| Patient convictions | **Important to disclose supplements**  (688): I think a doctor should know everything that you consume regularly.  (705): I feel pretty strongly that she needs to have an up-to-date list of what I’m taking. | **Not worth mentioning**  (234): It’s just something that I don’t think is worth mentioning.  **Supplements are beneficial/commonplace**  (816): I didn’t feel like I needed to bring them up because…vitamins and herbs are beneficial.  (867): The Emergen-C, I think that’s just a good drink… so I didn’t think anything of it.  **Supplements are equivalent to food**  (648): Because I figured…everything we eat has vitamins in it anyway.  (110): Because … Vitamin C is in most fruit, if not all, I think. Vitamin D we get from the sun. Fish oils you get when you eat fish. |
| Patient confidence |  | **Confidence in own knowledge**  (820): I…am pretty savvy with what I ingest, so I didn’t think [mentioning] it was worthwhile.  (560): I've done quite a bit of research in regard to the affect they have on the body…so I'm pretty well educated. |
| Did not cross mind |  | **Did not cross mind**  (672): It just didn’t occur to me. |

1Numbers in parentheses refer to the interviewee ID number.