Reviewer's report

Title: Use of Biological Based Therapy in Patients with Cardiovascular Diseases in University-hospital Setting in New York City

Version: 3 Date: 27 September 2004

Reviewer: Glen Pearson

Reviewer's report:

General

Finally, there is some logical flow to the overall manuscript. The authors have toned done some of their unsubstantiated claims and focused on report the use of BBT's, as found in their population.

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

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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)

1. Page 5/Paragraph 3 & Page 11/Paragraph 1: The authors refer to "unconventional therapies -- by this I presume that they are referring to the BBT's that they were investigating. They should revise this to be consistent with the focus of the manuscript.

2. Results (paragraph 1) -- in the last sentence ("Out of the 95 patients using BBT...") the number does not correspond to the 94 identified in the prior sentence or the number identified in the table 1. Correct this.

3. Page 13/Paragraph 1: "prescription.non-prescription medications"
This is changed from the previous versions of the manuscript. Use of this term is very confusing since a number of the BBT's used by patients (espeically those most frequently reported) are also non-prescription medications. For example calcium, magnesium, Vitamin B complex, Iron, fish oil, folic acid, etc. are also considered non-prescription medications. It is unclear whether the authors confirmed that many of these were not recommended by a physician or other health professional to treat a specific condition or whether they were self-initiated by the patients. For example, those patients with osteoporosis were most likely "prescribed" calcium and vitamin D as part of their treatment!
This terminology should be clarified. I also think that this confusing issue is a problem with this research area and the authgors should provide some commentary on it in the "limitations" section of the manuscript.

4. Despite the change to the use of BBT's in the manuscript, the authors did survey the patients about each of the following, separately (as outlined in their survey tool):
   (a) Prescription Medications
   (b) Over-the-Counter or Non-Prescription Medications
   (c) Herbal or Dietary Supplements

This is a major difficulty with this manuscript. I presume that the products identified under category
(c) are what the renamed in the second and subsequent iterations of the manuscript as BBT’s. If a product is considered part of conventional medicine, should it not be listed as an OTC [category (b)]?

5. I also have great concern that it took the authors nearly 2 years to recruit a sufficient number of patients to participate. There is not information on what percentage of Cardiac admissions to the study hospital that this represents or about how many patients refused to participate (or whose physician refused to allow them to participate. This another major limitation that is not addressed by the authors in the manuscript. Some comments should be included so that readers may be able to better judge for themselves the internal and external validity of the study.

Discretionary Revisions (which the author can choose to ignore)

What next?: Accept after minor essential revisions
Level of interest: An article of limited interest
Quality of written English: Needs some language corrections before being published
Statistical review: No
Declaration of competing interests:
None.