

Treatment plan for children with autism often includes complementary therapies

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Complementary and alternative medicine (CAM) is becoming a popular treatment for a variety of conditions, with national data showing it is used by about 12 percent of children.

New research shows that about 21 percent of youths enrolled in a large registry of [children](#) on the autism spectrum use CAM as part of their overall treatment plan.

Results of the study, and three others conducted by the Autism Speaks' Autism Treatment Network (ATN), will be presented Sunday, May 2 at the Pediatric Academic Societies (PAS) annual meeting in Vancouver, British Columbia, Canada.

An estimated one in 110 U.S. children has autism, a group of complex developmental brain disorders that affect behavior, social skills and communication.

In this study, researchers sought to determine how often children enrolled in the ATN used CAM treatments and identify factors associated with CAM use. The ATN, which includes 14 treatment and research centers in the United States and Canada, enrolls patients ages 2-18 years with a diagnosis of autism, Asperger's syndrome or pervasive developmental disorder-not otherwise specified (PDD-NOS).

Parents completed a medical history questionnaire that asked about their child's use of CAM treatments, gastrointestinal (GI) symptoms, sleep

and demographics.

Results showed that 201 of 1,212 children (17 percent) were on special diets, most often a gluten-free, casein-free diet (53 percent). Special diets were most common among children diagnosed with [autism](#) (19 percent), followed by those diagnosed with PDD-NOS (14 percent) and Asperger's syndrome (7 percent).

In addition, children with GI problems were more likely than those without GI symptoms to use CAM treatments, including gluten-free, casein-free diets, diets free of processed sugars, [digestive enzymes](#) and probiotics.

"Physicians treating children with [autism spectrum disorders](#) should be aware of the CAM treatments that their patients may be receiving in order to help families monitor their child's response to treatment, as well as to assure the safety of these treatments in concert with the physician's prescribed treatments," said Daniel Coury, MD, medical director of the ATN and professor of pediatrics and psychiatry at The Ohio State University.

Provided by American Academy of Pediatrics

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