

Author's response to reviews

Title: Is complementary and alternative medicine (CAM) cost-effective? a systematic review

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Author's response to reviews:

MS# 1463105633573636 - Is complementary and alternative medicine (CAM) cost-effective? a systematic review

Dear Editor and Reviewers,

Thank you for your thoughtful review of our manuscript. We have taken into account all your suggestions in our revision and hope that you will agree this is an improved paper. The attached lists describe our responses to the guidance provided in the reviews.

The manuscript has not been published elsewhere and we are solely responsible for its content. All three authors were involved in the writing of this manuscript. Thank you for the opportunity to revise and resubmit this manuscript. If you have any questions or comments about the manuscript, please feel free to call me at 520-906-8902. We look forward to your next review and decision.

Reviewer #1

1. The study does not include the two studies by Meade and others (published 1990 and 1995), because these articles were included in the White and Ernst review and thus, did not meet the selection criteria for our systematic review.

2. We agree and have expanded the discussion of safety and its impact on economic evaluations of therapies through explicitly stating its impact on the cost of treating adverse events and on clinical and quality of life outcomes - see pages 10-11. We also agree with Reviewer #1's statement that this paper "is not the place for a comprehensive discussion of the safety of CAM."

3. The use of complementary and alternative medicine (CAM) therapies may be used as a substitute for or addition to usual care. Although homeopathy can be used as complementary care, it was more often used as alternative care in the studies cited in this manuscript. Part of the confusion regarding homeopathy is that many of the studies were of care by a homeopathic practitioner as compared to care by a conventional practitioner. In the appendix table this was referred to as "homeopathic care" versus "conventional care." Homeopathic practitioners do sometimes also prescribe what could be considered to be conventional medications. Does this make care by a homeopathic practitioner a complementary therapy in this case? We decided that it did not in that the homeopathic practitioner would still likely provide what could be considered to be elements of conventional or "usual care" in a different manner than would a conventional practitioner. However, the Reviewer's comment did cause the authors to reclassify one homeopathy study as complementary in the appendix table (Frenkel and Hermoni, 2002, ref 23). We also added the discussion of complementary versus alternative therapies to paragraphs 8 and 9 of the discussion section on pages 24-25.

4. We corrected the US-centric focus in a number of places to increase the applicability of the manuscript to wider international audience (see pages 8 and 28), however, since the introduction uses a US dollar example, the references relating to that were left in dollars.

5. A paragraph addressing more specific recommendations for future research has been added as the second to last paragraph in the discussion section on pages 28-29.

Reviewer #2

General Comments

1. We clarify the "added value" of this review on page 6. The review expanded upon White and Ernst's methods by adding complementary medicine as a search term, and by performing a more detailed evaluation of the quality of the studies reviewed, including the application of a reporting quality instrument. We provide a new "updated" review in that our study covers the articles published in the five years since the White and Ernst review.

2. We revised the interpretation of pragmatic clinical trials (PCTs) in the early part of the manuscript by using the phrases "it is recommended that" and "it has been suggested that" PCTs be used--see pages 9, 11, and 16. We also added a section in the discussion section that points out that the issue of the best way to collect cost data is under debate--see pages 23-24 paragraph 6.

Specific comments:

1. We added the written definitions of MD and DO on page 14, first paragraph of the methods section.
2. We added to the discussion of the impact of one reviewer on the accuracy of data extraction under the limitations of the study, the last paragraph in the discussion section, pages 29-30.
3. We added to the discussion of the study design quality criteria by noting that our added indicators were tests of external validity (generalizability) and why we did not use inclusion/exclusion criteria--see the second to last paragraph in the methods section, pages 16-17.
4. The reference to "dollars" in line 2 of the conclusions (page 30) was changed to "unit of cost" and the typo in line 7 of the conclusions (page 30) was corrected ("theses" was changed to "these").
5. All tables were reviewed and all abbreviations are now also stated in full. In response to the reviewer's questions on Table 3: three partial economic evaluations reported on only costs for particular CAM therapies (one for acupuncture and two for manual therapy) across a number of conditions, and these studies were included in the table in a row labeled as 'costs;' and one study on multivitamin use is included in the table in the column labeled 'miscellaneous.' The actual cost-effectiveness ratios were not reported in Table 4 in the interest of simplifying the table as much as possible, since cost-effectiveness ratios are only appropriate for four of the fourteen studies shown. Cost-effectiveness ratios are not reported when one alternative is clearly superior to the other (better effects and lower costs, equal effects and lower costs, or better effects and equal costs) or when both alternatives are equivalent both in terms of costs and effects. Cost-effectiveness ratios are reported where available in the appendix table.