Author's response to reviews

Title: Use of complementary and alternative medicine and self-tests by coronary heart disease patients.

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Use of complementary and alternative medicine and self-tests by coronary heart disease patients

As requested I confirm that the above paper has been revised to take into account the points raised by the Editorial Board members as follows:-

**Reviewer: Anton de Craen**

Point 1: no response necessary

Point 2: We had originally focussed on the major complementary therapies outlined by patients but in response to the referee’s request for more elaboration of this point have now added additional information to include everything mentioned by patients in response to the questions they were asked about specific therapies they had used for their heart or any other health problems.

**Reviewer: Rebecca Rees**

Abstract

Points 1 & 2: We have replaced the sentence ‘CAM was less likely to be used for coronary heart disease (CHD) self-management.’ with ‘Post-rehabilitation patients reported using CAM for self-management less frequently than they reported using self-test kits. Reports of CAM use were less frequent than in previous surveys of similar patient groups’.

Methods

We have removed the words ‘Patients were asked what types of CAM, if any, they had used for their heart or any other health problems’ and added the text ‘Patients were asked to give yes/no responses to two questions about CAM use, ‘Have you used any alternative or complementary therapies/medicines for your heart problems?’ and ‘Have you ever used any alternative/complementary therapies/medicines for any other illnesses?’’. No specific definition of what CAM could include was provided, but if respondents answered yes to either of these questions they were asked in an open
question to say which therapies/medicines they had used and which illnesses they had used them for’.

Discussion

Point 1: We have added additional wording to the first paragraph of the Discussion ‘In the current study patients were not given a definition of CAM or a prepared list of CAM therapies/medicines but were simply asked whether they had used it and to list any therapies/medicines used. Definitions of CAM can vary widely and this may have led to an underestimation of CAM use as a whole. For example it may be that respondents did not automatically think of particular behaviours/practices as CAM and therefore did not mention them. Providing respondents with a checklist of therapies/medicines might have produced a higher rate of CAM use’.

Point 2: See response to point 2 raised by the first referee above.

Point 3: We have added additional text and supporting reference towards the end of the first paragraph of the Discussion ‘In addition as it has been suggested that in the UK context CAM use may vary among different ethnic groups [46] the socio-demographic characteristics of patients recruited to the original trial [39] where patients who did not speak either English or Punjabi (the predominant minority language in the locality) were excluded and for the current study in which patients who did not speak or read English were not given a questionnaire, may have influenced eventual estimates of CAM use’.

We hope that these revisions respond satisfactorily to the points raised by the Editorial Board members.

Yours sincerely

Dr SM Greenfield
(on behalf of the authors)