Author’s response to reviews

Title: Prevalence, and health- and sociodemographic associations for visits to traditional and complementary medical providers in the seventh survey of the Tromsø Study

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Author’s response to reviews:

Dear editor and reviewers

Thank you for the many valuable inputs of which we feel have improved the paper substantially. The response to reviewer 1, Gail Hughes is placed in the manuscript as most of her comments were placed there. Below we have provided a point-to-point list addressing the concerns of the other reviewers. We hope the paper now will be acceptable for publication in BMC Complementary and alternative medicine.

Reviewer 2, Carolina Ung

This study attempted to identify and compare predictors of use of traditional healing and other CAM modalities based on a large sample size highly representative of the population of a Norwegian city.

However, the justification of this study is unclear (e.g. the research problem this study tried to address and the overall goal of this study),

We have now aimed to make this clearer by adding more justification into the background at several places.
and so is the significance of the findings (e.g. the implications or the relevance of the findings).

We have now increased the implication section:

This study demonstrates that the users of TH differ substantially from the users of other CAM modalities in northern Norway. As the municipality of Tromsø also have a Sami population and the TH is influenced by Sami folk medicine, the findings in this study might be valid also for other areas in Norway, Sweden, Finland and Russia with a Sami population.

These differences found shows that collapsing the associations for TH use and for other CAM approaches not traditionally practiced in the current country into one entity, as suggested by the WHO (Traditional and complementary medicine (T&CM), can undermine the true associations for TH and other CAM modalities. To be able to offer patient-centred health care, conventional health care providers should ask patients about their use of TH and other CAM modalities separately. Especially, when consulting older men and women with severe health challenges, who are not consider the main users of CAM modalities.

Equally importantly, the questionnaire design is not clearly explained.

We have now added a more detailed description of the study design in the beginning of the method section:

The Tromsø Study is an ongoing longitudinal population-based cohort study among adult inhabitants in the municipality of Tromsø in northern Norway. Seven surveys have been conducted between 1974 and 2016 where total birth cohorts as well as representative population samples have been invited to participate with response rates varying from 65–79% [36]. The Tromsø study is a collaborative study in the interface between epidemiology and clinical medicine, including a main study that comprised a screening visit, three questionnaires and several follow-up studies. [37].

The selection of questions from the Tromsø Study in the data analysis of this study is not fully justified.
The factors that had shown to associate differently with TH and other CAM modalities in previously were tested in the current study. This is now specified in the aim of the study that now reads:

As the associations for TH use and the associations for use of other CAM modalities are only measured in different populations, the aim of this study was to explore the differences and the similarities regarding self-reported health, gender, age, education, income, religiosity and ethnicity – factors that are shown earlier to associate differently between users of TH and users of other CAM modalities in one population to better be able to differ the users of TH from users of other CAM modalities.

The recommendations based on the findings as stated in Implementation of the findings appear to be weak.

We have now aimed to strengthen the implications. It now reads:

Implementation of the findings

This study shows that the users of TH and the users of other CAM modalities differ substantially from each other and further, that TH is still in use by the urban population in northern Norway.

The differences found between users of TH and other CAM modalities shows that it might not be sufficient to measure associations for TH and for CAM modalities that are not part of that country’s own tradition together as they can undermine the true associations for TH use and use of other CAM modalities.

To be able to offer patient-centered health care, conventional health care providers, especially in hospitals, should ask for patient’s use of TH and use of other forms of CAM separately, and be extra aware of possible TH use in meeting with older men and women with severe health challenges. Since patients rarely reveal their use of TH and other CAM modalities to their conventional health care providers, it is important that they are aware of such use also among older men who are not considered the main users of CAM therapies.
Thank you for the opportunity to review this paper. The paper provides evidence about an important question: are those who seek traditional medicine similar to those who seek complementary/alternative and integrative medicine? Below I provide some comments and suggestions that I hope the authors will find useful:

1. The background would benefit from definitions of traditional medicine as well as complementary and alternative medicine to clarify the distinction between the two.

This is now added in the beginning of the Background section:

While TM has a long history in the country it is practiced in and consist of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures [3-5], other CAM modalities like acupuncture, homeopathy, reflexology etc. refer to a broad set of health care practices that are not part of that country’s own tradition or conventional medicine [5].

