Reviewer’s report

Title: CAM therapies among primary care patients using opioid therapy for chronic pain

Version: 1 Date: 25 September 2006

Reviewer: Adrian White

Reviewer’s report:

General

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

Background

1. It would be helpful if the authors could specify more precisely what kind of ‘opioids’ were intended in the inclusion criteria. Presumably these were not mild opioids, since each practice could only find about 5 patients. It seems that the use of opioids considered to be a marker for severe pain, but this is only implicit from the first paragraph of the Discussion. It might be helpful to make explicit in the Background that you were intending to recruit patients with severe pain. Additionally, the case for investigating CAM use in this particular group is not stated directly: the reader is rather left to assume that it would intuitively be a good idea.

2. Opioids are known to have low addiction potential when used for analgesia. There is a tantalising hint that the study was concerned with addiction to opioids, with urine testing and the use of the Addiction Severity Index. However, there is no reference to addiction in the background. It might be helpful to make this explicit.

3. Another problem with the background is that the information provided is not entirely relevant. For example, Eisenberg’s population statistics for CAM use are cited, but the survey data we would prefer are the statistics for use among patients with pain. Additionally, it is not clear why studies on the efficacy of CAM are mentioned in this context, (I note efficacy is not addressed in detail in the Discussion) and why those particular therapies and studies are picked out for mention. If there is a place for discussing efficacy here, it might be better to select studies of chronic pain.

4. Readers may welcome more detail in the definition of Prolotherapy: what substance is injected?

Methods

5. I am left a little uncertain as to the methods used to provide the data reported here. We are told ‘the primary study … was an interview study’, that participants completed a survey of CAM therapies (does this mean a questionnaire?) and had five interview schedules and eight additional questionnaires. But in the abstract, it was just reported that ‘subjects completed a questionnaire’. Which data reported here are derived from interviews? Is this report simply part of a larger ‘primary’ study which will be reported elsewhere?

Results

6. I am not a statistician so my understanding of Odds Ratios is undoubtedly limited: I thought Odds Ratios were calculated between the ratios of two groups. It is unclear to me how a single Odds Ratio can be calculated for a series of categories, such as age groups of 10 years, education of 4 years, SF-36 components and total income. If these comments simply illustrate my ignorance, and the answered lies perhaps in the adjustment, please consider giving a more detailed explanation for other readers who may possibly share my ignorance. This comment involves the Results section, table 3 and the Abstract.

Discussion

7. First paragraph, it is stated that less than 30% are ‘able’ to work full-time: might some of the part-time workers choose not to work full time?

8. The authors may consider whether a direct comparison of the 40% usage rates in this study and in Eisenberg’s study is valid because of differences in definitions of CAM. One would expect chronic pain patients to have higher use, and indeed these results could be compatible since Eisenberg included
activities such as diets and prayer.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Abstract
The response rate and the proportion of chronic pain patients who use CAM should be included in the results section.

9. This sample seems systematic to me (all patients using opioids in 235 practices) rather than 'convenience'.

10. It is not clear why patients who did not use CAM had to ‘complete all elements of the CAM survey’ (presumably questionnaire). They might have difficulty answering some of the questions when they had not used CAM. This needs clarifying.

11. In the paragraph commencing ‘Table 4 identifies’, norms for P3 scores are introduced, from two different populations. I personally believe that a paper’s Results section should only include results from the present study, and that these comparisons would be better moved to the Discussion.

Summary
12. The text here seems to be about conclusions and recommendations, not a summary of the study.

Discretionary Revisions (which the author can choose to ignore)
13. Minor comments on text
Background, penultimate paragraph: 3rd line, ‘with the studies’ is redundant.
5th line, the unintended subject of the verb ‘persists’ is manipulative treatment.
Results, 3rd line, mean age of 46.6 years.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:
I declare that I have no competing interests