Reviewer’s report

Title: Exploratory randomized controlled trial evaluating the impact of a waiting list control design

Version: 1 Date: 8 October 2013

Reviewer: Gallus Bischof

Reviewer’s report:

The MS “Exploratory randomized controlled trial evaluating the impact of a waiting list control design” reports findings from an RCT testing the impact of being told to receive an intervention vs. being told to be assigned to a waiting list (while both groups have received a personalized feedback) in a brief intervention study for unhealthy alcohol consumption.

The study is based on a self-selected sample of responders to a newspaper ad. As a main finding, drinking behaviour in controls (told waiting list; CG) was in part significantly higher at a four weeks follow-up. This was especially relevant in subjects with initial higher motivation to change. The authors conclude that trials with waiting list control groups tend to overestimate treatment effects.

Overall, the design of the study is well done, findings are of high relevance in the field of brief interventions, the paper gives a good overview on studies on brief interventions and the manuscript is well written. However, there are several points that need to be addressed in order to improve the paper:

1. Major Compulsory revisions:

1.1. Study design/Sample:

Since participants were recruited using newspaper advertisement, subjects with initial elevated motivation to change are overrepresented. The impact of using a waiting list control group in proactively recruited samples (e.g. identified by screening measures) therefore is likely to be overestimated in the present study.

1.2. Assessment:

In order to estimate the quality of the study, a more detailed description of the assessment procedure is mandatory. How were data assessed (personal interview, by phone, by questionnaire…)? Were interviewers for follow-up assessment blinded?

1.3. Results:

1.3.1. More descriptive data (including participants per group and a detailed description of drinking patterns at baseline for both groups) would be helpful. In my reading, 2.6% in the told intervention group (IG) and 5% in the CG were drinking within safe limits at baseline (correct?). In order to determine the six drinks per week difference between individuals with high motivation to change, provision of baseline data would be helpful.
1.3.2. Furthermore, I could not figure out the numbers presented in Table 2: CG: 44+30=74 and IG 36+38=74 would make 148 altogether, however, in the manuscript the number of 157 followed-up subjects is mentioned.

2. Minor essential revisions:

2.1. Sample:
Can the authors give reasons for drop outs between baseline and follow-up? Overall, a response rate of 85% is good, however, this means a 15% loss within a 4-weeks-period. A flow-chart might be helpful.

2.2. Analysis:
Most studies on brief interventions to date are analysed using an ITT-approach. The authors rely on a single study using a waiting list design in order to restrict the data analysis to individuals followed-up. I wonder if finding would be replicated using such an approach (if yes, no need to display data in the manuscript).

3. Discretionary revisions

3.1. Results:
In addition to the comments in the Major Compulsory revisions section, it would be informative to see the effect sizes.

3.2. Discussion:
Was the incentive already mentioned in the newspaper ad? Otherwise, it is less likely to have influenced the size of the true effects.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests