



Use of complementary and alternative medicine in pediatric otolaryngology patients attending a tertiary hospital in the UK[☆]

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Summary

Objective: Little data is available on complementary and alternative medicine (CAM) use in children attending otolaryngology services. We investigated the prevalence and pattern of CAM use among children attending the pediatric otolaryngology department in a tertiary pediatric teaching hospital in Scotland.

Design: A cross-sectional survey conducted by administering an anonymous questionnaire to the parents accompanying patients attending the pediatric otolaryngology department. Elective admissions and clinic attendees were included over a 3-month period in 2005/2006.

Setting: Academic tertiary care referral centre in North-East Scotland.

Patients: Five hundred and fifty-four consecutive patients aged less than 16 years were eligible. The response rate was 59% ($n = 327$).

Main outcome measures: Prevalence of CAM use in children. Secondary measures include types of CAM used, indications for use and communication with family physicians.

Results: Based on 327 responses, 93 patients (29%) had ever used CAM, 20% within the last year. Commonly used CAM preparations were cod-liver oil, echinacea, aloe vera, cranberry, primrose oil and herbal vitamin supplements. The popular non-herbal CAM included homeopathy, massage, aromatherapy, chiropractic, yoga and reiki. Nineteen percent used CAM for their admission illness. Sixty-one percent of parents thought that CAM was effective and 65% would recommend it to others. Fifty-one percent of parents stated that the family physician was unaware of CAM use by the child.

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Conclusions: Despite concerns regarding the efficacy, safety and cost effectiveness of complementary and alternative medicine, its use among the pediatric otolaryngology population is more common than many providers may realize. This has implications for all healthcare workers involved in their care.

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1. Introduction

Complementary and alternative medicine (CAM) usage has been steadily increasing over the past decade [1]. Although these therapies have been a mainstay of treatment within Eastern cultures for centuries, their popularity has risen within Europe and the United States recently because of belief in their beneficial effects, much of which is reported within the popular press and other media sources. This is at odds with a lack of scientifically validated research for many of these products and treatments. Conversely, concern exists that there may in fact be potentially harmful effects of CAM [2,3], such as interference with antibiotic function, retardation of wound healing or interaction with the coagulation cascade. These aspects are pertinent to surgical patients, particularly in light of the fact that, in the majority of surgical patients, CAM use is neither volunteered by the patient nor enquired about by the health care practitioner. Parents usually initiate CAM usage for their children, in the mistaken belief that any treatment that is 'natural' is beneficial, or at least unlikely to cause harm [4].

The incidence of CAM usage has been studied between both the general adult and pediatric surgical population. To date, few studies have focused exclusively on its use among pediatric otolaryngology patients. Complementary medicine has been defined as, 'diagnosis, treatment and or prevention which complements mainstream medicine by contributing to a common whole, by satisfying a demand not met by orthodoxy or diversifying the conceptual frameworks of medicine' [5]. Within this, there exists a broad spectrum of both conventional externally administered products, such as herbal remedies and other more global therapies. Pediatric otolaryngology disease may seem to parents at least, intuitively to respond to such therapies, particularly since many of these diseases may be in part related to the immature pediatric immune system.

Despite recent increased awareness and interest in CAM, there are large deficits in our knowledge of many areas of CAM use, such as prevalence of use and parent-child associations of use. Further knowledge in these areas is vital to prevent both primary adverse events with CAM and secondary events related to their adverse interaction with

conventional medicines or surgical procedures. This study was designed to estimate CAM use in a sample of children attending otolaryngology services.

1.1. Objective

This study aims to describe the local prevalence and pattern of use of CAM within attendees at a tertiary children's hospital in Scotland.

1.2. Setting

A cross-sectional study was undertaken of patients attending the Otolaryngology Department of the Royal Aberdeen Children's Hospital, Aberdeen, Scotland. This hospital is in an urban setting and provides secondary and tertiary level care to children both within the city of Aberdeen and a rural population of 500,000 encompassing the North-East of Scotland.

1.3. Design

The survey was conducted by administering an anonymous questionnaire, with an explanatory letter, to the parent or caregiver accompanying eligible patients. The term parent is used throughout this manuscript. Verbal informed consent was taken before distribution of the questionnaire, which was completed prior to the patient being seen by the otolaryngologist. Although parents completed the survey by hand themselves, clinic nurses and/or one of the investigators were always available to provide any explanation required. Parents whose knowledge of the English language was insufficient to complete the survey were excluded. The survey was anonymous, although hospital identification data was collected to ensure that only one questionnaire was completed for each child.

1.4. Main outcome measures

Details of CAM use collected included the specific therapies used, parents' perceptions as to the effectiveness of CAM, and whether they would recommend its use to others. CAM usage was enquired about throughout both the lifetime of the child and within the preceding 12 months. Specific enquiry was also made into whether their family physician was aware of CAM use in the child and whether the

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