

# Parents will push for medication, even if doc says not needed

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Survey dealt with hypothetical diagnosis of digestive disorder in young child.

(HealthDay)—When doctors use quick-and-easy disease labels to sum up symptoms of concern in an otherwise healthy infant, parents are more apt to want to treat their child with some type of medication, even if they're told that drugs won't help, new research says.

The finding was gleaned from the results of a survey administered in a general pediatric clinic setting. The poll had asked parents how they would react to being told that their child's excessive crying and spitting amounted to a diagnosis of [gastroesophageal reflux disease](#) (GERD), rather than being given no specific disease label at all.

The study highlights the powerful impact that a physician's choice of

words can have on parental decision-making, while emphasizing the importance of good doctor-patient/parent communication.

"The disease label seems to send the message that there is an illness that requires [medical treatment](#)," explained study lead author Laura Scherer, an assistant professor in the department of [psychological sciences](#) at the University of Missouri. "But, depending on the situation, medical treatments may be necessary, or not. In the case of GERD, an otherwise healthy infant probably will not benefit from medication. So in this case [that] label can be misleading."

Scherer and her colleagues published their findings in the May issue of *Pediatrics*.

Though the [survey results](#) speak to the potential impact of disease-labeling as a whole, the authors noted that the issue is of specific interest with respect to GERD. A growing concern is that this particular condition is both overdiagnosed and overtreated among basically healthy children.

Between 2011 and 2012, the investigators surveyed 175 parents (whose average age was about 35) either while in a pediatric clinic [waiting room](#) or an examination room. Most participants were mothers and described as highly educated. The average age of their sons and daughters was 4.5 years. About one-fifth of these children had been previously diagnosed with GERD.

Parents were randomly given one of four hypothetical scenarios: Their infant had GERD and existing drugs were ineffective; their infant had GERD without any comment on medications; no disease label was offered in the context of drugs being ineffective; or no disease label or drug information was offered.

The result: Those parents who were given a GERD diagnosis ended up being interested in treating their infant with drugs despite being specifically cautioned that drugs wouldn't work.

By contrast, parents who were not offered a single disease label to describe their infant's crying and spitting symptoms only expressed an interest in drug treatment if the physician did not raise the issue of the drug's ineffectiveness. This left parents to assume that the relevant drugs worked.

When medicinal ineffectiveness was discussed, these parents expressed no eagerness to launch a drug treatment.

"It's important for both patients and doctors to know that these kinds of labels can influence how parents or patients respond to symptoms," Scherer said. "Words have the power to make a normal process seem like something that requires medical intervention," she explained.

"It's also important," she added, "for parents or patients to listen to the whole story. Is the doctor saying that these symptoms will go away on their own, or that available medications don't work all that well? That information is just as important as the disease label."

For his part, Dr. David Dunkin—an assistant professor of [pediatrics](#) in the division of pediatric gastroenterology at the Icahn School of Medicine at Mount Sinai, in New York City—said the survey findings get to the very heart of the doctor-parent relationship. He was not involved with the new study.

"It's the job of the physician to be a partner with the parent, and to give them the information that they need about the child's condition, but also about what the side effects, risks and benefits are of treatment," Dunkin said. "Because, in my case, I often see patients who have already been

referred by a pediatrician, and already come in with the idea that their baby has reflux [GERD], without really having had the situation explained to them fully," he noted.

"But while this conversation is happening it's very important that physicians be very careful about what they say and how they say it," Dunkin added. "We have to be sure to explain things thoroughly and in a language that parents won't misunderstand. And if they don't understand, you have to give [parents](#) a chance to ask questions. Because while you may be strongly recommending something, in the end you really have to make the decision together."

**More information:** To learn more about GERD, visit the [U.S. National Library of Medicine](#).

Paper [www.pediatrics.org/cgi/doi/10.1542/peds.2013-0286](http://www.pediatrics.org/cgi/doi/10.1542/peds.2013-0286)

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