

Pediatric Integrative Medicine



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KEYWORDS

- Integrative medicine • Pediatric integrative medicine • Treatment planning

KEY POINTS

- Integrative pediatrics starts with the relationship with the child and family, and considers the child in the context of her or his environment.
- Treatment planning is a collaborative process, informed by evidence.
- A broad database exists to inform integrative approaches with children.

INTRODUCTION

Integrative pediatrics mirrors much of what is taught in the adult framework. For example, the breadth of modalities for the treatment of migraine or asthma can also be used when treating these conditions in school-aged children and adolescents. However, children are not simply little adults, and data evaluating treatments in adults cannot routinely be extrapolated to children without careful consideration. Fortunately, research in the use complementary modalities in children has exploded in recent years.

It is not possible in the space of this article to address all the issues that may apply to children. The focus is on several areas of interest to physicians who treat children. Additional references are provided for background on other key topics, including neurodevelopmental disorders, attention-deficit/hyperactivity disorder, and autism.

Pediatrics as a field has long advocated a biopsychosocial approach to assessment and treatment planning, recognizing that the child's family, school, and social environment affect and are affected by medical and psychological health.¹ The practice of integrative pediatrics appeals to many providers who care for children because, in addition to the integration of complementary modalities with conventional care, the holistic model actively includes the influences of social and family environments, nutrition, lifestyle choices, and psychological and spiritual health.

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Specifically, the integrative model in pediatrics encompasses these tenets:

- The child in context (eg, family, environment, social factors, genetics)
- Relationship-based care of child and family
- Focus on wellness and prevention
- Individualized therapies
- Respectful, multidisciplinary collaboration with other providers
- Complementary approach
- Empowerment (the child heals in the context of their family, the physician does not heal him or her)
- Good medicine.

Multiple clinic visits in early infancy are used to monitor growth and development, establish a relationship with the family, and provide anticipatory guidance. Research has shown the impossible amount of time it would take to address all preventive health topics in the typical primary care visit.² The goal in the integrative care model should be to balance the standard preventive agenda with the specific needs of the family, while keeping in mind the potential for long-term effects of health prevention.

PRINCIPLES OF INTEGRATIVE PEDIATRICS

With the myriad of options available to families for health-related products, providers, and sources of information about them, a model for helping families make good medical decisions is essential. Factors such as evidence of effectiveness, safety, knowledge of complementary and alternative medicine providers for referrals, cost, prioritizing treatments, and behavioral counseling all must be included.

For example, when evidence of safety is high and conventional approaches have higher risks, a range of complementary approaches may reasonably be considered even when strong evidence of efficacy may be lacking. The quality of the evidence must also be balanced with the beliefs, biases, and preferences of the family, child, and the physician while attending to the obligation of being an advocate for the child in circumstances of vulnerability in the face of competing interests.

Prioritizing and Sequencing Treatments

When making referrals for therapies such as massage, acupuncture, homeopathy, yoga, or other therapies there are several important considerations:

- Provider's experience with children and/or adolescents
- Willingness of the provider to communicate openly with other caregivers
- Provider's philosophy of care: collaborative versus animosity or disdain toward conventional care
- Provider's personal knowledge of the provider (particularly in states without licensing for the given therapeutic modality)
- Cost and time involved for the family
- Potential risks and/or interferences with other treatments
- Provider's legal liability in making a specific referral
- Reasonable evidence of safety and efficacy
- Parents' willingness to continue clearly indicated conventional treatments.

Whenever possible each of these considerations is weighed and, in doing so, the least invasive, most natural treatment options are recommended, including factors that support a child's normal development. A key component to child development is the natural drive for mastery and accomplishment. Engaging this natural drive

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