Author's response to reviews

Title: Views and experiences of health care professionals towards the use of African traditional, complementary and alternative medicines among patients with HIV infection: the case of eThekwini health district, South Africa.

Authors: Manimbulu Nlooto (Nlooto@ukzn.ac.za)

Version: 4 Date: 23 January 2015

Author's response to reviews: see over
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Title: Views and experiences of health care professionals toward the use of traditional, complementary and alternative medicines and adverse events among patients with HIV infection: the case of eThekwini health district, South Africa

Author: Manimbulu Nlooto (Nlooto@ukzn.ac.za)

Version 3: Date: 19 January 2015

Author’s responses to reviews: see over
Object: MS: 6639307221467707: Views and experiences of health care professionals toward the use of traditional, complementary and alternative medicines and adverse events among patients with HIV infection: the case of eThekwini health district, South Africa

Manimbulu Nlooto

Thank you for consideration of my manuscript for publication in your journal. I have taken into consideration all the constructive comments of the associate editor and the editorial request. I have also reviewed the above manuscript according to your reviewer’s comments.

Reviewer # 1: N. Malangu

Reviewer’s report

Minor Essential Revisions

1. Tables show “Frequency (%)” it is unclear whether the figures shown are frequencies or percentages.

- All the figures in the tables are expressed as percentages with a standard error. A legend is given for each table where it is relevant.

Major Compulsory Revisions

1. The authors should make a choice between presenting a paper on the views of respondents on ATCAM or on their experience with ADR reporting.

- The article has been simplified to present views of respondents on Traditional, complementary and alternative medicines. The part on ADR reporting has been taken out from this paper, however relevant information is kept on TCAM as causes of adverse events. Therefore tables 2, 3, 4.5 and 6 of the previous version have been removed and replaced by new tables relevant to views of respondents.

- The title has been changed to” Views and experiences of health care professionals towards the use of African traditional, complementary and alternative medicines among patients with HIV infection: the case of eThekwini health district, South Africa.”

2. A throughout grammar editing is required, for instance the word”only”is overused and wrongly so; similarly, “All data is…”

- I have double checked and changed the word “only” where deemed necessary. “All data is…” has been corrected to “All collected data was...etc.”
Level of interest: an article of importance in its field.

- No comments.

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

- Corrections have been made throughout the paper where necessary.

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

- No comments

Declaration of competing interests: None

- No comments

Reviewer # 2: Betty Namuddu

Reviewer’s report

Reviews have been numbered as requested.

Level of interest: An article of limited interest

- This article is of interest in the field of traditional, complementary and alternative medicines.

Quality of written English: Acceptable

- No comments

Statistical review: Yes, and I have assessed the statistics in my report.

- This new version presents percentages with the standard error as per associate editor’s comments.

Declaration of competing interests: I declare that I have no competing interests whatsoever.

- No comments

1. The question by the authors is not consistent in the abstract and the main paper. It is not clear which questions the authors wanted to answer.
   “Traditional, complementary and alternative medicine” what definition did the authors use?
   Throughout the manuscript traditional medicine is used alone without complementary and alternative medicine it is not consistent.

- Same objectives are found in the abstract (from line 14 to line 17) and the main paper (from line 79 to line 83).
• Missing definitions of traditional, complementary and alternative medicines have been added in the new version of the manuscript (see from line 52 to line 57). The text is consistent with the given definitions.

2. The methods in the study need to be well described and adequate to topic stated. The authors does not state whether this is a quantitative or qualitative study. The title…. “Views and experiences are qualitative”, suggests a qualitative study.

• The study is a descriptive cross-sectional and questionnaire based study (see lines 17 and 86 of the new version).

i. The selection criteria for the health facilities and the participants are not stated and the sampling method for the participants is not clear.

• The provincial list of public health sector accredited antiretroviral sites contained 16 sites in the eThekwini Metro at the time of data collection; however this study was conducted in ten sites where permission was granted by gate keepers (lines 87 and 89 of the new version).

