Author's response to reviews

Title: A scoping review of research regarding Complementary and Alternative Medicine (CAM) and mass media: Looking back, moving forward

Authors:

Laura C Weeks (lvanderh@ucalgary.ca)
Tina Strudsholm (tstrudsh@ucalgary.ca)

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Author's response to reviews: see over
Dear Editor:

Re: MS 3032246721840959 - A scoping review of research regarding Complementary and Alternative Medicine (CAM) and mass media: Looking back, moving forward

RESPONSE TO REVIEWER COMMENTS

Thank you for the opportunity to revise our manuscript based on comments from three peer-reviewers. We have carefully considered each comment and subsequently made substantial revisions to our manuscript. We trust that our response to reviewer comments, coupled with the resultant revisions, has adequately and exhaustively addressed all concerns.

We want to express our thanks to each reviewer. We appreciate their unique insight and feel that their comments and the process of response and revision have made this manuscript a better one.

Following is a point by point response to each concern raised by each reviewer. In addition to the revisions described below, as a response to a suggested lack of clarity by some reviewers we have laid out our results in a different format, tying our presentation more closely to our objectives.

Reviewer #1
Major Compulsory Revisions

Dr. Segrott’s first concern is regarding our decision to exclude 8 relevant articles following a quality assessment, specifically as this exclusion appears to conflict with our aim to broadly scope the field. This concern resonates with us, as we similarly struggled with this decision during our review (as suggested by our comment on page 9 of our original manuscript, that we were undecided about whether to include six articles in the full review). The reason was that many of the research articles provided vivid descriptions and comprehensive accounts of media research despite not fully reporting on a methodological approach. We have reviewed the Lambert reference suggested by Dr. Segrott and also other literature around scoping reviews and metasummary. This literature suggests that methodological quality should not be a primary concern for scoping reviews because the objective is not to answer a narrow research question but to identify key concepts and the sources and types of evidence available. We have therefore
revisited our decision and included these other 8 articles in our full review, for a total of 16 papers. We have revisited our analysis and interpretation to account for this additional research and have transformed our assessment of study quality, previously used as an inclusion criterion, to a review of methods and approaches used and reported in the field. We have added a discussion regarding the methods and approaches used and reported in the field to our descriptive summary in the text and Table 3. We have also revised our research objectives and methods we report in our manuscript to reflect this change.

Dr. Segrott’s second concern is regarding the exclusion of Internet research, as the Internet is also an important cultural and informational resource. We agree that this exclusion is a limitation of our research; but, we maintain our belief that content disseminated through the “traditional” mass media (included in our review) and content disseminated through the Internet (not included in our review) is sufficiently different as to make a review of each type of media the focus of a separate scoping review. We did not intend to suggest that a review of research regarding Internet content is any less important, but only different enough to warrant a separate review. We have clarified our decision in our methods section and also added a section to our discussion regarding the limitations of our research approach.

Dr. Segrott’s third concern is interesting and very relevant: that some media reception research is perhaps set within larger studies that examine CAM use and associated attitudes. We are familiar with some research specific to cancer that suggests that media information is used to support CAM treatment decisions (e.g., Balneaves et al., 2007 Supportive Care in Cancer; Evans et al., 2007 BMC CAM), although the relationship between media and decision-making is not the focus of this research and only received brief mention in these papers. This is likely why this research has not been indexed using media-related keywords. In response to Dr. Segrott’s concern, we recognize that there is clear potential that some relevant research was missed in our review. For practical reasons, however, we needed to bound our search strategy (which was already rather unwieldy due to a lack of indexing of many CAM terms) as it would have taken several more months to review such large bodies of literature (e.g., the CAM use and attitudes literature as suggested by Dr. Segrott, but also the information, decision-making and knowledge transfer literature) for perhaps a limited return. We have added a discussion point in our limitation section to address this potential.

Minor Essential Revisions
Each of the minor essential revisions have been made, including adding the full term “Complementary and Alternative Medicine” to the article title, reformatting subheadings and clarifying our intent to summarize—versus synthesize (e.g., more aggregation)—the results from relevant CAM and media research and regarding “international newspapers”. We have also corrected the error he identified in our word choice on page 10 regarding the publication dates of the research articles we reviewed. We thank Dr. Segrott for his careful reading.

Discretionary Revisions
Dr. Segrott’s challenge to our comment regarding the majority of research we reviewed treating CAM as a monolithic concept promoted us to re-examine our data. We reviewed each article that we suggested researched “CAM in general” to determine how CAM was operationalized (e.g., in the methods section) and also discussed (e.g., in the results and discussion sections). We
determined that 6 of 9 papers operationalized CAM in a monolithic manner and 4 of 9 discussed CAM in a monolithic manner. Several papers used a combined strategy of operationalizing and discussing CAM both monolithically and in a manner that recognizes differences in approach between many CAM products and therapies. Based on this further analysis, we have revised our discussion to describe research that examines a range of CAM as either “unified” (e.g., as a monolithic concept) or “differentiated” (e.g., recognizing differences in approach). We have also decided to decrease the attention to this discussion point in our paper, primarily for reasons of word count and flow within the discussion section. Our point seems better placed in a broader section on implications for future research, in that researchers should make an attempt to separate out the unique characteristics of this diverse group of products and therapies in future research.

