



Full-length article

Survey of complementary and alternative medicine in pediatric inpatient settings

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ABSTRACT

Objectives: While use of complementary and alternative medicine (CAM) is common in children, we know little about its use for hospitalized children. This survey measured the rate of CAM use, specific modalities used, and policies related to CAM use for hospitalized children.

Design: Anonymous survey of hospitals in the Pediatric Research in Inpatient Settings (PRIS) network

Setting: Hospitals in the PRIS network.

Main outcome measures: Rate of overall and specific CAM modality use, including whether these modalities are provided, permitted, or prohibited, and presence of a written policy on CAM use.

Results: Of 99 sites queried, 22 responded. Of these, 82% of sites reported some CAM presence, and 63% reported official provision of CAM therapies. Freestanding children's hospitals provided more modalities than other types of hospitals. There was no difference in number of modalities by geographic location. The most commonly provided CAM modalities were massage and biofield therapies. The most commonly prohibited modalities were inpatient placebos outside of research settings, medical marijuana, and inpatient homeopathic preparations. Only one site reported having a written policy on CAM use.

Conclusions: Among responding institutions, the most reported some CAM presence with a wide variety of CAM modalities provided and permitted. Written institutional policies on CAM were rare.

1. Introduction

The National Center for Complementary and Integrative Health (NCCIH) defines complementary and alternative medicine as “health care approaches developed outside of mainstream Western, or conventional, medicine.”¹ The NCCIH distinguishes between complementary modalities (those used with mainstream conventional Western medicine) and alternative modalities (those used in place of mainstream conventional Western medicine). In this report, we use the older term, “complementary and alternative medicine” (CAM), rather than the newer “complementary and integrative health” as we are unable to determine to what degree the reported modalities are integrated into the overall care of the patient and felt respondents might be more familiar with the older term. Prior studies have reported rates of CAM use in pediatric outpatients of 20% to 40%^{2–4} Among select pediatric populations, the rate of CAM use is likely higher, including children with cancer, gastrointestinal issues, cystic fibrosis, and cerebral palsy.^{5–10} However, few studies have examined CAM use in inpatient pediatric populations. In 2008, Gardiner et al. surveyed 109 children's hospitals in the U.S. and examined policies related to dietary and herbal

supplements.¹¹ Armishaw et al. completed a single-site survey in New Zealand and reported an 18% rate of CAM use during pediatric inpatient stays.¹² Gilmour et al. reviewed the risks, responsibilities, and ethical challenges that accompany providing CAM in the inpatient setting.¹³

Given the expected high rate of both hospitalization and use of CAM by children with medical complexity, cancer, and other serious illnesses and a poor understanding of how these modalities work in conjunction with other common interventions, it is important to understand how CAM is used in inpatient pediatric settings. Finding a paucity of data on the subject, we began to investigate this question with a multisite study to describe inpatient CAM use in children's hospitals.

2. Methods

The Nemours Institutional Review Board approved this project.

We created a survey instrument to assess the presence of policies relating to CAM and presence and use of various CAM modalities in inpatient pediatric settings in the U.S. The instrument collected information about each respondent's site, including its geographic

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Table 1
Descriptions of CAM modalities included in the survey.

Massage therapy	A variety of techniques in which a therapist manipulates soft tissues ^a
Healing Touch/Therapeutic Touch	A method of healing by interacting with purported subtle energies in the body
Meditation	A mind-body practice in which the participant attempts to become aware of thoughts, feelings, and sensations ^a
Hypnosis/hypnotherapy	A method of calming and focusing the participant
Acupuncture/acupressure	A family of procedures involving stimulating specific points on the body with needles or pressure ^a
Reiki or other energy healing	A health approach in which practitioners interacting with purported subtle energies to facilitate healing ^a
Osteopathic manipulation	Specific techniques for bone and soft tissue manipulation that fit into the holistic framework of osteopathy ^a
Medical Marijuana	Use of cannabis for medical purposes
Aromatherapy	Using scented plant oils to improve well-being ^a
Yoga	A mind-body practice that involves breathing techniques, specific postures, and mediation ^a
Inpatient supplements	The use of nutraceuticals or vitamins dispensed by the hospital pharmacy at doses well above usual doses
Reflexology	Stimulating specific locations on the hands, feet, and ears to improve well-being
Anthroposophical medicine	Medical framework blending physical and spiritual health
Inpatient homeopathy	Use of homeopathic preparation prepared in or administered by the hospital pharmacy
Magnet therapy	Using magnets to treat pain or other medical conditions
Traditional Chinese Medicine	A set of medical practices including herbalism and acupuncture based upon Chinese tradition ^a
Chiropractic	Medical framework in which a variety of illnesses are treated by attempts to physically manipulate the spinal column
Inpatient herbal/botanical counseling	The use of herbs or other plant products dispensed by the hospital pharmacy
Inpatient placebos	The use of placebos in therapeutic roles outside of research settings

^a Descriptions adapted from the National Center for Complementary and Integrative Health⁴⁹.

