

Complementary and alternative medicine (CAM) in Childhood Autism

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Mrs Mary Jones has come to see you for advice on complementary and alternative therapies for her son Ben. Ben is 6 and he has autism.

How would you advise Mary?

Session overview

CAM use in paediatrics

Why parents use CAM

Expectations of doctors

Efficacy and safety of selected CAM in autism

What parents want to know about CAM and autism

Complementary and alternative medicine

‘A group of diverse medical and health care systems, practices and products that are not presently considered to be part of conventional medicine’

Complementary medicine - used together with conventional medicine

Alternative medicine - used in place of conventional medicine

National Centre for Complementary and Alternative Medicine. (NCCAM)

National Institute of Health.

Major types of CAM

Whole medical systems: homeopathy, naturopathy, traditional Chinese medicine

Mind-body medicine: meditation, prayer, mental healing

Biologically based practices: vitamins, dietary supplements, herbal products

Manipulative and body-based practices: chiropractic or osteopathic manipulation, massage

Energy medicine: reiki, therapeutic touch, qi gong

NCCAM National Institute of Health

CAM and paediatrics

	<u>Usage</u>	<u>Tell doctor</u>
Oncology	31-84%	36-50%
ADHD	54-68%	11-64%
Asthma	52-89%	19-48%
IBD	41%	
Autism	52%	
JRA	40%	
Cerebral Palsy	56%	
General pop	2-12%	

Why?

- Won't hurt (91% believe is 100% safe)
- Increase wellbeing
- Boost immunity
- Decrease drug side effects
- Increase efficacy of conventional medicines
- Dissatisfaction with conventional medicine

Doctor concerns

- Side effects
 - 6% of children treated with CAM suffer side effects especially with herbal therapies
 - Most children receive more than 1 CAM concurrently with the average being 3
- Delay in obtaining effective treatment
- Liability risks

Parent perspectives

- Obtaining high quality health care
 - Symptom ‘fix-it’ focus of conventional medicine
 - Longer consultations times with CAM
 - Whole person and wellness focus with CAM
 - Conventional medicine still important
 - Doctor attitudes a key factor
 - Personal recommendation often sought for CAM

O’Keefe et al. Supported by the Channel 7 Children’s Research Foundation

Expectations of doctors: Professional

Doctors should:

- Ask patients about CAM use
- Be sufficiently well informed about CAM to be able to provide advice to patients to support informed decisions
- Develop skills to guide patients away from harmful practices

AMA/AMC position statements

Expectations of doctors: Parents

Doctors should:

- Be knowledgeable about CAM
- Act as a ‘trusted advisor’
- Be prepared to work alongside CAM practitioners with cross-referrals
- Be supportive of parent knowledge and choice

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Challenges

- Effective communication with families around CAM
 - Parents of children with Down Syndrome who advocate assertively for biomedical needs are unlikely to discuss CAM with the doctor (*Prussing et al. 2004*)
- Interpreting evidence for safety, efficacy and clinical appropriateness

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How would you advise Mary?

Counselling families who choose CAM

- Be knowledgeable
- Evaluate scientific merit
- Identify risk
- Give families information on a range of options
- Educate families
- Don't dismiss CAM
- Actively listen
- Offer to monitor a time-limited trial if CAM selected

American Academy of Pediatrics. Committee on children with disabilities 2001

Commonly used CAM

- Herbs
- Diet supplements
- Vitamins and minerals
- Aromatherapy
- Chiropractic manipulation
- Naturopathy
- Homeopathy

The key questions

Do they work?

What are the risks?