We (perhaps unsurprisingly) find Dr. Segrott’s final comment regarding why the media may seek to minimize attention to the risks of CAM an interesting one as well. In our opinion, this presently appears to be an unsettled issue. Most of the research in this area is quantitative in nature, suggesting that risks are underreported. There is one qualitative study that we are aware of (Carter in our review) that suggests that through various strategies attention is drawn away from portrayed risks. However, through a framing analysis one of us (Laura Weeks) is currently conducting we see that attention is drawn away from portrayed benefits, with “unscientific CAM” being portrayed as risky in comparison to “evidence-based” conventional medicine. This discrepancy may be a result of the different publications reviewed in both analyses and/or differences between countries. Although an area worthy of further research, we do not feel able to comment appropriately on the issue at this point and have thus not added further discussion to our manuscript.

Reviewer #2
As we interpret his comments, Dr. Muenstedt points out that the number of articles we included in our review was limited, although we have summarized what is known on this topic. We agree that the number of articles was limited, and were a bit surprised and disappointed in such. We do, however, feel that our search strategy was comprehensive and able to uncover the large majority of current literature in this field. Further, we have revised our approach to study selection to include those 8 articles we originally excluded so our sample size is now 16. We hope that readers will take our article as an impetus to conduct further research in this field, informed by the summary of completed research we have produced.

Dr. Muenstedt also highlights that we paid limited attention to the impact of media on patient choices. Although this notion was the starting point for our paper (i.e., our background), we agree that the relationship between media information and CAM use is important enough to warrant much further research on this topic. To this end, we have revisited this argument in our discussion section to summarize what is known regarding this relationship and what further research could be conducted.

Finally, Dr. Muenstedt suggests that we were unclear whether we included non-English articles in our review. Although we had described that we excluded non-English articles in two places (p. 7 at the end of Definitions and search strategies and p. 8 as an inclusion criterion), this decision is important for readers to understand, so we have highlighted our decision in a limitations
section that we now include in our Discussion. In the limitations section we also describe the implications that have resulted from our decision.

Reviewer #3
Professor Sharp raises several concerns with our manuscript and our research approach.

The first concern has to do with the validity and reliability of media content. As she has concerns with the validity and reliability of media content, she questions the validity of our research. We feel, however, that her concern is the very reason why our research is important. We begin our paper with a comment that “By their nature, media reports cannot be complete and are potentially biased and/or unbalanced; however, they are commonly used to support decisions related to CAM use”. These concerns, which are shared by many in the health care field, we feel are important enough to warrant a research program on the issue. We undertook this study as a means to determine what research has been completed to substantiate anecdotal knowledge that media information is insufficient to support patient decision-making. Following our scoping review, we suggest that further research is still needed to explore this issue in more depth: research that should be collaborative and that may assist media corporations in producing articles based on valid and reliable information and also the public in interpreting media information.

We have interpreted Prof. Sharp’s second concern to be a lack of fit between our research objectives (which did not include an assessment of research quality) and our research approach (which did include an assessment of research quality). This issue has also been addressed by Dr. Segrott and our response is outlined in detail in that section of this letter. In summary, we have decided to forgo using an assessment of research quality as an exclusion criterion and have correspondingly revised our research objectives to align with our research approach.

Prof. Sharp’s third concern regards an ambiguity in the types of CAM included in our research. We are unclear if the ambiguity lies in our inclusion criteria (i.e. what types of CAM did we include in our search) or in the presentation of our results (i.e. what types of CAM have been the subject of media reports that have been the subject of research). To be clear, we address both potentials. In regards to the types of CAM we included in our search strategy, we did include a statement of how we operationalized CAM on page 6, which includes a list of examples as well as a reference. Further, Table 1 lists each search term we used to capture relevant research and therefore the full range of therapies we included in our search. Although we agree that this issue is crucial as it anchors our entire review, we feel one paragraph plus the detail in the table is sufficient information for readers and therefore have not added any further detail. In regards to what types of CAM have been the subject of media research, that detail was provided in Table 4, now Table 2. We agree with Prof. Sharp that “CAM in general” is rather ambiguous but, as we also discuss in our response to Dr. Segrott’s comments, the majority of research in this field does not articulate differences between CAM types. We were therefore unable to discern differences and be more specific, and were required to summarize what has been published. Unfortunately, we are unable to provide more detail, however we have addressed this issue in our discussion section.

Prof. Sharp is correct in suggesting that our writing could have been clearer around our choice to include only 8 articles for one portion of the review but more in other sections of the review. As
we have now included all 16 articles in the full review, we expect the confusion to be lessened. To fully address this concern, however, we have redrafted our description of our methodological approach and the introduction to our results to better describe what we did and how we present it.

Prof. Sharp’s final concern regards the small number of papers we included in our review and the broad statements we made in our discussion. This point is valid and we agree that we did not direct readers enough to the limitations of our approach and the implications for generalization. We have subsequently revised the wording in our discussion section to be more cautious, and to suggest to readers when generalization may and may not be appropriate. We would also like to highlight that the large base of research articles we drew from (n=4,454) was so large primarily due to a lack of indexing of CAM-related terms in some databases. We therefore expected the large majority of this sample to be irrelevant and skewed towards general medical topics rather than CAM. In response to Prof. Sharp’s comment we have clarified this point in our manuscript.

We trust that the responses above adequately and exhaustively address all concerns raised by the reviewers of our manuscript. Thank you once again to each reviewer for the time they spent with our manuscript, and to the Editor for reviewing all correspondence.

Sincerely,

Laura Weeks