Reviewer's report

Title: Patterns of complementary and alternative medicine use amongst outpatients in Japan

Version: 1 Date: 29 January 2008

Reviewer: Ignacio Correa-Velez

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Major compulsory revisions

ï§§ The paper seems to have been written 5 or 6 years ago. The reference list, and more importantly the introduction and discussion sections, need to be updated. There have been more recent articles exploring prevalence and reasons for using CAM among the Japanese population in a variety of setting. Just to mention a few examples:


Kajiyama et al. One third of Japanese patients with rheumatoid arthritis use complementary and alternative medicine. Mod Rheumatol. 2006;16(6):355-9


ï§§ There is also a more recent paper by Eisenberg and colleagues investigating the trends of CAM use in the US (Altern Ther Health Med 2005, 11(1): 42-49). The one mentioned in the paper is from 1998.

ï§§ There is no clarity about how CAM therapies/modalities are categorized for the paper. For instance, healthy eating doesnât seem to be CAM but good medical practice (either orthodox or complementary). Do the authors refer to dietary supplements? Thatâs different from healthy eating.

ï§§ As stated in the CAM definition presented in the Introduction section, CAM is culture-bound (i.e. what constitutes mainstream medicine or CAM may be different across cultures). It would be useful in the introduction to briefly set up the scene of what constitutes mainstream medicine in a Japanese context (given the international readership of the journal). It has been reported that up to 70% of
medical practitioners in Japan use some form of CAM.

Did the survey that was given to participants contain a definition of CAM? Were some examples of CAM given in the survey (e.g. list of CAM modalities that participants were asked to tick?).

The paper would benefit from a better categorization/analysis of reasons for CAM use. Some of the reasons given in the paper seem to intersect (e.g. musculo-skeletal problems and pain control). Most people (especially those who are attending hospitals) use CAM because they suffer from one or more health conditions (e.g. arthritis) but would have more specific reasons for using CAM (e.g. pain relief, get better, improve overall wellbeing, perceived lack of side-effects, dissatisfaction with conventional medications). A better analysis would be to present separately health conditions for which CAM was used (e.g. musculo-skeletal, gynecological, etc) and other analysis with specific reasons for use.

Was the question about reasons for CAM use an open-ended question (or were participants asked to tick from a list of common reasons for CAM use)?

It is important to differentiate reasons for CAM use from predictors of use (e.g. gender, education, financial status)

The methods section needs more detailed information: Time frame of data collection (one day? several days? weeks?); more information about the survey methods used (was the questionnaire based on previous studies?); if the average turnover of the hospital is 1000 outpatients per day, why only 515 adults were invited to participate (e.g. 50% were children? not all were asked? were all specialities included?)

An important point to mention is that the oncology clinic was not included in the sampling (perhaps the hospital doesn’t have this clinic?). This may have changed substantially the prevalence of CAM use (this issue needs to be addressed in the discussion).

The study surveyed people attending conventional medicine clinics (and therefore sick people who were conventional medicine users) and this may also explain the low proportion of patients reporting dissatisfaction with conventional medicine as a determinant of CAM use.

My main concern with the statistical analysis is that is mostly univariate. A multivariate analysis would have been more interesting!

Minor essential revisions

It is stated that all participants were adults but the age range was from 16 to 92. How many minors were included in the sample?

Should the p-value in the Abstract Results section (and also in table 1) be p=0.025 (and not p=<0.025)?
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, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests