Author’s response to reviews

Title: Acupuncture, chiropractic and osteopathy use in Australia: a national population study

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Author’s response to reviews: see over
Dear Dr. Phillips,

Re: BMC Public Health MS 3391402841634904 “Acupuncture, chiropractic and osteopathy use in Australia: a national population-based study”

Thank you for providing the reviewers’ comments on the manuscript. We have amended the manuscript accordingly. The specific changes are detailed below.

**Reviewer 1: Professor Edzard Ernst**

1. The reviewer’s concern about the currency of the findings in this paper is unexpected. With a study of this nature, a very large set of data was gathered which required extensive processes for data validation and analyses. Please note that data collection of this study was completed in June 2005 and the paper was submitted to the *BMC Public Health* in October 2007 for consideration of publication. The overall usage of CAM is not likely to be changing so rapidly in Australia to compromise the currency of our findings and conclusions. Also, there has been no specific report on commonly used manual therapies in Australia. We are confident that the findings from this study will contribute significantly to knowledge on the prevalence of use of acupuncture, chiropractic and osteopathy in Australia with specific information concerning the rationales of use, the outcome of use and patient referral patterns.

2. The discussion about adverse events has been revised to address the reviewer’s concern (page 13). In this study, we sought users’ perception on the usefulness of the therapies for their health, which is fundamentally different from effectiveness of a therapy which requires an evaluation process using validated instruments in a controlled setting.

   Even though a number of studies reported on the rationales for CAM use in different countries, there is no specific literature available on why these three therapies are used in Australia. In regard to the high proportions of users of each manipulative therapy who indicated that they would be prepared to use it again, rather than this being due to them having paid for their previous treatment, we consider it more likely that their willingness to use the therapy again to be due to their satisfaction with previous treatment.

**Reviewer 2: Professor Thomas Lundeberg**

*General comments*

1. Various methods have been used for population studies and none of them is bias-free. The application of computer-assisted telephone interviews on a sample selected based on random digit dialling technique is an established method. These methods have been frequently employed in large scale population surveys, such as the Australian National Health Survey. As issues concerning specific use of these three manual therapies are not included in major national health surveys/censuses, our study was devised to provide critical information which is not currently available in the public domain.
2. It is certainly possible that the frequency of visits to non-medically qualified manual therapy practitioners might be limited as a result of the caps on rebates from health funds. This has now been incorporated into the discussion (Page 13).

3. We appreciate the comments on the future direction of complementary medicine education, clinical practice, and regulation. These aspects are out of the scope of this study.

Additional comments

1. The rationales for using various statistical methods have been added into the text (Page 5).

2. The heading of Table 1 has been revised.

3. The heading of Table 2 has been revised.

4. To ensure professional relevance, we consulted the professional associations concerning the questionnaire design. The questions asked for each of the three manual therapies were almost identical. Two questions were omitted for acupuncture since they were not relevant for the therapy. Also, in regard to treatment outcomes, the question “Cured the disease/solved the problem” (Table 4) was not asked for chiropractic or osteopathy since our advice from chiropractors and osteopaths was that the likely “positive outcomes” of treatment were sufficiently covered by the other questions in the list.

Possible limitations of the study have been discussed and revised (page 14).

Enclosed is a revised MS for your consideration. We look forward to your further advice.

David Story and co-authors