

Does 'therapy' have a future?

Due to rising health costs all over the developed world, the call is for planning care for children with disabilities and their families. If I get the slogans right, in America it is 'managed care' whereas in Europe the talk is of 'evidence-based medicine'. Whatever the scheme for providing health cover, through insurance companies or direct from government, financial constraints are such that a programme which does not have some scientific backing is becoming increasingly difficult to offer. Paradoxically, in the document of the European Academy of Childhood Disability working party¹, the following statement was made: 'Certain services or facilities should be available as a basic right in a caring society, rather than these having to meet a strict scientific test of effectiveness' (p5). The authors added this paragraph in comment:

Health providers have a responsibility to try to measure the effectiveness of any programmes set up for children with disabilities and to identify which treatments are ineffective. On the other hand, the availability of certain services such as early intervention is now an accepted right, even though appropriate methods of evaluation may yet be lacking.

Meanwhile, researchers struggle to look at the treatments we offer and see how effective they are. A useful international collaboration has developed with work by Eva Bower and colleagues² in an important series of papers looking at physiotherapy in cerebral palsy. One wonders what health providers would make of these materials. They would probably feel that the evidence gave little support for continuing present programmes. Yet parents, teachers and schools all bewail the shortage of therapists.

Bower's paper is, of course, directed towards cerebral palsy. Were one to visit a local facility for children with communication disorders or autistic syndromes, there would be the same complaint: a stretched teaching staff and too few speech and language therapists. Indeed, if one then extended the disability field to include behaviour problems, again therapists would be in short supply. Those of us concerned with the development of good services for children and their families are clearly facing a dilemma.

It is interesting to note that in the Bower paper their use of a parental measure³ showed no statistical difference between the varying groups of therapy that were offered. Although on all occasions when the child had more therapeutic contact, intensive as opposed to routine, the scores went up, the intensive therapy programme still showed statistically no benefit over the less intense programme.

Parents faced with a relatively low level of intervention will often try to supplement or provide a service themselves. We orthodox practitioners can have very real concerns about this. Many who work privately provide an excellent and hopefully scientifically-based programme, but equally, parents may use

therapies which are of doubtful validity. We can note sometimes with considerable concern the high prices charged for these 'alternative therapies'. Be that as it may, what are we to say about the situation when our scientific evaluation of the therapies we provide suggests that many of them may not be contributing significantly to the child's improvement?

An old hobby horse of mine is to wonder whether the measures we use are inclined towards looking at treatment as opposed to management. Therapy is perceived as treatment and treatment is concerned with cure. Parents taking their children for physiotherapy or speech and language therapy often anticipate that the child will be 'cured', as more than one parent has said to me. And we perhaps collude with this because of our lack of enthusiasm for confronting the parents honestly with our view about the child's prognosis. Do we say at around two, when it becomes reasonable to make this prediction, your child will not walk?

If we were looking at the effects of therapy, not in terms of measures such as a GMFM but more in terms of parental satisfaction and ease in management of the child, maybe we would get better results. The same applies with our speech and language colleagues when examining in detail their role in the improved output of speech and language. But are they not providing the optimal environment and allowing the changes in the CNS to generate the improvement we see in the child? Reducing the child's stereotypy for example, does not alter the diagnostic situation if the child is autistic. We must therefore say to parents this is what we plan to do and then look at the effectiveness of the programme. Strategies for this will come from the experience of other families and child health practitioners. Therapists, neurologists, and psychologists will all need new curricula.

Of course, as we clinically observe the natural history of the effects of major impairments on a child's functioning, we will look to the future and hope that magic solutions like gene therapy are around the corner. But the corner is certainly some way off at the moment and for the time being we must try and see provision of services and facilities as basic rights for children with disabilities.

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References

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