



## Berkshire West Area Prescribing Committee

<b>Drug Name</b>	Ginkgo Biloba
<b>Indication under review</b>	Treatment of dementia, intermittent claudication and other conditions
<b>Policy No:</b>	APC 050
<b>Date of issue/ Date of re-issue:</b>	January 2014/ March 2017
<b>Review Date:</b>	March 2020
<b>Policy Statement:</b> Ginkgo Biloba is not recommended for the treatment of dementia, cognitive impairment, intermittent claudication, tinnitus, stroke or any other condition.	
<b>Traffic Light Status</b>	<b>Brown</b>
<b>Key Points considered:</b>	
<ul style="list-style-type: none"> <li>• Very limited, questionable and conflicting evidence of safety and efficacy.</li> </ul>	
<b>References:</b>	
<ol style="list-style-type: none"> <li>1. Birks J, Grimley Evans J. Ginkgo biloba for cognitive impairment and dementia. Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.: CD003120. DOI: 10.1002/14651858.CD003120.pub3.</li> <li>2. Evans JR. Ginkgo biloba extract for age-related macular degeneration. Cochrane Database of Systematic Reviews 1999, Issue 3. Art. No.: CD001775. DOI: 10.1002/14651858.CD001775.</li> <li>3. Zeng X, Liu M, Yang Y, Li Y, Asplund K. Ginkgo biloba for acute ischaemic stroke. Cochrane Database of Systematic Reviews 2005, Issue 4. Art. No.: CD003691. DOI: 10.1002/14651858.CD003691.pub2.</li> <li>4. Nicolaï SPA, Kruidenier LM, Bendermacher BLW, Prins MH, Tejjink JAW. Ginkgo biloba for intermittent claudication. Cochrane Database of Systematic Reviews 2009, Issue 2. Art. No.: CD006888. DOI: 10.1002/14651858.CD006888.pub2.</li> <li>5. Hilton MP, Stuart EL. Ginkgo biloba for tinnitus. Cochrane Database of Systematic Reviews 2004, Issue 2. Art. No.: CD003852. DOI: 10.1002/14651858.CD003852.pub2.</li> <li>6. Leistner E et al. Ginkgo biloba and Ginkgotoxin. J. Nat. Prod. 86 2010, 73, 86–92.</li> </ol>	
<b>Date taken to APC:</b>	1 <sup>st</sup> March 2017
<b>Date Ratified by GP MOC on Behalf of Board:</b>	15 <sup>th</sup> March 2017

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Berkshire West Area Prescribing Policies serve as a guide to clinicians. This does not overrule the clinical or budgetary responsibility of clinicians when considering treatment for individual patients.

<b>Brown</b>	<b>Green</b>	<b>Amber</b>	<b>Red</b>
These drugs have been reviewed and are not considered a cost effective use of scarce NHS resources	Medicines suitable for routine use. Primary care prescribers take full responsibility for prescribing	Medicines that should be initiated by a specialist and can be continued in primary care under a shared care agreement.	Medicines which should be prescribed by specialists only