

ORIGINAL PAPER

Pediatric homeopathy: A prospective observational survey based on parent proxy-reports of their children's health-related Quality of Life in six European countries and Brazil

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Background: Many European citizens regularly consult homeopathic doctors. Especially for children there is very little data available about the reasons they visit a homeopathic doctor. What are the expectations of the parents consulting a Homeopath MD with their child, who are they and last but not least are they satisfied with their initiative? This study including 773 children from six European countries and Brazil is aimed to look at parent-proxy satisfaction with homeopathic treatment prescribed for their children by a homeopathic doctor after a follow-up of two months. The questionnaire was developed from the methodology used in a survey of adults published in 2002.

Method: An initial questionnaire included demographic information and questions for assessing health-related Quality of Life (QoL). A follow-up questionnaire collected data on changes in QoL.

Results: The demographic characteristics of respondents showed more male children (53.1%) but more female parent-proxies (93.4%). 73.7% of respondents had previously tried conventional treatments; 26.3% non-conventional approaches. Satisfaction with the medical homeopathic consultation was high. Reported differences between baseline and final QoL indexes are positive for all four studied conditions. It range from 3.206 to 10.188. Considering 7% as a reference value for "minimal clinical difference", this is reached for 2 on 4 conditions (8.473 and 10.188). Changes in complaint limitations visual scales are positive, even if uncertain for skin complaints and influenced parents satisfaction. Conclusions on clinical impact must be cautious. 4.2% of patients experienced side-effects which they attribute to homeopathic treatment. 10.1% of patients reported significant aggravation at the beginning of homeopathic treatment, 19% slight aggravation of symptoms.

Conclusions: The satisfaction of parents using a medical homeopathic approach for their children is linked to the perceived competence of the doctor homeopath, the perceived improvement of the main complaint limitations and the completeness of the received information. *Homeopathy* (2014) ■, 1–7.

Keywords: Homeopathy; Children; Parent-proxy quality of live evaluation; Prospective survey

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Introduction

Many European citizens consult homeopathic doctors (MDs).¹ Especially for children there is very little data available about the reasons for which they consult. We aimed to address the questions: what are the expectations of the parents consulting a homeopathic doctor with their child? Who are they? Are they satisfied? This scope of this study is to describe the motivations for the use of the homeopathic approach for children, to evaluate the satisfaction with it and to look at factors that impact on the satisfaction while avoiding any interference with normal practice.

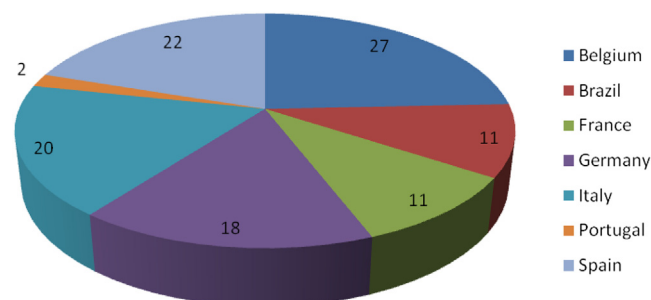
Method

We developed a parent-proxy questionnaire starting from that used in our previous adults' 2002 pilot survey.⁶ A group of four European (Belgium, Italy, Portugal and Spain) and one Latin America (Brazil) consumer organizations (Ec) initiated this project contacting the research secretary of the European Committee for Homeopathy (ECH) and Liga Medicorum Homeopathica Internationalis (LMHI) aimed at the recruitment of competent homeopathic doctors in each country. This study is limited to medical doctors. The selection of countries was based on a possible collaboration with independent consumer organizations working together with the 'Euroconsumers' (Ec) group. It is an observational study considering daily practice, limited to new patients aged below 7 years old presented for a first consultation to the homeopathic MD.

The survey followed conventional research methodology^{2,3,4,5} and was performed in Belgium, Brazil, France, Germany, Italy, Portugal and Spain. Experienced homeopathic doctors (Table 1), recruited by the local LMHI National Vice-presidents (NVP), participated in each country. To be included, doctors had to have practiced mostly unitary homeopathy for at least 5 years. These doctors were asked to give a numbered questionnaire to every new patient coming for a first consultation during a 9 months period (March to November 2011). Questionnaires, to be completed by the parents, sealed and sent back to the National consumer group (ensuring anonymity for doctors and patients). Parents undersigned an informed consent kept at doctor office. The secretarial office of the LMHI NVP helped the doctors for the distribution of the second questionnaire two months later. The parents of included patients were asked to fill in a follow-up questionnaire and to send it back to Ec (latest in February 2012).

All parents were asked to fill in the first questionnaire (web appendix 1) after the first consultation with their child and before the start of the treatment. This initial questionnaire included sociological questions about motivations, use of medicines, previous and actual experiences and health-related (physical and psychological) Quality of Life (QoL) scales. These scales were developed by the authors through questions related to frequency and severity of complaints (symptoms or situations), attributing a score to those symptoms/situations depending on reported fre-

Table 1 Participating doctors by country $n = 111$



quency and severity. An overall QoL status is obtained by aggregating the physical and psychological indexes and by considering the answer to a question on general well-being. To identify diseases, a complaint pick-list was attached to the questionnaire, they were grouped according to the ICPC (International Classification for Primary Care) (see web appendix 1). After two months of usual homeopathic treatment a second questionnaire is sent to the parents (web appendix 2). This second questionnaire considered the satisfaction with the results and evaluated the used medicines, the costs, the Quality of Life and/or limitations due to the disease.

Data were checked for obvious mistakes and entry reliability. Several parameters which may influence change in Quality of Life were controlled, analyses of variance and correlation were performed to determine whether or not they had a statistically significant effect on outcome. Statistical analysis was performed using SPSS Version 19 by the Ec and supervised by an expert group.

Results

In total, 773 first questionnaires were distributed by the homeopathic doctors. 398 parents of patients completed the first questionnaire (51.5%) and 205 the second questionnaire (51.5% of those who filled in the first one) (Table 2). Comparison of respondents and non-respondents to the second questionnaire does not reveal relevant differences for the variables: gender, age; parent's

Table 2 Distribution of questionnaires and responses by country

Country	Distributed	Respondents first questionnaire	Respondents second quest.
Belgium	216	126	68
Brazil	55	25	7
France	166	90	51
Germany	53	31	23
Italy	67	47	23
Portugal	8	4	3
Spain	208	75	30
Total	773	398	205

The selection of countries was based on a collaboration with independent consumer organizations working together with the 'Euroconsumers' group (Ec). Portugal and Brazil did not collect sufficient data allowing a national comparative analysis.

No significant differences in socio-demographic and/or health-related parameters between respondents and non-respondents to the second questionnaire.

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