

Survey: Older Americans' Discussion of CAM With Doctors



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Do Americans age 50 or older discuss complementary and alternative medicine (CAM) with their physicians? More than two-thirds do not, according to a new survey.

The telephone survey of more than 1,500 participants, which AARP conducted in collaboration with NCCAM, provides a look at the participants' discussion of CAM use with their physicians. It also yields information about their use of CAM and over-the-counter and prescription drugs.

Previous surveys have looked at CAM use by American adults of all ages or at CAM use for specific diseases and conditions. However, this survey focused on Americans age 50 or older and their dialogue with their physicians about CAM use.

According to Margaret A. Chesney, Ph.D., Deputy Director of NCCAM, "These results confirm previous research that people 50 or older are frequent users of CAM. However, most people in our survey were not talking to their doctors about their CAM use." She noted, "Each of us, no matter what our age,

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Thinking About CAM Therapies for Young People

- "It worked when I had the flu, so why shouldn't it work for my daughter's flu? I'll just give her a smaller amount."
- "This supplement claims to prevent colds in kids. Does it work?"
- "My grandson has migraines. I read on the Internet about a hands-on therapy that's supposed to be good for migraine."
- "The pediatrician recommended vitamin D for my breastfed baby. I wonder if she should be on fish oil supplements, too. My grandmother always made her children take cod liver oil."

Can complementary and alternative medicine (CAM) be helpful to children? Are CAM therapies safe? This article presents some general points to consider in addressing these questions.*

* Many people also use other terms in addition to or instead of "CAM," such as "integrative medicine," "holistic medicine," and "non-allopathic medicine."

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Survey: Older Americans' Discussion of CAM With Doctors

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is the leader of our own health care team. As such, we need to share with all our health care providers all the approaches—CAM and conventional—we are taking to manage our health. This helps ensure that medical care is well managed.”

Key Findings

Why don't more people age 50 or older talk about CAM with their doctors? The two major reasons that survey participants gave were

- Doctors do not ask their patients about CAM use.
- Patients do not know that they should tell their doctors about CAM use.

Among other key findings were

- Nearly two-thirds of the respondents (63 percent) reported that they used CAM.
- Less than one-third of those respondents (31 percent) said they had discussed it with their doctors.
- Women were more likely than men to talk to their physicians about CAM use (26 percent of women, compared with 16 percent of men).

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CAM at the NIH:

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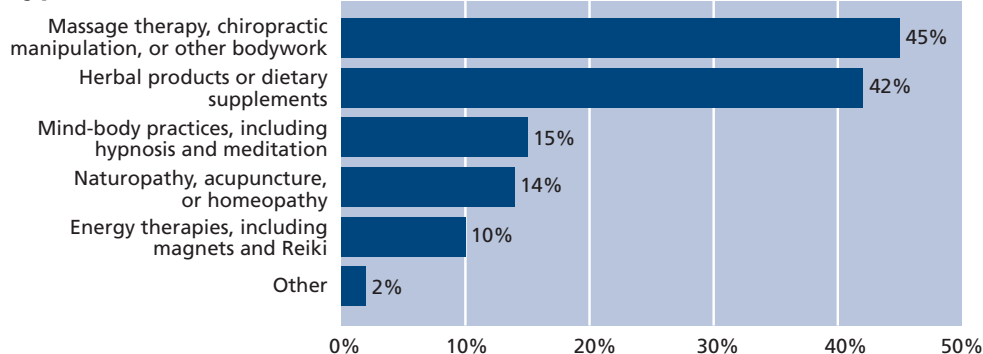
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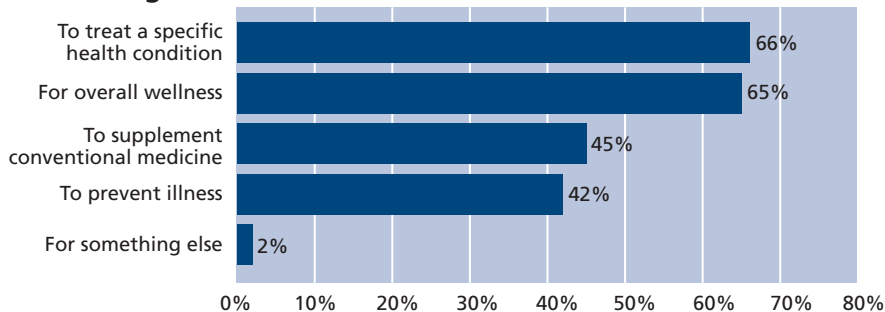
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Use of CAM by Americans Age 50 and Older: AARP/NCCAM Survey

