Reviewer's report

Title: Health Care Utilization Among Complementary and Alternative Medicine Users in a Large Military Cohort

Version: 1 Date: 24 December 2010

Reviewer: Aslak Steinsbekk

Reviewer's report:

In general a well conducted and written study.

Major revisions
Although the title / article focus on health care utilisation, the introduction and discussion does not clearly emphasise this. Reading through the article the first time, I felt that the introduction gave an overview over CAM utilisation in general and that this was also the case with the discussion. My suggestion would be to make the focus on health care utilisation more explicit.

This brings me to the main point in my comments; why was it not controlled for conventional health care utilisation at the time of the survey? As it was asked about CAM use the last 12 months, I would imagine that the same type of question was asked about use of conventional health care. It is known that CAM users also use conventional health care. This makes it important to ensure that the findings of increased hospitalisation rates etc is not just due to comparing users of health services of all types to those not using it. The following articles have some data on this:

Druss BG, Rosenheck RA. Association between use of unconventional therapies and conventional medical services. JAMA 1999;282:651-6.


One would expect that those being hospitalised would also use out patient services. It would therefore be interesting to know if the results from an analysis of total health care utilisation (i.e. having used inpatient and out patient services the next year) differed.

The last paragraph in the discussion, which I take to be the conclusion of the whole article, section brings up some new issues that should have been discussed before being used in the final conclusion:
- It is not shown that CAM use continues to grow, rather it is on a high but stable level.
- The "inability of conventional practice" should be discussed in more detail and is especially interesting with regard to this paper as it concerns a group with very good access to services. The following article compares the USA and Norway
and the idea behind it is to explore the difference in CAM use in population with different health care systems Steinsbekk A, Rise MB, Ackin M. Comparison of visits to CAM practitioners in USA and Norway. Journal of Alternative and Complementary Medicine 2009, 15(11): 1201-1207.

- I agree on the need for additional studies regarding reasons, but some of this knowledge could be discussed based on Bishop FL, Yardley L, Lewith GT. A systematic review of beliefs involved in the use of complementary and alternative medicine. J Health Psychol. 2007 Nov;12(6):851-67.

Minor revisions
Abstract; the methods is to long and focuses too much on the statistical analysis.

Aim is not stated in introduction.

Although the methods section is basically structured to the conventional lay out with 1) design, 2) participants (population), 3) outcome measures (Data sources) and 4) analysis, it could do with a clean up. Data sources is used as a heading twice. The design is not explicitly stated. The measurements are not difficult to find within all the technical description of the data sources. Some of the details of the outcomes are described under Analysis.

Why was spiritual healing self-administered and energy healing practitioner assisted? I.e. explain what spiritual healing is taken to be (prayer?).

I was a bit confused in the beginning over the use of the term "first" hospitalisation, thinking that it had a special meaning. But as far as I can see, it refers to being hospitalised within one year after the survey question (baseline) and using first is merely a technical thing. Would it suffice using only "hospitalisation rate"?

I don’t understand this sentence "Individuals reporting one or more health conditions were 15% more likely to report CAM use and 19% more likely to report CAM use if reporting one or more health symptoms"

Some of the details of the results are given in the discussion section (e.g. specific ICD codes). Convention is to have all results in results section.

Table 1. In stead of using foot note for the p-value <0.05, the actual p-value should be given in the table. On the SF component scores, brackets should be used around the SD.

Table 2. Why are not the SF component scores included?

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

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a
statistician.

**Declaration of competing interests:**

I declare that I have no competing interests