

# Use of Complementary and Alternative Medical Therapies Among Youth With Mental Health Concerns

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## ABSTRACT

**BACKGROUND:** Use of complementary and alternative medical (CAM) therapies is common among adults with mental health concerns, but little is known about CAM use among adolescents with mental health concerns.

**METHODS:** Data from the 2007 National Health Interview Survey were analyzed for youth from 7 to 17 years old. The study focused on 3 common mental health conditions: attention-deficit/hyperactivity disorder (ADHD), anxiety, and depression. CAM therapy use was identified by criteria from the National Institutes of Health National Center for Complementary and Alternative Medicine.

**RESULTS:** In a sample of 5651 individuals, representing 7 million youth, with 1 or more mental health concerns in the past 12 months, 28.9% used 1 or more types of CAM therapy, excluding vitamins/minerals. In contrast, only 11.6% of those without mental health concerns reported CAM therapy use ( $P < .05$ ). Among youth with 1 or more mental health conditions, the most commonly used CAM therapies were mind-body therapies (16.3%) and biologically based therapies (11%); use was higher for therapies that could be directly accessed (18.6%) than for therapies delivered in groups (11.8%)

or through a health professional (10.2%). In the multivariable regression model, demographic factors significantly associated with CAM therapy use were higher household income, higher parental education, having other chronic health conditions, use of prescription medications, and difficulty affording mental health counseling.

**CONCLUSIONS:** Readily accessible CAM therapies are commonly used by youth with ADHD, depression, and anxiety, particularly those who have comorbid chronic health conditions, receive prescription medications, and have difficulty affording counseling. Clinicians can use these data to guide inquiries and counseling. Researchers should explore the longitudinal relationship between access to coordinated care within a medical home and use of CAM therapies among youth with mental health concerns.

**KEYWORDS:** ADHD; adolescents; anxiety; complementary; depression; health services research; mental health; mood; youth

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## WHAT'S NEW

Use of complementary and alternative medical therapies is more than twice as common among youth with mental health concerns as those without. Among youth with mental health conditions, use is associated with presence of comorbidities, prescription medication use, and difficulty affording counseling, perhaps reflecting higher health care utilization and inability to seek conventional care as a result of cost.

MENTAL HEALTH CONCERNS such as attention-deficit/hyperactivity disorder (ADHD), anxiety, and depression are common and increasing among American youth.<sup>1,2</sup> For example, the prevalence of ADHD increased from 1.95% in 1990 to 5.9% in 1998 to 8.2% in 2007.<sup>3–5</sup> The 2010 National Comorbidity Survey–Adolescent Supplement, a face-to-face survey using structured diagnostic assessments of over 10,000 13- to 17-year-old American

youth, reported a 40.3% 1-year prevalence for DSM-IV disorders in adolescents, with anxiety (24.9%), behavioral (16.3%), and mood (10%) disorders being most common.<sup>2</sup> Youth diagnosed with chronic mental health problems typically have a high rate of chronic comorbid mental and physical health conditions that may further complicate their care.<sup>5</sup>

Among adults with mental health concerns, use of complementary and alternative medical (CAM) therapies is common. For example, among adults responding to the National Comorbidity Survey Replication, a representative survey in which diagnoses of mental disorders are based on a structured diagnostic interview, those with mental disorders were significantly more likely than those without to use herbal medicines; they were also more likely to have comorbid conditions and to use more conventional health care.<sup>6</sup> The most commonly used CAM therapy in adults are those that individuals can directly access, such as dietary supplements and deep breathing exercises compared to CAM therapies that require services by CAM providers

(eg, acupuncture) or teachers (eg, yoga).<sup>7,8</sup> In adults, demographic factors associated with CAM use include age (being middle aged), female gender, non-Hispanic white race, and higher income.

Within pediatrics, adolescents are the most common users of CAM therapies and have the highest prevalence of mental health diagnoses.<sup>9</sup> In general, teens most commonly use special diets, dietary supplements, and mind–body therapies that can be implemented at low cost without professional assistance.<sup>10–13</sup> Data on the use of CAM therapies by youth with mental health concerns, particularly on the relationship of CAM use to demographic and health factors and use of conventional care, would be useful for clinicians, who are increasingly being asked to care for mental health conditions in primary care.<sup>14</sup> This information would also be useful to researchers seeking to understand the effectiveness of the most widely used CAM therapies in conjunction with conventional medical care for youth with mental health concerns with or without additional comorbid conditions and how access to medical care affects use of CAM therapies.

