



## Use of complementary alternative medicine in pediatric otolaryngology patients: A survey



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### ABSTRACT

**Objective:** Limited data are available about complementary alternative medicine (CAM) use in children attending otolaryngology services. We investigated the pattern of CAM use among children and adolescents attending a pediatric otolaryngology clinic.

**Methods:** A cross-sectional survey. Anonymous questionnaires were administered, prior to doctor's admission, to parents accompanying young patients attending the pediatric otolaryngology clinic. Parents were asked about their general attitude toward CAM and whether they had ever consulted or considered a consultation with a CAM therapist. Subsequently, CAM users were asked to provide details on CAM modalities used and on their overall satisfaction with CAM therapy.

**Results:** Of 308 questionnaires administered, 294 parents responded (95% response rate). Ninety-four parents (32%) reported considering CAM, or previous or current CAM use. Commonly used CAM treatments were acupuncture (44%), homeopathy (36%), and naturopathy (6.7%). CAM users assessed success rate as being: successful (37%), unsuccessful (24%) or undetermined (39%). Successful treatment was described in terms of cure, improvement and better awareness of the problem being addressed. In most cases parents stated that the primary physician was aware of CAM use by the child (74%).

**Conclusions:** CAM plays a substantial role among parents of children referred to pediatric otolaryngology consultation. The otolaryngologist awareness of parents' preference and interest may contribute to decision making regarding pediatric patients' management. Further investigations regarding CAM are warranted and clinical collaboration with CAM therapists should be considered.

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## 1. Introduction

The use of complementary and alternative medicine (CAM) is gaining recognition as a significant modality in various pediatric care settings worldwide and may have substantial impact on children's health care [1,2]. The extensive use of CAM is also apparent in common pediatric otolaryngologic disorders such as recurrent acute otitis media (46% of the responders in a survey from Italy) [3] and cough (42% of the responders in a survey from Turkey) [4]. CAM has been defined in the past as “the 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]. Nevertheless, the context in which CAM is being used by parents and children has significant ramifications for doctor–patient communication. On the extreme *alternative* pole, conventional medicine may be regarded by parents as contradictory to their health belief and lead to refusal of conventional treatment provision, e.g. immunizations [6]. In most cases, however, CAM is used as a supplement to conventional medicine [7] and not necessarily as a cause for non compliance with respect to conventional care [8]. Recently, a call for integration of complementary medicine within conventional care was supported by patients (Israel) [9], by physicians (The Netherlands) [10], and by the American Academy of Pediatrics (AAP), which concluded that pediatricians can include CAM providers in overall care-coordination activities. The AAP also offered practical advice for doctor–patient communication in regard to CAM interest or use [11].

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CAM modalities used in pediatrics encompass a wide range of diverse types of interventions that vary according to the child's age and condition; these may include herbs, homeopathic and nutritional supplements, manual therapies, and mind–body interventions [12–16]. Assessment of CAM efficacy in the pediatric population was evaluated in randomized controlled trials in different clinical settings that include homeopathy and various herbs in diarrhea treatment [17,18], hypnotherapy in children with irritable bowel syndrome, acupuncture in relieving persistent allergic rhinitis [19], herbal treatment in upper respiratory tract infection [20], otalgia caused by acute otitis media [21], atopic dermatitis (Chinese medicine) [22], attention deficit disorder [23], and other ailments. Potential risks of CAM therapies may include the possibility of toxicity and other side-effects, e.g. homeopathic supplement Galicol [24], herbal contamination (e.g. Star anise intoxication) [25], herbal–drug interactions [26], and fraudulent adding of steroids to apparently “natural” remedies [27].

