



## Use of complementary and alternative medicine in children with type 1 diabetes

Sir, Complementary and alternative medicine (CAM) comprises a group of medical products and practices that are not currently considered to be a part of conventional medicine.<sup>1,2</sup> The increasing use of CAM among children and adolescents with chronic illnesses has been noted in several studies,<sup>3–13</sup> and their use carries the risk of interactions with prescribed drugs, or other adverse events.<sup>14–16</sup> Healthcare providers should therefore be acquainted with patients' use of CAM.

We performed a study to determine the prevalence of CAM use among children with type 1 diabetes, to evaluate reasons for use and the possible interactions with conventional diabetes treatment.

The parents of 169 children with type 1 diabetes completed a questionnaire evaluating the use of CAM. Twenty-two per cent (38/169) of patients had been using CAM. Most frequently used treatments were herbal remedies, 'noni' juice, bioenergy and homeopathy. In total, 89% (34/38) of users discontinued CAM treatment, usually due to disappointment and lack of positive effect. Three patients reduced insulin dosage during CAM treatment, and dietary reductions were suggested to two patients.

Eighty-four per cent (27/32) of patients did not notice any change in diabetes regulation, 12.5% (4/32) noticed improvement, and 3.5% (1/32) experienced worsening of regulation during CAM treatment. Only 28.1% (9/32) of participants considered the treatment to be useful and 78.8% (26/33) thought it was safe. The parents perceived overall wellbeing as the main benefit of CAM. Despite the disappointment with

practised treatment, 39.4% (13/33) of users would like to try another CAM method if it represented a possibility to help their child.

From our study results, we conclude that healthcare providers should be aware that many patients with type 1 diabetes may be using CAM. Therefore, the use of CAM should be discussed during education sessions, their ineffectiveness and probable patients' disappointment should be emphasised, and discontinuation of insulin dosage during CAM treatment should be strongly discouraged.

**B Stanjkler,<sup>1</sup> RN, Head Nurse in Paediatric Endocrinology**  
**J Radanovic,<sup>1</sup> RN, Diabetes Educator**  
**G Colig,<sup>1</sup> RN, Diabetes Educator**  
**K Seso,<sup>1</sup> RN, Head Nurse in Paediatrics**  
**N Cvijetkovic,<sup>2</sup> RN, Head Nurse in Paediatric Endocrinology**  
**K Dumic,<sup>1</sup> Medical Student**  
**N Krnic,<sup>1</sup> MD, Paediatric Resident**

<sup>1</sup>Department of Paediatrics, University Hospital Center Zagreb,  
<sup>2</sup>Department of Paediatrics, University Hospital Split, Croatia

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