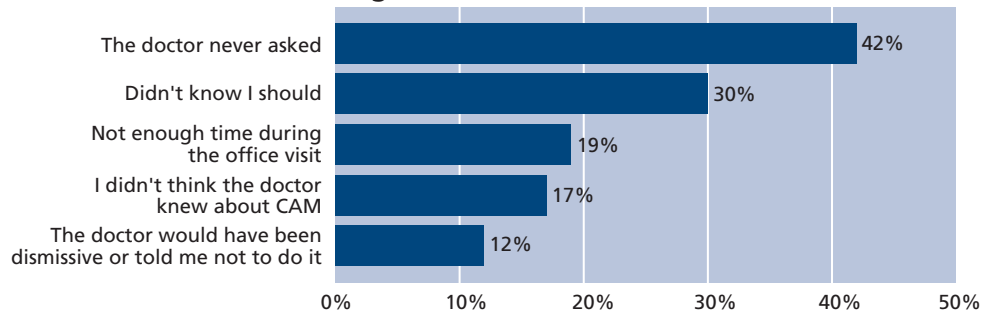
Types of CAM Used



Reasons for Using CAM



Reasons for Not Discussing CAM With a Doctor





A Dedication to Integrative Pediatric Care



Kathi J. Kemper, M.D., M.P.H., holds the Caryl J. Guth Chair for Holistic and Integrative Medicine at Wake Forest University School of Medicine, where she

is also Professor of Pediatrics and Public Health Sciences and Director of the Program for Holistic and Integrative Medicine. Dr. Kemper received her M.D. degree from the University of North Carolina at Chapel Hill School of Medicine; her M.P.H. from that university's School of Public Health; and her postdoctoral training at Chapel Hill, the University of Wisconsin-Madison, and Yale University. Author of many papers on pediatric topics and the book *The Holistic Pediatrician*, she chairs the American Academy of Pediatrics' Provisional Section on Complementary, Holistic, and Integrative Medicine. Dr. Kemper answered a few questions from CAM at the NIH.

Q: How long have you been an NCCAM grant recipient, and what have you studied?

A: I have been an NCCAM grantee since April 2000. My first project was a pilot study on providing an Internet educational program on herbs and supplements to a diverse group of health professionals. We found that all participants (over 500) who completed the online program and the followup showed significant, sustained improvements in their knowledge, confidence, and communication practices on this topic.

The two major questions I am now researching are

- What is the most cost-effective strategy for providing clinical education online about integrative medicine?

- What is the impact of noninvasive therapies such as music, Healing Touch, and biofeedback on the physical function and well-being of pediatric patients, as measured in patterns of heart rate variability?

Q: According to the evidence, what are the CAM therapies most used by children and adolescents?

A: It depends somewhat on how one defines CAM. If one includes prayer (although investigators have defined prayer in different ways), then that is number one. After prayer, it varies by age. In newborn infants, it is massage, which has become nearly routine in neonatal intensive care units and many pediatric practices. In teenagers, it is dietary supplements. Over a third of pediatric pain treatment centers use acupuncture, and even more use hypnosis/guided imagery and biofeedback. Many therapies that might have been considered CAM 10 years ago have now become mainstream.

Q: Can you describe your ideal model of integrative pediatric care?

A: At its best, it's good pediatric care—period. Good care is patient centered and takes into account a family's values, cultural perspectives, goals, and preferences. It is informed by evidence, but tailored to individuals. It is comprehensive and coordinates with care provided by others. It has a very strong focus on health promotion and disease prevention. It doesn't matter whether this care is provided by a pediatrician, family doctor, nurse practitioner, or physician assistant; a generalist or specialist; or in what setting. What matters more is its quality—reflected in things like attention to and focus on the patient, humility to ask for

help from others with more expertise in other therapies, and passion to advocate for patients and families to help improve systems of care.

Q: What are a few examples of CAM (or integrative medicine) therapies that parents often ask you about for their children, and for which you think there is at least some evidence of effectiveness?

A: Some examples are various dietary supplements (the ones I am asked about vary over time and by condition), massage, nutrition, exercise, and social support. Much of what is done in pediatrics is inferred from data that comes from studies on adults. We need more studies in the pediatric population—particularly on supplements, mind-body approaches, and whether improving support and healthy lifestyles for parents improves kids' health. We need more input from economists when we consider the costs and benefits of therapies—and we need that perspective on the next 20 years, not the next 6 weeks.

In my pediatric practice, I usually focus mostly on lifestyle—for example, good nutrition, exercise, social support, educational opportunities, strategies to manage stress, and the practice of gratitude. Everyone also needs to look at social and environmental forces in the community. Are there sidewalks and bike

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Research Roundup

“Research Roundup” presents examples of NCCAM-funded research recently published in peer-reviewed journals listed in the National Library of Medicine’s PubMed database (www.ncbi.nlm.nih.gov/entrez).