Table 2
XXX.

	n	%
Type of hospital		
Freestanding children's hospital	10	45.5
General hospital with inpatient. pediatric services	12	54.5
Location of hospital		
Northeast	9	40.9
Midwest	7	31.8
South	4	18.2
West	2	9.1
Size (in pediatric beds)		
≤ 100	5	22.7
101–200	5	22.7
201–300	3	40.9
> 300	9	40.9
Residency trainees		
Yes	17	81
No	4	19

location according to U.S. Census geographic regions, type of site, and number of pediatric beds. Respondents indicated if their site had a policy relating to CAM use. The survey instrument then listed a series of CAM modalities. For each modality, respondents indicated if it was provided, permitted, or prohibited. “Provided” indicated site staff provided the specific CAM modality in an official capacity. “Permitted” indicated family members, other community members, or staff in unofficial capacities were allowed to provide the CAM modality. “Prohibited” indicated that the CAM modality was not permitted at the site. If respondents indicated a modality was provided or permitted, they were then asked if the modality was actually practiced at their site. The list of CAM modalities was based upon the list from Hyodo et al. in their survey on CAM use in inpatient adult cancer patients¹⁴ and expanded upon by the current authors to include other CAM modalities. Table 1 provides descriptions of each CAM modality in the survey. The survey concluded with items related to uses of herbal preparations, supplement preparations, homeopathic preparations, and foods brought from home.

To establish face validity for the survey, pediatric hospitalists and subspecialists at the authors' institution reviewed and provided input on the content and style of the questions. Separately, experts in survey methods reviewed the instrument. The survey authors made revisions and then sought feedback from leaders of the Pediatric Research in Inpatient Settings (PRIS) network, which led to additional revisions and the final instrument.

We administered the survey at PRIS member hospitals. PRIS is a

group of 99 hospitals composed of free-standing children's hospitals, children's hospitals located within adult hospitals, and pediatric wards in adult hospitals. The PRIS sites are located throughout the US. A PRIS Site lead at each location serves as the main contact for the hospital, allowing straightforward surveying of a diverse group of hospitals caring for children. Responses were solicited by a series of three e-mails sent to the PRIS Site Leads in October and November of 2015 with links to a REDCap¹⁵ survey instrument that was used to collect responses. Respondents were instructed to complete the survey only once. The survey was anonymous, and no compensation was provided to respondents.

We counted the number of replies to each question to determine the frequencies of use for different modalities. We computed means and medians and used Mann-Whitney *U* test to compare differences in number of modalities offered at different sites. The SPSS Statistics 22 software package (IBM, Armonk, NY) was used for analysis.

3. Results

Of 99 PRIS network sites, 22 surveys were completed, for a response rate of 22%. Three additional surveys were begun but not completed. Responding institution characteristics are shown in Table 2. Respondents represented all regions of the country and reflected a mix of institution types and sizes.

Fourteen sites (63%) reported staff in an official role directly providing at least 1 CAM modality. Eight sites (36%) reported staff in unofficial capacities, families, or community members providing at least 1 CAM modality, for a total of 18 sites (82%) reporting some CAM presence. Only 1 hospital (5%) reported a written policy on CAM. Ten respondents (45%) indicated they were unsure, and 11 (50%) indicated their hospital had no policy. The mean number of modalities provided was 1.8 (SD 2.2) with a median of 1 ranging from 0 (in 8 locations) to 6 (in 2 locations). Freestanding children's hospitals offered more CAM modalities, with a median of 3 types compared with a median of 0 types at general hospitals with inpatient pediatric services ($p < 0.004$). There was no significant difference in number of modalities offered according to institution size or geographic location.

The specific CAM modalities and policies reported are shown in Fig. 1. The most commonly provided modality was massage therapy (36%) followed by Healing Touch/therapeutic touch (32%). The most commonly prohibited modalities were inpatient placebos used outside of approved research setting (59%), with no respondents indicating they were provided or permitted, followed by medical marijuana (50%) and inpatient homeopathic preparations (50%). Numbers do not sum to 100% as respondents were also given a “Not sure” option (not shown).

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