Author's response to reviews

Title: Medicinal Herb Use Among Asthmatic Patients attending a Specialty Care Facility in Trinidad.

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Reviewer: Istvan Szelenyi

Major Compulsory Revisions

We did assess the use of antiasthmatic drugs in the survey, however, this was inadvertently not included in the first manuscript. This data is now given in Table 2 for patients with moderate and severe symptoms in the patient sample. The table also shows self-reported compliance with physician-prescribed medication. The sub-section Antiasthmatic Drug Use has been added in the Results to discuss these findings on page 5.

The survey also evaluated the subjective therapeutic benefits of concurrent use of antiasthmatic drugs and herbal remedies among the 58 patients. Table 5 shows the antiasthmatic drug use and subjective benefits of herbal remedies with or without physician-prescribed medication in patients with moderate and severe symptoms. These results are commented on at the end of the Results sub-section heading Characteristics of patients using herbal remedies on page 6.

On page 3, the background details have been amended to include the adoption of the Commonwealth Caribbean Medical Research Council/GINA guidelines which were published and distributed throughout the Caribbean in 1997 [Reference 4].

On page 10, the latter part of the paragraph that includes 'poorly managed patients or those with severe symptoms may have opted to use .... herbal remedies. This was, however, not the case' was deleted.

Minor Compulsory Revisions

The authors did not ask specific questions related to internet accessibility, but we did assume that some patients, especially those with more disposable income, would avail themselves to information contained in books, magazine, and the now ever-present world wide web on herbal remedies and alternative therapies. This comment was based wholly on this assumption.

Discretionary Revisions

The authors agree that inadequate pMDI technique is a global problem, however, regular educational reinforcement is critical to ensure that patients use their medication appropriately for proper symptomatic control.

From our clinical experience in the Caribbean over the years, the 'culture' of expecting a permanent cure or
the disease resolving on its own is a very real one. Most patients would discontinue medication once they are symptom-free and would have a false sense of security in believing that they are 'cured'. This pattern of patient behavior is seen very commonly in asymptomatic hypertensive and diabetic patients throughout the Caribbean. We do agree that health education is very important in breaking these 'cultural' beliefs.