

# Working With Families Interested in Complementary and Alternative Medicine for ADHD

Approximately 50% to 64% of parents of children with attention-deficit/hyperactivity disorder (ADHD) report using complementary and alternative medicine (CAM) to treat ADHD symptoms. The most common CAM interventions vary by geographic location, availability, and parental demand, and may change frequently. Most families use CAM for the following reasons:

- To maximize a child's potential
- To improve overall health and quality of life
- To complement more conventional therapies
- To have more control over treatment
- To do everything possible for the child

Parents often wish to discuss CAM use with their child's primary care physician but hesitate to do so for a variety of reasons, including the belief that clinicians do not need to know about CAM use and the perception that most clinicians know very little about CAM. Such discussions, however, provide an opportunity to learn about and understand a family's values and attitude toward therapy and can greatly enhance the therapeutic alliance.

## Suggested Framework for Discussions About Complementary and Alternative Medicine (CAM) Use

1. Ask parents about their experiences with CAM: "What other therapies have you used to help your child's attention or behavior? For example, some families use special diets, avoiding certain foods, or add certain vitamins or other supplements."
  - a. If yes: "What have you tried and how useful was it?"
  - b. If no: "Are you interested in trying these kinds of therapies or have you considered using them? If so, which ones?"
2. Understand what parents see as important treatment goals (eg, cure, manage symptoms better, prevent negative outcomes related to ADHD, minimize dosage or side effects of stimulant medication, promote child's health and build resilience, promote family's well-being and quality of life, simplify therapy).
3. Clarify expectations for treatment.
  - a. What are the parents' priorities for change (eg, target symptoms or behaviors for the child; how parents, siblings, and teachers respond to child's behaviors)?
  - b. What is a realistic degree of improvement within a given time frame (eg, expecting a child who currently requires reminders for every step of the morning routine to become completely independent within a week is unrealistic)?
  - c. What potential trade-offs may there be for trying a CAM therapy before a behavioral intervention or stimulant medication (eg, potential time lost from other therapies, draining of family's financial resources, effect on high-stakes educational testing)?

Consider thinking about the *positives* of trying some natural therapies first, too.
4. Provide credible information about CAM (see "Suggested CAM Resources" on page 2).
 

In general, let's talk about *integrative approach*. Getting better sleep and more exercise is just good medicine! Eating breakfast and avoiding swings in blood sugar—good medicine!
5. Encourage parents to bring in their own research on CAM to discuss with the clinician. Their research includes what they've read and what they've learned from other families and their own experience.
  - a. Differentiate between scientific-sounding marketing and actual scientific evidence.
  - b. Appraise the scientific evidence cited for all interventions.
  - c. Search available databases for potential interactions with other medications, herbs, or supplements.
  - d. Discuss potential risks and benefits of all reasonable therapies for the child and family unit.
  - e. Decide whether to recommend, tolerate, monitor closely, or discourage use of intervention based on whether the therapy is likely to be effective and safe.



		Is the therapy effective?	
		yes	no
Is the therapy safe?	yes	RECOMMEND	TOLERATE
	no	MONITOR CLOSELY	DISCOURAGE

From Kemper K, Cohen M. Ethics meet complementary and alternative medicine: new light on old principles. *Contemp Pediatr*. 2004;21:65

If the decision to try the therapy is made, an N-of-1 trial may be warranted to determine effectiveness. In such a trial, the child serves as his or her own control in a series of crossovers from CAM therapy to routine care or placebo (if available), using objective measures and blinded raters (eg, teacher, non-primary caregiver). N-of-1 trial is traditionally used for *stimulant medications* and can be adapted for other therapies as long as they act acutely. They do not work well for chronic therapies such as vitamin/mineral supplements or fish oil supplements, which may take weeks or months to build up in the system.

## Suggested CAM Resources

### General Information (for Parents and Professionals)

- National Center for Complementary and Alternative Medicine (NCCAM) fact sheets (<http://nccam.nih.gov/health/decisions>)
  - Are You Considering Complementary and Alternative Medicine?
  - Evaluating Web-Based Health Resources
  - Selecting a Complementary and Alternative Medicine Practitioner
  - Paying for CAM Treatment
  - Using Dietary Supplements Wisely
- National Institutes of Health (NIH) Office of Dietary Supplements ([www.ods.od.nih.gov](http://www.ods.od.nih.gov))
- CAMline evidence-based Web site on complementary and alternative medicine, including professional and patient fact sheets on natural health products ([www.camline.ca/about/about.html](http://www.camline.ca/about/about.html))
- MedlinePlus information on herbs and supplements (for general public) ([www.nlm.nih.gov/medlineplus/druginfo/herb\\_All.html](http://www.nlm.nih.gov/medlineplus/druginfo/herb_All.html))
- Kemper KJ. *Mental Health, Naturally: The Family Guide to Holistic Care for a Healthy Mind and Body*. Elk Grove Village, IL: American Academy of Pediatrics; 2010

