



Surveys of complementary and alternative medicine usage: A scoping study of the paediatric literature[☆]

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Summary

Objective: To conduct a scoping review of paediatric CAM utilisation literature, in order to establish the depth and breadth of the field and identify gaps in knowledge regarding the epidemiology of CAM use.

Methods: A CAM and paediatric search strategy was developed and run in three databases (Medline, Embase, Amed) in June 2006. It was revised and rerun in February 2010. Utilisation studies about paediatric CAM were selected if they had an English or French abstract. Data were extracted into an excel table by one individual.

Results: 152 paediatric CAM utilisation studies were identified as of February 2010, 136 were fulltext English. There was variation in how CAM was defined: vitamins were included in 35 studies, excluded in 12 studies and not mentioned in 40; while prayer was included in 64, excluded in 9, and not mentioned in 39. Over half of the studies identified were from North America. The majority of studies were conducted in conventional health settings. The four most commonly studied subpopulations were cancer, asthma, autistic spectrum disorder, and attention deficit hyperactivity disorder. Eighteen percent of studies did not report on the period of assessment used. Twenty-seven percent of studies inquired about adverse events and 32% inquired about costs and insurance coverage.

Conclusion: There are substantial paediatric utilisation data available but some subpopulations remain poorly researched. The need for transparent utilisation data remains important in order to help prioritize safety and efficacy research.

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Introduction

Arguably, two of the most clinically relevant types of quantitative data about paediatric CAM are: (1) clinical studies that measure effectiveness and safety, and (2) usage studies that examine the epidemiology of CAM use. The latter is of particular interest and warrants examination as such knowledge may guide further clinical investigations based on popularity, perceived effectiveness, and potential toxicity.

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In 1999, Ernst conducted a systematic review on the prevalence of paediatric CAM use, which concluded that it was generally high and possibly growing.¹ Ernst noted that questions relating to CAM efficacy, safety and costs were largely unanswered and that only about 50% of patients/families reported their CAM use to their health care provider. He also identified that a lack of uniform CAM definitions, wide variation in study populations and size, prevalence measurements and research methodologies all negatively impacted the ability to draw firm conclusions from the data.¹

Since then, there is emerging evidence that parental and clinician willingness to consider using CAM for children has increased. In 1998, 71% of parents whose children did not use CAM reported that they would consider using it in the future, and by 2004, this had increased to 80%.^{2,3} Paediatrician perception of CAM has also changed over the last decade. A 1998 survey of paediatricians' attitudes toward CAM reported that the majority believed only a small portion of their patients were using CAM,⁴ while a similar survey published in 2007 found the reverse⁵ Another survey of physicians found that more than half had been asked about specific CAM treatments by their patients and that few physicians felt comfortable discussing it with them.⁶ A majority thought they needed to know more in order to address patient concerns.

As parents report being more willing to use CAM, and a majority of paediatricians believe that their patients are using CAM, the potential increase in paediatric CAM use underscores the importance of the data provided in usage studies and the consistency and quality of that data.

Unlike systematic reviews, which tend to answer narrowly defined questions, scoping reviews identify and summarize a broader array of literature relevant to a particular topic. Scoping reviews may be undertaken for several reasons: (i) to examine the extent range and nature of research activity; (ii) to determine the value of undertaking a full systematic review; (iii) to summarize and disseminate research findings; and (iv) to identify research gaps in the existing literature.⁷ A scoping review of paediatric CAM utilisation studies was conducted with the objectives of: (1) describing the scope (i.e. amount, nature) of paediatric utilisation studies; (2) identify prevalence of CAM use; (3) identify gaps in the literature.

Methodology

The aim in scoping studies methods is achieve depth and breadth in the results. Study design should not be a limiting factor for inclusion. The process is iterative with the researcher keeping the search terms and study selection open in the beginning in order the required depth and breadth for comprehensive study identification.

Three databases were initially selected for searching for usage surveys Medline, Embase, and AMED. A sensitive child filter created by the Cochrane Child Health Field was used to screen out non-child related literature. The search strategy was tested against paediatric CAM utilisation articles that had been collected ad hoc by our research

program, (www.care.ualberta.ca), and revised accordingly. Initial searching was undertaken beginning in June 2006 and was updated in February 2010 using a revised search strategy (please contact authors for specifics). The resulting citations were entered into a table, which is now updated quarterly based on monthly automatic database updates. Additional unpublished data were identified from grey literature and personal communications.

Studies were included in any language as long as they had either an English or French language abstract that reported utilisation statistics and were solely paediatric. Initially only studies with populations up to 18 years were included, however, several studies were found that used one of the following terms in the title: child, adolescent, paediatric, youth, but included age ranges beyond 18. The inclusion criteria for the scoping review were expanded to include any age described as "paediatric" by the authors by the use of these terms in the title regardless of reported age. Utilisation studies of mixed populations, i.e. child and adult subjects as reported by the study authors, were excluded. Inclusion also required an explicit reference to complementary or alternative therapies/medicines, folk remedies, or to dietary supplements.

After the initial screening, data were extracted using an expanded table based on Ernst's systematic review¹; which extracted on: survey method, sample, prevalence of CAM, perceived effectiveness, adverse effects, costs and other relevant finding/comments. The expanded table includes: study location, duration, and language, as well as participant health, age, period of assessment, definition of CAM, sources of CAM information and disclosure to medical professionals. One individual (SS) performed the data extraction, and in order to minimize errors they reextracted the data.

Results

One hundred and fifty-two studies about CAM usage in paediatric populations were identified as of January 2010 (see [Appendix A](#)): 136 were available as full text in English, 7 as published abstracts of posters/presentations, 7 as foreign language publications with English abstracts, and 2 were unpublished data. The earliest study identified was published in 1977,⁸ but it was not until over 20 years later that CAM research began to regularly appear ([Fig. 1](#)). Results are based on the 136 full text English articles, unless otherwise stated.

Definition of CAM

There was a range in how studies reported on defining CAM, including: using the National Center for Complementary and Alternative Medicine (NCCAM) definition, basing definitions on previously published research, providing no explanation for the CAM definition used, or not providing any definition. Vitamins and prayer/spirituality were sometimes included and sometimes excluded. Different studies included and excluded different things. [Tables 1 and 2](#) provide an overview of the inclusion/exclusion of vitamins and prayer/spirituality in the studies.

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