2. For example it is not clear if spiritual healing (discussed in line 102) is part of TM, CAM or in a separate category.

We have now tried to clarify the differences between the healing as it is traditionally practiced and the healing not traditionally practiced in Norway at different places in the paper.

In northern Norway, healing is also commonly used with a lifetime use of 16% [6, 7] with traditional healing (TH) used by 14% [2] and other healing approaches not traditionally practiced in Norway like REIKI etc used by 5% of the population [2, 6].

3. Methods - it is not clear if the questions used have been validated in any way.
We have now clarified this:

The questionnaires used were not validated as a whole, but consisted of parts that were validated separately.

4. Methods - in the ethnicity section (lines 210-216) there is a mixture of methods and results - please remove the results to the appropriate result section for clarity and consistency.

We have now removed the section presenting results from the method section.

5. Discussion - the second paragraph of the discussion makes many assertions about the benefits of access to CAM/TM that appear either to be unreferenced or to be attributed to reference 34 which does not appear to be appropriate. Please clarify where this information comes from.

We have now added some more references to support the second paragraph of the discussion, and further moderated the assertions.

6. The discussion is very focused on Norwegian comparisons and implications which is appropriate given the study population. However, I wonder if the authors might be able to add more to the discussion about what non-Norwegians might learn from these findings to justify publication in an international journal?

We have now added more international references throughout the manuscript, and further tried to make the implications more relevant for international readers.

7. Discussion - the finding by Larsen that patients' friends and families called TH when patients were hospitalized is interesting. Is there any regulatory difference between TH and CAM providers in Norway? I.e., would it be easier for TH or CAM practitioners to provide care in the hospital at the request of patients?
There are no regulation differences between traditional healers and other CAM practitioners in Norway. Both can be called upon when hospitalized by the request of the patients. This is now specified in the Background section:

The practice of TH and other CAM modalities are equally regulated through the Act No. 64 of 27 June 2003 relating to the alternative treatment of disease, illness, etc [24].

7. The paper would benefit from a close edit for English as I noticed a number of grammatical and typographical errors throughout the paper. For example (not an exhaustive list):

a. Abstract, method line 64 has two errors and should read "Data WERE collected THROUGH three self-administrated questionnaires……" (note: data is the plural form)

Corrected

b. Background line 138 - remove the "s" so the sentence ends "suffering from bleeding after childbirth or operations."

Corrected

c. Method line 162 - appears to be some words missing "were invited to participate (n=32,591) were of and n=21 083 accepted the invitation….."

Corrected

d. Results line 277 - add the possessive so it reads "…This was also the case for the differences regarding the participants' financial situation….."
Corrected

e. Discussion line 304 - there seems to be a word or phrase missing in the sentence "The users of TH tended to be older, with a less economically strong ???

Corrected

f. Discussion line 330 - "underline" requires an "s" so it reads, "This underlines, however that TH is used."

Corrected

g. Discussion line 350 - "occur: requires an "s" so it reads, "...when a health challenge occurs."

Corrected

Referee 4:

1. This article is to describe a local population in Northern Norway their using of traditional healing and other CAM modalities, and the structure, analysis and writing are rather good.

Thank you.

2. The interesting part in this article is the introduction of traditional healing in Norway, however, the discussion and conclusion give no impotent impact about this study and lack of interesting for international readers.
We have now added text and references more relevant to international readers all through the manuscript.

3. The typing on line 215, decent should be descent, and on line 289, 86.5 should be 86.5%.

This is now corrected.

4. It seems to me that the authors would like to introduce the special traditional healing of Norway for readers to know that there is another type of CAM in Norway, even used in hospital for serious ill patients. Maybe the authors can use other topic of article to do so. Otherwise, to compare the differences between TH and other CAM modalities in a town in Northern Norway, with its special culture background, ethnicities and religion needs, cannot offer enough experiences to attract other countries without such culture background to get from this article.

We believe that other western countries with ethnic minorities can benefit from the findings of our study, in particular the other European countries with a Sami population (Sweden, Finland and Russia). We have tried to clarify this thorough the manuscript.

5. The discussion used many old and local information, such us the SAMINOR 1 survey, but without the comparison with other nations or tribes.

We have now added to the discussion section comparison with other nations and tribes.