Reviewer's report

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

Version: 2 Date: 5 December 2006

Reviewer: Wolf Mehling

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)

In my view, the comments of the first reviewer and my comments have NOT been addressed appropriately by the authors:

For example:
The first reviewer’s point 1: What kind of opioids? Were Vicodin or Tylenol#3 included? This was not answered! The answer would include a few more details of drugs used.

The first reviewer’s point 3: Regarding the author’s response: Although I like the idea, I am not really convinced that CAM therapies can reduce opioid use in chronic pain patients. There is no reference given to support this statement. I feel a more careful wording is needed. Maybe one could say: CAM methods are widely used for pain-related diagnoses. “Whether opioid use in chronic pain patients can be reduced by introducing such therapies remains to be studied.”

The first reviewer’s point 4: Regarding the authors response: That “prolotherapy can promote healing of collagenous material” is a highly controversial topic and probably NOT the case, rather it might be a method of killing nerve endings. I would be much more careful with my wording.

The first reviewer’s point 6: The author explains the use of i.e. ten-year steps for age as a predictor variable (which I totally agree with) but does not provide an answer to the reviewers question. The answer would be a sentence in the result section such as: “The odds of using CAM interventions compared to not using CAM methods where reduced by a factor of … with every 10 years of increasing age.”…

The first reviewers’ point 12: I would question whether the recommendations can be derived from the study results. I would only be able to say that what the authors are recommending are good topics for research that has NOT been done: can opioid use be reduced by CAM methods?

My (second reviewer) point 1: To me, reading an abstract with unexplained odds ratios is useless. I would either leave the ORs out of the abstract or explain them!

My point 2: That CAM therapies should be more a component of a treatment plan for chronic pain patients is an opinion shared entirely by me. But it is not a valid “interpretation” of the authors data. The data simply show what I stated: there is no difference in CAM use between opioid users and an unselected population. Which is confirmed by the characteristics in Table 1. That’s it. All other “interpretation” is opinion and not based on data. In my opinion, all we can do is argue that there is some evidence suggesting CAM therapies being beneficial for chronic pain patients and that it would be an interesting research question whether CAM use decreases opioid use. The data provided here are good preliminary data to support such a project. The response does not address my point.

My point 3: To include “3” as the neutral middle value on a scale from 1-5 anchored with 1 as “not helpful” and 5 as “very helpful” into the dichotomous outcome in figure 1 as “helpful” does not appear justified to me. The authors’ response does not address that issue. I did appreciate the additional column in the table 2 about helpfulness of a therapy on a dichotomous scale. Dichotomous scales of course are VERY limited. If a therapy was reported as being VERY HELPFUL, that could have made a stronger statement about
potential benefits of a certain method.

My point 4: For me as a reader, a table needs to have a legend that includes which variables the authors adjusted for, not just “all variables”. Even if that is a repetition from the manuscript text. Again, I would chose a different title for Table 3 such as “CAM use in chronic pain patients on opioids by patient characteristics; results from logistic regression analysis” and leave out the word “model”. Most journals prefer to have reported both crude and adjusted data. P-values do not have to be reported if confidence intervals are. Table could be simpler by using * for p<0.05, ** for p <0.01…

**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