Author's response to reviews

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

Authors:

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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.

Reviewer's report

Title: Use Of Complementary And Alternative Medicine: A survey In Turkish Gastroenterology Patients

Version: 1 Date: 21 July 2009

Reviewer 1: Marja Verhoef

Reviewer's report:

Major Compulsory Revisions

- More careful distinctions should be made between symptoms, disease and disorders. Also be more careful with CAM treatments, therapies, practices and methods.

- I should have noticed such errors before the submission, which were replaced with appropriate ones.

- The literature review in the Introduction could be expanded, especially with respect to IBD there are many published surveys.

- I have an objection on the expansion of literature expansion in the introduction. IBD and ÊBS 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 should be very carefully checked, a few examples are:
- Ref 1: better to use the original Source: NCCAM

- P.3 after ref 4: the sentence seems to refer to CAM use in general, but the reference relates to GI disorders.

- Ref 5: appears to relate to disease and not to symptoms

- P. 10, ref 2, line 8 from below is about cancer and the statement is about GI problems.

- Referencing was reviewed and corrected as appropriately.

- Results:

  - Why were those who did not use CAM for gastrointestinal disease included in the tables? That needs a rationale or clarification of the research question.

  - 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.

Minor Essential Revisions

All throughout there are many grammatical errors (eg tense, plural versus singular missing words, missing articles – a, an and the) that need to be checked. To give an idea of these issues I have inserted those that arose in the Introduction only (apart from those relating to referencing):

- line 6 – probably better to say standard conventional therapies.

- line 14 – more often than….?

- line 14 – ‘are’ should be ‘is’

- line 16 – sentence starting with Although: reword, does not flow well. Why is the comparison with cancer patients’ CAM use emphasized?

- Line 4 from below: why do questions about herbal products reflect the increased acceptance of CAM?

- Line 4 from below: The aim, type, not types
- The Aim talks about patterns: 1) what patterns?, and 2) in the Abstract the purpose is worded differently: factors (which ones?) and not patterns; prevalence and not frequency; those attending a GI clinic and not those with GI problems (on page 4 it is GI symptoms and diseases).

- This study is NOT about prevalence as the denominator is not known. Incidence can also not be assessed.

- Grammatical errors and concept confusion through the manuscript were cleared.

Methods:

- The nurse assisted rather than consulted the patients.

- A nurse assisted the patients

- Who was recruited? Consecutive patients? All or some? Who approached them? New and recurrent 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

- Anonymity is not possible in a study like this, but confidentiality is.

- You are right it was changed as confidentiality.

- It would be helpful to present the list of therapies.

- 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: were the herbal teas those that were not specifically used for GI?

- Table 2: might be nice to put in order from most common to least, to facilitate reading. Please explain how these groupings were established. For example, why is constipation both a symptom and a disease, how was this determined?
How would patients know?

- Table 3: ‘Benefits received’ and ‘reasons for use’ maybe very different. Patients apparently were asked about benefits, but the table presents reasons. Also the text and the wording in the table is inconsistent. The percentage of 21.5% for fighting the disease is different from the one in the table.

- Table 4: n is the number of responses and not the number of participants, this should be clear.

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:

- This is not a prospective study.

  - Right it was a cross sectional survey

- How relevant are comparisons with CAM users who have a different disease in different countries?

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

- The discussion should make clearer distinctions between what distinct point is being made and why. For example, the sentence of prevalence of GI symptoms (p.10) should be in a different paragraph as the following sentences as the link is not clear – in fact there is no link. Also, the sentence on information sources is not a point of discussion, but just a one line result.

  - 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 results are being provided about patients’ beliefs and adverse effects. If these relate to the current study they should be in the results, if not they should be referenced.

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

- It is likely that the differences in CAM use between countries are more complex than age alone – however no age related data are provided for other countries to assess this statement.

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

- The comment on the need of a control group is incorrect as this is not a study that compares efficacy or effectiveness of treatments.

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

Conclusion:

- The conclusion that CAM use in patients with GI disorder in Turkey is the same as in other studies, is only based on a few studies and the differences between these studies in how CAM was defined and assessed is not identified. In addition, the reason for including those who used CAM for non-GI related reasons was not fully accounted for.

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.
Level of interest: An article of limited interest

Quality of written English: Not suitable for publication unless extensively edited

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
Reviewer's report

Title: Use Of Complementary And Alternative Medicine: A survey In Turkish Gastroenterology Patients

Version: 1 Date: 19 July 2009

Reviewer2: Heather Boon

Reviewer's report:

Major Compulsory Revisions

1. This paper reports on the prevalence of CAM use in patients with GI problems in Turkey and identifies some factors associated with this use. CAM use in this specific sub-set of Turkish individuals has not been described before; however, CAM use in those with GI problems has been described in other countries and CAM use in other Turkish patient populations (esp cancer) has been described previously. I would like to see some justification for the need for this study – is there any reason to believe that Turkish individuals with GI problems are somehow different than individuals with GI problems from other countries? Or is there a need to identify the CAM products Turkish patients are using for some specific reason (e.g., education of MDs or policy change)? We know that all types of patients all over the world are using CAM and it seems pointless to continue to survey different sub-sets of the population simply to get a specific percentage which is within a the same general range almost everywhere. I believe that if we continue to do these kinds of CAM prevalence studies they must serve a purpose beyond simply providing a prevalence rate -- what was the reason in this case? Why did the authors want to know about CAM use?

