Author's response to reviews

Title: Diagnostics and interventions in complementary and mainstream medicine

Authors:

Phil Heiligers (p.heiligers@nivel.nl)
Judith de Groot (j.degroot@ikno.nl)
Dick Koster (dick@artsencentrumvoorhomeopathie.nl)
Sandra van Dulmen (s.vandulmen@nivel.nl)

Version: 2 Date: 25 November 2009

Author's response to reviews: see over
Author’s response to reviews:

Dear Editor-in-Chief,

We want to submit the revised manuscript to BMC Complementary and Alternative Medicine.
We thank the reviewers for their comments that helped to improve the paper.

1. Answers to Reviewer Fuchsia M. Sirois:
Thank you very much for your supporting review.

- As suggested we added several studies in the background-section, stating that patients can choose visiting CM physicians for specific health problems, which can be different from the problems they present to GPs.
- In the current study physicians are the active agents, because physician’s diagnoses are examined, so these data are not gathered among patients. Confusing formulations on this point were corrected.
- We added information about the DNSP-2 in the method section and worked out further comments about the limitations of the study on this point.
- In Table 3 we controlled for age, gender and education level of patients, because patients’ characteristics differed between CM en GP. The significance levels were p ≤ .01, this notion is presented in the heading of the Table.

2. Answers to Reviewer Merijoy Kelner:
Thank you very much for your useful suggestions.

- In the background-section we examined and added several studies on the debate between CM and mainstream medicine, next to the state interests and regulations for protection of mainstream medicine.
- The relation between visit length and patient satisfaction was related to references [26, 27], but since we focus on physician’s activities, we consequently did not discuss on specific patient related topics.
- The method-section was elaborated on several points. Your suggestion on adding information on patient recruitment is worked out in the paragraph on ‘Procedure for
registrations and inclusion of patients’. Further, a total revision of Table 1 should be helpful on this point.

- The sentences under Statistical Analyses are rephrased and hopefully more understandable now. It is common to use multilevel analyses if percentages are presented, e.g. in Table 3 and 4 we had to control for patient characteristics at the patient level, because those characteristics differed between CM and GP patients.

- The discussion-section was elaborated on the subject of reasons for consulting CM and on health care policy regarding expenditure related to time investments (visit length).

- The paper was reviewed by a native speaker.

3. Answers to Reviewer Lesley Wye:

Thank you very much for your detailed comments.

- We agree on your first suggestion to focus on comparisons between CM and mainstream physicians, which implies that intervention aspects are omitted. We admit that on these aspects comparisons could not be worked out, because apart from basic health checks, CM and mainstream physicians use specific types of interventions.

- We asked a native speaker to review on English language.

- Since physicians are the active agents in this paper, we used physicians’ diagnoses (no data gathered among patients). Regarding this pint we corrected all confusing phrases.

Minor points:
1. We added the reference on the growing number of physicians who specialize in CM.
2. We added that this statement on a possible lack of differences is our supposition.
3. Thank you for correcting: phytotherapy it is.
4. As you suggested we added some background information about the three types of CM physicians. You will find most of this information near to box 1. Furthermore, some references about Dutch CM literature and research are mentioned [10, 12, 44], but we did not discuss patient oriented topics broadly, because we prefer to restrict the subject to physicians’ activities.
5. In the method-section we added the explanation of the concept ‘new’ patient and the inclusion of patients.
6. We added information about how we retrieved and used mainstream data.
7. We rephrased sentences in the paragraph on ‘Statistical analyses’.
8. We followed your suggestion to start the result-section with information on physician’s characteristics, followed by patients’ characteristics.
9. Interventions are left out.
10. We added information on the results about visit length.
11. We discussed the time gap between the gathered datasets (as one of the limitations).
12. We elaborated the point of differences in visit length between CM and mainstream physicians (discussion-section). And we suppose this will clarify the statement we make in our conclusions.
13. Acknowledgements are added regarding the format given by BMC.
14. Table 1 was revised, because we wanted to present here the main figures about the gathered data (physicians’ registrations).

Your request to give all p-values would not be captured by using landscape. It would require numerous separate tables to present each comparison. We prefer to give a compact overview, which is much easier to interpret for the reader.