CAM Use and Children

Complementary and alternative medicine (CAM) is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine. As with adults, a wide range of CAM therapies are used in children, including herbs and dietary supplements, massage, acupuncture, chiropractic care, naturopathy, and homeopathy. This fact sheet includes issues to consider and resources for more information when making decisions about CAM use and children.

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

Although no large, nationally representative survey covering the full range of CAM therapies used in children has been done, more limited surveys indicate that many young people are using CAM. Rates of CAM use among children range from about 2 to 20 percent or higher, according to various surveys. Adolescents, as a group, use CAM at a high rate. In a national survey of nearly 1,300 young people aged 14 to 19, about 80 percent had used a CAM therapy at least once in their lifetime, and nearly half had used CAM within the previous month.

A 2001 survey of 745 members of the American Academy of Pediatrics found that 87 percent 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.
Parents who use CAM are more likely to treat their children with it. Some parents use CAM for their children because of dissatisfaction with conventional medical treatments or because they want to participate more actively in their family’s health care. Parents may also be attracted to CAM to gain a sense of control over their child’s illness and to improve their child’s quality of life.

**Conditions for Which CAM Is Used**

Some groups of children are more likely to use CAM than others. For example, those with chronic, disabling, or recurrent conditions such as cystic fibrosis, cancer, arthritis, asthma, autism, and ADHD (attention deficit hyperactivity disorder) are among those with higher CAM use. CAM is also used in children with respiratory illnesses, headaches, and nosebleeds.

**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.

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.

**Discussing CAM With Your Pediatrician**

Parents often do not tell pediatricians or other health care providers that a 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.

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
- Collaboration with other providers, including physicians
- 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.

These NCCAM fact sheets contain additional important tips for making decisions about CAM use for people of any age:

- Are You Considering Using CAM?
- What’s in the Bottle? An Introduction to Dietary Supplements
- Herbal Supplements: Consider Safety, Too
- Selecting a CAM Practitioner.

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.

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

This fact sheet is based on the article featured in the Winter 2007 issue of CAM at the NIH. NCCAM thanks the following people for their technical expertise and review of the newsletter article: Harry Gewanter, M.D., Virginia Commonwealth University; Kathi Kemper, M.D., M.P.H., Wake Forest University School of Medicine; and Marguerite Klein, M.S., R.D., Carol Pontzer, Ph.D., and Richard Nahin, Ph.D., M.P.H., NCCAM.

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.


This publication is not copyrighted and is in the public domain.

Duplication is encouraged.

NCCAM has provided this material for your information. It is not intended to substitute for the medical expertise and advice of your primary health care provider. We encourage you to discuss any decisions about treatment or care with your health care provider. The mention of any product, service, or therapy is not an endorsement by NCCAM.

National Institutes of Health

♦♦♦

U.S. Department of Health and Human Services