

backgrounder

CAM Use and Children

A wide range of complementary and alternative medicine (CAM) therapies are used in children, including herbs and dietary supplements, massage, acupuncture, chiropractic care, naturopathy, and homeopathy. This fact sheet from the National Center for Complementary and Alternative Medicine (NCCAM) offers information for parents who are thinking about using a CAM therapy for their child.

Key Points

- CAM is used by American children, including adolescents.
- Children are not small adults. Their bodies can react differently from adults' bodies to medical therapies, including CAM.
- In general, CAM therapies have not been well studied in children.
- Tell your child's health care providers about any CAM therapy you are considering or using for your child. This helps to ensure coordinated and safe care.

Patterns of CAM Use in Children

The 2007 National Health Interview Survey gathered information on CAM use among more than 9,000 children aged 17 and under. Nearly 12 percent of the children had used some form of CAM during the past 12 months. CAM use was much more likely among children whose parents also used CAM. Adolescents aged 12-17, children with multiple health conditions, and those whose families delayed or did not use conventional medical care because of cost were also more likely to use CAM. The figures on the next page show survey findings on CAM use by children, including top therapies and diseases/conditions.

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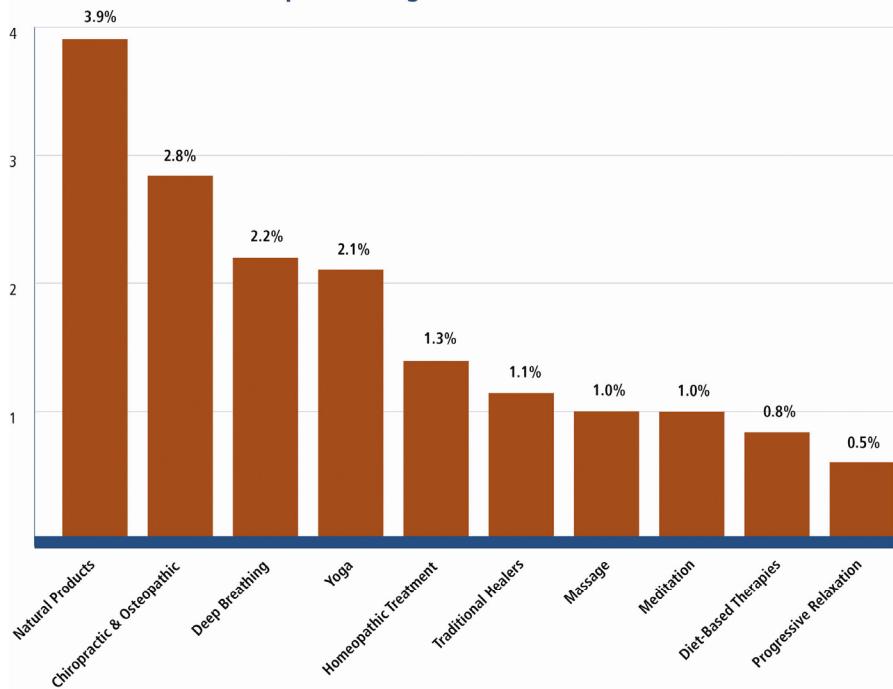
In addition, a 2001 survey of 745 members of the American Academy of Pediatrics found that 87 percent of pediatricians had been asked about CAM therapies by a patient or a parent in the 3 months prior to the survey. The pediatricians were asked most often about herbs and dietary supplements.

Safety of Childhood CAM Use

Few high-quality studies have examined how CAM therapies may affect young people, and results from studies in adults do not necessarily apply to children.

Children are not small adults. Their immune and central nervous systems are not fully developed, which can make them respond to treatments differently from adults. This is especially true for infants and young children.

10 Most Common Therapies Among Children - 2007

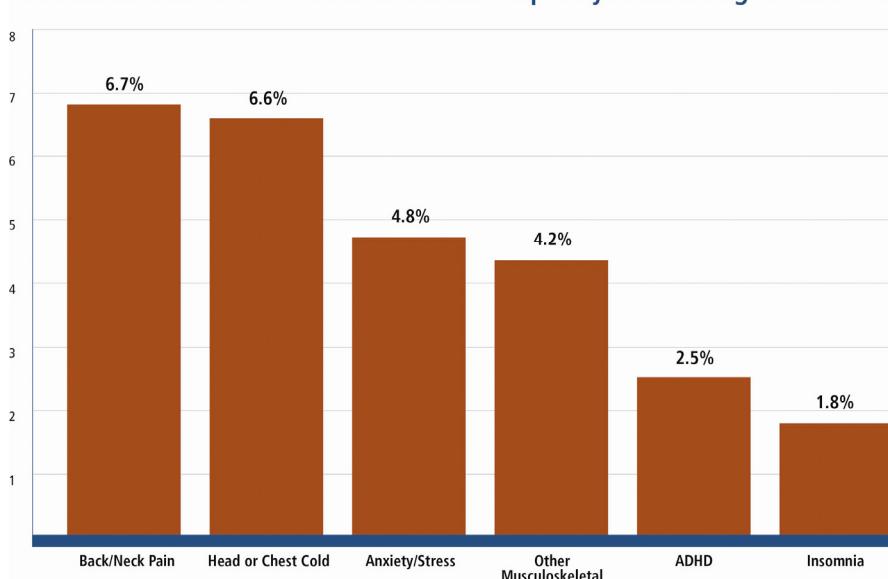


Source: Barnes PM, Bloom B, Nahin R. *CDC National Health Statistics Report #12. Complementary and Alternative Medicine Use Among Adults and Children: United States, 2007*. December 2008.

