Reviewer's report

Title: Does trust in health care influence the use of complementary and alternative medicine by chronically ill patients?

Version: Date: 8 May 2006

Reviewer: marja verhoef

Reviewer's report:

Overall, this is a reasonable descriptive paper that is fairly straightforward and discusses the role of trust in health care choices people make regarding complementary and alternative medicine.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. Implications for health policy are only minimally addressed in the discussion. One issue would be to address the issue of professional regulation. Of note: the authors use â€˜certificatedâ€™ (meaning certified), do they mean certified, regulated or licensed?

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. One of the concerns of the paper consist of the multiple tests that are being conducted (especially tables 2 and 4), making it quite possible that some associations are significant by chance alone. This could be addressed by focusing on the variables in the final logistic regression model and considering the tests of significance related to variables associated with CAM use and those associated with â€˜trustâ€™ as preliminary testing to assess whether sociodemographic and disease variables need to be considered as potential confounders in the final model.

2. Of the associations that are significant, many relate to minor differences (in particular in table 2), partly due to the large sample size. It might be helpful to indicate that the practical relevance of some of these associations is minimal.

3. It appears that this study is a secondary analysis of data that were initially collected for different primary analyses. While this is a valuable use of large databases, there are drawbacks related to lack of validated scales, such as for â€˜trustâ€™. A paragraph might be included to discuss this issue.

4. The notation health care (professionals) is used to indicate health care and health professionals. It would be better to write this out in full.

5. Trust is defined as â€˜general trustâ€™ (p. 4). It would be helpful to be more specific about what trust is, e.g. reliance or similar concepts.

6. The paragraph in the middle of page 5 relating to reasons for CAM use, is too limited: â€˜no benefit, no harm, a holistic viewâ€™ should be part of a short sentence clarifying its role.

7. I would add to research question # 3: â€˜professionals, controlled for potential confounding variables.

8. Change certificated to certified and digitized to dichotomized (p. 8)

9. What test was used for the associations in tables 2 and 4: one way ANOVA? Which tests were used for pairwise comparisons?

10. Just under results: two thirds, one third and 6% do not add up to 100%, it is better to use actual percentages.

11. The role of the factor analysis on p. 8 needs to be explained: on page 7 it is stated that trust was measured by means of 3 items, while on page 8 it is suggested that factor analysis was needed to result in these items. What were the items that were included in the factor analysis?

12. Does the category â€˜recent usersâ€™ include those who are recent AND past users? On the top line of table 3, the numbers do not add up to 1625, who are excluded?

13. It is not clear what the numbers in the lines after the headings mean in table 4: e.g. on the line health care, there are numbers for never, past and recent use, but what do these numbers refer to, are they means or so?

14. In table 1, it is clearer to say score < 6, rather than (very) little trust, etc. Also, the terms score, rank and grade are used, lâ€™d stick with the term score.
15. On page 12 there is reference to an increase in CAM use, you might say a suggestion of an increase, a strictly speaking a cross-sectional study cannot determine change.

A few editorial changes:

1. Page 2, reverse the two sentences under Results.
2. Page 5, use chronically ill patients, rather than chronically ill
3. Page 5, change poor health people to people with poor health
4. Page 9, move the last paragraph of the methods to the previous paragraph.

Discretionary Revisions (which the author can choose to ignore)

What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests