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

Thank you for the opportunity to improve the manuscript once more with valuable input from reviewer Carolina Ung. Below you will find a point to point list addressing all the point raised by the reviewer. We hope the paper now is suitable for publication in BMC Complementary and alternative medicine.

Best regards,
Agnete Kristoffersen

Reviewer reports:

Carolina Ung, PhD (Reviewer 2): The authors have used a new title (as above-mentioned) and provided new justifications “The importance of patient-centred culturally sensitive health care to conventional health care providers" care for the patients" for this study. Overall, while the justification and significance of the study have largely improved, the connections between the reasons of the study "patient-centred culturally sensitive health care", the findings, the discussion and the conclusion can be strengthened. More specific comments are as followed:
1. Title - "association for use" lacks clarification

- We have now changed the title to: “Prevalence, and health- and sociodemographic associations for visits to traditional and complementary medical providers in the seventh survey of the Tromsø Study” for clarification.

2. Objectives of the study:

In Title, it says "Prevalence and association for use of traditional and complementary medicine in the seventh survey of the Tromsø Study"

In Background of Abstract, it says "to investigate the prevalence of use and possible associated factors for TM and CM separately in an urban population"

In Background of the main content, it says "to investigate to what degree the inhabitants of Tromsø still use T&CM therapies and investigate the associations for use of TM and CM separately in an urban population"

- As the title is not the aim, we argue that the title can be phrased different from the aim of the study. We have, however changed the aim to: “the aim of this study was to investigate the prevalence, and the health- and sociodemographic associations for visits to TM- and CM providers in an urban population” in the abstract as well as in the main text for a stronger correlation with the title.

The questions used in the questionnaire were about the participants' visits to TM or CM providers. The terms about TM and CM used in this study need to be standardized, and clarification should be made about the scope of this study that only confined to visits to practitioners (but did not necessarily include practice nor medicines as "therapies" might imply).

- We have now changed the title and aims to “traditional and complementary medical providers”, and further, clarified this all through the text.
3. Background

While the concept of "patient-centred culturally sensitive health care" has been introduced, future readers will benefit from more in-depth explanation especially about how it could be used to improve conventional health care providers' care for their patients. In other words, knowing about the patients' preference or history of TM and/or CM use, how could their practice be adjusted and improved whenever deemed appropriate?

- We have now added examples of how patient-centred culturally sensitive health care could be performed to improve conventional health care providers' care for patients also seeing T&CM providers.

Further exploration in the context of the local population and across the countries in the Discussion would be useful.

- We have now explored this further throughout the manuscript.

4. Background

"The users of TM have shown to differ differently from the non-users of TM than the users of CM differ from non-users of such treatment modalities." - This statement is unclear.

- We have now deleted this sentence.

5. Background

"To be able to offer PC-CSHC, the conventional health care providers therefore need to identify the users of TM and users of CM separately [9]." - What are the practical implications of the knowledge about the history of TM and/or CM use to the practice of the conventional health care providers?
We have now added some extra information of this in the background:

“Both the network around the patients and the patients themselves emphasize the need for health care providers to acknowledge their use of TM and facilitate this use for patients who are hospitalized or in nursing homes [21, 22]. Health care personnel report that they facilitate patients who want contact with TM providers and show respect to Christian patients by watching their language. Some even learned the Sami language to better understand their patients and their needs [22].”

Further practical implications are described in the discussion.

6. Background

"As the use of T&CM is rarely shared with conventional health care providers unless specifically addressed [42, 43], the conventional health care providers need knowledge about these users to identify them." - If the knowledge about the history of TM and/or CM use is so important to the practice of the conventional health care providers, would it be more effective to collect this information as part of the patients' medical history taking? What are the practical relevance of knowing the contributing factors to the practice of conventional health care providers?

The practical relevance is to be able to facilitate for visits from T&CM providers and to avoid negative interaction between T&CM modalities and conventional medicine. This has now been clarified in the manuscript, in the background as well as in the discussion. A suggestion is made to describe the patient’s use of T&CM in the medical record.

7. Background

Re-organizing of the structure of the Background will improve the readability of this session.