Health Beliefs and Behaviors Related to Asthma in a Specific Group

Sickness, disability, and death from asthma occur at a significantly higher rate in certain minority populations than in Caucasians. A team led by Maureen George, Ph.D., R.N., of The Johns Hopkins University School of Nursing, carried out an observational study of CAM use for asthma, in a small group of patients (28) who were African American, mostly women with low incomes, and living in an inner city. All participants were recruited from an asthma clinic and had prescription drug coverage.

Among the researchers’ findings were that

- The participants routinely used CAM to manage their asthma (mostly whole medical systems and biologically based therapies)
- They felt CAM was safe, effective, and potentially curative
- Some engaged in risky behaviors with CAM—for example, ingesting over-the-counter remedies at much higher levels than recommended or in unusual ways (such as taking

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Thinking About CAM Therapies for Young People

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Use of CAM in Children

How many children are using CAM? There has not yet been a large, nationally representative survey on this topic that covers the full range of CAM therapies. There have been more limited surveys. They support the fact that many young people are using CAM, with some groups having a particularly high rate of use—such as young people who have diseases and conditions that could be described as any or all of the following:

- Chronic (over 50 percent of children with chronic conditions, by one estimate)
- Serious
- Painful or uncomfortable
- Having an unpredictable course
- Disabling
- Not having an established cure.

Examples of diseases and conditions in which CAM is used include cancer, asthma, juvenile arthritis, cystic fibrosis, mental health problems, ADHD (attention deficit hyperactivity disorder), diabetes, chronic pain syndromes, upper respiratory illnesses, skin conditions, and headaches. CAM is also used for other health purposes, such as preventing illnesses like colds and ear infections, coping with symptoms like pain and fear, “enhancing” the immune system, weight loss, and general health promotion.

Other reasons that CAM is used in children include:

- One or both parents use CAM
- Word-of-mouth
- Cultural or ethnic tradition
- To improve quality of life
- Dissatisfaction with conventional medical treatment—for example, with complexity, discomfort, risks, and/or costs
- All options in conventional therapy have been tried
- To meet a faith-based or spiritual need

- For a greater sense of control (in contrast to a sense of powerlessness)
- To participate more actively in health care
- A desire for a more “holistic” or “natural” approach to care
- Effects of advertising.

Adolescents have a high rate of using CAM. In a national, generally representative survey of about 1,300 young people 14 to 19 years old, 80 percent had used CAM at least once in their lifetime and 50 percent within the past month.

Types of CAM Therapies

As has been reported in adults, CAM therapies from all domains and whole medical systems are used in children, including herbs, massage, acupuncture, chiropractic, naturopathy, special diets, biofeedback, hypnosis, homeopathy, and others.

Increasingly, so are dietary supplements. The overall market for children’s supplements (which cover a broad range of products such as vitamins, minerals, and herbs) had reached an estimated \$510 million per year in 2002, according to industry analysts. It is important to note that **not all** dietary supplements, and not all the ways they are used, are considered CAM. Some are part of conventional medicine, such as using vitamin K to prevent bleeding disorders in newborn babies or iron supplements to treat anemia. Dietary supplements are also marketed to the public (including to young people directly) for CAM purposes.

Discussions With Health Care Providers

Children and their parents often do not tell their pediatrician or other health care provider that a child is receiving CAM. Many adolescents, for example, are reluctant to have this discussion because they believe a provider doesn’t know about CAM, is not interested in it or would not approve, or there are confidentiality concerns.

For their part, pediatricians appear to have mixed views on CAM. A 2001 survey of members of the American Academy of Pediatrics found that among 745 members:

- 87 percent had been asked about CAM therapies by a patient or a parent in the 3 months prior to the survey. Most often, these doctors were asked about herbs and dietary supplements.
- Fewer than 5 percent felt very knowledgeable about the CAM therapies they were being asked about.
- Two-thirds (66 percent) believed CAM therapies could enhance recovery or relieve symptoms. However:
 - Three-quarters (75 percent) were concerned about possible side effects
 - Three-quarters were concerned that CAM use might delay mainstream care.

Thus, pediatricians do not appear to be “against” CAM, but to not understand it as well as they do non-CAM therapies. An important message that has emerged from this and other studies (like the AARP study on pg. 1), as well as from clinical practice, is that patients and their families need to talk with their doctors about every therapy they are using or considering—regardless of the tradition or belief system it comes from—so that doctors can provide comprehensive care.

Safety

Are CAM therapies safe for children? It is not possible to answer this for CAM as a whole, which is like trying to answer the question “Is surgery safe for children?” It depends on the therapy, the child, the health condition, and other factors.

