Integrative Medicine in Pediatric Practice

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SESSION OBJECTIVES

• Identify conditions that integrative medicine will treat.
• Discuss integrative medicine strategies for common pediatric conditions.
Role of CAM in Western Medicine
Patient Driven, Doctor Approved

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IM/CAM in Pediatrics

• Goals
  – What is IM/CAM
  – Prevalence/Epidemiology
  – Coverage
  – Research
  – Education
  – Problems/Future
  – What are we doing to change the health care of children
My initial thoughts

- Healing vs. curing
- Is there research?
- Cross over in modalities
- Not clearly toward the disease but more the experiences/life of the patient (sleep, wellness, anxiety etc)
- Many names, many tools, don’t get frustrated
- Opening the mind
- You can’t go back
- “this isn’t complementary and alternative medicine, it is just good medicine”
What is IM

• Broad Categories
  – Conventional Med
  – Nutrition/Diet
  – Exercise/Physical Activity
  – Whole systems (TCM, Ayurveda, Naturopathy, Homeopathy)
  – Botanical med
  – Energy Medicine (Reiki, Healing touch, Qi Gong etc)
  – Supplements
  – Spirituality
  – Manual Medicine (OMM, Chiropractic, Massage, PT, Zero balancing, reflexology etc)
  – Mind-Body Medicine (Hypnosis, Biofeedback, Guided imagery, Creative therapy etc)
• Multi-level approach
  – First: Dealing with the acute illness, IE what can we do to help treat the disease or manifestation of the disease right now.
  – Second: Decreasing long term aspects of the disease, IE preventing flares, decreasing long term needs/dosages of meds
  – Third: Change the medical model from disease to WELLNESS. Every patient has more wellness than disease. “We all get something, it is what we do with it ➔ view it as a gift”.
  – Fourth: Helping to decrease/manage med side effects. IE sleep issues with steroids, liver toxicity etc.
Basic Principles

Nutrition
Exercise
Stress Reduction
Mind, Body and Spirit Approach

Underneath all treatment modalities, these are the basic principles for all patients. If we can simply do these, we will improve the patients quality of life.

Complexity vs. reduction thought.
Wellness vs. Disease model
Who is using it and what are they using

• In the US, (1997)~1/3 of all adults use CAM
• Visits to CAM providers
  – 1990:420 million, 1997:629 million (up by 47%)
  – 1997 estimated 21.2 billion dollars ~12 billion out of pocket
• More recent estimates~62% adults using CAM
• In Children: ~20-40% of healthy children seen in outpt clinics use CAM
• >50% of children with chronic, recurrent or incurable illness use CAM
• ALMOST ALL STILL CONTINUE WITH WESTERN TREATMENTS!
• For specific conditions:
  – For Asthma: 33-89% pediatric patients using CAM to some degree.
  – For GI issues, studies with >50% of all patients using some form of CAM.
• CF
  – 77% using some form of CAM
  – When prayer not included, 65%
  – Most common was biologicals (ie herbs, supplements), next mind-body, manipulation, and then whole body systems
  – 85% of those using herbs felt it helped, no overt side effects and ~1/2 had told their provider.
  – 95% stayed with concurrent medical treatment
Usage of specific types of alternative care in the past year

- Herbal Therapy: 17%
- Chiropractic: 16%
- Massage Therapy: 14%
- Vitamin Therapy: 13%
- Homeopathy: 5%
- Yoga: 5%
- Acupressure: 5%
- Acupuncture: 2%
- Biofeedback: 2%
- Hypnotherapy: 1%
- Naturopathy: 1%

Of those who use alternative care, most use it along with their traditional medical care:

- 11% use alternative care along with AND as a replacement
- 15% use alternative care as a replacement for traditional care
- 74% use alternative care along with traditional care

Landmark study 1997
What does this mean?

- 2000- The AAP convened a Task Force on Complementary and Alternative Medicine
- 2001- Statement from the AAP Committee on Children with Disabilities regarding counseling families on CAM
- Insurance
  - 1996: Insurers reported 70% increase in demand for CAM services
  - 2004: Prominent HMO with 87% coverage of Chiropractic, 47% for Acupuncture
  - Medicaid: of 46 states that reported: 33 states reimburse chiropractic, 10 biofeedback, 7 acupuncture, 5 hypnotherapy and naturopathy.
  - MaineMedicaid  
    | Year | Change |
    |------|--------|
    | 2002 | $690,464 (56.1%) |
    | 2003 | $818,360 (18.5%) |
    | 2004 | $978,056 (19.5%) |