It is not clear to us how you would like it reorganized.
8. Methods

"The data used in this study is drawn from …. aged 40 and above" - should be "aged 40 or above"

- This is now changed all through the manuscript.

9. Methods

In the third paragraph of Methods in the main content, how much of the data collected in each of the 3 questionnaires, the body chart, the clinical examination, and the biomarker test results was used in this study?

- Under the heading “Measurement used in this study” we specify that the data used in this study were based on questionnaire data collected through Q1 and Q2. We have now specified this further by marking Q1 or Q2 to every question in the method section.

In my earlier comment "The rationale for the questions selected from the Tromso Study remain unclear. Why were self-reported health, gender, age, education, income, religiosity and ethnicity the only variables included in this study?", I was really asking if other important data collected would be relevant to this study, and if so, why they were not included in this study.

- As the aim of the study was to investigate health- and sociodemographic associations for visits to T&CM providers, the selection of sociodemographic questions was based on commonly used markers for peoples sociodemographic (gender, age, education, income). Since visits to CM providers are quite expensive in Norway and paid by the patients themselves, we added the variable “How would you evaluate your finances?” as an extra variable as the economically situation is influenced by the cost as well as the income.

- When it comes to health related variables, we chose to use two variables measuring the participants own experience of their own health. Since they need to take the initiative themselves to visit a T&CM provider, we thought their own evaluation of their health situation would be a
useful measurement for health in this context. This variable is also used in previous studies. Further research will explore other health variables connected to use of T&CM in the Tromsø study. A paper exploring T&CM use among participants with cancer is already in review process.

The reason ethnicity and religion was added to the variable list was that these variables are associated with use of TM in a previous Norwegian study [1].

The Tromsø study is a large cooperative study and many papers will come in the future exploring the full range of question asked.

10. Methods

The design of the use prevalence questions might be confusing to the participants.

For the prevalence of TM use, the question "Have you during the past year visited a traditional healer (helper, "reader", etc.?)" was used.

For the prevalence of CM use, the questions "Have you during the past year visited an acupuncturist?" and "Have you during the past year visited a CM provider (homeopath, reflexologist, spiritual healer, etc.?)" were used.

The use of "etc" without specifying exactly what TM and CM refer to, and the use of "traditional healer" and "spiritual healer" without any clear definition/differentiation might cause confusion to the participants leading to possible inaccuracy of the findings.

Also the “etc” used in the questions Have you during the past year visited a traditional healer (helper, “reader”, etc.) and Have you during the past year visited a CM provider (homeopath, reflexologist, spiritual healer, etc.) might be confusing.

- We are aware of this and list this now among the limitation of the study.

We think, however, that we have listed enough examples of words for traditional medical providers for the participants to understand the question, and likewise for complementary medicine providers. The wording in Norwegian also make the difference between the traditional healer and the spiritual healer clear to the respondents:
“In the Norwegian wording, the difference between the traditional healer (hjelper, “læser” etc) and spiritual healer (healer) should be clear.”

11. Results of the study

In Results of Abstract, it says "TM users tended to be older, more religious, have poorer economy and health, and lower education compared to the CM users"

What is the definition of "more religious"?

- The wording of the question asked was (as presented in the method section): What is the importance of religion in your life? With the response options: Very important, somewhat important and not important as presented in table 1. We do not have any further definition than this, but have changed “more religious” to “claim that religion is more important to them” all through the manuscript for a more accurate correlation with the question asked.

12. Results of the study

In Results of the main content, it says "n=16,852 (80.5%) reported to have seen a GP with a mean number of 3.46 visits during the last year (SD 3.61), and n=2,297 (11%) had been hospitalized." - how does it relate to the scope of the study objectives?

- We argue in the text that the patients employed parallel health care modalities and that the health care providers therefore need knowledge of their patients use of T&CM to provide them with PC-CSHC and avoid interaction between T&CM use and conventional health care provided. This was our way to show that the users of T&CM employed parallel health care modalities.

13. Results of the study

"T&CM providers were visited by 2,106 participants (10%), of which n=526 (2.5%) had seen a TM provider and n=1,782 (8.5%) had seen a CM provider and n=202 (1%) had seen both TM and CM providers." - if the authors chose to use "of which", the denominator used to calculate the % of participants seen a TM provider, a CM provider and both should be 2,106.
14. Discussion

The discussion is still very focused on comparisons with previous studies. Future readers will benefit from further exploration about the implications of the patient-centred culturally sensitive health care provided by the conventional health care providers.