One can, however, begin to address the question of whether a specific CAM therapy is safe for a specific child by knowing, first, that **children are not small adults**. They differ from adults—for example, in how their bodies absorb, use, and eliminate medications and other substances. Their immune and central



Bob Stockfield

nervous systems are not fully developed, which can make them (especially infants and young children) respond to treatments differently than adults. In addition, individual children, even of the same age, are different (for example, in weight) and will respond differently to the same treatment.

Second, many CAM therapies are generally safe but have side effects or risks for people with **specific medical issues**. For example, chamomile tea is considered safe in small doses, but not if a child is allergic to chamomile’s family of plants or takes the tea in place of needed nourishment. In HIV-positive children, some herbs can influence the effectiveness of anti-HIV medications.

Parents also need to ask **what is known from scientific studies** about how safe a specific CAM therapy is in children. The best places to seek this information are from (1) the child’s physician and (2) reports of scientific studies that have been published in peer-reviewed journals (resources for locating these are at the end of this article). For most CAM therapies, there have not been many rigorous studies in young people (if such studies have been done at all). More rigorous studies are needed. Anecdotes and testimonials (personal stories) about CAM therapies are common and can be compelling, but are not evidence.

When a therapy is delivered by a **CAM practitioner**, it is important to talk to the

Research Roundup

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- camphor internally), or turning to CAM instead of conventional treatment
- Trust in the health care provider was key in whether they accepted and used prescription asthma therapy.

The authors believe that insights from a study of this type could lead to larger studies and, potentially, improvements in care and treatment.

Journal of General Internal Medicine, December 2006

Self-Hypnosis for Women Having Breast Biopsy

A study by Elvira V. Lang, M.D., of Beth Israel Deaconess Medical Center, Boston, and colleagues found that women who used a guided self-hypnotic relaxation procedure while they were having a core needle breast biopsy experienced anxiety relief and less pain when compared with standard care. The participants (236 women) were randomly assigned to receive either self-hypnosis, structured empathic attention from a research assistant, or standard care during their biopsy—an outpatient procedure that often produces anxiety and in which the use of anesthetic must be limited. The researchers found that the women’s anxiety increased significantly in the standard care group, stayed about the same in the empathic attention group, and was significantly reduced in the

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Research Roundup

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hypnosis group. Pain increased steeply in all three groups, but less so in the empathy and hypnosis groups. Neither of the latter two interventions increased biopsy time or significantly increased cost. The researchers suggest that the hypnosis intervention in particular appears to be an attractive option for outpatient pain management.

Pain, December 2006

HIV: Combining Drugs and Biologically Based CAM Therapies

Many physicians (about two-thirds, according to one study) who treat HIV patients believe that CAM can be helpful to their patients. But CAM in the form of natural health products (NHPs, the term used by these authors) can change how therapeutic, and how toxic, antiretroviral drugs are in the body. Using NHPs and drugs together is a common practice among HIV patients and is often without the physician's knowledge.

Lawrence S. Lee, M.D., of The Johns Hopkins University Department of Medicine, and colleagues reviewed the literature on these interactions—more specifically, between drugs and St. John's wort, milk thistle, garlic, vitamins,

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practitioner. Ask about their education, training, and experience in delivering care to children;[†] their values and philosophy on care and health; whether they tailor care to the individual child; and how they collaborate with other providers, including M.D.s. (See also NCCAM's publication *Selecting a CAM Practitioner*.)

For herbal and other dietary supplements, there are special points on safety:

- Plants and other ingredients can have direct effects—positive and negative—in the body. Many modern prescription drugs are derived from plants. Just because something is natural, however, does not automatically mean it is safe.
- An herb or supplement could interact with something else a child is taking, such as another herb, another supplement, or a drug, and change the way these act in the body.
- Herbal and other dietary supplements are not regulated by the U.S. Food and Drug Administration (FDA) as strictly as are prescription drugs.[‡] These products and their ingredients can vary a great deal, even from lot to lot or bottle to bottle. Some dietary supplements have been analyzed and, in some cases, found to contain ingredients that are unlabeled (such as hormones or stimulants) or contaminants (such as heavy metals).
- Herbs can cause problems with surgery (such as interactions with drugs and complications in bleeding). A few known examples from adult patients are echinacea, garlic, ginkgo, St. John's wort, and valerian.

[†] Also ask about licensing, as some states have licensing requirements for certain CAM practitioners (such as chiropractors, naturopathic doctors, massage therapists, and acupuncturists).

[‡] See NCCAM's publication *What's in the Bottle? An Introduction to Dietary Supplements*.

