Author's response to reviews

Title: The use of alternative therapies in the Saskatchewan stroke rehabilitation population

Authors:

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Version: 2 Date: 3 Jun 2002

Enitan Sawyerr
Editorial Team
BioMed Central

June 3, 2002

Dear Enitan,

Thank you for your email of May 31, 2002 which included the comments of two reviewers regarding my manuscript. I have responded to the comments of reviewer two in the pages that follow, addressing each point in turn and where relevant making the appropriate changes in the text of the document.

I have also reviewed the checklist for manuscript formatting and feel that the manuscript conforms with each point aE” I apologize in advance for any errors you might find in this regard.

I have been granted a waiver of the $500 fee based on the fact that my institution, The University of Ottawa, is a member of BioMed Central.

I respectfully resubmit the modified manuscript and my responses to reviewer twoaETMs comments for consideration for publication in BioMed Central.

Sincerely,

Jeff Blackmer

Reviewer's report
Title:
The use of alternative therapies in the Saskatchewan stroke rehabilitation population
Authors:
Jeff Blackmer (jblackmer@ottawahospital.on.ca)
Ludmilla Jefremova (torba4@juno.com)
Date:31 May 2002 Version: 1
Reviewer: Dr Sheila Greenfield
Level of interest: A paper whose findings are important to those with closely related research interests
Advice on publication: Unable to decide on acceptance or rejection until the authors have responded to the compulsory revisions
Compulsory revisions

1. Background page 2, first and second paragraphs: the authors quote a number of papers regarding the use of CAM by rehabilitation patients. It is not made clear whether these are patients undergoing stroke rehabilitation or other types of rehabilitation.

Unless otherwise stated, the papers are about patients in the general rehabilitation population. References 6 and 17, as indicated, are specifically about patients with neck and back problems. None of the studies quoted in these two paragraphs are specifically about stroke rehabilitation patients.

2. The authors state page 2, lines 1-3 that 'due to the chronic nature of many conditions treated in physical medicine and rehabilitation, the % of users appears to be high' but there is no clear rationale given for carrying out this study of CAM and stroke rehabilitation patients or of work which has led up to the study. The reader is not actually told at this stage whether there have been any previous specific studies on the use of CAM by stroke rehabilitation patients-if there have not then this would be a good reason for carrying out the study.

We were unable to locate any such studies. The reviewer's point is well taken and we have added a sentence to the end of the second paragraph of this page to clarify this point.

3. Page 2, paragraph 3: the authors state that 'physician attitudes towards alternative medicine have also been examined' and some examples are given. It might be best to restrict the examples here either to the Canadian context, or to physicians in rehabilitation settings. There have been a considerable number of studies examining physician attitudes to CAM in a wide range of different countries. They are too numerous to include here and to select a few examples does not give an accurate picture.

The reviewer is correct. We have revised this paragraph to give only Canadian-specific and rehabilitation-specific examples.

4. Page 2, paragraph 4: it would be better to say e.g that most patients do not discuss CAM with their doctors. There is a wider range of more recent references which make this point than the two 1993 papers quoted.

The wording has been altered as suggested. If the reviewer has specific suggestions of articles which would be more illustrative of this point, these would be considered. Only two examples were used in order to try and minimize the number of references.

5. Page 3, lines 9 & 12: correct spelling, St John's Wort

Noted and corrected.

6. Page 3, Methods: it is not stated in which year the study was carried out

Now included in Paragraph 1 of Methods.

7. Page 3, Methods: during what period did the 136 eligible patients undergo rehabilitation?

Now included in Paragraph 1 of Methods.
8. Page 4, Methods: how long after their event were they interviewed?

This can be extrapolated from the information provided in answer to points 7 and 8.

9. Page 4, Methods: paragraph 2 list of 12 treatments. Where did this list of 12 treatments derive from - was it a list used in other surveys e.g. a list of treatments commonly used by rehabilitation patients?

This list was formulated by reviewing lists from several different studies, with a focus on those in the rehabilitation setting, and including those treatments which were most commonly asked about and most commonly used.

10. Page 4, Methods: paragraph 4, data analysis. The 3 lines explaining this are insufficient and there needs to be a description of exactly what analysis was carried out and why. Crystal Reports needs a definition. Why were statistical tests carried out on some of the data and not others?

This paragraph has been modified to try and address this issue, although statistical analysis was mainly limited to percentage of responses. Questions 7 and 12 were broken down further in terms of sex of the respondent since previous studies (as specifically quoted in the Discussion section) have shown some correlations in this regard. Crystal Reports is defined.

11. Page 5, Results: Details of all the data collected are not fully reported e.g. on page 1 of the questionnaire. Gender comparisons of variables are selectively reported. It would have been interesting to compare patients' CAM behaviour related to their length of time post-stroke and current health status.

The reason for selective description of gender comparisons is outlined above. To help maximize confidentiality, the date of the initial stroke was not included on each individual patient's answer sheet, so comparisons related to the length of time post-stroke would be difficult. In addition, it would be difficult to relate behaviour to current health status as questions in this regard reflected the presence of absence of certain problems but not their severity.

12. Page 5, Results, 3rd paragraph. How many patients used more than one therapy?

Seven patients. This is reflected now in the manuscript.

13. Page 6, Results: lines 1 and 2. Percentages are missed out - numbers and percentages should be presented in uniform style throughout the text

The percentages have been added. Numbers and percentages are now presented in a more uniform style in the text.

14. Page 6, Results: paragraph 4: the information contained in Table 3 could be usefully put in the text. How many patients gave more than one reason for stopping?

The text has been added and the table omitted. Upon further review, we were mistaken - no patients gave more than one reason. We thank the reviewer for bringing this to our attention.

15. Page 6, Results: the authors mention here for the first time the fact that previous studies have looked at stroke rehabilitation patients and CAM. This should be made clear in the Background section and the findings of these studies summarised to set the context for the current study.
There is no mention of previous studies looking at stroke rehabilitation patients. However, there may be some confusion about the Wainapel study, to which we have compared our results in the first paragraph of the Discussion. This paragraph has been modified to try and provide clarification.

16. Page 7 Results: line 3. The authors quote 3 other studies which they say are comparable studies-how are they comparable-in terms of methodology, medical condition, country?

This point is well made. We have changed the word *comparable* to *previous*, since this is a more appropriate descriptor.

17. Page 7 Results: line 4. ‘many patients could not say why they were taking alternative medications’.

The questionnaire did not specifically ask this question. Q8 appears to focus more on what medical problem they were using it for.

This sentence has been modified to: *Interestingly, many patients could not describe one particular symptom they were attempting to treat.* This is a more accurate description of the response obtained to question 8.

18. Page 8, 1st paragraph and 1st paragraph of Conclusion: this tends to repeat information that has already been given

Tables 1-3: n= needs to be included here

Because many people will read only the Conclusion, the main points and statistics were included in both places. The tables have been modified to include *n* =.

Competing interests:
None declared.