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 and the editor. Below you will find a point to point list addressing all the point raised by the reviewer and the editor. We hope the paper now is suitable for publication in BMC Complementary and alternative medicine.

Best regards,

Agnete Kristoffersen

Editor Comments:

1. Please move the Keywords to under the Abstract.

These are now removed.
2. As author Agnete Egilsdatter Kristoffersen is a member of the editorial board (Associate Editor) of this journal, in order to ensure transparency, please declare this in the Competing Interests section of the Declarations.

This is now added.

3. Please include a statement in the Authors' contributions section to the effect that all authors have read and approved the manuscript, and ensure that this is the case.

This is now added and all authors have read and approved the final manuscript.

4. Please indicate the role of the funding body in the design of the study and collection, analysis, interpretation of data and in writing the manuscript in the Funding section.

We have now added this to the Funding section:

The design of the Tromsø study and collection of data was funded by the Norwegian Ministry of Health and Care Services, the Northern Norway Regional Health Authority and the UiT The Arctic University of Norway. The analysis, interpretation of data and writing of the manuscript was performed without external funding.

5. Please provide figure titles/legends under a separate heading of 'Figure Legends' after the References. If Figure titles/legends are within the main text of the manuscript, please move them.

A separate heading of “Figure legends” and “Table legend” is added after the references and the figure legends and the table legend are moved from the main text.

6. Figure files should contain only the image/graphic, as well as any associated keys/annotations. If titles/legends are present within the figure files, please remove them.

These have now been removed.

Reviewer reports:

Carolina Ung, PhD (Reviewer 2):
Dear authors, I appreciate your great efforts in addressing the comments I made. However, there are areas which warrant further improvement/clarification.

1. With my earlier comments about "Re-organizing of the structure of the Background will improve the readability of this", it was only meant to point out that the flow of Background could be improved so that the future readers would be clear about what you would like them to understand about the background of this study. For instance, in the current version, the Background consists of 11 paragraphs which might be confusing to follow from one to another (as listed below). Regrouping and summarizing the Background is needed to improve the readability of this part of the manuscript. Some suggestions for the authors to consider: integrating paragraph (1-3), (4-6), (8-10), (7 and 11) to condense the Background into 4 paragraphs.

(1) Brief introduction of patient-centered health care
(2) Brief introduction of culturally sensitive health care
(3) Brief introduction of patient-centered culturally sensitive health care
(4) Sami population in Norway and their rights to healthcare
(5) Northern Norway being multi-cultural
(6) Population make-up in Tromsø
(7) Roles of TM providers in providing support; Use of TM in Norway
(8) TM practice in Northern Norway
(9) CM use in Norway
(10) Regulation of TM and CM in Norway
(11) Characteristics of TM or CM users; Non-disclosure; Study objective

Thank you. The background is now regrouped accordingly.

2. In the Discussion, it might be better to indicate the overall prevalence of use of TM and/or CM first "We found that 10% of the participants had visited T&CM providers; 2.5% had visited TM providers and 8.5% had consulted CM providers. One percent had been in contact with both TM and CM providers during a 12-month period" followed by the statements about the
This study demonstrates that more than 90% of the participants who had seen T&CM providers employed parallel health care modalities by adding conventional medicine to their use of T&CM….

We have now changed this accordingly

3. In the Discussion, to ensure the patients receive PC-CSHC, the authors suggested that it is important for the conventional health care personnel to recognize the user of T&CM among their patients. Is it also important for the TM or CM practitioners to recognize the use of conventional medicine among their patients too? And is it also important for TM practitioners to recognize the concurrent use of CM and vice versa?

As the majority of T&CM users in Norway use T&CM complementary to conventional health care, most T&CM providers are aware of this and encourage their patients to see conventional health care providers if they are in need of such. We have however added this in the implication of the findings:

This study revealed that the majority of those who visited T&CM providers also sought help from conventional health care providers. The T&CM providers should, however be aware of the small amount of their patients who do not use conventional health care, and try to identify them to discuss this matter. We also urge the T&CM providers to map use of other T&CM modalities used by their patients to reveal possible negative interactions of the different treatment modalities the patient receive.

Further, we added the percentage of the T&CM users who also use conventional medicine:

The majority of the participants who had visited T&CM providers had also used conventional health care (94.2%, n=1,974) with only small differences between the users of TM and CM (p=0.326).

With a description of conventional medicine in the methods section:
The use of conventional medicine was based on a yes response to either Have you during the past year visited a general practitioner (GP)?, Have you during the past year visited a psychologist or psychiatrist?, Have you during the past year visited a physiotherapist? or Have you during the past year been admitted to a hospital?

4. In the Discussion, it says "When patients want to see T&CM providers within a hospital or a nursing home setting, they might need other facilities than those provided for conventional health care." Does that mean T&CM providers are allowed to provide care to patients in a hospital or a nursing home setting?

Yes. We have now added this information into the background of the manuscript.

The regulation recognizes that T&CM can be provided by both medical and non-medical professionals and within or outside of health services [36].

5. In the Discussion, "The lower use of TM found in the present study may be due to the fact that the participants were recruited outside a health care setting of mostly healthy individuals, that only visits to TM providers were asked for, and the 12 month prevalence of use compared to the lifetime use in the other studies" needs revision and clarification.

This is now changed to:

The lower use of TM found in the present study may be due to the fact that the participants were recruited outside a health care setting and therefore consisted of mostly healthy participants. Also the fact that only visits to TM providers were asked for and not over all use of TM might have influenced the lower number of TM users. We also asked for use of TM within a time frame of 12 months while the other studies asked for lifetime use of TM.

6. In the Discussion, whether the argument 'The lower number of participants who reported to have visited TM providers compared to CM providers, and the higher ages, and poorer health reported by those who had seen TM providers, indicate that visits to TM providers are made when illness occurs" was supported by the findings of this study remained questionable.
We have moderated this from indicates to might and added a reference supporting our assumption.

7. In the Discussion, it says "to facilitate for visits from T&CM providers in hospitals and nursing homes, to open-minded welcome T&CM providers… are ways of providing PC-CSHC for patients who wish to add T&CM to their treatment program" Is it allowed by the law to provide T&CM health services in hospitals and nursing homes?

Yes, patients are allowed to receive T&CM providers within the hospital setting. A statement of this is added to the background section:

The regulation recognizes that T&CM can be provided by both medical and non-medical professionals and within or outside of health services [36].

8. In the Conclusion, it says "This study indicates that those who visit TM providers differ substantially from those who visit CM providers, also in urban settings. Those who had seen TM providers tended to be older, to claim that religion was more important to them to have lower education, and poorer health and financial situation than those who had seen CM providers" Suggest to remove it as this major finding has been reported in the Results and repeated in the Discussion.

This is now removed.

9. The manuscript needs further thorough editing prior to publication to improve the language and to correct any grammatical errors (e.g. in the Abstract, there should be a coma between "provider" and "8.5%" in "We found that 2.5% of the total sample had seen a TM provider 8.5% had seen a CM provider whereas 1% had visited both a TM and a CM provider during a 12-month period."

We have now added the comma and edited it once more to improve the language and correct grammatical errors.