Other Points To Consider

If you are a parent or health care provider considering treating a child with CAM (or if you are a young person considering CAM), also consider the following points:

- It is important to discuss the therapy with your health care provider(s). Give them a full picture of what you do to manage health. This will help ensure coordinated and safe care.
- On the question of whether a therapy works, ask the child's physician and seek results of rigorous scientific studies on the specific therapy in the age group of concern.
- A CAM therapy should not be used instead of conventional care or to delay seeking that care.
- Make sure you have received an accurate diagnosis from a licensed health care provider.
- If you decide to use CAM, do not increase the dose or length of treatment beyond what is recommended. More is not necessarily better.
- If the child experiences an effect that concerns you, contact a health care provider.
- If you are a woman who is pregnant or breastfeeding, remember that therapies you take can also affect your unborn child or your infant.
- Be realistic in your expectations about a therapy. If something sounds too good to be true, it probably is. The FTC and the FDA have publications to help you evaluate health-related claims made, for example, about supplements, devices, and other products.
- Store herbal and other supplements out of sight and reach of children.

In summary, many young people and their parents are turning to CAM—because of deeply held beliefs, a wish to try other options beyond what conventional medical care offers, and for other reasons. This picture fits with the widespread use of CAM and integrative medicine described in

the Institute of Medicine's 2005 report on CAM. For most CAM therapies, more scientific evidence from rigorous studies (including those supported by NCCAM) is needed in order to firmly answer questions about their safety and effectiveness in young people.

For More Information

NCCAM Clearinghouse

The NCCAM Clearinghouse provides information on CAM and NCCAM, including publications and searches of Federal databases of scientific and medical literature. The Clearinghouse does not provide medical advice, treatment recommendations, or referrals to practitioners.

Toll-free in the U.S.: 1-888-644-6226

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E-mail: info@nccam.nih.gov

PubMed®

A service of the National Library of Medicine (NLM), PubMed contains publication information and (in most cases) brief summaries of articles from scientific and medical journals. CAM on PubMed, developed jointly by NCCAM and NLM, is a subset of the PubMed system and focuses on the topic of CAM.

Web site: www.ncbi.nlm.nih.gov/entrez

CAM on PubMed: nccam.nih.gov/camonpubmed/

Federal Trade Commission (FTC)

The FTC is the Federal agency charged with protecting the public against unfair and deceptive business practices, including in the advertising of certain products. Its publications include *Miracle Health Claims: Add a Dose of Skepticism* and *Weighing the Evidence in Diet Ads*.

Web site: www.ftc.gov

Toll-free in the U.S.: 1-877-382-4357

U.S. Food and Drug Administration (FDA)

The FDA oversees the safety of many products, such as foods (including dietary supplements), medicines, medical devices, and cosmetics. Its publications include *Tips for the Savvy Supplement User*.

Web site: www.fda.gov

Toll-free in the U.S.: 1-888-463-6332

American Academy of Pediatrics Provisional Section on Complementary, Holistic, and Integrative Medicine

Among the information this group offers are slide presentations by members on topics in pediatric integrative medicine and CAM, and print and Internet resources.

Web site: <http://www.aap.org/sections/chim/practice.htm>

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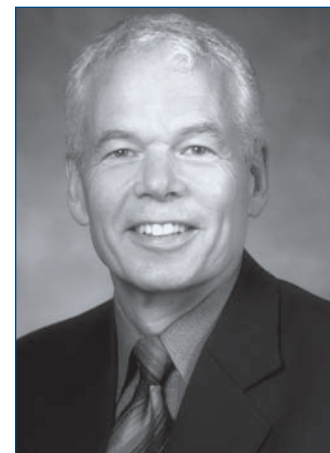
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Dr. Killen Named Acting Director, OPPE

John (Jack) Killen, M.D., has been appointed Acting Director of NCCAM's Office of Policy, Planning, and Evaluation. The Office reports on NCCAM's scientific initiatives and programs, oversees congressional testimony, and is responsible for implementing the Freedom of Information Act. Dr. Killen is also Director of NCCAM's Office of International Health Research, a position he has held since 2003. ❖

Research Roundup

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goldenseal, echinacea, and several other supplements. "NHPs are not inert substances," they write, "and there are clear examples of clinically significant interactions with [antiretroviral] agents that may be beneficial or harmful to patients." They also note few rigorous studies on NHPs, a need for more research, and that NHPs are not well standardized and thus vary greatly.

Clinical Infectious Diseases, October 15, 2006 ❖



This calendar lists events on CAM in which NCCAM or other components of NIH are sponsors or participants. It includes information available at press time.