Some common pediatric ailments and especially otolaryngologic disorders are challenging in terms of cure and may have a chronic or relapsing nature lacking conventional medicine's effectiveness. This might cause parents and caregivers to pursue other therapeutic options that have the reputation of being more “natural” and exhibit fewer side effects. Those common notions are sometimes supported by the public media, and in most countries, there is lack of appropriate legislation of CAM. In a study of Dutch pediatricians, although many had a positive attitude toward CAM, more than 50% of respondents reported having little knowledge of CAM, more than 60% seldom ask parents about CAM, and only 30% refer to CAM doctors [28]. This discrepancy between positive pediatricians' attitude and limited knowledge and practice regarding CAM in real-life clinics is also evident in other studies published in the US [29] and the UK [30]. Ben-Arye et al. in Israel have drawn attention to the parent–physician gap by showing that parents do not merely expect their child's physician to ask them about CAM but that the doctor be much more active in the CAM interaction: providing updated knowledge, skillfully referring their child to a particular CAM therapy and/or therapist, or even providing CAM him/herself. In this study, more than 96% of parents ( $n = 599$ ) supported the inclusion of CAM in Israeli Health Services while 67% expected to receive CAM as part of their child's treatment in the primary care clinic [9].

We conducted this cross-sectional study to delineate current CAM trends, attitudes and usage in a pediatric otolaryngology cohort of patients with various underlying pathologies.

## 2. Patients and methods

### 2.1. Setting

A tertiary pediatric otolaryngology clinic in northern Israel.

### 2.2. Design

This cross-sectional study was conducted using a self-administered questionnaire completed by a parent or caregiver who accompanied the patient. After explaining the purpose of this study to the parent/caregiver and receiving verbal informed consent we delivered the questionnaire. All data were collected during a period of four months.

Inclusion criteria were children and adolescents referred to our clinic up to the age of 16 years old. Exclusion criteria were emergency referrals and malignancy. The clinic's physician was available and willing to help when any problem arose during completion of the form.

The survey was anonymous and was conducted upon receiving institutional review board approval.

### 2.3. Patients

A cohort of children and adolescents between the ages of 1–16 years were referred to the clinic and included in this study. Data were obtained during a four-month period in 2012 (June–September 2012).

Most visits were due to chronic benign conditions such as chronic otitis and rhinitis.

The first part of the questionnaire focused on parents' general attitude toward CAM and whether they had ever consulted or considered a consultation with a CAM therapist. The second part referred to CAM users and those who were considering CAM, the type of therapy and their overall satisfaction.

Data were processed using a Microsoft Excel database and analyzed using SPSS software. Chi-square tests and student *t*-tests were used to verify statistical significance;  $p < 0.05$  was considered statistically significant.

## 3. Results

Of the 308 parents who were asked to complete the questionnaire, 294 (95% response rate) consented to participate in the study period. All were included in our study cohort. Table 1 provides additional demographic and clinical information. Some patients presented with potentially serious pathologies that may deserve surgical treatment although CAM was used in some of these cases prior to our assessment.

Thirty two percent ( $n = 93$ ) of parents in our cohort had either considered using CAM, were previously treated or were in the midst of such treatment (Table 2). In a subgroup analysis, parents who were referred due to otitis media and related problems exhibited a greater tendency to use CAM therapy or seek CAM consultation (42% vs. 25%,  $p = 0.03$ ). The different types of CAM treatments used by our cohort are delineated in Table 2.

Success rate was assessed by the respondents. 37% of CAM users evaluated the treatment as successful, 24% of users described it as unsuccessful and 39% regarded its success as undetermined. Successful treatment was described in terms of cure (40%), improvement (56%), or better awareness of the problem being addressed (4%).

In most cases parents stated that the primary care physician was aware of CAM use by the child (74%).

## 4. Discussion

The most significant finding of our study is that CAM plays a dominant role among children with ear, nose and throat problems.

**Table 1**  
Cohort demographics and clinical information of 294 patients.

	Number	%
Gender		
Girls	119	60
Boys	175	40
Age (months)		
Mean	55	
Median	48	
Presenting problem		
Otitis media <sup>a</sup>	120	41
Rhinitis <sup>b</sup>	25	8.5
Other <sup>c</sup>	149	50.5

<sup>a</sup> Otitis media refers to: acute otitis media, recurrent acute otitis media, otitis media with effusion, chronic otitis media, etc.

<sup>b</sup> Rhinitis refers to: chronic rhinitis (allergic and non-allergic), sinusitis, etc.

<sup>c</sup> Other refers to: hoarseness, lymphadenopathy, parotitis, sensorineural hearing loss, dizziness, congenital anomalies, etc.

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