Author's response to reviews

Title: Use of Complementary and Alternative Medicine: A survey in Turkish Gastroenterology Patients.

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Author's response to reviews: see over
Answers to the reviewers:

I would like to thank you for your meticulous work on the manuscript, which showed me inappropriate parts especially unclear sides. I made the necessary revisions to the article that you will see. I simplified my answers into several topics, suggestions were taken into consideration and appropriate explanations or comments were added.

For the reviewer 1:
- I should have noticed such errors before the submission, which were replaced with appropriate ones.
- I have an objection on the expansion of literature expansion in the introduction. IBD and IBS are chronic conditions that are associated with CAM use. This study was performed in a private hospital that IBD patient were scarce and I did not make any distinction between infectious diarrhea or IBD, so I did not add literature on IBD and stay straight with general population and general GI patients.
- Referencing was reviewed.
- Results: yes you are right; than I noticed I do not have words on this topic in discussion. I did not include that part in the new one.
- Grammatical errors and concept confusion through the manuscript were cleared.
- Method section was corrected.
- A nurse assisted the patients
- Every participant accepted the survey. Consecutive patients were selected.
- Sample size was calculated by power analysis to find a significant effect, with a 30% prevalence, at least 200 patients should have been included
- You are right it was changed as confidentiality.
- Since most common CAM modality is herbal therapy, I think it is not useful to include the therapies as a whole other list, which may be also find in the reference articles.
Results:

Table 1: patient reports on use are included. Most of them were for GI problems. Items listed under “Others” were mostly for non GI purposes.

- Other tables were corrected accordingly.

- Discussion

- Right it was a cross sectional survey

- It was used for to make the case and show that usage is so common in both general public and special disease cohorts

- Paragraphs and ideas were re-organized in the revised article. People share the good ideas with each other and combining this information with the mild nature of GI diseases could explain the lower figures.

- On page 12: it has connection with the safety issue.

- Right this was not a comparative study, no control group was needed

Conclusion:

This study was done in a secondary care facility. In Turkey, there is no good working family practice or referral system. A gastroenterologist working in a secondary care facility commonly sees patient that can be managed easily by a family practitioner. So this sample reflects the attitudes of general population with GI problems. I strongly believe over the counter proton pump inhibitors and similar acid lowering drugs may have a role in the lower prevalence of CAM use around the globe.
For the reviewer 2:

1 As a practicing gastroenterologist we see lots of patients with mild GI diseases that even do not need a medication. Honestly, I do not specially question CAM in the medical history of a GI patient and I believe neither of my fellow colleagues. We all know most of the MDs are skeptical about the CAM use and think it is a fad. For a change of attitude, I personally believe, CAM use rates in the special disease populations should be clarified so that we can use these modalities for the own good of the patients by giving appropriate information. Back in the time of survey I was working at a private hospital where this study was undertaken and, I know it is a shame, was surprised with the prevalent use of CAM. I had patients with complications of CAM modalities. So I decided to perform this survey.

2 Grammatical errors were corrected, which I think is the source of some misunderstandings in the text.

3 Abstract: educated individuals more likely to use

4 Introduction: Other studies in Turkish population were mostly in chronic diseases whereas this one was carried out in a secondary care facility where mostly people with mild disease were admitted. The mild course of GI diseases could be a reason for low figures in this and other similar studies.

5 Material and method section was reviewed and mistakes or missing parts were corrected.

A - Every participant accepted the survey. Consecutive patients were selected.

B – sample size was calculated by power analysis to find a significant effect, with a 30% prevalence, at least 200 patients should have been included.

C- None refused

D- Yes all of the users rate their satisfaction.

E- We provided the list of herbs and alternative medicine modality and patient could add things to the survey. Most of the added items were on preparation and usage type.
6 Results

a Eighteen CAM users (22.8%) were using two or more methods at the time of the study and others had done so previously.

b The ensuing preparations were consumed 1-2 times per day

c Constipation was the 2nd most common reason for use. In table 2 it was corrected as reason

d It refers to what benefit they actually got.

e Married and highly educated ones use more often.

f Table 5 shows 2x2 chi square and t test statistics, I guess it is little bit confusing but percentages are correct. Actually it is a combination of 6 separate tables.

7 Discussion:

a Right it was a cross sectional survey.

b It was related to mild nature of the GI diseases, I presume. Actually this study supported (multivariate analysis also showed) rate of CAM use was higher among educated patients.

c Yes, age effect is not appropriate, in the new second paragraph it was compared with GI samples.

d Although use rate is lower in general GI patient sample than general population, these diseases were shown to be associated with use. Some patient characteristics are consistent with this study.

e No it was not a new information, just a sum of the rates of symptoms that may be signs of IBD or IBS. Near to half of patients suggestive of FGID or an organic disease use CAM, this is, although it was not investigated in this study, consistent with the former paragraph.

f Aformentioned characteristics of the patient cohort, which was re-organized in the revised article.

g Transient nature of gastrointestinal symptoms.
I think demographic characteristics are same as the general population who live in urbanized parts of the Turkey. Another rural patient sample may show different characteristics especially in terms of education and health beliefs, traditional medicines, access to medical facility, which is mostly limited in eastern part of Turkey. In Turkey, there is no good working family practice or referral system. A gastroenterologist working in a secondary care facility commonly sees patient that can be managed easily by a family practitioner. So this sample reflects the attitudes of patients with GI diseases. I strongly believe over the counter proton pump inhibitors and similar acid lowering drugs may have a role in the lower prevalence of CAM use around the globe.

8 Conclusions  The rate of CAM use in patients with gastrointestinal problems is lower than those described in other Turkish studies, and also lower than that reported in other chronic diseases both nationally and internationally, although international data also support the finding that the level of CAM use for general gastrointestinal problems is lower than that for general populations as a whole. This could be due to the low perceived efficacy of CAM modalities and their relatively transient nature

Discretionary revisions:

9 We adapted a survey by Molassiotis which included such methods under CAM.

10 Healthcare professionals need to be aware of the effect which various CAM interventions and over-the-counter medicines play in the self-management of such symptoms, and should be prepared to educate and inform patients appropriately about the safety, efficacy, indications and contraindications for their use whilst diagnosing the underlying cause of these troublesome symptoms as the first stage in their conventional medical management.