June 2007

Meeting of the National Advisory Council for Complementary and Alternative Medicine:

June 1. *Location:* Natcher Conference Center, NIH, Bethesda, Maryland. See nccam.nih.gov/about/advisory/nccam/.

Distinguished Lectures in the Science of Complementary and Alternative Medicine: June 13,

11 a.m. *Speaker:* **Jerome Groopman, M.D.**, Recanati Chair of Medicine at Harvard Medical School and Chief, Division of Experimental Medicine, at Beth Israel Deaconess Medical Center. *Location:* Masur Auditorium, Building 10, NIH, Bethesda, Maryland. The lecture will be Webcast live and archived. See nccam.nih.gov/news/upcomingmeetings/. ♦

NCCAM and Osher Foundation Join in New Career Award

NCCAM has announced a new career development award for CAM practitioners who hold a doctorate from a CAM institution. The Bernard Osher Foundation/NCCAM CAM Practitioner Research Career Development Award will provide support to awardees for gaining research training experience (up to 5 years) to allow them to prepare for successful independent careers as CAM investigators.

Bernard Osher, founder and treasurer of the Osher Foundation, said, "We are particularly pleased to promote the future of integrative medicine research through this new award." The Osher Foundation supports programs in integrative medicine, lifelong learning, and postsecondary education, and makes local grants to arts, cultural, and educational institutions in target areas. Its

support of the NCCAM award is through a grant to the Foundation for the National Institutes of Health.

Margaret A. Chesney, Ph.D., NCCAM Deputy Director, said, "We are extremely pleased to have this opportunity to join forces with the Osher Foundation in addressing one of NCCAM's primary goals—creating a cadre of well-trained CAM researchers. This program provides yet another mechanism through which the Center can collaborate with the CAM community to foster the next generation of leaders in this field."

The deadline for the first round of applications was February 1, 2007. The next deadline will be October 1, 2008. For the full announcement, see grants.nih.gov/grants/guide/pa-files/PAR-07-003.html. ♦

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- Two-thirds of the people who used CAM did so to treat a specific condition (66 percent) or for overall wellness (65 percent).
- When patients and physicians did talk about CAM, here is what they most often discussed:
 - Effectiveness of a CAM therapy (67 percent)
 - What CAM therapy to use (64 percent)
 - How a CAM therapy might interact with other medications or treatments they were receiving (60 percent)
 - Advice on whether to use a CAM therapy (60 percent)
 - Safety of a CAM therapy (57 percent).
- Fifty-nine percent of the respondents used one or more over-the-counter medicines.
- Nearly three-quarters of all who were surveyed (74 percent) were taking at least one prescription medicine; 20 percent were taking more than five.

A Need for Dialogue

The report concludes that there is a widespread lack of discussion about CAM



Tips for Talking to Your Health Care Providers About CAM

- When completing patient history forms, be sure to include all therapies and treatments you use. Make a list in advance.
- Tell your health care providers about all therapies or treatments—including over-the-counter and prescription medicines, as well as herbal and dietary supplements.
- Don't wait for your providers to ask about your CAM use. Be proactive.
- If you are considering a new CAM therapy, ask your health care providers about its safety, effectiveness, and possible interactions with medications (both prescription and nonprescription).

between doctors and patients, and that this issue needs to be addressed to ensure safe and coordinated care. However, many patients are reluctant to bring up the topic of CAM use. Physicians need to be aware of this, ask their patients about all therapies they are using or considering, and be open to the dialogue. (See the tips above on discussing CAM.)

Dr. Chesney said, "There are so many therapies classified as CAM—probably thousands—that physicians and patients need to realize it is difficult to have information about all CAM approaches at one's fingertips. This is why NCCAM, as part of its mission, provides science-based CAM information to help people make informed health care decisions."

The survey report is available through the NCCAM Web site (nccam.nih.gov/timetotalk/) and from AARP (www.aarp.org/research/health/prevention/cam_2007.html). ❖



News for Researchers

NIH has begun requiring that grant applications be submitted via the Web portal Grants.gov (www.grants.gov) using Form 424 (Research and Related, or R&R, application). To find out more, go to era.nih.gov/electronicreceipt.

Funding Opportunities

For more information on these and other funding opportunities, go to nccam.nih.gov/cgi-bin/grants/funding.pl.

PAR-07-291: Outcomes and Cost-Effectiveness Studies of CAM Using Existing Practice-based Research Networks

Sponsors: NCCAM and the National Cancer Institute. This initiative draws upon health services research, a field that examines the organization, financing, and delivery of health care. Research projects will be carried out in networks of health care practices or providers that deliver community-based care (for example, primary care) and that have joined together for investigation of various research questions. Examples of possible topics include the nature, use, costs, quality, and outcomes of CAM care in community-based settings, and the factors that influence people to seek and use CAM.