• Study participants were doctors, nurses, pharmacists and post basic pharmacist assistants (PBPA) with a minimum of three months work experience in HIV clinical practice; no patients were included in this survey. To minimise sampling bias, assuming an expected 10% prevalence of awareness on the use of traditional, complementary and alternative medicines among respondents within ±5% precision; an estimated sample size of 144 was calculated following a formula previously discussed by Wade,(2001). However 120 eligible participants were enrolled due to scarcity of these four categories of health care workers or those being unavailable at antiretroviral sites for leave or attending meetings.

ii. The authors need to clarify on how the questionnaires were administered and how coding of the questionnaire ensured anonymity. Be specific if it was administered to the health care providers, and/or to the patients too.

• Study participants were doctors, nurses, pharmacists and post basic pharmacist assistants (PBPA) with a minimum of three months work experience in HIV clinical practice; no patients were included in this survey. Questionnaires were administered, between June and August 2013 during clinic hours, to 120 eligible participants consisting of doctors, nurses, pharmacists and post basic pharmacist assistants. Only those who consented to participate were requested to give a signed consent before being interviewed face-to-face. All questionnaires were coded to ensure full anonymity of respondents and sites. Respondents unable to provide all answers to the questionnaire within the study time frame were excluded from the final analysis.

iii. Inclusion of the patients and triangulating the information would have been most useful.

• No patients were included, and triangulation was not part of our objectives at the time of conception of the study.

iv. The exclusion of participants with missing answers introduces reporting bias. The authors should explain why these were excluded and how much bias could have been introduced in the data. This calls for further analysis which was not done at all. Can these results be used for generalization?

• Missing data have been reported as proportion or percent where applicable under reasons for uses and non-disclosure of information about traditional, complementary and alternative medicines by HIV patients. The final analysis excluded 26 respondents out of 120 eligible participants who did not complete
the interview within the study time frame. Results reported are based on the response rate of 78.3% or 96 participants.

- **Findings cannot be generalised to the entire public health sector HIV clinical practice in eThekwini (line 247).**

v. The authors should state how quality control of the interviewers was assured. Format of the study tool used to collect views and experiences needs clarity.

- **The questionnaire was pilot tested prior to data collection. A group of trained nine final year pharmacy students administered systematically the questionnaire.**

vi. It is not stated how the sample size was derived. The statistical analysis is very inadequate. It does not explain how the analysis was done. The authors should ascertain that ethical clearance was sought for this work.

- **Explanation on how the sample size was derived is provided in the above point 2(i).**

- **A statement on statistical analysis is made in the text.**

- **This study received ethical approval under reference number SHSEC030/13 from the School of Health Sciences, University of KwaZulu-Natal. Reviewers may refer to the ethics statement section (from line 269 to line 275).**

3. The data provided is over-stretched or some information in the methodology was not reported. The data on other prescribed and non-prescribed medications seem to suggest information was collected from patients too this does not in relation to the question. This has not been reported before in this paper. I would rather have the very important and outstanding statistics reported and leave the rest in the tables or figures than have it paraphrased.

Clarify on how the respondents were able to accurately verify the type of herbs and alternative medicines or traditional, complementary and alternative medicines used by patients. The authors should report the source of such data.

- **Data provided in this new version is simplified to report relevant information on views of respondents. As part of other limitations no attempt was done to access database of patients’ medical records which may have delivered other findings among observed cases by health care workers with the use of traditional, complementary and alternative medicines.**

4. There are no figures in the manuscript. However the tables available are too long and difficult to understand. They do not answer the question posed of views and experiences but rather, to the observed and reported adverse events please clarify.

- **The article has been simplified to present views of respondents on Traditional, complementary and alternative medicines. The part on ADR reporting has been taken out from this paper, however relevant information is kept on TCAM as causes of adverse events. Therefore tables 2, 3, 4.5 and 6 of the previous version have been removed and replaced by new tables relevant to views of respondents.**

- **The title has been changed to” Views and experiences of health care professionals towards the use of African traditional, complementary and alternative medicines among patients with HIV infection: the case of eThekwini health district, South Africa.”**

5. The manuscript does not adhere to the COREQ reporting format for qualitative studies. It also does not adhere to the STROBE reporting format for cross sectional studies. The authors should address this. However the data deposition is consistent except to the exceptionally long tables. The authors should split the long tables to fit maximum one page.
• **Efforts have been attempted to adhere to STROBE guidelines.**