What does this mean?
Government

• 1992 Office of Alternative Medicine founded by congressional mandate
• 1998 became NCCAM-Total research funding exceeded 225 million in 2006
  – http://nccam.nih.gov/
• Very few (<5%) involved pediatrics.
Research

- Major issue when trying to evaluate and discuss CAM in Western medicine
- Commonly stated “There’s no data” or “the data is all bad”
- As of 2002, there were >1400 randomized controlled studies regarding CAM therapies. ~50 systemic reviews.
- In 2005, two reviews in J Clin Epid, showed that the quality of RCT in CAM and the reviews were equal to or exceeded that of conventional medicine.
• In addition: 2005 Review noted publication bias in CAM was opposite that of conventional medicine. Negative studies are more likely to be published and positive studies are more likely to be published in foreign medical journals.

• Difficulties:
  – Marked variation in modalities
  – Differences in diagnosis
  – Individualized care, particularly with whole systems.
  – Consistency with treatment therapies (doses/concentrations, compliance, practitioner etc)
Consortium of Academic Health Centers for Integrative Medicine (CAHCIM): Started in 1999 with 8 schools

- Duke, Harvard, Stanford, University of Arizona, University of California (San Francisco), University of Massachusetts, University of Maryland, University of Minnesota.

  - Developed core competencies for medical students in training
• Included the following
  – Knowledge: basic concepts on principles to help guide patients.
  – Attitudes: open minded yet critical thinkers,
  – Skills
  – Experiential learning (visits with practitioners)
    • Homeopathy, Energy medicine (our residents w/ in house reiki), Tai Chi, Acupuncture, manipulation
  – Self-Care: Developing life long techniques for wellness, “walk the walk”.
Albert Einstein College of Medicine of Yeshiva University
Columbia University College of Physicians and Surgeons
Duke University School of Medicine
George Washington University School of Medicine and Health Sciences
Georgetown University School of Medicine
Harvard Medical School
Jefferson Medical College of Thomas Jefferson University
Oregon Health & Science University School of Medicine
Stanford University School of Medicine
University of Arizona College of Medicine
University of Calgary Faculty of Medicine
David Geffen School of Medicine, UCLA
University of California, San Francisco, School of Medicine
University of Hawaii John A. Burns School of Medicine
University of Massachusetts Medical School
University of Maryland School of Medicine
UMDNJ–New Jersey Medical School
University of Michigan Medical School
University of Minnesota Medical School
University of Pennsylvania Health System
University of Pittsburgh School of Medicine
University of Texas Medical Branch at Galveston
University of Washington School of Medicine
Problems and the Future

• Zealots and the extremes
  – Ex: Vaccines, Chelation, Alternative labs, ?DAN. How do we find the balance?

• Research:
  – Incorporating other scientific models into our Western scientific thoughts. Ex: TCM, Ayurveda, Homeopathy. Possibly more complexity than reduction model
  – Outcomes studies: Ex Ulcerative Colitis-Western vs Integrative GI, what are the outcomes
  – Acceptance in mainstream Journals

• Supplements/Herbs
  – Regulation, consistency, contamination, adulteration
• Education:
  – Clearly needed given patient demands
  – Consistency, accuracy, availability
  – Payment

• Licensing of practitioners
  – Commonly state regulated
  – Who do you trust

• Pediatrics
  – Dosing
  – Safety
  – Research
What are we doing?

• Wellness based approach: increase wellness, decrease disease.
• Our goal: all patients will have access to integrative care to improve outcome.
• Integrative approach in all areas of pediatric care: inpatient, outpatient, PICU, NICU, ER, Radiology.
Developing/Current Programs

- Subspecialty care: patient entering any program has access to integrative guidance approaches. Work closely together and coordinate visits
  - Currently hypnosis in Pulmonary and urology
  - Biofeedback with PT for voiding issues
  - Headache program with NP integrative approach
- IM consults for patients and practitioners: connects patients to all therapies and practitioners: kid friendly
  - At visit OMM, biofeedback, mind body
• Inpatient: IM consults, OMM, mind body, biofeedback, some supplements

• Developing
  – OMM for all ages and more access
  – Music therapy
  – Reiki/Energy medicine
  – Acupuncture
  – More mind body
  – Supplements/botanicals

new hampshire’s hospital for children
Greening the hospital

Nutrition: already in place but looking at teaching cooking, more “food as specific therapeutic intervention”.

Clear Commitment

• Three (3) physicians heading to Univ Ariz to do fellowship
  – Mark Integlia, MD - Pediatric GI
  – Holly Neefe, MD - General Pediatrics
  – Denise Toshach, MD - Pediatric Hospitalist