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News for Researchers

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PA-07-165: Pathogenesis and Treatment of Lymphedema and Lymphatic Diseases

Sponsors: NCCAM and six other NIH components. Research projects are intended to increase understanding of the lymphatic system and its diseases and uncover new treatments, including from CAM; current treatments for these diseases have major limitations.

PA-07-140: Research on Sleep and Sleep Disorders

Sponsors: NCCAM and 12 other NIH components. Each year, sleep disorders, sleep deprivation, and excessive daytime sleepiness in the United States cost \$50 billion in lost productivity and add \$16 billion to the cost of health care. Sleep disorders and problems have a major impact on society, and more laboratory and clinical research is needed to understand, prevent, and treat them. Topics related to CAM in this broad solicitation include research on CAM therapies (many people use them for these disorders) and evidence-based educational programs on these therapies.

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Perspective

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paths to promote exercise? Are the streets safe to walk? What's happening in the schools to promote optimal eating? Do they ban smoking? What's the TV tuned to? How much TV? Are we being positive role models that kids will want to emulate?

Q: *Chronic pain is a reason that many people of all ages turn to CAM. While there are many types of pain, are there any interventions that appear especially helpful for pain, generally, in children and adolescents?*

A: Yes—several mind-body approaches such as hypnosis, biofeedback, and guided imagery; optimal nutrition and exercise, to help create endorphins [morphine-like chemicals made naturally in the brain that relieve pain]; and acupuncture, massage, Therapeutic Touch, and Healing Touch.

Q: *When a parent asks you about a therapy for use in a child and there is no evidence from controlled clinical trials, how do you respond?*

A: I use the “2x2 table” developed by Michael Cohen and David Eisenberg at Harvard Medical School.* It can be summed up as follows.

If the evidence reported in the scientific and medical literature on a therapy:

- Supports the therapy's safety and effectiveness—recommend it and continue to monitor it
- Supports the therapy's safety but is inconclusive on effectiveness—tolerate it, provide caution, and closely monitor its effectiveness
- Supports the therapy's effectiveness but is inconclusive on safety—consider

* Cohen MH, Eisenberg DM. Potential physician malpractice liability associated with complementary and integrative medical therapies. *Annals of Internal Medicine*. 2002;136(8):596-603.

tolerating it, provide caution about it, and closely monitor its safety

- Indicates either serious risk or ineffectiveness—avoid the therapy and actively discourage it.

That said, there are a lot of gray areas. Many parents ask what I would do if it were my child. Here, a clinician has to tread very carefully. It's important to be respectful without either giving up one's own values or imposing them on someone else.

Q: *Pediatricians and other health care providers may find it challenging (for example, because of time limitations) to be informed on the evidence on CAM therapies they are asked about. What can they do?*

A: Read, ask patients, and ask colleagues about these therapies. Go to lunch with a chiropractor, acupuncturist, or massage therapist to find out more about what they do. Ask patients who go online for health information to bring in what they find. Be willing to ask others who know more about a therapy. Join the American Academy of Pediatrics' Provisional Section on Complementary, Holistic, and Integrative Medicine. There are also other, similar groups elsewhere in the world. Some fellowship programs exist that provide in-depth training. Online education programs are available from (to name a few sources) the Northwest Area Health Education Center, the University of Minnesota's Center for Spirituality and Healing, NCCAM, and an increasing number of medical schools and academic health centers in the Consortium of Academic Health Centers for Integrative Medicine. ❖

Spotlight on Clinical Trials

News for Researchers

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The clinical trials below are among the many NCCAM-sponsored trials recruiting, or planning to start recruitment soon, at press time. To see others, go to nccam.nih.gov/clinicaltrials/alltrials.htm.

Phase I/II Trials of Silymarin for Chronic Liver Diseases



Milk thistle

This study will investigate different dosages of silymarin (the active ingredient in milk thistle) as a therapy for the following chronic liver diseases:

- In Phase I (the phase for which recruitment is taking place), chronic hepatitis C and nonalcoholic fatty liver disease (NAFLD)
- In Phase II, chronic hepatitis C and nonalcoholic steatohepatitis.

Silymarin has a history as CAM to treat various disorders, including those in the liver. This rigorous study will test whether it is effective and safe for the above diseases. The study is cosponsored with the National Institute of Diabetes and Digestive and Kidney Diseases.