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. Overall, the paper needs a good English edit – there are a number of grammatical errors throughout and although they do not generally interfere with understanding the content presented, they are distracting. Grammatical errors were corrected, which I think is the source of some misunderstandings in the text.

3. Abstract:

The authors state that there is a “significant difference in education level between users and non-users of CAM” but do not state the direction – are more or less educated individuals more likely to use CAM?

Educated individuals more likely to use

4. Introduction:

This section provides background information about what is known about the use of CAM in GI patients and CAM use in Turkey, but it is not clear from what countries/cultures the statistics are derived. Please be specific i.e., about where the GI CAM use data are from. This may be helpful to make an argument about why these findings may not be applicable to Turkey which is why this study is needed. Similarly, why do the authors think previous findings of CAM use in Turkish patients can’t be extrapolated to Turkish GI patients? I do not currently
see a good justification for doing this study.

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. Materials and Methods

a. What kind of sampling was done? Was every patient during the recruitment phase approached? Only selected patients? Was it a random sample or a consecutive sample or something else?

Every participant accepted the survey. Consecutive patients were selected.

b. How was the sample size chosen? Did the author continue to collect data until you reached a target number (and if so how was that determined)? Or did the author simply collect as many responses as possible within a specific time period (and how was that determined)?

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. How many people that were asked to participate refused? So how many people had to be asked to participate in order to get the 216 responses?

None refused

d. Did participants rate their satisfaction and perceived effectiveness of CAM in general or were these ratings made for each CAM therapy/product they reported using?

Yes all of the users rate their satisfaction.

e. Was the list of specific herbs/supplements provided to patients to choose from and if so, how was this list chosen? Were participants able to add things to the
list that they used if those items were not included originally on the list?

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. The following statement is not clear: “Of 8 (10.1%) patients used more than one method and of 18 patients (22.8%) are still using more than one method” – does the author mean 10.1% of those that used CAM used more than one thing? And does the first part of the sentence refer to “ever used” and the second part of the sentence refer to current use? If so, how can the current use percentage be greater than the “ever used” percentage as the “ever used” percentage would by definition include current use?

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 statement “Usage frequency was mostly 1-2 glass/times a day” requires some explanation. Prior to this statement the author refers to CAM methods as diverse as Ayurveda, support groups, and herbal teas --- how can you report frequency like this that is supposed to apply to all these different things? The statement is so general that it has no meaning.

The ensuing preparations were consumed 1-2 times per day

c. In the second paragraph, the first sentence says constipation was the 2nd most common reason for use and the 3rd sentence says constipation was the most common reason for use which is confusing. By looking at Table 2, I see that constipation and diarrhea are listed as both symptoms and diseases which I also find confusing. Please clarify the difference here.

Constipation was the 2nd most common reason for use. In table 2 it was corrected as reason
d. The author reports “mean satisfaction with CAM” – I struggle to find meaning in this statistic especially for those using multiple products/methods. It refers to what benefit they actually got.

e. The author states that marital status and education level were significantly associated with CAM use, but he does not tell us in the text which direction. Married and highly educated ones use more often.

f. Table 5 – the percentages in this table are calculated incorrectly. In order to be useful, we need to know the percentage of females in the CAM user group and the percentage of females in the non-user group so we can see which percentage is higher (i.e., percentages calculated down the column). The percentages are currently provided across the rows which is not helpful. 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. The first line of the discussion describes this as a prospective study of CAM – how is it prospective? It appears to be a cross-sectional survey to me. Or perhaps I am missing something.

Right it was a cross sectional survey.

b. This study found a lower incidence of CAM use than other studies of CAM use in Turkish patients with other types of chronic disease and the author notes that this cohort was actually more educated than others. This would suggest, based on the finding from this study that higher education is associated with CAM use, that the CAM rate should be higher. How might this apparent contradiction be explained?
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. In paragraph 3 the study findings are compared with CAM use in the American population and the author suggests this study’s findings might be lower because of an age effect. But to make this argument, wouldn’t it be more correct to compare this study’s findings to other samples of GI patients? ---- I would argue that having a chronic condition vs being a member of the general public is far more likely to impact one’s use of CAM than age. In this study the multivariate analysis did not show age to be significantly associated with CAM use. Yes, age effect is not appropriate, in the new second paragraph it was compared with GI samples.

d. The first full paragraph on page 11 provides lots of statistics from other studies, but I don’t see any direct links to the findings in this study – are these the same or different than the findings from this study? How do they help explain this study’s findings?

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. The 2nd full paragraph on page 11 appears to present new results which should be provided in the results section and not here in the discussion.

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. The first sentence on page 12 begins with the words “These differences are likely to reflect ….” – it is not clear what differences are being referred to.
Aformentioned characteristics of the patient cohort, which was re-organized in the revised article.

g. The author notes that he found a lower rate of herbal therapy use than has been found in other studies of Turkish patients – what might explain that finding?

Transient nature of gastrointestinal symptoms.

h. Limitations: How similar was the group of participants to GI patients in Turkey in general with respect to demographics? How generalizable do might the findings be? How might the sampling strategy have affected the findings (assuming this was not a random sample)?

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: I think it would be helpful to see more specific conclusions actually stating the prevalence of use since that was a key purpose of the study.

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.

Minor Essential Revisions

None.

Discretionary Revisions

9. Results: I don’t normally see Coenzyme Q10 described as a CAM method at the same levels as Ayurveda, or meditation – isn’t it simply a supplement as opposed to a distinct method?

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

10. Some suggestions on how these findings can be used nd by whom would be a helpful link back to why the study was necessary at all.

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.

Level of interest: An article of limited interest

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