Reviewer's report

Title: Treatments for Irritable Bowel Syndrome: Patients' Attitudes and Acceptability

Version: 1 Date: 8 September 2008

Reviewer: Miranda van Tilburg

Reviewer's report:

This is a clearly written paper that focuses on an important issue. IBS is a chronic disease for which conventional medicine is not always effective. Alternative treatments may be needed but can meet with resistance from the patient. It is important to know why some patients may resist treatment and how we can overcome resistance in order to give the best care possible to IBS patients. However, weaknesses in the analyses of the qualitative data reduce the enthusiasm for this paper significantly.

MAJOR COMPULSORY REVISIONS

The Qualitative part of the survey is very interesting and informative. However, there seem to be many weaknesses that reduce enthusiasm over this part of the paper. Most importantly all qualitative analyses were undertaken by 1 of the authors possibly introducing considerable bias. Although this is acknowledged in the discussion section, time and cost limitations are not a valid reason for omitting essential steps to reduce bias.

There appears to be considerable overlap between categories which may be a sign of bias:

1. Fear of side effects was mentioned under “Barriers to acceptance-internal factors” (e.g., skin allergies) as well as under “Dislike of treatment modality-dislike due to side effects”.

2. Time commitment was mentioned under “barriers to acceptance-external factors” and under “dislike treatment modality-reasons which relate to specific treatment methods”.

3. Discomfort/awkwardness of applying medications is mentioned in Figure 2 (2l&m; Dislike of treatment) as well as Figure 4 (4b, Barriers to acceptance).

In addition, in the “dislike treatment-general dislike” category the text states that this is “more evident in reference to hypnotherapy, homeopathy, and suppositories”. But most examples in Figure 2 concern medications. Have authors noticed these discrepancies and how have inconsistencies in coding been handled?

I would highly recommend the authors look beyond concepts and themes and think about what this may mean. What is the theory? For example, how do these
results fit into the more traditional and prevalent view that distinguishes body from mind? Whereas most CAM is based in integrative medicine that accepts mind/body interactions? For excellent reviews on these topics in IBS see the writings by Dr Drossman and colleagues (e.g., in the Textbook of Gastroenterology, 2003).

MINOR ESSENTIAL REVISIONS

Some references are not included in the text but rather it states “Error! Bookmark not defined”.

Figure 1 shows only empty boxes.

P4. Please state which country the Department of Health document is from.

P6. Can the authors give N of how many of the 8646 patients responded to the postal questionnaire (include all patients not only the IBS patients)

P6. Can authors specify how many patients were excluded for each reason?

p8. Please specify exact age groups and race/ethnic groups used for analyses.

P8. Please specify who undertook the identification of themes in this section so this is clear before people read the result section.

P9. Please test the differences between treatment acceptability and report p-values.

p.9 For age groups please report which post hoc tests were used comparing the groups and which groups were significantly and not significantly different.

P9/10 Please show data and p-values for comparing conventional vs CAM vs lifestyle on age.

In the discussion the authors draw conclusions on data that was not presented in the result section. For example, p.17 “There was consensus that time and financial costs were central to acceptability”. Nowhere in the results section is presented how often certain concepts or themes appeared among individuals. Or p.18 “Results from this study showed that patients were more inclined to accept any of the treatments if recommended by a physician”. Again this data is not presented in the results section.

Discretionary revisions

In the Quantitative part of the survey treatment preferences have been associated with age and gender. Although this is informative, it would be more interesting to show analyses that look at the association with clinical variables such as duration of disease, severity of symptoms and treatment modalities these patients have used in the past. If the authors have this data this I would strongly recommend to report these analyses.
P5. “However, many patients still seem adverse to alternative management strategies”. Do the authors have a reference to back up this statement? If not can they explain if this statement comes from their own clinical experience or perhaps is derived out of data that show low usage of hypnotherapy/relaxation strategies (see BMC Complement Altern Med. 2008 Jul 24;8:46)? If the latter is true a lot of other factors play a role beside patient’s adversity to CAM. For example, limited accessibility to CAM is a huge issue as well as physician’s reluctance to suggest CAM as a treatment option.

**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 I have no competing interests