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Letter to the Editor

High Frequency of CAM Use Among Children in Germany

AU1 ▶ Anne Weissenstein, Alexandra Straeter, Gloria Villalon, Elisabeth Luchter, MD, and Stefan Bittmann, MD

Dear Editor:

The numerous studies on the use of complementary and alternative medicine (CAM) among children carried out in various countries indicate a prevalence of CAM use in children with acute conditions of 12%–23%^{1,2} and 44%–54% for children with chronic illnesses.³ So far, no studies about the frequency of CAM use in children have been conducted in Germany. As possible side-effects⁴ and interactions with other drugs may occur, it is necessary to further analyze which types of CAM are the most frequently used. With the intention of assessing the prevalence and the exact substances of CAM that are currently being used by children, we have developed a questionnaire.

Our survey was distributed to 185 parents visiting our pediatric day center in Epe (Germany) between September and November 2011 with their children. The main questions in our survey addressed the frequency of CAM use in children and the substances that were used. Furthermore, it was inquired whether the physician knew about this.

Of 185 questionnaires distributed, 115 were returned (62.2%). As a result of our evaluation, it was found that 75.7% of all children treated at our pediatric day center have received CAM from their parents. Most children (58.4%) received a combination of CAM and conventional medicine, while 15.6% used CAM alone and 26.0% used only conventional prescribed medications. The physician knew in only half of the cases (50.6%) that his patient takes CAM, and less than half of the parents (43.6%) know that interaction between prescribed drugs and CAM is possible. The substances that were used are manifold, mainly herbal teas or other herbal supplements (30.8%), honey (26.3%), and nonprescribed vitamins (11.3%) were used. Furthermore, various other remedies such as homeopathy, onions, or globuli have been given to the children (Table 1).

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The prevalence of CAM use among children is about three quarters (75.7%), much higher than other studies have indicated,^{1–3} and in half of the cases (50.6%) the doctor is oblivious about this. As numerous side-effects of herbal remedies and possible interactions with conventional medicine exist,⁴ the discrepancy between CAM use and the doctor's knowledge about the consumption of alternative remedies may possibly result in endangering the child's health. Despite the general belief that CAM use

TABLE 1. EXACT LISTING OF COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM) SUBSTANCES USED BY THE PARENTS

Substance, remedy	Number of patients	Percentage of other CAM (%)
Honey	35	26.3
Herbal teas	41	30.8
Nonprescribed vitamins	15	11.3
Homeopathy	10	7.5
Globuli	5	3.8
Onions/onion juice	5	3.8
Plant-based drugs/suppositories	4	3.0
Arnica	3	2.3
Umckaloabo	2	1.5

Each used by 1 patient with 0.75% of CAM: inhalation, etheric oils, compresses, olive oil, belladonna, quirk cough syrup, schuessler salts, chamomile, iron supplements, cottage cheese, potatoes, thyme, and mint balm.

natural products, with no side-effects and therefore harmless, the use of CAM has been reported to affect treatment outcomes adversely.⁴ Few physicians know that the use of honey may cause infant botulism,⁵ that herbal teas such as chamomile contain coumarins and could therefore cause bleeding,⁶ or that nonprescribed vitamins when used in the wrong dosage can be hepatotoxic.⁷ Despite all side-effects and interactions of CAM, it is probable that the highest risks occur when conventional medicine is stopped or altered in favor of complementary medicine.⁴ That is why it is of utmost importance for the parents to communicate with the doctor and inform him about possible treatment alterations or supplements of their children. The physician, on the other hand, should be aware that CAM is used very often and he should encourage the parents to speak about this issue.

However, when used in a well-modulated manner and in accord with the physician, CAM can significantly improve the child's health.⁸ CAM could be further integrated in school medicine; however, an appropriate schooling of the doctor is indispensable along with good parent–doctor communication.

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Disclosure Statement

No competing financial interests exist.

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Address correspondence to:
Anne Weissenstein
Ped Mind Institute
Hindenburgring 4
Aerzte-und Finanzzentrum Epe
Gronau 48599
Germany

◀ AU3

E-mail: anne.weissenstein@gmail.com

AUTHOR QUERY FOR ACM-2012-0398-VER9-WEISSENSTEIN_1P

AU1: Provide letter degrees for all authors

AU2: Clarify "school medicine": does this mean nurses' offices in the childrens' schools? Or does it mean medical school?

AU3: Add letter degree for Weissenstein