While the evidence base for the effectiveness of CIM as a treatment of the ADHD core symptoms of hyperactivity, inattention, and impulsivity is lacking, this information is provided to clinicians as a framework for discussions with patients and parents.

Approximately 50% to 64% of parents of children with ADHD report using complementary and integrative medicine (CIM) to treat ADHD symptoms. The most common CIM interventions vary by geographic location, availability, and parental demand, and they may change frequently. Families may voice a desire to investigate or use CIM, for one or more stated reasons, such as:

- To maximize a child’s potential
- To improve overall health and quality of life
- To avoid the potential side effects of stimulant medications
- To complement more conventional therapies
- To have more control over treatment
- To do “everything possible” for the child

Parents often wish to discuss CIM use with their child’s primary care clinician but hesitate to do so for a variety of reasons, including the belief that clinicians do not feel the need to know about CIM use and the perception that most clinicians know very little about CIM. Such discussions, however, provide an opportunity to learn about and understand a family’s values and attitude toward treatment and can greatly enhance the therapeutic alliance.

**ARMED TO DISCUSS CIM: A FRAMEWORK FOR CLINICIANS**

**Ask**

Ask parents about their experiences with CIM: “Have you tried any nonmedical treatments to help your child’s attention or behavior? For example, some families use special diets, avoid certain foods, or add certain vitamins or other supplements.”

a. If yes: “What have you tried and how useful was it?”

b. If no: “Are you interested in trying these kinds of therapies or have you considered using them? If so, which ones?”

**Respect**

1. Use an integrative approach that emphasizes health and wellness of the child in the context of the family.

   a. Better sleep hygiene, more exercise, and good nutrition are all part of a healthy lifestyle for everyone.

   b. Consider thinking about the positives of trying some complementary or integrative therapies.

2. Understand what parents see as important treatment goals (eg, cure, manage symptoms better, prevent negative outcomes related to ADHD, minimize dosage or side effects of stimulant medication, promote child’s health and build resilience, promote family’s well-being and quality of life, simplify treatment).
### ARMED TO DISCUSS CIM: A FRAMEWORK FOR CLINICIANS (continued)

#### Monitor

1. Establish measurable outcomes of treatment. What are the parents’ priorities for change (eg, target symptoms or behaviors for the child; how parents, siblings, and teachers respond to child’s behaviors)?

2. Clarify expectations for treatment. What is a realistic degree of improvement within a given time frame (eg, expecting a child who currently requires reminders for every step of the morning routine to become completely independent within a week is unrealistic)?

3. Reevaluate the therapy if there is no response or harm.

#### Educate

**Families**

1. Encourage parents to bring in their own research on CIM to discuss with the clinician. Their research includes what they have read and what they have learned from other families and their own experience.

   a. Differentiate between scientific-sounding marketing and actual scientific evidence.

   b. Appraise the scientific evidence cited for all interventions.

   c. Discuss potential risks and benefits of all reasonable therapies for the child and family unit. What potential trade-offs might there be for trying a CIM therapy before a behavioral intervention or stimulant medication (eg, potential time lost from other therapies, draining of family’s financial resources, effect on high-stakes educational testing)?

   d. Decide whether to recommend use of intervention, tolerate it, monitor it closely, or discourage it depending on whether the therapy is likely to be effective and safe.

**Clinicians**

2. Become familiar with specific CIM therapies used by your patients.

3. Search available databases for potential interactions with other medications, herbs, or supplements.

4. Consult the Resources section on the next page.
ARMED TO DISCUSS CIM: A FRAMEWORK FOR CLINICIANS (continued)

Distribute

Provide credible information about CIM (see the Resources section later on this page).

<table>
<thead>
<tr>
<th>Is the therapy effective?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the therapy safe?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>RECOMMEND</td>
<td>TOLERATE</td>
</tr>
<tr>
<td>NO</td>
<td>MONITOR CLOSELY OR DISCOURAGE</td>
<td>DISCOURAGE</td>
</tr>
</tbody>
</table>


If the decision to try the therapy is made, an n-of-1 trial may be warranted to determine effectiveness. In such a trial, the child serves as his or her own control participant in a series of crossovers from CIM therapy to routine care or placebo (if available), using objective measures and blinded raters (e.g., teacher, non-primary caregiver). N-of-1 trial is traditionally used for stimulant medications and can be adapted for other therapies as long as they act immediately. It does not work well for long-term therapies such as vitamin or mineral supplements or fish oil supplements, which may take weeks or months to build up in the system.

RESOURCES

General Information (for Parents and Professionals)

- Center for Drug Information and Natural Products at the Massachusetts College of Pharmacy and Health Sciences: 617/732-2759 or [www.mcphs.edu/patient-centers/center-for-drug-information-and-natural-products](http://www.mcphs.edu/patient-centers/center-for-drug-information-and-natural-products)
- National Center for Complementary and Integrative Health fact sheets: [www.nccih.nih.gov](http://www.nccih.nih.gov)
  - “Children and the Use of Complementary Health Approaches”
  - “Finding and Evaluating Online Resources”
RESOURCES (continued)

General Information (for Parents and Professionals) (continued)

- “Safe Use of Complementary Health Products and Practices”
- “6 Things to Know When Selecting a Complementary Health Practitioner”
- “5 Tips: What Consumers Need to Know About Dietary Supplements”

Evidence and Alerts for Safety, Interactions, and Effectiveness

- CAM on PubMed database of citations and abstracts of peer-reviewed scientific studies: https://nccih.nih.gov/research/camonpubmed
- Chan E. Quality of efficacy research in complementary and alternative medicine. JAMA. 2008;299(22):2685–2686
- Natural Medicines comprehensive database: https://naturalmedicines.therapeuticresearch.com
- Quackwatch: www.quackwatch.org

CIM Education Resources for Professionals

- Evidence-Based Complementary and Alternative Medicine journal: www.hindawi.com/journals/eCAM
- Pediatric Complementary and Alternative Medicine Research and Education Network: www.pedcam.ca
- Kemper KJ. Addressing ADD Naturally: Improving Attention, Focus, and Self-discipline With Healthy Habits in a Healthy Habitat. Bloomington, IN: Xlibris Corp; 2010
RESOURCES (continued)

Consensus Statements on CIM


CIM Therapies for Attention-Deficit/Hyperactivity Disorder


- Newmark S. *ADHD Without Drugs: A Guide to the Natural Care of Children With ADHD.* Tucson, AZ: Nurtured Heart Publications; 2010
