

Reviewer's report

Title: Is Complementary and Alternative Medicine (CAM) Cost-Effective? A Systematic Review

Version: 2 Date: 21 March 2005

Reviewer: Peter Fisher

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This is a useful paper, I recommend publication subject to some minor amendments

A pair of important papers which appear to meet the criteria for the review are not cited:

Meade TW, Dyer S, Browne W, Frank A O. Randomised comparison of chiropractic and hospital outpatient management for low back pain: results from extended follow up. *BMJ* 1995; 311: 349 - 351.

Meade TW, Dyer S, Browne W, Townsend J, Frank AO. Low back pain of mechanical origin: randomised comparison of chiropractic and hospital outpatient treatment. *BMJ* 1990;300:1431-7.

The issue of safety is not adequately discussed, it is mentioned only in passing under 'ECHO'. Safety is an important element in cost-effectiveness: adverse events, apart from causing loss of utility etc are expensive in terms of extra treatment required and malpractice claims. CAM is relatively safe, and this appears to be an important factor influencing patients to use it (for instance: Sharples F, Van Haselen R, Fisher P. NHS patients' perspective on complementary medicine. *Comp Ther Med* 2003;11:243-248). In the US malpractice claims against CAM practitioners are typically less frequent and involve less serious injury than those against conventional physicians (Studdert DM et al Medical malpractice implications of alternative medicine *JAMA* 1998;280 1610-1615). While this is not the place for a comprehensive discussion of the safety of CAM, there are important implications and the issue should be raised.

I found the statement 'Some therapies, such as acupuncture, homeopathy, and manual therapy, were studied as alternative therapies (ie, as substitutes or alternatives for conventional care)' (p15) confusing. In many of the studies of homeopathy, including some of the best, it was studied as complementary (eg ref 41, which has recently published as a full peer-reviewed paper: Trichard M, Chafferin G Nicoloyannis N. Pharmacoeconomic comparison between homeopathic and antibiotic treatment strategies in recurrent acute rhinopharyngitis in children *Homeopathy* 2005;94:3-9). The issue of substitution or addition is not discussed, but is important here: if these therapies substitute for existing treatments they are much more likely to be cost-effective. The data of Sharples et al cited above suggests that, for instance in skin disease, but not in cancer, there may be a large substitution effect.

I found the approach rather US-centric "there are other currencies apart from the dollar!" (p6), 'monetary' would be more appropriate. Again, the authors refer several times to 'out-of-pocket expenditures', but most of the studies done outside the US refer to reimbursed or public sector treatment.

I would have like to have seen rather more specific recommendations for how research in the field should be carried forward.

Subject to these points, I recommend publication.

What next?: Accept after minor essential revisions