Reviewer’s report

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

Version: 2 Date: 8 May 2008

Reviewer: Rebecca Rees

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I agree with the reviewer that this paper’s results relating to CAM need further explanation and qualification. I think that the paper is worth publishing in BMC CAM, as long as claims for CAM findings are further substantiated in the methods and discussion, and softened by the authors by some caveats, as follows:

Abstract.

At present says “CAM was less likely to be used for CHD self-management”. There are two problems with this sentence:

1) It is incomplete – doesn’t state WHAT is being used more than CAM. Or are authors trying to say CAM is used less in CHD patients than in other groups?

2) In both cases the claim would be too strong. The questionnaire used in this study may well have under-estimated use of CAM and may not represent a given population (see below). So claim needs rewording to build in these possibilities, needs something like? “Post-rehabilitation patients reported using CAM for self-management less frequently than they reported using self-test kits/ than have previous surveys of similar/different patient groups”.

Methods.

Authors need to describe how the questionnaire asked participants about the extent of their CAM use. The questionnaire format and wording need to be described in the methods section (instead of waiting until discussion), along with the specific therapies/treatments that were listed as exemplars or answer options, if any. Here would also go details of any previous validation of that part of questionnaire, if any/ if known – as was done for attitudes to CAM and health).

Discussion

1) Use of an open-ended question to elicit extent of CAM use is likely to lead to an under-estimate of CAM as a whole (not solely to an underestimation of the 3 therapies currently listed in on page 9). Respondents will be unaware of the research team’s definition of CAM and definitions vary widely. A questionnaire
using a checklist of therapies/over-the-counter products would most likely have produced a higher rate of CAM use (and to improve accuracy is the approach used by most population-level surveys). The danger of under-estimation needs to be stated more explicitly in the discussion, and claims for findings about the extent of CAM use softened accordingly (hence the recommendation to use more cautious language in the abstract).

2) I think there might be quite a high level of missing data for the questionnaire item that asked respondents to state which therapies they used. The results section says that 39 reported use of CAM, but then describes only 14 instances of a therapy being named. If true, this is one sign for me that CAM use might be being underestimated. Authors could add reflections on this to their comments on the quality of their CAM data in their discussion.

3) Readers should be able to compare the questionnaire respondents to the people that might be encountered more generally in practice. The second sentence in the results section goes some way towards this, but the discussion also needs to reflect on the way in which the original trial recruitment, and then recruitment for the survey may have selected for different kinds of CHD patient (e.g.? the effects of requiring English reading and speaking proficiency).