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Hypnosis as a Therapeutic Tool in Pediatrics

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COMPLEMENTARY AND ALTERNATIVE medicine (CAM) therapies are achieving considerable increase in popularity and recognition in both adult and pediatric populations. A national survey conducted in 2004 indicated that relaxation techniques, guided imagery and hypnosis, are among the most popular mind-body therapies in adults.¹ In 1997, 43% of Americans spent \$27 billion out of pocket on 1 or more alternative therapies.² The frequency of using CAM for children is increasing as well, and a 2001 survey indicated that 20% to 30% of pediatric patients used 1 or more CAM therapies. These rates are much higher (30%–70%) among children with chronic and recurrent conditions such as cancer, asthma, rheumatoid arthritis, migraine headache, and cystic fibrosis.³ With the increased popularity of CAM in children, pediatricians are confronted with parental demands and questions related to the integration of CAM in patient management. As such, pediatricians should be aware of all available CAM modalities including hypnosis.

Hypnosis is one of the very first ancient CAM interventions and is defined as “a natural state of focused concentration coupled with a relative suspension of peripheral awareness.”⁴ This modality can be dated back several thousand years to the Greeks, Egyptians, and Persians. Milton Erickson and Ernest Hilgard were among the first investigators in the United States to undertake a modern, systematic approach to hypnosis, and the American Medical Association acknowledged hypnosis as a valuable tool in medical treatment in 1958.⁵ A National Institutes of Health Technology Assessment Panel report in 1996 judged hypnosis to be a viable and effective intervention for alleviating pain with cancer and other chronic pain.⁶

Traditionally, a hypnotic experience consists of 3 components: (1) absorption, focused concentration; (2) dissociation, relative suspension of peripheral environ-

ment; and (3) suggestibility, a communication indicating that an individual will experience a particular response toward the goal of a therapy. Hypnosis is a particularly suitable intervention for children because, in general, children are more susceptible to hypnosis than adults.⁷ This increased susceptibility has been attributed to children’s enhanced ability and willingness to become absorbed in fantasy, play, and imagination. Indeed, clinical hypnosis has been applied as an effective adjunct in the management of a variety of pediatric disorders.⁸

Several studies have reported the use of hypnosis in the management of painful surgical and medical procedures^{9,10} and postoperative pain.^{11,12} Hypnosis was also used both as a solo technique and an adjunct to analgesic medications for the management of acute painful conditions such as burns¹³ and fractures in pediatric emergency settings.¹⁴ Children who suffer from chronic pain conditions such as recurrent abdominal pain,¹⁵ migraine headache,^{16,17} and sickle cell disease¹⁸ have shown significant benefit from the use of hypnosis in hospital settings. Holden¹⁹ reviewed 31 studies of treatments for children with chronic headache and found good evidence for the efficacy of relaxation and self-hypnosis in reducing pain.

Several studies have also shown improvement with use of hypnosis in children and adolescents who suffered from behavioral conditions such as trichotillomania,²⁰ thumb-sucking,²¹ chronic dyspnea,²² Tourette syn-

Abbreviation: CAM, complementary and alternative medicine

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drome,²³ enuresis, and dysphasia.²⁴ Indeed, Anbar and Geisler²⁵ found that 75% of a group of children who were taught self-hypnosis showed significant improvement in symptoms such as habitual cough, hyperventilation, shortness of breath and sighing, and vocal cord dysfunction. Several clinical reports have also consistently documented the clinical effectiveness of hypnosis in managing symptoms and improving quality of life in a population of children with asthma and cystic fibrosis.^{26–29} Finally, case reports have shown that hypnosis can be used for the treatment of some habitual disorders such as sleep disturbances, night terrors,³⁰ swallowing problems,²⁴ and nocturnal enuresis as well as some dermatologic condition such as atopic dermatitis,³¹ chronic eczema,³² and viral warts.³³

Taken together, we recommend the use of hypnosis as an adjunct for the treatment of procedural pain and anxiety, phobias, sickle cell disease, and a number of chronic pain disorders such as headache and abdominal pain. This recommendation is supported by recent Cochrane reviews on this topic.^{34–36} The effectiveness of hypnosis for the management of other disorders such as asthma, sleep disturbances, and certain dermatologic conditions is unclear at the current time, and more data from randomized, controlled trials are needed. Pediatricians should note that introducing the concept of self-hypnosis to children early in the course of a chronic disease is advantageous, because it would give them a sense of control and mastery.³⁷ Parents should also get involved early in the hypnosis process, because parental conceptions about hypnosis may either impede or assist a child's therapy. To select a suitable hypnosis technique to a child, several factors such as developmental age, child's condition, motivation, interest, and abilities should be considered. Indeed, more randomized, controlled trials that use validated outcome measures are still needed to address issues related to the optimal timing and length of hypnotic interventions.

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DOCTORS ASSAIL UNITEDHEALTH'S THREAT OF FINES

"A new UnitedHealth Group Inc policy that threatens to fine doctors for referring patients to out-of-network laboratories for tests is mushrooming into a bitter dispute between the health-insurance giant and many of the 520 000 physicians in its networks nationwide. Most health plans are designed so their members pay more when they go to an out-of-network doctor or take a non-preferred medication. But the financial sanctions, which UnitedHealth has yet to impose, mark the first time a physician could be fined by a health insurer if he or she directs a patient to seek out-of-network care or testing, the American Medical Association says. The threats stem from a 10-year deal that UnitedHealth struck late last year with Laboratory Corp of America Holdings to become its national in-network laboratory. With 28.5 million health-plan members and growing, UnitedHealth has been using its heft more and more in recent years to negotiate cut-rate fees with doctors, drug makers and other suppliers."

Fuhrmans V. *Wall Street Journal*. April 10, 2007

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