We conducted this study to answer 3 primary questions using data from the 2007 National Health Interview Survey data. First, among youth 7 to 17 years old, is CAM use more common for those with than those without 1 or more of the most common mental health concerns (ADHD, anxiety, and depression)? Second, what demographic, family, and disease factors are associated with CAM use in this population? We hypothesized that those with another chronic health condition/concern would be higher CAM users than those with a single mental health concern. Third, how is CAM use associated with use of conventional medical care? We hypothesized that because they experience greater needs for health care, CAM users would use more prescription medications and report more barriers to using conventional care than non-CAM users.

## METHODS

### DATA SOURCES

The study used data from the 2007 National Health Interview Survey (NHIS). In 2007 NHIS sampled 75,764 noninstitutionalized individuals and had a 76.5 % response rate, including 9417 children, representing 73.7 million US children. Data files for the 2007 NHIS regarding children included a Family Core, Sample Child Core, Adult Core, and the following files: Household File; Family file; Person file; Sample Child (CHILD); and Adult and Child Complementary and Alternative Medicine (CAM) Supplements. An adult family member in the same household responded to questions about the child's health including use of CAM therapies. The survey was conducted face to face in English and/or Spanish.

The 2007 NHIS Sample Child Core collected data regarding health conditions and use of conventional medicine in the last 12 months. Of specific interest to the present study, adult respondents were asked about the child's mental health: 1) “*Has a doctor or health professional*

*ever told you that [child's name] had attention-deficit/hyperactivity disorder (ADHD) or attention-deficit disorder (ADD)?”*; 2) “*During the past 12 months, has [child's name] had anxiety or stress?*”; 3) “*During the past 12 months has a doctor or other health professional told you that [child's name] had depression?*” Because of high overlap of positive responses to questions about anxiety and depression, these 2 conditions were combined into one condition for analyses.

Data were also collected on other chronic physical and mental health conditions including cancer, chronic mental, behavioral, and developmental conditions (autism, phobia or fears, mental retardation, developmental delay, Down syndrome, and learning disability), dermatologic conditions (severe acne, eczema, or skin allergy), gastrointestinal conditions, (acid reflux or heartburn, frequent/repeated diarrhea or colitis, recurring constipation), gum disease, hearing problems, heart conditions (congenital heart disease, heart problems), menstrual problems, neurologic problems (muscular dystrophy, seizure, other neurological problems, headaches), overweight, and pulmonary conditions (asthma, respiratory allergies, lung or breathing problems other than asthma).

The Child CAM Supplement asked adult respondents about their children's use of the following CAM modalities in the last 12 months: acupuncture, Ayurveda, biofeedback, chelation therapy, chiropractic or osteopathic manipulation, deep breathing exercises, energy healing therapy, herbs and other non-vitamin/mineral dietary supplements, hypnosis, massage, naturopathy, movement techniques (eg, Alexander technique, Feldenkrais, and Pilates), guided imagery, homeopathy, meditation, progressive relaxation, support group meetings, and/or stress management class, traditional healers (eg, Botanica, Curandero, or Shaman), qi gong, special diets (eg, Atkins, macrobiotic, Ornish, Pritikin, South Beach, vegetarian, or Zone), tai chi, and yoga. The Child CAM Supplement excludes prayer for health purposes and some home remedies such as ice, heat, music, bright lights, sound machines, magnets, and hydrotherapy.

For analytic purposes, we first combined all individual CAM modalities into an overarching category of any CAM therapy use in the previous 12 months, excluding vitamins and minerals because vitamins and minerals are commonly used among children and adults. Then we used the 5 CAM categories defined by the National Center for Complementary and Alternative Medicine<sup>7</sup>: mind–body practices (biofeedback, deep breathing exercises, hypnosis, guided imagery, meditation, progressive relaxation, qi gong, support groups, stress management classes, tai chi, and yoga); biologically based (diets, dietary supplements); manipulative/movement based practices (chiropractic/osteopathic, massage, and movement therapies); whole medical systems and traditional healers (homeopathy, naturopathy, Ayurveda, Curandero, Espiritista, Hierbero, Yerbera, Shaman, Botanica, Native American healer/medicine man, Sobador); and energy medicine. Finally, we used a simple CAM trichotomy that was based on our clinical experience: 1) therapies patients typically access directly (eg, special diets, supplements, deep

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