Author's response to reviews

Title: Features of Complementary and Alternative Medicine Use by Patients with Coronary Artery Disease in Beijing: A Cross-Sectional Study

Authors:

Fu-Yong Chu (fuyongchu@gmail.com)
Yan Xue (snowater27@hotmail.com)
Ze Zhang (13066796232@163.com)
Xing-Jiang Xiong (acuphysical@gmail.com)
Jie Wang (wangjie0103@yahoo.com.cn)
Hong-Xu Liu (lhx @263.net)

Version: 3 Date: 1 September 2013

Author's response to reviews: see over
Cover Letter after Revision

Dear Editor-in-Chief of Journal of BMC Complementary and Alternative Medicine,

We appreciate the opportunity to resubmit our article “Features of Complementary and Alternative Medicine Use by Patients with Coronary Artery Disease in Beijing: A Cross-Sectional Study”. All comments by reviewers have been addressed, with corresponding changes made directly to the manuscript where appropriate. Accompanying this letter, please find a revised version of our manuscript. Detailed responses to the reviewers are included at the end of the document in separate pages. In addition, we also listed major changes in the revised version for your reference.

1. We designated a second corresponding author as Fu-Yong Chu in the revised version.

2. We moved the sentence “From May to July, 2009, a total of 600 questionnaires were distributed, and 546 patients with a diagnosis of CAD responded with valid values and were included in the present study” from Methods to Results of the Abstract.

3. We changed the words “when possible” into “when significant differences were found upon comparisons” in the Methods section of the Abstract.

4. We added the sentence “the majority (75.9%) of these CAM users believe that CAM is effective” in the Results section of the Abstract.

5. We added Key Words.

6. We unified sentences referring “the prevalence, perceived effectiveness, types, and reasons of CAM use” and sentences referring “CAM use in patients diagnosed with CAD” from different statements in the previous version, respectively.

7. We changed the sentence from “Besides Departments of Acupuncture and/or Chinese Medicine (CM) inside almost every western medicine (WM) hospitals, a large number of CM hospitals where almost all patients receive CM therapy exist in China” to “As a requirement by Chinese government policies, acupuncture and herbal medicine is offered in the Departments of Acupuncture and/or Chinese Medicine (CM) inside almost every western medicine (WM) hospitals. Meanwhile, a large number of CM hospitals where almost all patients receive CM therapy exist in China” in the Introduction section.

8. We added the sentence “The method of verbal informed consent only was also approved by the hospital ethics committee” in the Study Design and Setting section.

9. To reflect the actual study, we deleted the sentence “Patient recruiting process was completed based on principles of cluster sampling by a random number table” and added “150 consecutive patients…”.
10. To reflect the actual study, we added the sentence “Patients who filled the questionnaire before and patients who were illiterate were excluded at the site of survey. In addition, patients who used CAM for other purposes besides the management of CAD were also excluded.” in the Study Design and Setting section.

11. To reflect the actual Chinese version of questionnaire, we added detailed options for Question 8 and Question 9 in the section of Contents of the Questionnaire.

12. We changed the words “when possible” into “when significant differences were found upon comparisons” in the Statistic Analysis section.

13. We deleted the sentence “During the past one year prior to study participation, 220 CAM users in the present study (40.3%) experienced emergency admission and 307 (56.2%) were hospitalized at least once” from the Section of Demographic Characteristics of the Patients (Table 1) due to inaccurate description. The appropriate description “During the past one year prior to study participation, 138/377 (36.6%) participants in the CAM use group as compared to 82/169 (48.5%) participants in the non-CAM use group experienced emergency admission (p<0.01); 201/377 (53.3%) participants in the CAM use group as compared to 106/169 (62.7%) participants in the non-CAM use group were hospitalized at least once (p=0.04).” was added to the section of Comparisons between CAM Use and non-CAM Use Groups (Table 2).

