Author's response to reviews

Title: Herbal Use Among Urban Multiethnic Primary Care Patients: A Cross-Sectional Survey

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Version: 2 Date: 10 September 2004

Author's response to reviews: see over
August 10, 2004

Dear Editors and Reviewers:

Attached please find a copy of our revised manuscript entitled “Factors Associated with Herbal Use Among Urban Multiethnic Primary Care Patients: A Cross-Sectional Survey.” Four tables are included at the end of the same Microsoft Word file. An Endnote file (file name: HUSmanuscript.enl) is also attached. This paper presents findings of a survey we conducted within our primary care practice-based research network, SPUR-Net.

We appreciate your valuable comments, which have made this revision a better manuscript. A description of the revisions we have made is included at the end of this letter.

Sincerely,

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Response to Reviewer 1’s report:

Major Compulsory Revisions:
1. The total sample size (n=323) of completed surveys is now clearly stated in the abstract as well as in the Results section.
2. The CI for the first interaction term has been changed after we re-analyzed the data.

Minor Essential Revisions:
1. In the Background section, 7th line, the increased use of herbs from 1990 (2.5%) to 1997 (12.1%) found by Eisenberg et al. is restated.
2. Methods: health insurance is further defined to mean private insurance and/or Medicare; indigent patients are defined as those who have access to county health-care coverage and/or Medicaid.
3. The means used to collect the convenience sample has been clarified in the Methods section on pages 5 and 6.
4. In our analysis, we made a distinction between race and ethnicity by including both Hispanic Whites and non-Hispanic Whites. Consequently, we did not lump the data collected from Hispanic Whites and non-Hispanic Whites (refer to the
text in the Results section and in Tables 1-4). For the sake of clarity, we have changed Hispanic Whites to “Hispanics” and non-Hispanic Whites to “Whites” in the revised manuscript. As the reviewer pointed out, differences in the use of herbs had been shown in previous studies. Our findings are consistent with those studies. In addition, we found that Hispanics are less likely to disclose their herbal use to health-care professionals.

5. We inadvertently introduced a typing error and stated higher education instead of lower education. This has been corrected in the revised manuscript. The correction is also made in Table 3. Previously, we categorized educational status in 3 levels: < high school, high school, and ≥ college. In the revised manuscript, we have reanalyzed our data by combining the first two levels into the “< college” category.

6. Levels of variables analyzed in both the univariate and multiple logistic model have all been changed to be dichotomous. Analyses have been reevaluated. The final logistic model has been revised, and the same variables as in the univariate analysis are all listed in Table 4. In addition, a significant interaction between two variables is also included in Table 4.

7. The sample size for Asian participants is very low (~20); we decided to exclude data from Asian participants in both the univariate and the multiple logistic regression model.

Discretionary Revisions:
1. Information about immigrant family history was obtained from the survey question, “Are your family members immigrants to the United States (Y/N)?” Our assumption for a “yes” answer is that the participant has family members who are recent (first or second generation) immigrants.

Response to Reviewer 2’s report:
Major Compulsory Revisions:
1. In general – this paper highlights variations in herbal use among primary care patients with multiethnic backgrounds residing in an urban setting. In addition, the importance of communication between patients and health-care professionals regarding herbal use is also emphasized. Additional information related to these two focuses in the Results section and the Discussion is included in the revised manuscript.

2. The BMC Journal’s instructions for authors states that the “title should include the study design.” For this reason, we originally used the title, “Herbal Use Among Urban Multiethnic Primary Care Patients: A Cross-Sectional Survey.” In consideration of the reviewer’s suggestions, we have changed our title to “Factors Associated with Herbal Use Among Urban Multiethnic Primary Care Patients: A Cross-Sectional Survey”.

3. Abstract – the abstract has been rewritten with consideration of the changes proposed by reviewer 1 and reviewer 2. The word count is 349 (within 350 word limit).

4. Background, Page 4, Para 2 – 2 references have been added: 1) M Bush, A Visser: Complementary and alternative medicine: whose responsibility? Patient

5. Background, Page 4, Para 2 – the sentence “The prevalence of herbal use among racially…is not known…” has been modified to “The prevalence of herbal use among racially…varies from study to study.”

6. Methods, page 5
   a. There was no particular rationality for the sample size. Our resources, including the availability of funding and personnel, limited the scope of this study. Given the descriptive nature of this study, a target of 50 per site is reasonable. We have addressed this point in the Methods section and have clarified how a target of 50 participants for each clinic was decided.
   b. The survey questionnaire was adopted and modified from survey findings previously published; additional references (Eisenberg et al.; Elder et al.; Johnson et al.; Astin et al.) have been added in the Methods section.
   c. Our survey used previously developed and validated questions (references provided in the Methods section). We adapted these questions for use in this multiethnic group, including translating them to Spanish. We pilot tested the survey instrument in 54 English-speaking subjects and 10 Spanish-speaking subjects before this study. The survey was also reviewed by several groups of patient representatives.
   d. Research assistants were available on-site to answer any questions the patients had; this helped improve patients’ understanding of the terms used in the survey. This is also clarified in the Methods section.

7. Results, page 9 – We reevaluated the survey question pertaining to the spoken language, as well as answers to this question given by survey respondents. We have decided to exclude the language variable from the final analyses because the survey question was not clearly answered by many respondents; for example, 10 Spanish-language forms had indicated “no language other than English.” In addition, some answers were possibly indicative of an exclusive language other than English, instead of the bilingual capability of the respondent.

8. Results, page 10 – Though we would like to, we could not include the two variables “they never asked” and “it wasn’t important for them to know” as dependent variables because these answers were from herbal users, not from all survey respondents.

Minor Essential Revisions:
   1. The number of herbal users (46%) who take herbal medicines and prescription medications concomitantly is specified in the Results section (text on page 10 and included in Table 2, the 4th item); the word “alarming” has been changed to “nearly half” in the Discussion (page 13). In this survey, the patients reported their actual concomitant use of herbs with prescribed medications, not merely their opinions. Of course, this report is limited by patient perceptions and memories. For this reason, we cannot be sure that this is their actual use; we can only state that this is their reported use.
2. The conclusion has been modified to not suggest further studies that could be done with the data we collected. However, we believe our data suggest that future studies are needed to develop effective interventions for primary care health-care professionals and patients to improve medication safety by eliminating potential adverse herb-drug interactions and medication errors.”