Reviewer's report

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

Version: 1 Date: 29 September 2006

Reviewer: Wolf Mehling

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General
1) In the abstract, it is difficult to read odds ratios about 10-year steps in age associated with CAM use if these steps are not mentioned. I would do that.
2) In the abstract, that we need more research is given and not a conclusion from the here provided data. I would conclude, that CAM use among chronic pain patients being on narcotics is similar to an unselected population.
3) Overall, this is a great descriptive dataset of retrospective recall of narcotic using chronic pain patients. Its size is definitely a big strength. My biggest problem with the study is the following: When patients are asked about recall of perceived helpfulness of CAM modalities, it sounds like the 5-point response scale is a continuous scale anchored at not helpful and very helpful. This is not clear. Or is it an ordinal scale with wording for each integer point on the scale?? If it is ordinal, this has to be reported. If it is continuous, a "3" would be a neutral answer. In the graph of figure 1 the "3" was included into the "helpful" result group. This is not justified, in my eyes, if you use a continuous scale. Also, if you look at the mean scores for each modality in Table 2, many of these mean values are below 3 which does not make a therapy particularly helpful. Mean scores, again, look like means of continuous data. If it is ordinal, medians should be reported. That would bring most every modality to a score of "3" I suppose, which is not really "helpful". Standard deviations next to the means should be reported. This needs clarification! If these "helpfulness" data are derived from a continuous scale (not from an ordinal scale with e.g. 3 = "somewhat helpful"), then report of the benefit of these therapies has to be toned down. If means are appropriate, standard deviations would be useful as a proxy-measure of the agreement among participants about the helpfulness of a modality. I would like to know particularly about massage (with a big n) and meditation (with a very small n) about that agreement, as massage seemed to have the biggest effect size.

4) Table 3 does not present the model, rather the results from a test using a model. But what is missing is the description of the model IN THE TABLE LEGEND. It says "adjusted" but missing is the report about what was adjusted for.

5) Table 4 could be left out as it does not add much new information. The most common diagnoses for all individual modalities could be compared by a rank test and reported only if there is a difference.

6) Table 1 compares CAM users to non-users. I would not compare single ethnic , educational... subgroup between users and no-users, rather use chi2 tests to compare all ethnicities and all educational subgroups... between users and non-users.

7) again, my main concern is that the data simply show that narcotic users are not different from the general population in their CAM use, that this result does not justify more research for this sub-group of patients, and that I have the suspicion that most patients answered "so-so" about the benefits of these modalities rather than experiencing benefits. If I am understanding that correctly, then it more than questionable that "CAM therapy may be able to reduce the use and/or dose of opioids", as in the last sentence of the manuscript.

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

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

Discretionary Revisions (which the author can choose to ignore)
What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory 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:

I declare that I have no competing interests