Author's response to reviews

Title: Prevalence of Complementary and Alternative Medicine use in Children with Chronic Health Conditions in Lagos, Nigeria

Authors:

Kazeem A Oshikoya (med_modhospital@yahoo.com)
Idowu O Senbanjo (senbanjo001@yahoo.com)
Olisamedua F Njokanma (faconi@yahoo.com)
Ayo Soipe (ayosoipeonline@yahoo.com)

Version: 3 Date: 10 November 2008

Author's response to reviews: see over
Response to reviewers’ comments

Reviewer: Andrew S Day

Many thanks for your suggestions and questions raised on our manuscripts. The suggestions have been implemented (highlighted in red in the text and abstract) and answers to the questions are as provided:

General comment

1. The focus of the study was to evaluate CAM use in children with chronic illnesses; we however agreed with you that comparing these patients with a group of well children would have provided a better insight into CAM use in Nigerian children. This is therefore one of the limitations of the study which has been included in the later part of the discussion. We hope implement this in our future studies.

Specific comments

1. The objectives in the abstract and the background have been corrected to read the same.

2. The statement “administration of CAM was ceased six months prior to the study…” has been re-phrased as “The use of CAM was stopped six months prior to the study by 16 (16%) patients”.

3. The statement in the abstract “CAM was used alone or in combination with others” has been rephrased as “CAM was used alone or in combination with other CAM”.

4. Did none of the parents disclosed to their doctors that their child was receiving CAM because none of the doctors asked?

   Yes, it has been stated earlier in the results and discussion that the major reasons for none-disclosure of CAM use by the parents to their child was because the doctors never asked. However, 15.2% parents did not disclose CAM use to their child because of the fear of their child not being treated by doctors.

   CAM is a topical issue in Nigeria. This has been discussed elaborately in the background as suggested by the second reviewer.

5. The statement on page 5 that stated one agent was “very effective” for a certain condition followed by another statement that stated there was no RCT to support the claim.

   This statement has been deleted and replaced with a new statement.

6. Information about the clinic days has been deleted.
7. The questionnaire has been re-described. The part that discussed sections A to C has been deleted. Included in the questionnaire design is how the interview was structured.

8. In Nigeria, children are grouped between day 1 of life to 12 years. Patient above the age of 12 years are referred to adult medical outpatient clinic for follow up. This is based on the policy of the ministry of health.

9. The statement about the mean ages of the patients has been re-phrased to read “there was no significant difference between the three groups in their mean ages ($P=0.08$)”.

10. The word “relief” has been changed to “relieve”.

11. The methodology has been re-written based on the suggestion of the second reviewer. In the open ended interview, a list of biological CAM frequently used in Nigeria (obtained from previous studies that evaluated CAM use in Nigeria) was made available to the parents. In addition, samples of the biological CAM products and photographs of different alternative medical practices (body scarification, charm wearing, ritual sacrifice, concoction, Chinese medicine, homeopathy, Ayurveda, and bone setting) in Lagos, Nigeria were shown to the parents during the open-ended interview to remind them of their child’s CAM use and prompt their response. The mind-body system therapies listed in the questionnaire (spiritual healing/prayer, visualization, meditation, hypnosis, and divination/incantation) were also explained to the parents during the open-ended interview.
Reviewer: Jackie Wootton

Many thanks for your suggestions and questions raised on our manuscripts. The suggestions have been implemented (highlighted in red in the text and abstract) and answers to the questions are as provided:

1. The questionnaire was developed most from the studies that evaluated CAM use in Nigeria. We only adapted the aspect of the studies from developed countries that evaluated adverse reaction to CAM and the cost of CAM. With regards to definition of CAM, types of CAM, and biological CAM used by the patients, the list was developed from previous studies on CAM use in Nigeria. This information is now documented in the methodology.

2. The methodology has been re-written as suggested. A total of 318 parents were interviewed [parents of a child with epilepsy (122), asthma (78) or sickle cell anaemia (118)]. This has been included in both the abstract and the methodology.

3. The details of how the questionnaire was developed is as discussed in the methodology.

4. We quite agree with you that CAM may have a different meaning to the mothers in this study. We have therefore elaborated on how they were informed about CAM and how they were also prompted during the interview.

5. Background information of CAM use in Nigeria has been provided in the introduction.

6. A copy of the questionnaire has been made available.

7. We are sorry to have referred to mega-dose vitamins as multivitamins. This has been corrected in both the results and discussion.