Reviewer's report

Title: Nutrient- and non-nutrient-based natural health product (NHP) use in adults with mood disorders: Prevalence, characteristics and potential for exposure to adverse events

Version: 1 Date: 27 November 2012

Reviewer: Carlo Calabrese

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Essential revisions
--Missing word “be” in line 186.
--Line 486 footnote "f": “contains mostly calcium & potassium” referring to Table 1 “replacement or homeopathic preparationsf” doesn’t make sense.
--It’s remarkable that males appear from the tables to be taking more NHPs then women, contrary to other surveys. The indicated significances of a number of male/female differences, eg “vitamins & mineral” “vit E” “vit C” and “single and multiple minerals” do not show overlapping CI’s yet are not indicated as signif whereas “B9” is virtually the same with overlapping CI’s but an indication of a highly signific difference. Errors?

Discretionary revisions
--Clustering in the categories of “Enzymes & GI products”, “Replacement or homeopathic preps”, “Herbs & natural products” leaves fallow many insights into what and why subjects are taking NHPs.
--Major mood disorder differences (eg, dep vs anx vs bipolar) are not distinguished by use of different NHPs another missed opportunity.
--Despite the strong statement that “38% of survey respondents were potentially exposing themselves to 152 adverse reactions associated with their use of NHPs that did not contain vitamins or minerals,” the admonition about adverse effects were not accompanied by queries to subjects about AEs, an oversight if not asked. It would be remarkable if experienced AEs were not asked about since risk assessment seems to be an important goal of the study, but there is no indication in the report that actually experienced AEs were explored.
--The only finding that seems notable is that NHP use in members of MDABC is relatively high. Is the MDABC membership representative of the general population of those with mood disorders? Probably not, thus generalizability is limited. Further, the report is written as if there were no questions on why subjects were taking NHPs, thus mood disorder may be a confounder rather than a cause of taking NHPs. Thus, applicability of the data is also limited.

Level of interest: An article of limited interest
Quality of written English: Needs some language corrections before being published

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.