Reviewer's report

Title: Motivations for consulting complementary and alternative medicine practitioners: A comparison of consumers from 1997-8 and 2005

Version: 1 Date: 14 January 2008

Reviewer: Lynda Balneaves

Reviewer's report:

Recommendation: Accept with major revisions

This manuscript is extremely well written and provides a unique perspective related to how motivations of CAM use have potentially shifted over time in Canada. Limited studies have been conducted in North America and/or Europe that have permitted a longitudinal exploration of how decisions related to CAM have shifted across time. As such, this manuscript offers important insights that may be relevant in educating and supporting consumers interested in using CAM.

The introduction provided a clear background to the problem and used relevant and recent literature to support the rationale for this secondary analysis. The methods section was succinct, with Figure 1 providing a nice overview of the sampling frame used in the two studies and the response rate. The analysis section was particularly well done. The discussion and conclusion also flowed well and was sufficiently referenced. Greater discussion was required, however, regarding the methodological limitation of changes to the survey format across the two study periods.

Substantive Issues:

• Additional information is required in the Methods section regarding the differences between the geographical centres used in 1997-8 and in 2005. This includes the size of population, the presence of conventional medical centres, and some commentary about the presence of CAM practitioners within the communities. This information may be vital to understanding the shift in the popularity of certain CAM therapies, as well as the increased use of CAM.

• Please indicate the specific type of conventional medicine and CAM practitioners/offices the survey was distributed within as this may impact the type of CAM therapies reported used by participants.

• Some explanation is required regarding why the questionnaire was changed between 1997-98 and 2005 with regards to the response format for the motivations of CAM use item.

• It was not completely clear in the Methods section how participants were divided into “CAM consumer” and CAM non-consumer”. Further details regarding the complete list of therapies considered to be CAM (perhaps in an appendix)
would helpful clarify. Also, some discussion of how similar this classification is to other surveys conducted in North America is warranted as the definition of CAM use continues to be controversial.

Â· Figure 1 - Although a breakdown of the offices who agreed to participate by CAM/CONM is provided, similar data is not provided for the offices that refused - please add. Also recommend changing title to "Sampling Frameâ#1"

Â· The authors comment that the 2005 sample used CAM for slightly longer time period than the 1997-8 sample - no comment is made, however, regarding how this could be a result of the time that has elapsed between studies and the fact that the surge in popularity of CAM occurred in the late 1990s.

Â· Although Figure 2 nicely lays out how the type of CAM therapy/practitioner has shifted over time, it was surprising that the author did not comment in the text on the statistically significant differences. Recommend adding this to the text as well as hypothesizing in the discussion about the possible geographical reasons for the increases (i.e., larger number of reflexologists, chiropractors, TT therapists in the 2005 sample community) as well as potential shifts in availability of these therapies because of provincial/extended health care coverage of these therapies, or presence in conventional care settings.

Â· The most significant issue with this manuscript is the assertion by the authors that "â#tthe importance of these reasons for CAM consumers has increased over the past eight years." Although the authors do acknowledge that the shift in response options may have inflated the differences, there needs to be greater discussion of the impact of moving from what was pretty much a "yes/no" response option to a "strongly agree" to "strongly disagree" response option. The differences suggest a possible ceiling effect occurred in 2005, with a significant majority of respondents choosing "agree" or "strongly agree" on select items. Response option theory may also need to be referred to in discussing the psychological ramifications of shifting from a dichotomous response option to a Likert-type scaling. This is a substantial methodological limitation to the research and requires the authors to be much more cautious in any conclusions that are based on these findings. Instead, I would encourage the authors to instead focus on the need for future research that explores whether the difference in motivations reflect a shift in attitudes towards CAM and conventional medicine, perhaps through qualitative research.

Editorial Suggestions:

Â· Line 2 and 3 of Background - Please add commas to indicate a new but related point in both sentences (after "nations" and after "Canada"

Â· Line 6 of Background - there appears to be a spelling error in the sentence that begins "One national surveyâ#1" - the "and" should be "an" following the second common.