Reviewer's report

Title: Prevalence Of Problem Alcohol Use Among Patients Attending Primary Care For Methadone Treatment: A National Cross Sectional Survey

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Reviewer: James Seale

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MAJOR COMPULSORY REVISIONS

1. The methods section does not provide an adequate description of the research ethics. Was a research ethics committee asked for permission to carry out research on patients? If absent, this is a serious omission.

2. The statement in the abstract that a 25% random sample of registered methadone patients were invited by their GP to be interviewed is incorrect and misleading, since so many GPs never responded to the inquiry. Figure 1 should be modified to include the total number of registered methadone patients (2585). The abstract should be modified to indicate the percentage actually invited by their GPs to participate (10.7%).

3. Studies regarding the role of primary care in addressing problem alcohol use, noted on page 4, were performed on patients quite different from this patient sample. Some of the studies reviewed by Whitlock excluded patients with alcohol dependence; those which included alcohol dependence noted a more modest effect than the reductions described in this paragraph. The authors appropriately mention in their last paragraph that alcohol screening and intervention has not been tested in current and former heroin users. This comment should be included much earlier in the paper. The high percentage of polysubstance users (79%) suggests that specialty treatment, rather than primary care intervention, may be necessary. This possibility should be mentioned in the discussion.

4. The discussion of the implications of the study findings needs to be more focused. Findings suggest that methadone patients with alcohol misuse have more medical emergencies, receive less care for their liver disease, and often misuse other substances, especially benzodiazepines, which may increase their risk of overdose. This suggests to me that they have identified a subgroup of patients with multiple major needs, indicating the need to screen, identify, and test various interventions to address their needs.

5. The organization of the discussion was confusing and distracted from the potential impact of the paper’s findings. I suggest that the sentence on the uniqueness of the study (first sentence under “Strengths and limitations…”) be the first sentence of the discussion, and that the “limitations” section be inserted after the comparison with the existing literature.

MINOR ESSENTIAL REVISIONS
1. Limitations of the evidence base for the so-called AUDIT “zones,” as noted in a previous article by Donovan et al (Addiction, Dec 2006), should be noted.

2. The introduction provides a compelling argument for the potential importance of alcohol in methadone patients: comorbidity with Hepatitis C, negative impact on addiction treatment, and factor in fatal opiate overdose, especially if associated with other CNS depressants. These points should be re-emphasized in the discussion, especially since the study found higher use of benzodiazepines in this group (higher overdose risk) and higher Emergency Department use (more accidents or other medical emergencies?).

DISCRETIONARY REVISIONS

1. The link between alcohol misuse and accidents/injuries might be added to link to the higher use of Emergency Department services by alcohol misusers.

2. The final sentence of the abstract might be modified to emphasize the potential positive health impact, should effective interventions be implemented for these patients.

3. In light of the small sample and skewed distribution of subjects, the authors might consider deleting the last 5 words of the title

Level of interest: An article whose findings are important to those with closely related research interests

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.