



Complementary and alternative medicine in paediatrics in daily practice—A European perspective

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Summary

Introduction: Complementary and alternative medicine (CAM) is used by both adults and children in Europe. Diverse cultural, ethnic and historical preconditions in European countries result in broad differences between the types of CAM practiced, prevalence of CAM use and integration in the health system. To date, no survey of CAM availability to paediatric patients in Europe exists.

Methods: We present an overview of CAM integration within the different levels of the European paediatric health systems as a narrative review. Paediatric CAM specialists in 20 European countries provided information about CAM integration in their countries in semi-structured interviews.

Results: Data from 20 European countries were available, representing 68% of the European population. CAM is offered in private practices in all 20 (100%) countries, and 80% described some form of CAM training for health professionals. While CAM is offered in outpatient clinics treating adults in 80% of these countries, only 35% offer CAM in paediatric outpatient clinics. Dedicated CAM inpatient wards exist in 65% of the countries for adults, but only in Germany and the Netherlands for children. Groups conducting some CAM research or CAM research focussed on paediatrics exist in 65% and 50% of the 20 countries, respectively. Homeopathy, acupuncture and anthroposophic medicine were most often named.

Conclusion: Every child in Europe has access to CAM treatment, mainly in private practices, whereas CAM outpatient clinics and inpatient services for children are rare. This is in contrast to adult treatment facilities, many of which offer CAM services, and the high percentage of European children using CAM.

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Abbreviation: CAM, complementary and alternative medicine.

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Introduction

Complementary and alternative medicine (CAM) is often used by patients in Europe, and represents a broad range of different therapies.^{1–3} Currently, CAM is provided primarily by general practitioners and non-medical therapists. Some efforts have been made in the last decade to explore the benefits of CAM use and improve quality by augmenting education about CAM for healthcare professionals, but these efforts primarily targeted use by adults.^{4–7} An increasing integration of CAM treatment services into hospitals and medical faculties has created a demand for unification and quality assurance at the European level.⁸ Despite increasing harmonisation and unification of legislation within the European Union, differences in health policies exist in each EU country that affect introduction of CAM into hospital-based healthcare.^{9,10} CAM is often used by paediatric patients in European countries,^{11,12} in fact, 30–50% of parents of children with acute and chronic diseases reported using CAM for their child.^{13–16} Here we present a survey of CAM facilities for paediatric patients and in paediatric centres in Europe.

Methods

A non-systematic, narrative review was chosen to describe the everyday practice of CAM in paediatrics in European centres as exactly as possible.¹⁷ Information from peer-reviewed journals was supplemented with information from local experts because many publications about CAM use are not in English or in indexed journals. In October 2010 we first performed an internet search of PubMed and open access search engines using the combination of the search terms, “children”, “paediatric”, “pediatric” and “complementary medicine” or “alternative medicine” to identify paediatric CAM specialists or research groups in the 29 largest European countries that had published at least one article on CAM in the last decade. Corresponding authors from these publications were contacted in each country, and they were asked to provide information about paediatric CAM use in their countries. These authors stand out because of their activities in investigating CAM in paediatrics and were of different professions and positions, such as physicians, scientist and others. No negative selection had to be made, because paediatric CAM experts in European countries are very rare. For countries where we could not establish contact to an author of a publication or where no published articles existed, we tried to find other paediatric CAM experts by personal contacts who could describe the situation of CAM availability and use in their countries. All experts were asked to answer a semi-structured questionnaire containing questions about CAM practices for children in their countries. The answers received were analysed and compiled, and this qualitative evaluation was complemented by the personal experience of the authors.

Results

Our evaluation includes information from the completed and returned 20 questionnaires (69%) out of the 29 requested. Thus, expertise on CAM was available representing 20

European countries with more than 260 million inhabitants (68% of total European population).

CAM treatment in private practices

General practitioners, family physicians and paediatricians in private practice are healthcare professionals who act as the first point of care for all patients, including paediatric patients.¹⁸ In every European country we assessed, some form of CAM treatment was provided in private practices (Table 1 and Fig. 1). This implies that every child has access to CAM therapies, even though some may not be close to home. A wide variety of CAM is provided in private practices, especially in Austria, Switzerland, Italy, the Netherlands and Germany. The three most frequently named CAM therapies in Europe were homeopathy, acupuncture and anthroposophic medicine. The types and duration of these therapies vary greatly between the different countries. CAM treatment of children under 8 years of age by doctors was forbidden by law till the end of 2011 in Sweden. Formal qualification of CAM practitioners and CAM education programmes for physicians also varies greatly both for specific methods and generally between European countries. Although CAM educational programmes for health professionals are available in 16 of the 20 (80%) countries we investigated, we cannot say whether CAM treatment for children is provided by specially trained paediatricians or by general practitioners (Fig. 2). Specific criteria for CAM qualification come from national organisations in most cases, and are most common for homeopathy, acupuncture and anthroposophic medicine. However, none of the countries require the administering healthcare professional to be formally qualified for CAM treatment.

CAM treatment in outpatient clinics

Our survey requested information about outpatient clinics that offered CAM treatments for adults and paediatric patients, and include both designated CAM outpatient clinics and outpatient clinics with a different primary treatment focus that also offer CAM treatments. Outpatient clinics for adults that offered CAM treatments exist in 16 of the 20 (80%) investigated countries, whereas outpatient treatment services for children exist in only seven (35%) of the investigated countries (Fig. 1). Most outpatient clinics provide only a small fraction of existing CAM therapies, and these services are not always linked to an existing paediatric ward in a hospital specialised in CAM. We describe each of the outpatient clinics dedicated to CAM treatment in the following section, and each of these has at least one paediatrician on staff (Table 1).

Three paediatric departments in Germany with outpatient treatment services currently exist and are open to all children/parents interested in CAM therapies: (1) The “homeopathy in paediatrics” project was initiated 1995 in the university children hospital, *Dr. von Haunerschen Kinderhospital*, of the Ludwig Maximilian University of Munich, within which two paediatricians have been recruited to treat children with acute and chronic diseases with classical homeopathic remedies in addition to conventional therapy.¹⁹ (2) Specialised CAM outpatient treatment in the areas

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