14. We added a brief explanation of patent herbal medicine (“patent herbal medicine refers to extracted condensed pills called teapills, which are usually small, spherical, and black, appearing like black pearls”) in the section of Prevalence, Perceived Effectiveness, Reasons, and Types of CAM in CAD Management.

15. To reduce redundancy with Table 3, we deleted the phrases of “followed by herbal decoction (74.3%), nutrient supplements (54.1%), exercise (34.2%), acupuncture (13.8%), and others (4.8%)” from the Section of Prevalence, Perceived Effectiveness, Reasons, and Types of CAM in CAD Management (Table 3).

16. We modified the first paragraph and added discussion in the second paragraph in the Discussion section.

17. We added “for example, patients with CAD relying solely on other CAM therapies besides traditional Chinese medicine may not be included in the present study” and “In addition, the validity and reliability of Part One of the questionnaire used in the study require further examination” in the Limitation section.

18. We added the section of Author’s Contribution.

19. We unified the Reference section based on requirements of the journal.
Best Regards!

Fu-Yong Chu MD, PhD
Department of Cardiology
Beijing Hospital of Traditional Chinese Medicine
Capital Medical University, Beijing, China
Cellphone: +86 15810499319, Office Tell: 86-10-52176952
Email: fuyongchu@gmail.com.
Answers to Reviewer Lou

Dear Dr. Lou,

Thanks very much for your meticulous reviewing. Based on your recommendations/comments, we made the following changes to the article (see highlighted sections in the revised version):

Questions 1-3: we modified the article based on your suggestions.

Question 4: Thanks for your kind suggestions. In China mainland, primary care system at the community level is yet to be fully established; patients usually seek treatments at outpatient clinics of hospitals first if they have dyscomfors. The hospital registration office or information desk usually guides patients to seek treatment at the appropriate department in hospitals. After treatment in hospitals, patients may choose to see community physicians for follow-ups. Similar to the results of the present study, other CAM therapies are not as popular as traditional Chinese medicine in China mainland. When we performed the survey, we usually ended up explaining what were they. In addition, we added the following sentences in the Limitation Section of the revised version: “for example, patients with CAD relying solely on other CAM therapies besides traditional Chinese medicine may not be included in the present study.”

Question 5: due to the reason that the four hospitals locate in urban Beijing, most patients we encountered were literate. Patient who were iliterate were excluded at the site of survey. To reflect the actual study, we added the sentence “Patients who filled the questionnaire before and patients who were iliterate were excluded at the site of survey. In addition, patients who used CAM for other purposes besides the management of CAD were also excluded.” There were no set recall time in the present study. Patients who used CAM for CAD for at least once were categorized in the CAM user group and the rest as the non CAM user group.

Question 6: The questionnaire composed of two parts with 21 questions in total. Part One is included in the article, and Part Two is the Chinese version of Seattle Angina Questionnaire (SAQ). The whole questionnaire was pre-tested on 40 CAD patients in a pilot study at two different occasions prior to the present study. The Kappa test showed a K-value of 0.742 with P-value of 0.004 indicating the questionnaire was reliable. Patients participated in the pilot testing of the questionnaire were excluded from the present study. However, due to the validity and reliability study of the whole questionnaire has not been published, the information was omitted from the present study (we added the sentence “In addition, the validity and reliability of Part One of the questionnaire used in the study require further examination” in the Limitation section). Exercise is considered as one type of CAM in the present study. From the perspective of most Chinese people outside the health care system, exercise is considered as one alternative therapy besides drugs. In China mainland, we do not have physical therapists who carry out cardiopulmonary rehabilitations. The profession of cardiopulmonary physical therapy just started recently and the majority of Chinese populations are unfamiliar with it. In China mainland, TCM and western medicine are the two major types of health care provided to patients with CAD. The majority of patients are unfamiliar with other types of therapy; however, for the completeness of the CAM category, we did list exercise as a CAM therapy.
Question 7: although some questions were open ended questions, we did limit the answers to these questions. However, due to lack of consideration upon manuscript drafting, we omitted them in the draft. In the revised version, we re-added the seven categories (as seen in Table 2) for Question 8 and 9.

