Reviewer's report

Title: Predictors of yoga use among internal medicine patients

Version: 2 Date: 22 April 2013

Reviewer: Felicity Bishop

Reviewer's report:

This manuscript reports an interesting single-site survey of internal medicine patients, concerning the prevalence and predictors of use of yoga for the patient’s primary medical complaint. The paper provides novel insight into predictors of yoga use in a clinical adult population and the methods appear to be generally appropriate and well-reported.

Major

1. Please make it clear throughout the paper that you have investigated yoga use for the patient’s primary medical complaint (you can probably come up with a better way of phrasing this but hopefully you understand what I mean!). The terminology used at present (e.g. yoga use, or therapeutic yoga use) is a little vague and could cause misunderstandings.

2. In the discussion and conclusions (main article and abstract), it is not clear to me what “addressing these issues” or “addressing health locus of control” would involve. Please expand and/or rephrase.

3. Some details about the methods have been omitted and could be added:
   a. Was the questionnaire paper-based, self-report? Who asked patients to complete the questionnaire and how were the completed forms collected in again? (i.e., was this research process kept separate from the clinical processes?)
   b. Were the questionnaire items asking about yoga use pilot-tested at all?
   c. How was the ‘main diagnosis’ determined? Did the patients answer a question about this?
   d. I am not sure I understand how the FLZ was used – was one item selected from original scales? If so this risks the psychometric properties.
   e. Please describe the response scale and number of items for the GKU.
   f. It seems as if many of the predictor variables could have been treated as continuous variables in the analyses and instead have been converted into binary variables (e.g. by median split). It would be useful to explain and justify this decision in the Methods section.
   g. How much missing data was there; was a missing values analysis undertaken at all?
   h. What was the reliability of the scales in this sample? (Would be good to report Cronbach’s alpha for multi-item scales, either in methods or results.)
4. The results section would benefit from a short section at the start simply describing the participants’ characteristics, before reporting the bivariate and then multivariate analyses.

Minor

5. In the conclusions (main article and abstract) the phrase “more than 10% of...” should be reworded to more precisely reflect the results.

6. The discussion of the study’s limitations is appropriate but I would like to see an additional acknowledgement of the age of the data (data collected 2001-2004) and perhaps a comment on whether, given the culturally bounded nature of CAM use, the prevalence/predictors of yoga use might have changed since then.

7. In the discussion of age and yoga use, it would be useful to provide actual ages associated with increased yoga use in the different studies to allow a more precise comparison.

Discretionary

8. Did you have any a priori hypotheses about the correlates of yoga use? It would seem plausible, based on the literature review, to state such hypotheses at the end of the introduction.

9. Just to note, that the comment in the Discussion that yoga users’ decisions do not appear to be “evidence-based” links with qualitative studies on patient decision-making in CAM. The authors might like to expand on that but I do not think it is necessary.

Level of interest: An article of limited interest

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