Herbs and other dietary supplements may interact with medicines or other supplements, or they may cause problems during surgery, such as bleeding-related complications. In addition, "natural" does not necessarily mean "safe." CAM therapies can have side effects, and these may be different in children than in adults.

Parents should seek information from scientific studies about how safe and effective a specific CAM therapy is in children. However, since few, if any, rigorous studies in young people exist, additional scientific studies are needed. Anecdotes and testimonials (personal stories) about CAM therapies are common and can be compelling, but they are not evidence.

Diseases/Conditions for Which CAM Is Most Frequently Used Among Children - 2007



Source: Barnes PM, Bloom B, Nahin R. *CDC National Health Statistics Report #12. Complementary and Alternative Medicine Use Among Adults and Children: United States, 2007*. December 2008.

Discussing CAM With Your Pediatrician

Parents often do not tell pediatricians or other health care providers that their child is receiving CAM. It is important, however, that families speak with their child's health care provider about any CAM therapy being used or considered. Providing a full picture of what is being done to manage your child's health will help ensure coordinated and safe care.

For tips about talking with your health care provider about CAM, see NCCAM's Time to Talk campaign at nccam.nih.gov/timetotalk/.

When seeking care from a CAM practitioner, it is important to ask about the practitioner's:

- Education and training
- Experience in delivering care to children
- Experience working with other providers, including physicians, to ensure coordinated care
- Licensing (some states have licensing requirements for certain CAM practitioners, such as chiropractors, naturopathic doctors, massage therapists, and acupuncturists).

Additional Points To Consider

In addition to asking your child's physician what is known about whether a therapy works and is safe for children, consider these points when making decisions about using CAM in children:

- Ensure that your child has received an accurate diagnosis from a licensed health care provider and that CAM use does not replace or delay conventional medical care.
- If you decide to use CAM for your child, do not increase the dose or length of treatment beyond what is recommended. More is not necessarily better.
- If your child experiences an effect from a CAM therapy that concerns you, contact your child's health care provider.
- Store herbal and other dietary supplements out of the sight and reach of children.
- If you are a woman who is pregnant or breastfeeding, remember that some CAM therapies may affect your fetus or nursing infant.

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

TTY (for deaf and hard-of-hearing callers): 1-866-464-3615

Web site: nccam.nih.gov

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/sites/entrez

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

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References

References are primarily recent reviews on the topic of children and adolescents and CAM in the peer-reviewed medical and scientific literature in English in the PubMed database or from Federal Government text.

Ang-Lee MK, Moss J, Yuan CS. Herbal medicines and perioperative care. *Journal of the American Medical Association*. 2001;286(2):208-216.

Breuner CC. Complementary medicine in pediatrics: a review of acupuncture, homeopathy, massage, and chiropractic therapies. *Current Problems in Pediatric and Adolescent Health Care*. 2002;32(10):353-384.

Committee on Children with Disabilities, American Academy of Pediatrics. Counseling families who choose complementary and alternative medicine for their child with chronic illness or disability. *Pediatrics*. 2001;107(3):598-601.

Davis MP, Darden PM. Use of complementary and alternative medicine by children in the United States. *Archives of Pediatrics and Adolescent Medicine*. 2003;157(4):393-396.

Ernst E. Serious adverse effects of unconventional therapies for children and adolescents: a systematic review of recent evidence. *European Journal of Pediatrics*. 2003;162(2):72-80.

Gardiner P, Dvorkin L, Kemper KJ. Supplement use growing among children and adolescents. *Pediatric Annals*. 2004;33(4):227-232.

Kemper KJ, Cassileth B, Ferris T. Holistic pediatrics: a research agenda. *Pediatrics*. 1999;103(4 Pt 2):902-909.

Kemper KJ, O'Connor KG. Pediatricians' recommendations for complementary and alternative medical (CAM) therapies. *Ambulatory Pediatrics*. 2004;4(6):482-487.

Sawni-Sikand A, Schubiner H, Thomas RL. Use of complementary/alternative remedies among children in primary care pediatrics. *Ambulatory Pediatrics*. 2002;2(2):99-103.

Sibinga EM, Ottolini MC, Duggan AK, et al. Parent-pediatrician communication about complementary and alternative medicine use for children. *Clinical Pediatrics*. 2004;43(4):367-373.

Wilson KM, Klein JD, Sesselberg TS, et al. Use of complementary medicine and dietary supplements among U.S. adolescents. *Journal of Adolescent Health*. 2006;38(4):385-394.

Woolf AD. Herbal remedies and children: Do they work? Are they harmful? *Pediatrics*. 2003;112(1 Pt 2):240-246.

Yussman SM, Ryan SA, Auinger P, et al. Visits to complementary and alternative medicine providers by children and adolescents in the United States. *Ambulatory Pediatrics*. 2004;4(5):429-435.

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