



How to Decide on Treatments When Parents Are Seeking Complementary and Alternative Medicine

Standard, accepted treatments for children with autism spectrum disorders (ASDs) include a combination of educational intervention, developmental therapies (including speech/language, occupational, and physical), and behavioral intervention. Education is currently the primary form of treatment for children with ASDs.¹ Treatment modalities are developed to address the core deficits and associated disorders, and at a given time different treatment types may take priority. The overarching goals of treatment are to improve the functional status of the child by promoting skills in communication, social interaction, and adaptive behavior.² These standard traditional therapies are discussed elsewhere in this toolkit.

Traditionally trained physicians do not typically speak in terms of cure for autism, and for that reason families may seek alternatives to traditional medicine to improve their children's symptoms or effect cure. By definition complementary therapies add to or complement other prescribed treatments. Alternative therapies may be used instead of standard treatments. American medical schools are increasingly addressing complementary and alternative medicine (CAM) in the curriculum.

- Up to 60% of children with autism in the United States are treated with CAM.
- By the time they receive a formal diagnostic evaluation for autism, almost one third of children have received treatment with a complementary therapy.

It is important that medical care professionals understand how to evaluate the evidence used to support any therapy, CAM or conventional. Health care professionals should review the evidence that supports or refutes interventions with attention to the following crucial elements of study design:

- A randomized, double-blind controlled design
- Placebo-controlled design

- An adequate sample size to support the statistical analysis presented
- Appropriately diagnosed and matched study participants
- Control for confounding factors
- Homogeneous and well-defined study populations

Health care professionals need to counsel their patients on how to interpret the supporting evidence for interventions they are interested in pursuing. Some concern may be worth noting if the evidence has

- Claims that children will respond dramatically and some will be cured
- Use of case reports or anecdotal data rather than carefully designed studies to support claims for treatment
- Lack of peer-reviewed references or denial of the need for controlled studies
- Treatments that have no potential or reported adverse effects

Inclusion of placebo-controlled design is important. Participation in a study may alter the way a parent interacts with a child and confound the perceived outcome.

There may be a conflict between parents' choice(s) of therapy and the practice of their primary care physician. The primary care physician may feel unsure of his or her role in a "team" that includes practitioners outside of traditional medicine or educational therapies because of the physician's desire to

- Protect patients from disappointment.
- Direct care to include interventions that are in keeping with traditional understanding of physiology.
- Protect child from potential harm.

If they do not agree, parents and providers may "agree to disagree."

Complementary and alternative medicine therapies will continue to gain local and national attention, and questions about their efficacy and use will be brought to the physician's attention. Because parents of children with ASDs look to their pediatricians for advice about their children's health, behaviors, education, and treatment, pediatricians should approach alternative therapies openly and compassionately. Pediatricians can greatly assist families by

- Ensuring families have access to standard services and remain actively involved in supporting families in all treatment decisions
- Becoming knowledgeable about traditional and controversial treatments or referring families for appropriate consultation
- Being proactive and discussing some of the controversial therapies initially, and responding to questions
- Allowing adequate time for discussion and ensuring that comments are not unintentionally viewed either as an endorsement or condemnation of a treatment
- Discussing the placebo effect and the importance of controlled research studies
- Remaining actively involved, even if in disagreement with the family's decision

In some instances it may be acceptable to support the family in its pursuit of a trial of therapy in select situations. In these situations (when the physician does not anticipate serious untoward effects), the pediatrician should require clear treatment objectives and data collection that will allow determination of treatment effect. Some families have arranged for therapists working with the child to collect data on frequency of desired behaviors or skills to be developed or target behaviors to be decreased. Often the therapist will be blinded to the condition (eg, addition of the treatment).

References

1. National Research Council. *Educating Children with Autism*. Washington, DC: National Academy Press; 2001
2. 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;107:598–601

Resources

- Hyman SL, Levy SE. Introduction: novel therapies in developmental disabilities—hope, reason, and evidence. *Ment Retard Dev Disabil Res Rev*. 2005;11:107–109
- Levy SE, Hyman SL. Use of complementary and alternative treatments for children with autistic spectrum disorders is increasing. *Pediatr Ann*. 2003;32:685–691

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.

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