Question 8: during the process of patient interviewing, if patient has used more than one type of CAM for the management of CAD, we subjectively chose the highest frequency of CAM use in the study.

Question 9: Answer: patients were asked in general to rate yes or no only for this question. It was the fact that some patients used more than one type of CAM; however, we approached the patients from a general perspective for this question asking them to answer yes or no only.

Question 10: we meant the same; thus, we unified the statement as per your recommendation.

Best Regards!

Fu-Yong Chu MD, PhD
Department of Cardiology
Beijing Hospital of Traditional Chinese Medicine
Capital Medical University, Beijing, China
Cellphone: +86 15810499319, Office Tell: 86-10-52176952
Email: fuyongchu@gmail.com.
Answers to Reviewer Templeton

Dear Dr. Templeton,

Thanks very much for your meticulous reviewing. Based on your recommendations/comments, we made the following changes to the article (see highlighted sections in the revised version):

Questions 1-5: we modified the article based on your recommendations.

Question 6: According to the sample size estimation rules for cross-sectional design of clinical observational studies, sample size can be estimated approximately at 5 to 10 times of risk factors (variables), therefore we targeted to include 600 patients in the study.

Question 7-10: we modified the article based on your recommendations.

Question 11: thanks for your kind suggestions. Actually, we did include the explanation in the section of Comparisons between CAM Use and non-CAM Use Groups (Table 2) for p values in Table 2.

Question 12: thanks for your kind suggestions. In the Statistic Section, we revised the wording of information related to the use of logistic regression as the following: "Logistic regression was employed to explore factors associated with the use of CAM as well as CAM use features in Chinese medicine (CM) hospitals when significant differences were found upon comparisons."

Question 13: thanks for your kind suggestions. For the differentiation between the number of patients and percentages, we decided to keep the decimals.

Questions 14-15: we made changes in the revised article as per your recommendations.

Best Regards!

Fu-Yong Chu MD, PhD
Department of Cardiology
Beijing Hospital of Traditional Chinese Medicine
Capital Medical University, Beijing, China
Cellphone: +86 15810499319, Office Tell: 86-10-52176952
Email: fuyongchu@gmail.com.
Answers to Reviewer Zhou

Dear Dr. Zhou,

Thanks very much for your meticulous reviewing. Based on your recommendations/comments, we made the following changes to the article (see highlighted sections in the revised version):

Major Compulsory Revisions: thanks for your meticulous review, to reflect the actual study, we deleted the sentence “Patient recruiting process was completed based on principles of cluster sampling by a random number table” and added “150 consecutive patients…” Diagnosis of CAD was done by the researchers as per patient reports and acquisition of patients’ medical history when necessary.

Minor Essential Revisions:

1. Thanks for your kind suggestions; we think it is beneficial for readers to have a better understanding of CAM categories. Thus, we insist on keeping the sentences in the article.

2. Thanks for your suggestions. “Prevalence” is a typo in the sentence of “(3) CAM use characteristics (prevalence, types, frequency, perceived effectiveness, reasons for use or non-use)”; we deleted it in the revised version. As for the sentence “During the past one year prior to study participation, 220 CAM users in the present study…”, we deleted the sentence and added a more accurate description “During the past one year prior to study participation, 138/377 (36.6%) participants in the CAM use group as compared to 82/169 (48.5%) participants in the non-CAM use group experienced emergency admission (p<0.01); 201/377 (53.3%) participants in the CAM use group as compared to 106/169 (62.7%) participants in the non-CAM use group were hospitalized at least once (p=0.04).” in the section of Comparisons between CAM Use and non-CAM Use Groups.

Best Regards!

Fu-Yong Chu MD, PhD
Department of Cardiology
Beijing Hospital of Traditional Chinese Medicine
Capital Medical University, Beijing, China
Cellphone: +86 15810499319, Office Tell: 86-10-52176952
Email: fuyongchu@gmail.com.