- We have now increased the implications of the patient-centred culturally sensitive health care provided by the conventional health care providers in the implication section which now reads:

Implementation of the findings

To identify T&CM users and provide them with the best PC-CSHC, it is important for health care personnel to improve their knowledge and understanding of the users of T&CM, a group that expresses additional health care needs compared to the non-users. To facilitate for visits from T&CM providers in hospitals and nursing homes, to open-minded welcome T&CM providers, and discuss T&CM use with patients in a non-judicial way, are ways of providing PC-CSHC for patients who wish to add T&CM to their treatment program. To be able to discuss the patients’ use of T&CM, health care providers might need to increase their knowledge of the most commonly used therapies in their area. In Northern Norway, several health care workers grew up in areas where TM providers were a natural part of their upbringing. They report that they call TM providers on behalf of the patients, and occasionally take part in TM rituals initiated by the patients [22]. TM rituals often combine healing prayers and tools [71]. Steel is a material often used, placed where the patient hurts or to scare demons away [22]. Prayer cloths fastened to hospital shirts with safety pins should not follow the shirts to the laundry. As Sami people more often than other groups add TM to their health care [9], knowledge from this study might be useful for conventional health care providers who wish to provide PC-CSHC in other areas in Norway, Sweden, Finland, and Russia with a Sami population. Knowledge of different health- and sociodemographic associations for visits to TM providers and CM providers might be useful for other researchers in the field researching associations for the use of T&CM.

As use of T&CM can interact with conventional health care, health care providers need to be extra aware of T&CM use in patients receiving treatment that can be effected by such use. Despite the fact that medical personnel have an ethical responsibility to discuss the use of T&CM with their patients [72], few do so on a regular basis [22, 43]. As neither patients nor
conventional health care providers seem to take initiative to discuss this topic [44], we urge conventional health care providers to take this initiative and make sure that the patients’ use of T&CM is described in the patients’ medical record.

The differences between people visiting TM providers and CM providers found in this study show that combining the associations for TM and CM use could undermine the true associations for TM as well as CM. To be able to offer PC-CSHC, conventional health care providers should ask patients about their use of TM and CM separately. Especially, when consulting older men and women with severe health challenges, who are not considered main users of CM modalities.

Information from the present study may contribute to improving this knowledge and hence the quality of the Norwegian public health service.

15. Conclusion

While "To offer PC-CSHC tailored to patients' treatment philosophy and spiritual needs, it is important that health care personnel have knowledge about their patients' use of parallel health care system." is true, this conclusion was not necessarily drawn from the findings of this study.

- We agree that this sentence is not based on the findings from this study, but the rest of the conclusion is, and this sentence is needed as a framework for the rest of the conclusion.

16. Table

The table as shown in the pdf file is not Complete

- We apologize for this. We have now added a PDF-copy of the table as attachment.

17. Table

The questions/items which have missing responses should be indicated clearly.
The missing responses to each question is now added into the table.

The authors should also justify why they did not use only the complete responses, and if the missing data would affect the overall findings.

The missing responses are generally low and therefore not likely to influence the overall findings. We have, however, added this to the limitation of the study.

18. Table

It says "These numbers do not add up to the numbers presented in the prevalence chapter as the numbers in this table are mutually exclusive in contrast to the data presented for each ethnic group in the prevalence chapter."

Which questions/items does this refer to? What is "prevalence chapter"?

We agree that this is confusing. We have now deleted this sentence.

19. Table

In Methods, it says "We used Pearson chi-square tests and one-way ANOVA tests." In the Table, it only mentioned "Pearson's chi-square test". Please indicate which part of the results was based on one-way ANOVA tests.

This is now marked in the table.

20. Figure 1

Please clearly indicate all the inclusion and exclusion criteria.
We have now included all the inclusion and exclusion criteria into figure 1.

21. Thorough edit for English grammar prior to publication is needed.

- We have now, once more had the manuscript edited by a native English speaker with expertise in the field.

References