CAM Use Is Common Among Families With Autistic Children

BY PATRICIA WENDING
Chicago Bureau

CHICAGO — The use of complementary and alternative medicine is very common among children with autistic spectrum disorders (ASDs) including those who are transitioning from state-run child services to state-run adult services, according to a two-year study presented at the annual meeting of the Society for Developmental and Behavioral Pediatrics.

Seventy-four percent of the 112 families of children with autistic spectrum disorders (ASDs) from Children’s Hospital in Boston reported having used some type of complementary and alternative medicine (CAM). A Canadian study showed 91% of 183 families surveyed had used a CAM of any type.

People are doing a lot of things that they’re telling their pediatrician about, unless they ask,” said Leonard Rapaport, M.D., director of the developmental medicine center at Children’s Hospital, Boston, said. “This is something that needs to be reinforced continually with pediatricians.”

The most common CAM therapies were modified diet (38%), vitamins/minerals (30%), prayer/shaman (16%), according to the Boston study, led by Ellen Hanson, Ph.D.

“Only 10% of families used CAM because they wanted to heal their child of ASD, so this is a pretty aware population,” said lead investigator W. Ben Gibbard, M.D., of the University of Calgary (Alt.).

The mean number of therapies used was 10, but “some patients are up to 80 therapies that they’ve tried,” Dr. Gibbard said.

Early Parental Support May Stop Externalizing Problems Later

Parental emotional support of children as young as 1 year of age is associated with lower incidence of externalizing problems later in childhood.

Our results are suggested of very early parenting potentially having a long-term impact on the behavioral development of the child,” saidCarolyn A. McCarty, Ph.D., and her colleagues reported.

“High parental support helps them learn ways to provide emotional support to the child very early on in ways that are particularly important for children,” said lead investigator W. Ben Gibbard, M.D., of the University of Calgary (Alt.).

The mean number of therapies used was 10, but “some patients are up to 80 therapies that they’ve tried,” Dr. Gibbard said.

Parental emotional support was measured by maternal self-report on the NLSY-Child and by interviewer observation. A supplement of the survey included the 28-item Behavioral Problems Index to characterize child behavior patterns.

While there was no significant association between internalizing problems and parental emotional support, the researchers found a significant negative association between externalizing problems and parental support. The most significant association occurred between childhood behavior and parental support when the child was 1 to 2 years old.

“The association between externalizing problems and emotional support at ages 3-4 years and 5-6 years was nonsignificant,” said lead investigator W. Ben Gibbard, M.D., of the University of Calgary (Alt.).

“Children who do not receive warm, responsive, involved parenting in the early years are at risk of more behavioral problems, so we need to focus more on the home and family,” said lead investigator W. Ben Gibbard, M.D., of the University of Calgary (Alt.).

The investigators concluded.

—Michele G. Sullivan

Data Watch

Prevalence of Chronic Emotional, Behavioral, or Developmental Problems That Require Treatment

Note: Based on a 2001 survey of the parents or guardians of 372,174 children aged 0-17 years. Source: MMWR 2005;54:985-9

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<th>Category</th>
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<td>All children</td>
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<tr>
<td>Children with special health care needs</td>
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