Reviewer’s report

Title: The use of complementary medicine by two community groups of women with polycystic ovary syndrome.

Version: 4 Date: 10 October 2014

Reviewer: Lisa Moran

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PCOS is a common condition affecting up to 18% of women with reproductive age. It is associated with reproductive, metabolic and psychological manifestations. Weight management and amelioration of insulin resistance through lifestyle (diet, exercise and/or behavioural treatment) is recommended as first line therapy in PCOS. Additional pharmacological management focusing on normalising hyperandrogenism or insulin resistance or treatment of specific features such as infertility. The authors have identified that complementary medicine is an additional alternative therapy in PCOS that women with PCOS are interested in accessing and finding out more about. More background information on the range of potential complementary therapies used in PCOS, for what specific features and the strength of the evidence base is warranted in the introduction and discussion. Also, given that the main CM used was ‘dietary supplements’ a more detailed consideration of dietary vs non-dietary CM therapy is required in analysis and discussion.

The recruitment practice and the definition of complementary medicine seems appropriate.

Major compulsory revisions

Methodology

Line 47: ‘Questions about signs and symptoms of PCOS and current management’. Please clarify what these specific questions were in the methodology section. It is also assumed that a self-report diagnosis of PCOS was used. If information on specific symptoms was also collected, how many women had symptoms consistent with the different diagnostic criteria (eg NIH, ESHRE/ASRM, AEPCOS)? Was menstrual irregularities separately classified by menstrual vs ovulatory? How long did the survey take to complete on piloting?

Line 88: ‘insulin imbalances’. Was this the wording used in the question? If not, what was the specific wording? This is a very broad and vague term.

Line 88: Was self-reported height, weight or waist circumference collected?

Line 89: Was information on anxiety collected?

Line 90: For overweight and very overweight, were women provided with information on what these relate to (eg BMI?) or is this a self-characterisation?
Line 92: What proportion of women had used insulin sensitising therapy? What proportion of women had used diet/exercise/behavioural management?

While the definition of complementary medicine according to the Cochrane review cited included dietary supplements, the focus of this paper as highlighted in the introduction seems to be primarily on alternative therapies to dietary management of PCOS, the information on type of practitioner consulted also relates solely to CM practitioners and not dietitians. The information collected on dietary supplement use is important and of relevance to the understanding of women’s self-management of PCOS, but the results relating to use of other therapies should be given more focus and analysed in greater detail.

I would like to see a re-analysis of the CM use for women using 1: Both dietary and non-dietary CM products, 2: Dietary supplements alone and 3: Non-dietary CM products alone (eg for demographics, frequency of use, reason for use, views about CM, perceived effectiveness of treatment, disadvantages, adverse reactions etc). Can this be separately assessed in the regression models as well?

Line 120: Proportions are listed for the most common reasons to use CM products and included reasons such as ‘to treat PCOS symptoms and infertility’ or ‘to treat PCOS and reduce depression’. Where PCOS symptoms/infertility or PCOS symptoms/depression classified as one category together? Can the proportions be provided separately eg for 1: Treating PCOS symptoms, 2: Treating infertility, 3: Treating depression etc

Line 167: ‘This study demonstrates that women seek more than the management of symptoms associated with PCOS when using CM’s and that well-being, reproductive and mental health are important aspects of care.’ Given that reproductive health (menstrual dysfunction) is a symptom on PCOS, the point of this sentence is unclear. Please clarify.

Line 169: The potential referral bias is an important point with relation to women who have not been diagnosed. Please comment on the potential implications of this with regards to the weight of the women with PCOS (Ezeh et al JCEM reported clinic referred women with PCOS are heavier than community samples of women with PCOS), obesity-associated symptoms of PCOS and any differences in seeking of specific treatments.

Line 178: Is there any data on the proportion of women/people generally (or in PCOS) who seek nutritional information from CM practitioners versus registered dietitians? This seems an important point given the main CM used were dietary supplements.

Line 192: Given the common existence of depression in PCOS and the potential common use of St Johns Wort, are there any medication interactions of St Johns Wort with common pharmacological therapies for PCOS?

Line 216: ‘This suggests that the respondents resemble a clinical population with
PCOS.’ Please clarify this statement with regards to specific diagnostic criteria.

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