Reviewer’s report

Title: Use of complementary and alternative medicine by those with a chronic disease and the general population - results of a national population based survey

Version: 1 Date: 1 July 2010

Reviewer: Bob Phillips

Reviewer’s report:

The article is a fascinating report of a large representative national survey which attempts to describe the heterogeneity of self-reported CAM use across four different chronic health conditions.

Major Compulsory Revisions.
1. I would suggest strongly that homeopathy and herbalism are separated clearly. Homeopathy is the prescription of vehicle/placebo with no pharmacologically active ingredients. Herbalism is the administration of potentially pharmacologically active plant-derived products, with the significant risk of interaction with allopathic medicines.

2. Acknowledging the multiple related testing which has been undertaken (28 different comparisons) may be risky even with large samples, and spurious 'significance' arise from the data by chance alone.

3. Exactly which factors have been tested for, which covariates selected, which method of logistic (linear?) regression by which statistical package needs description in the methods section. I suspect that there may be different effects of covariates across different chronic disease groups, and that averaging them fails to recognise this. Doing this will also make it clear that some factors - like age - could not have been assessed using anything but a simple categorical approach.

Minor Essential Revisions.
1. Tense. The report frequently switches between present and past. (For example Results>> Predictors of CAM use>> Last sentence: "women were more likely" .. "are not currently married" ) Consistency please, and for my mind, the past tense (as they all reported some time ago) would be best.

2. Methods >> para 3 (Data on the use..). The list is poorly punctuated. The use of commas may define more clearly the categories of CAM permitted.

3. Results >> Prevelance >> comparisions. The data here are presented as percentages, but it would be more useful to have them presented as OR (where the comparison can actually be made directly, rather than by reference to the tabulated estimates of general population use and coarse comparison ). As these are unadjusted estimates, I'd also not spend too long on discussing them as
other factors may play into them.

4. Results >> Prevelance >> para 2, last sentence. Starts with "While those ..". Whole sentence may be better restructured.

Discretionary Revisions

1. Discussion. Suggest a much greater exploration of why there may be variation between diagnoses. The life threatening disease (diabetes) uses little CAM, where the morbid but non-lethal (migraine) uses lots of CAM. Are there other data to suggest use of CAM for psychosocial/pain problems more commonly than organ dysfunction, such as renal impairment and blindness?

2. Discussion. Suggest a brief exploration of the (to me surprising) locality difference in diabetes. Does this reflect a data blip, or is it well known and age-distribution related?

3. Discussion. I would have liked to see a further discussion of the inverted-U-shaped relationship between age and CAM use.

4. Conclusion. There's a suggesting that emphasis needs to be placed on how to integrate CAM services. Why? Just because people do something, does it need to be integrated? (For example - provision for smokers in in-patient facilities?) Should this CAM integration be publically funded or on private insurance only?

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

'I declare that I have no competing interests'