Reviewer's report

Title: Use of Alternative Pharmacotherapy in Patients with Cardiovascular Diseases

Version: 1 Date: 3 June 2004

Reviewer: Sinikka Sihvo

Reviewer's report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

The manuscript describes results from a survey conducted in Mont Sinai Hospital during 2000-2001 for patients suffering from cardiovascular diseases. A few studies have already been published close to this study, however, considering the importance of understanding patients' behaviour with serious conditions this study is welcome addition.

Article is well written and statistical methods are appropriate. The questionnaire has shortcomings which weaken the validity of the study. Here are my major concerns:

First, the most important groups of alternative pharmacotherapies (AP) used were vitamin E and vitamin C. You have included them as a part of CAM, however, in many countries vitamins are a part of over-the-counter drugs. For example ref. 11 by Ackman et al. refers to use of nonprescription drugs. Also in your study pharmacy was the most common place from were the APs were purchased. Perhaps you could explain this in introduction or in discussion.

Secondly, “user” was defined as having ever used alternative pharmacotherapies in their lifetime. This is somewhat misleading because when a reader is reading the results one expects that the use of alternative therapies is related to current use. I was amazed that only 47.5% had life-time use. One would expect that almost everybody had used at least vitamins sometime. Life-time use, even use during past year are, in my opinion, too long time if you want to link the use of AP to medical conditions such as cardiovascular disease. Further, the only difference found was related to education, which is likely explain AP use in the first place.

Was time period for use of prescription, nonprescription and alternative pharmacotherapies (Tables 3 and 4) 12 months? This information should be added to tables. Those patients who had used AP “all the time” or “regularly” could be analysed in more detail. (however question no 20 is problematic if more than one AP has been used, and then there is the problem with small numerus)

Since physicians could choose which patients to include in the study, the study group was selected. No information has been given on total amount of eligible patients (or do you know?) and how many refused.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
- if 47.5% in abstract is related to life-time use of AP this is not incidence. Neither is this a prospective study. Please correct.
- please add if you have piloted the questionnaire
- “total score of knowledge” is not a very reliable measure. It would be interesting to know for example what foods the researchers have considered here as potentially causing interaction with APs.
- it would be interesting to know whether those patients who used vitamin E and vitamin C had been recommended the use by their physician. This could be checked from the data.
- there is some unnecessary repetition in results and discussion

Discretionary Revisions (which the author can choose to ignore)

What next?: Accept after minor essential revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

none