### Evidence and Alerts for Safety, Interactions, and Effectiveness

- CAM on PubMed database of citations and abstracts of peer-reviewed scientific studies (<http://nccam.nih.gov/research/camonpubmed>)
- Natural Medicines Comprehensive Database, Professional Version (<http://naturaldatabase.therapeuticresearch.com/home.aspx>) and Consumer Version (<http://naturaldatabaseconsumer.therapeuticresearch.com/home.aspx>)
- Consumer Protection, NIH Office of Dietary Supplements (<http://ods.od.nih.gov/HealthInformation/consumerprotection.sec.aspx>)
- US Food and Drug Administration Center for Food Safety and Applied Nutrition ([www.fda.gov/AboutFDA/CentersOffices/CFSAN/default.htm](http://www.fda.gov/AboutFDA/CentersOffices/CFSAN/default.htm))
- Federal Trade Commission health page ([www.ftc.gov/bcp/menus/consumer/health.shtm](http://www.ftc.gov/bcp/menus/consumer/health.shtm))
- Quackwatch ([www.quackwatch.org](http://www.quackwatch.org))
- Committee on the Use of Complementary and Alternative Medicine by the American Public Board on Health Promotion and Disease Prevention. *Complementary and Alternative Medicine in the United States*. Washington, DC: National Academies Press; 2005 ([www.nap.edu/catalog.php?record\\_id=11182](http://www.nap.edu/catalog.php?record_id=11182))
- Chan E. Quality of efficacy research in complementary and alternative medicine. *JAMA*. 2008;299(22):2685–2686

### CAM Education Resources for Professionals

- American Academy of Pediatrics Section on Complementary and Integrative Medicine ([www.aap.org/sections/chim](http://www.aap.org/sections/chim))
- Culbert TP, Olness K. *Integrative Pediatrics*. New York, NY: Oxford University Press; 2010
- NCCAM Complementary and Alternative Medicine Online Continuing Education Series (<http://nccam.nih.gov/training/videolectures>)
- Consortium of Academic Health Centers for Integrative Medicine ([www.imconsortium.org/opportunities/trainingopportunities/home.html](http://www.imconsortium.org/opportunities/trainingopportunities/home.html))
- *Evidence-Based Complementary and Alternative Medicine* (journal) (<http://ecam.oxfordjournals.org>)
- International Pediatric Integrative Medicine Network electronic mailing list on Yahoo! Groups (<http://health.groups.yahoo.com/group/IPIM-NETWORK>)
- Complementary & Alternative Research & Education (CARE) ([www.pediatrics.med.ualberta.ca/research/affiliatedunits/care/Pages/default.aspx](http://www.pediatrics.med.ualberta.ca/research/affiliatedunits/care/Pages/default.aspx))



- Kemper KJ. *Mental Health, Naturally: The Family Guide to Holistic Care for a Healthy Mind and Body*. Elk Grove Village, IL: American Academy of Pediatrics; 2010
- Kemper KJ. *Addressing ADD Naturally: Improving Attention, Focus, and Self-Discipline with Healthy Habits in a Healthy Habitat*. Bloomington, IN: Xlibris Corp; 2010

### Consensus Statements on CAM

- American Academy of Pediatrics Committee on Children With Disabilities. Counseling families who choose complementary and alternative medicine for their child with chronic illness or disability. *Pediatrics*. 2001;107(3):598–601
- Kemper KJ, Vohra S, Walls R, American Academy of Pediatrics Task Force on Complementary and Alternative Medicine, American Academy of Pediatrics Provisional Section on Complementary, Holistic, and Integrative Medicine. The use of complementary and alternative medicine in pediatrics. *Pediatrics*. 2008;122(6):1374–1386

### CAM Therapies for Attention-Deficit/Hyperactivity Disorder

- Special issue: novel therapies for developmental disabilities. *Ment Retard Dev Disabil Res Rev*. 2005;11(2):107–170
- Chan E. Complementary and alternative medicine in developmental-behavioral pediatrics. In: Wolraich ML, Drotar DD, Dworkin PH, Perrin EC, eds. *Developmental-Behavioral Pediatrics: Evidence and Practice*. Philadelphia, PA: Mosby Elsevier; 2008:259–280
- Chan E. The role of complementary and alternative medicine in attention-deficit hyperactivity disorder. *J Dev Behav Pediatr*. 2002;23(1 suppl):S37–S45
- Newmark S. *ADHD Without Drugs: A Guide to the Natural Care of Children with ADHD*. Tucson, AZ: Nurtured Heart Publications; 2010
- Rojas NL, Chan E. Old and new controversies in the alternative treatment of attention-deficit hyperactivity disorder. *Ment Retard Dev Disabil Res Rev*. 2005;11(2):116–130

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of *Caring for Children With ADHD: A Resource Toolkit for Clinicians*, 2nd Edition. Copyright © 2012 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

