Author's response to reviews

Title: Traditional Eye Medicine Use by Newly Presenting Ophthalmic Patients to a Teaching Hospital in South-eastern Nigeria: Socio-demographic and Clinical Correlates

Authors:

Boniface Ikenna Eze (xy3165767@yahoo.com)
Chimdi Memnufu Chuka-Okosa (chimdi_8691@yahoo.com)
Judith Nkechi Uche (amazingnkechi@yahoo.com)

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Author's response to reviews: see over
Recommended revisions

Reviewer’s report No 1

Reviewer: Alexander Bialasiewicz,
Review date: 1 July 2009

Recommended revisions:
2. ‘Add a little statistics to one of the tables’; since the table was not specified, I was lost on what and where to revise. As a result, I could not carry out any revision.

Reviewer’s report No 2

Reviewer: Jackie Wootton
Review date: 3 July 2009

Recommended revisions:

1. Abstract: I have deleted the first two, and revised the last two sentences in the abstract.

2. Introduction: I have deleted the first two sentences and modified the third.

3. I have corrected the reference error in which I cited NCCAM.
   I have also started the background section with the 3rd paragraph and carefully changed the numbering of references 1-4, in the original article, to reflect this.

4. Bottom of page 10: I have changed ‘impliedly’ to ‘by implication’

5. Table 2: “cord liver oil” has been changed to “cod liver oil”

6. Tale 2: Harcogen rob means mentholated rob, see footnote. The spelling of “rob” has been changed to “rub”.
Reviewer’ reports No 3

Reviewer: Muhammed Shakeel.
Review date: 10 July 2009

Recommended revisions:

1. No revision was recommended.

Reviewer’s report No 4

Reviewer: Kazeem Oshikoya
Review date: 11 July 2009

Recommended revisions:

The title has been changed to
“Traditional Eye Medicine Used by Newly Presenting Ophthalmic Patients to a Teaching Hospital in South-eastern Nigeria”

1. I have deleted “design and “settings” from the abstract section.

2. I have revised the methods section of the abstract to make it more succinct.

3. I have transferred the section on data analysis and statistical methods from the abstract to the methods section of the manuscript.

4. I have provided numbers and percentages i.e. n(%) in the results section.

   -The words “professional” and “non-professional healers” have been changed to “traditional medical practitioners” and “non-traditional medical practitioners” respectively.

5. I have included more important results in the abstract.

6. P values=0.000 have been changed to P<0.01; p value for educational status has been corrected to 3 decimal places.
7. The incidence of TEM use was erroneously compared with previous local studies, which, in contrast with the present study, examined both old and new patients. This has been clarified in the revised version of the manuscript.

**Background:**

1. A description of the health care system in Nigeria, and comments on the funding, by the Nigerian government, for research into TEMs has been included.

2. The third sentence which reads “Traditional eye medicine (TEM) therapies, as a sub-group of CAM” has been re-phrased to read “traditional eye medicines (TEMs) are a form of biologically-based therapies or practices that are instilled or applied to the eye or administered orally to achieve a desired ocular therapeutic effect”

3. A separate paragraph has been created specifically for the statement of the research objectives.

**Methods:**

1. This has been stated under the following sub-headings: setting, population studied, study design, ethical approval, and data analysis.

2. The choice of new patients was based on the perceived likelihood of difficulty in recall of information on TEM use by old patients, especially those with chronic conditions.

3. A questionnaire was used to collect demographic data and TEM use pattern from the patients and a proforma was used to record clinical details after evaluation.

**Study Questionnaire:**

4. Under educational status, “minor” implies “pre-school age”; this has been added to clarify it further.

5. The associated medical conditions among the Tem users and non-users were hypertension, diabetes mellitus, and HIV/Aids. Their relative proportions have been included in the results section.

6. 860 patients were on prescribed medicines at presentation.

7. Q13 (now Q15): Instillation has been included under routes of TEM administration.
8. Q14( now Q16): I have changed the term “professional healer” to “Traditional medical practitioner” and “non-professional healer” to “Non-Traditional medical practitioner”; “alfas” has been included under the sources.

9. Q18 (now Q20): Adverse reaction has been included in the list of options.

10. A field (Q21) has been created for suspected adverse interaction with prescribed medicines

11. “Data management” has been changed to “data analysis; the opening sentence has been re-phrased as recommended.

12. Ethics has been changed to “the ethical committee of UNTH, Enugu approved the study”

RESULTS:

1. The additional expression of “Sex ratio” , after stating the percentages of each sex, has been deleted.

2. Mean age has been expressed as “mean + SD”.

3. I have provided the values of the parameters expressed in percentages.

4. Participants’ “Group A” and “Group B” have been changed to “TEM users” and “TEM non-users” respectively.

5. P values expressed as p=0.000 have been changed to p< 0.01.

6. I have carried out an extensive copyediting of the manuscript

DISCUSSION:

1. Adverse reactions, although not recorded in the study, has been discussed.

2. The financial implications, to the family and the country, of the predominant involvement of patients in the productive age group have been addressed.

