Reviewer's report

Title: A qualitative study of the health-seeking behaviours of people of South Asian origin in the UK with a diagnosis of epilepsy: biomedicine, complementary and alternative medicine and ethnomedicine

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Reviewer: Sarah Gehlert

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General
Title: A qualitative study of the health-seeking behaviours of people of South Asian origin in the UK with a diagnosis of epilepsy—biomedicine, complementary and alternative medicine and ethnomedicine

Research article
Description: This article seeks to understand the use of CAM and ethnomedical treatment in addition to standard biomedical treatment for epilepsy among a group of South Asian patients obtained from epilepsy registers and hospital data bases in Leeds and Bradford. Inclusion criteria were age 18 years of age and older and listed in the epilepsy registry or hospital data bases as having epilepsy. In addition, South Asian origin was determined using data on “ethnicity, religion, and analysis of names.” (p. 5, last para., line 5). The authors tell us that 139 people met the inclusion criteria. Thirty people with epilepsy and 16 caregivers made up the final study sample.

Overall assessment: The information in this article is very interesting and potentially important for practice. For all intents and purposes, non-biomedical treatment for epilepsy has only been given serious consideration in the literature in the past decade. The authors gained some valuable insights about how decisions are made to use non-biomedical treatments. It is also quite interesting that CAMs are used so infrequently. I also think that framing with three theories of why people use CAM is a nice approach. Better explicating the methods would allow us to have much greater faith in the results. The abstract is less well written than the later parts of the article. In general, the article is acceptably written.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Critique: In general, the methods section is terse and much is left inadequately explained. For example, the final sample consisted of Muslims from Pakistan, but also Sikhs and Hindus, presumably from India. A required revision would be to explain exactly how and by whom (i.e, a question of inter-rater reliability) persons were determined to be South Asian. “Using recorded information on ethnicity and religion and analysis of names” is too vague. What actually was done?
Another required revision would be to define South Asian in terms of the population of Leeds and Bradford and to provide a breakdown by country of origin and perhaps by religion. Otherwise, it is difficult to evaluate the success of the authors' sampling efforts. What was the target sample for the study? Likewise, the procedure for drawing a final sample from the 139 persons in the inclusion sample is confusing. What was the authors' intended purpose for dividing into age bands (And, why these particular age bands? Based on what theory or prior work were the age bands constructed?) and gender. I can guess why this might have been done, but a reviewer should not have to guess. Why, for example, was professional status or SES not also used as a criterion (in other words, why did the authors think age and gender were the most salient criteria for stratifying their sample?)? Did this have something to do with available information (was only age and gender available? If so, how might this affect results?)? Likewise, why did the authors assume that “our population would reflect a distribution of severity typical of any community-based population?” (p. 6, last sentence, para. 1). What characterizes a “typical community-based population”?

Bottom of page 2, penultimate line: What do the authors mean by “professional South Asian approaches to health care?” This is not transparent.

Page 3, third para.: The authors write about a “small study of health beliefs and experiences.” Do they mean the present study? If not, the study to which they refer should be cited.

How data from caregivers were used is unclear. Were these data used in the same way as data from informants with epilepsy? Fourteen informants did not provide names of caregivers. Were they asked why? Did they lack caregivers or were they uncomfortable having them interviewed? This is important to interpreting the study’s results.

Providing more detailed information on interviews is as compulsory revision. It seems quite good that many sources were used to develop the interview guide. What was the process of collecting this information, however (e.g., how systematically was it done? What was the modality? Focus groups?)? How/by what process were the data reduced?

We are told that interviews were done by three persons? How was reliability of the interview across interviewers determined/insured? Were tapes reviewed for this purpose? Who conducted the interviews in Urdu and Punjabi? What were the credentials of the interviewer(s)? More importantly, how many individual interviews were conducted? Why were some people interviewed in focus groups? I would expect that whether the interview was focus group or individual would influence responses. People generally are much less forthcoming in groups. How exactly were the focus groups conducted? How were groups assembled? In reports of focus groups, authors generally tell whether efforts were made to include persons who did not know one another previously, etc. Were Muslims and Hindus put in the same groups?
Whereas the methods section is terse, the Speculations for the future section is much too long. It is indeed speculation. The authors’ views are interesting, but should be used to illuminate the discussion section rather than be afforded a separate section. The second and third paragraphs on page 18 are really not pertinent for a research article.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.