Principal investigators' institutions: University of Pennsylvania, Thomas Jefferson University, Beth Israel Deaconess Medical Center, University of North Carolina at Chapel Hill, University of Pittsburgh (data center)

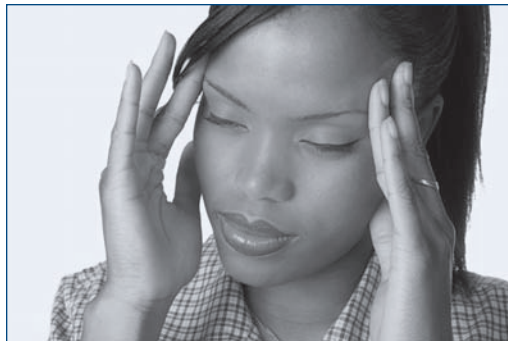
More information: Go to www.clinicaltrials.gov and enter "NCT00389376" in the search box.

Acupuncture, Reproductive Hormones, Ovulation, and PCOS

Polycystic ovary syndrome (PCOS) is the most common endocrine disorder among women of reproductive age and the most common cause of irregular menstrual cycles and infertility due to lack of ovulation. Based on evidence from several small studies, acupuncture might represent an alternative to hormonal treatment for women with PCOS. This controlled study will test whether acupuncture restores ovulation and helps normalize ovarian hormones.

Principal investigator's institution: University of Virginia, Charlottesville

More information: Link at nccam.nih.gov/research/extramural/awards/2006/



Craniosacral Therapy in Migraine

Treating migraine continues to be a major challenge, despite new drug therapies. Limited clinical experience suggests that craniosacral therapy (CST) might be effective in treating headache, including migraine. This study will gather preliminary data on the usefulness of CST as a complementary therapy for migraine and examine the feasibility of a larger, randomized clinical trial.

Principal investigator's institution: University of North Carolina at Chapel Hill

PA-07-264 and PA-07-265: Chronic Fatigue Syndrome: Pathophysiology and Treatment

Sponsors: NCCAM and 13 other NIH components. About 1 million people in the United States have chronic fatigue syndrome (CFS), also known as myalgic encephalomyelitis. This initiative will support studies of CFS to better understand such aspects as how it starts and develops, how common it is in specific groups, and environmental and biological risk factors that could pose a risk for developing CFS. The aim is to ultimately develop better strategies for diagnosis and treatment and to improve quality of life for those who have this syndrome. ❖

More information: Link at nccam.nih.gov/research/extramural/awards/2006/

Readers who do not have access to the Internet may inquire about clinical trials with the NCCAM Clearinghouse (see pg. 2). ❖

CAM at the NIH:

Focus on Complementary and Alternative Medicine

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NATIONAL CENTER FOR COMPLEMENTARY
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Alerts and Advisories

In January 2007, the Federal Trade Commission (FTC) filed complaints against the marketers of four dietary supplements being widely advertised for weight loss and weight control (and, often, for other health purposes). The FTC charged that the claims for these products were misleading and were unsupported by competent, reliable scientific evidence. The marketers of **TrimSpa**, **Xenadrine EFX**, **CortiSlim**, and **One-a-Day WeightSmart** surrendered cash and other assets worth at least \$25 million and agreed to limit their claims in the future. Said FTC Chairman Deborah Platt Majoras, "You won't find weight loss in a bottle of pills that claims it has the latest scientific breakthrough or miracle ingredient. Paying for fad science is a good way to lose cash, not pounds." For more, see www.ftc.gov/opa/2007/01/weightloss.htm.

Also in January, the manufacturer of **Liviro3**, a dietary supplement marketed for sexual enhancement, announced it is voluntarily recalling the product. Lab analysis by the Food and Drug Administration (FDA) found that Liviro3 contains tadalafil, a prescription drug for treating erectile dysfunction, making Liviro3 an unapproved drug. Tadalafil may interact with nitrates found in some prescription drugs (such as nitroglycerin) and dangerously lower blood pressure. Consumers of Liviro3 should stop using it immediately and contact their physician if they have experienced any problem from taking it. The FDA is encouraging consumers who experience a serious side effect to file a report to the MedWatch program. See www.fda.gov/oc/po/firmrecalls/ebek01_07.html. ❖

New from the Clearinghouse

The following **new publications** are available on the Web and from the Clearinghouse (see pg. 2):

- Herbs at a Glance fact sheets: *Aloe Vera*, *Cat's Claw*, *Chasteberry*, *Ephedra*, *Evening Primrose Oil*, *Feverfew*, *Goldenseal*, and *Hawthorn* (nccam.nih.gov/health/herbsataglance.htm)
- A Spanish version of *Paying for CAM Treatment* (nccam.nih.gov/espanol/pago/)
- *An Introduction to Probiotics* (nccam.nih.gov/health/probiotics/)
- *Ask Your Patients About Their Use of CAM and Tell Your Doctor About Your Use of CAM* (nccam.nih.gov/timetotalk/) ❖