6. The discussion and conclusions are generally not well balanced and are not adequately supported by the data. Noted below should guide the authors in rewriting the section.
   a. I would rather put the 1st sentence in the discussion into the conclusion of the findings.
      • **Changes are made.**
   b. The discussion focuses on the experiences of the health workers. There is not much discussed on their views.
      • **Changes are made.**
   c. The references used in the discussion were not directly related to the posed question; 1st sentence of the 2nd paragraph is an example. I would rather encourage the authors to cite studies previously done answer their questions fully. Try relating each paragraph to an objective and highlight out the issues that magnify the problem in many countries otherwise the study is not meaningful.
      • **Changes are made.**
   d. This also refers to the introduction section. Line 79 in the introduction section is not clear otherwise it should be placed in the discussion section.
      • **This has been taken into consideration in the discussion section of the new version (see from line 202 to line 206).**
   e. The discussion of the adverse events reported precludes the use of such information collected in this study. The authors could not attribute the events to the traditional or alternative medicine using this current study design. The authors report an excellent response rate at 78.3%. What was the minimum expected response rate? Please clarify. Please provide a reference for the targeted acceptable response rate.
      • **Adverse events due to antiretroviral therapy have been taken out of this paper; however relevant information is kept on TCAM as perceived causes of adverse events.**
      • **The word “excellent” response rate has been corrected to “good” response rate. Although we could not collect an expected response rate of ≥ 80%, but a good response rate of 78.3% was achieved compared to response rates approximating 60% being the goal for most research of this type [28].**

7. The limitations are stated but no discussion has been provided to what extent the limitations alter the conclusions of this work.
   • **All these limitations may not have delivered more information on awareness on the use of traditional, complementary and alternative medicines among health care workers and other findings on probable documented types of herbal medicines, supplemental over-the-counter products and all other non-prescribed medication with safety issues among observed cases. Findings of this study cannot be generalised to the entire HIV clinical practice.**

8. The authors do not clearly acknowledge any work upon which they are building, both published and unpublished? The authors seem not to have previous work in this area. Very little was cited in relation to the posed question.
   • **Building on previous work in the eThekwini Metro[15,16], this study reports views and experiences of four categories of health care workers, namely doctors, nurses, pharmacists, and post basic pharmacist assistants in public health sector HIV clinical practice.**
9. The title and abstract do not accurately convey what has been found in the study. The conclusions are focusing on the observed adverse events and not much on the views and the experiences of traditional, complementary and alternative medicines and adverse events. The questions in the abstract and the manuscript are not consistent. The author should align the title, objective and the conclusions of this work. I would also want to know why the study was done, what was the problem at hand?

- The article has been simplified to present views of respondents on Traditional, complementary and alternative medicines. The part on ADR reporting has been taken out from this paper, however relevant information is kept on TCAM as causes of adverse events. Therefore tables 2, 3, 4.5 and 6 of the previous version have been removed and replaced by new tables relevant to views of respondents.

10. Is the writing acceptable? No obvious spelling errors were found.

- No comments

**Major Compulsory Revisions**

The title seems to be too long. I did not understand the difference between Complementary, Alternative and Traditional medicines. Could these mean the same or can we have the definition otherwise it is confusing. “Views and experiences….as compared to a cross sectional study.” I was looking forward to the qualitative result. The authors did not define what an adverse event is in the manuscript.

- The article has been simplified to present views of respondents on Traditional, complementary and alternative medicines. The part on ADR reporting has been taken out from this paper, however relevant information is kept on TCAM as causes of adverse events.

a. Was there difference in the respondents and responses from each site?

- We did specify the difference in respondents per category (table 2 and table 3) of the new version, but not per site due to the homogenous socio-demographic characteristics, qualifications and relatively small surveyed sample size.

b. The layout of the manuscript is not related to the questions posed.

- Changes are made.

c. The methods are not well described both in the abstract and the main manuscript. There is a lot missing;

- As per our comments on point 2(i) above.

d. Statistical Analysis; if this was a quantitative study, more statistical analysis is called for. I want to see contingency tables being used to make this very interesting. The Methodology is still lacking. Please work on it otherwise this may not seem realistic. It will be very useful if more literature similar to the question is cited.

- As per our comments on point 2(i) above.

e. The study design was not well defined. There is no explanation of how the sample size computed? Did the authors just think of the number of subjects? A brief description of the data collection should be included.

- As per our comments on point 2(i) above.