Author’s response to reviews

Title: The use of complementary and alternative treatment (CAM) in Europe

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*Firstly, we would like to thank the reviewers for their insightful comments, which has helped us improve our manuscript. In the following, we provide answers to all points raised by the two reviewers.

[Ava Lorenc (Reviewer 1): This is a great article and I don't think it needs much work at all to be publishable. Comparing countries does seem to be quite novel and really interesting. The Background is quite long - I wonder if the paragraph on classifying treatments could be shorter?]

*Our answer: Thank you for these positive reflections! There are two main reasons as to why we would like to keep the current text in the introduction. First, CAM use is not a common topic in research articles written for social scientists, and particularly not in quantitative / comparative research. From this perspective, we believe that addressing varying definitions of CAM is helpful as a brief introduction. Secondly, we provide our own empirically driven distinction between physical and consumable treatments in the article. This distinction partly aligns with that of Davies and colleagues, and therefore functions as a validation of our dichotomization.

[Although saying taht, could you add anything about how CAM is defined in the different countries and how you dealt with this? There must be quite a lot of variation in what treatemnts are considered CAM between all those countries.]
*Our answer: Indeed, there are large variations between countries concerning what CAM treatment is, but also concerning attitudes and cultural acceptance more generally. While addressing how CAM use is defined in each country was beyond the scope of the article, we did find that countries’ health expenditures were positively related to the prevalence of overall and physical CAM treatments. This suggests that the level of country-level resources may be related to how well CAM is integrated into conventional health care systems. We have addressed this in the main conclusion of the paper.

[For those not familiar with the survey could you give some more detail on methods, especially sampling/recruitment?]

*Our answer: We agree. We have added a rather long section to the methods part explaining this in further detail.

[The section " Around 11% of the sample had used at least one physical treatment, about 9.5% had used any consumable treatment, and 2.54% had used both. This is illustrated in the Venn diagram in figure 1, however we still found significant differences in the results between the two subgroups, and therefore we kept them as is. " should surely be in Results not Methods?]

*Our answer: This section is best placed under Data/Methods because it was part of a methodological discussion concerning our dichotomization of the dependent variable.

[If you need a recent survey from the UK our work from 2018 supports some of your points and was a high-quality survey done by Ipsos Mori. https://bjgpopen.org/content/2/4/bjgpopen18X101614

I wasn’t sure if you had referred to the work by the CAMBrella group which I would have thought would be useful for you? (https://cam-europe.eu/library-cam/cambrella-research-reports)]
*Our answer: Thank you for pointing this out! We have included text from both reports and we have also added the references to our article. The UK study further supports our finding regarding female use of CAM. And the Cambrella study from 2012, is a review of single country studies, but generally finds that due to study heterogeneity it cannot draw any firm conclusions about the prevalence of CAM use across Europe and of the sociodemographics of the European population who use CAM. Our study however, addresses these limitations, and it is in this respect that we add the report to our discussion section (including reference it in the intro).

[Dennis Anheyer (Reviewer 2): This paper attempts to identify predictors and prevalence rates for the use of TCAIM procedures in Europe.

Current figures and trends on this topic are desirable and necessary.

However, this is also the main criticism of the present work. Data from the seventh wave of the European Social Survey are used, which date back to 2014. In the meantime, however, data from the ninth wave from 2019 are already available.]

*Our response: Data on CAM use were only available in the 7th round of the ESS, because they were part of a rotating module (not in the core module). I led the team behind the module, and I am happy to share the news that we have applied for a repeated module (potentially including questions on CAM use) in the 11th round. Our application is among 5 finalists, out of which 2 will be chosen. Getting this article published will certainly increase the likelihood of not only getting another rotating module (the ESS team counts the articles and carefully evaluates the use of their data), but it will also increase the chances of having CAM use included among the 30 items should our proposal be accepted. In any case, a further description concerning why CAM use is only available in round 7 is now provided.

[Moreover, large parts of previous studies and evaluations are neither discussed nor included. For example, the CAMbrella initiative has produced a comprehensive review on this topic, which should at least be discussed: https://cam-europe.eu/wp-content/uploads/2018/09/CAMbrella-WP4-part_1final.pdf]

*Our response: Thank you for informing us about this. As noted above, we have now integrated this report into the article.