3. Limitations of study: These have been explained and included in the text.

CONCLUSIONS:

1. This part has been presented as conclusions instead of ‘conclusions and recommendations’.
2. The results could not be strictly compared with previous work because we studied new patients only. The reason for this has been stated in the methods section.

3. The section on conclusion has been abridged.

**Minor essential Revisions:**

1. The results section has been largely rewritten.

**Discretionary revisions:**

1. The nomenclature for the study instrument has been changed to “questionnaire and proforma”.

2. The reason for studying only new ophthalmic patients has been explained.

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**Reviewer’s report No 5**

Reviewer: Joshua Owoeye
Review date: 17 July 2009

**Recommended revisions:**

**Minor essential revisions:**

1. Under “method on page 6, the second “use” in the sentence “Based on reported use of TEM use” has been deleted.

2. Under “Discussion” on page 9, the second “been” in “......corneal ulceration and ocular trauma have been established to be” has been changed to “be”.

3. Under discussion, on page 10, “......findings of Ademola-Popoola & Owoye......”, Owoye has been correctly spelt as “Owoeye”.

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Revised Questionnaire

DEPARTMENT OF OPHTHALMOLOGY,
UNIVERSITY OF NIGERIA TEACHING HOSPITAL, ITUKU-OZALLA, ENUGU

DEPARTMENTAL RESEARCH

Survey Questionnaire

TOPIC: Traditional Eye Medicine Use by Newly Presenting Ophthalmic Patients to a Teaching Hospital in South-eastern Nigeria: Socio-demographic and Clinical Correlates.

PARTICIPANTS: All new eye patients presenting at the ophthalmic outpatient clinic.

INSTRUCTIONS: 1. Tick good (✓) against the correct response/s in the spaces provided.

2. Provide additional information as appropriate in the spaces provided.

SECTION A: SOCIO-DEMOGRAPHIC CHARACTERISTICS

1. Sex: (a) Male ( )
   (b) Female ( )

2. Age (years/months/weeks) ____________________________

3. Marital status: (a) Single ( )
   (b) Married ( )
   (c) Divorced ( )
   (d) Separated ( )
   (e) Widowed ( )
   (h) Minor (under age) ( )

4. Occupation: (a) Civil servant ( )
   (b) Trading ( )
   (c) Farming ( )
(d) Artisan ( )
(e) Unemployed ( )
(f) Minor ( )
(f) Retiree ( )
(g) Others specify ________________________________

5. Educational status: (a) Primary ( )
   (b) Secondary ( )
   (c) Tertiary ( )
   (d) None ( )
   (e) Minor (pre-school age) ( )

6. Residence: (a) Urban ( )
   (b) Rural ( )

SECTION B: CLINICAL PROFILE

7. Main presenting ocular complaint: ________________________________

8. Duration of main presenting ocular complaint: ______________________

9. Best corrected distant visual acuity: (a) Right eye _________ (b) Left eye ____________

10. Main definitive clinical diagnosis: (a) Right eye ___________________________
    (b) Left eye__________________________

11. Location of ocular pathology: (a) Anterior segment ( )
    (b) Posterior segment ( )
    (c) Anterior and posterior segments ( )
    (d) Extra-ocular ( )
12. Associated medical conditions. (a) HBP ( ) (b) DM ( ) (c) HIV/AIDS ( ) (d) cancer ( ) (e) Asthma ( ) (f) Others Specify______________________________

13. Are you on prescribed medicine (a) Yes ( ) (b) No ( )

SECTION C: PROFILE OF TEM USE

14. Nature of TEM: ________________________________

15. Route of administration of TEM:(a) Topical ( )
   (b) Oral ( )
   (c) Face wash ( )
   (d) Inhalation ( )
   (e) Per aural ( )
   (f) Injection ( )
   (g) Fume bath ( )
   (h) Shower ( )
   (i) Instillation ( )
   (j) Others specify______________________________

16. Prescriber of TEM: Traditional medical practitioner
   (a) Traditional Healer ( )
   (b) Clergyman ( )
   (c) Alfa ( )
   Non-traditional medical practitioner
   (c) Patient ( )
   (d) Friend ( )
   (e) Relation( )
   (f) Do not know ( )
   (g) Others specify ______________________

17. Main reason for TEM use: (a) Others benefited ( )
   (b) Belief in potency ( )
   (c) Orthodox medicine un-affordable ( )
   (d) Unaware of orthodox alternatives ( )
   (e) Unsatisfactory orthodox treatment ( )
   (f) Others specify ______________________
18. Duration of TEM use (years/months/weeks): __________________________

19. Cessation of TEM use: (a) Yes ( )
   (b) No ( )

20. If yes in No 15, what is your main reason: (a) No improvement ( )
    (b) Condition worsening ( )
    (c) Advised to stop ( )
    (d) Intolerant of TEM ( )
    (e) Adverse reaction ( )
    (f) Others specify____________________

21. Any adverse interaction with prescribed medicines (a) Yes (b) No ( )

Thank you