Author's response to reviews

Title: Problem alcohol use among problem drug users in primary care: A qualitative study of what patients think about screening and treatment

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Author's response to reviews: see over
Dear Prof Harm van Marwijk,

Thank you for the peer reviews regarding our manuscript (MS: 1353972119796843). We appreciate reviewers’ time, effort and commitment to the peer review process. Our response to their comments and how we changed the manuscript can be found below.

Referee #1 (Karen Smith):
minor essential revisions

I found the paper generally good but in parts a little confusing to read. In some instances I felt as though this paper was based upon a small element of a larger study and some information presented was either not related to this paper or needed some further explanation as the context of it wasn’t fully explained eg:

1) Results - thematic analysis - figure 1 - the model is inserted but not referred to or explained in anyway in relation to this paper - it is left for the reader to unpick themselves - is the model needed for this paper?

AUTHOR RESPONSE: the model (Figure 1) was deleted from the manuscript, as well as the reference to it on p8 (Data analysis), p10 (Thematic analysis), p16 (line 4)

2) Discussion - Patients attitudes to therapeutic interventions - c) negative relationships - ”again the 3 concepts are interlinked” - distrust/dishonesty & concealment of a problem or the concepts a,b,c or 3 other concepts - I seem to be missing what is referred to here

AUTHOR RESPONSE: End of the last line on p14 was deleted: “, again the three concepts are interlinked”

3) Discussion - paragraph 5 sentence 2 - this finding is especially worrying because referral to secondary care was viewed as being of little value to participants - By whom? this made me think it is a finding from staff and therefore doesn’t fit within the remit of this paper

AUTHOR RESPONSE: Agree, the whole paragraph 5 in the Discussion has been deleted.
Background

1) line 2 typo - implication sand impacts / implications and impacts

**AUTHOR RESPONSE:** change applied

2) throughout you use SBI & BI as shortened I prefer using whole words for reading ease

**AUTHOR RESPONSE:** applied, all SBI/BI replaced starting from p4

3) paragraph 3 you use the word doctors and elsewhere too and also within the paper you use GPs I would prefer GP throughout

**AUTHOR RESPONSE:** applied

4) paragraph 5 last sentence "as identified by the authors of this qualitative study - do you mean your study or the literature referred to as this isnt clear

**AUTHOR RESPONSE:** clarified by elaborating in the preceding sentence: “a qualitative study conducted in”, and also by adding more detail to the formulation: “As identified by Nyamathi et al, authors of the cited qualitative study,”

5) in the final paragraph you list aim as “Attitude towards screening and treatment for problem alcohol use in primary care”, and also in Abstract - results. However in the results section of the paper in both 1 & 2 you add the term therapeutic interventions and use this throughout this section

**AUTHOR RESPONSE:** applied: treatment was replaced with Therapeutic interventions 2x

Methods

6) Participants - I get a little confused here do you mean al GPs on the ccentral Treatment List in Eastern region of Ireland - just it isnt obvious to a reader who doesnt know the geography of the country and the number stated drops to 150 from the figure the paragraph above 277 so it is also a little confusing and just needs more explanation that it is this specific region

**AUTHOR RESPONSE:** applied: “In 2009, there were 277 GPs (Level 1 = 218) in Ireland prescribing methadone” ... “At the outset, all GPs in the Eastern Region, who were registered on Ireland’s the Central Treatment”

7) data collection for me I would not need to know SD of interview length

**AUTHOR RESPONSE:** applied
Results

8) sociodemographic and addiction characteristics - the table is inserted I would not use the percentages also within the text

AUTHOR RESPONSE: percentages deleted

9) patients experience of being screened you refer to AUDIT which is mentioned in the text elsewhere but also introduce CAGE which is not mentioned previously

AUTHOR RESPONSE: CAGE deleted

10) there are lots of sub sub headings - Are they all necessary as they will add to the word count? eg c) patients relationship with healthcare professional has a subheading positive relationships and another negative relationships, yet the text under each subheading describes these and would flow well without them

AUTHOR RESPONSE: 6 sub sub headings were deleted

Discussion

11) two thirds of the way through paragraph 2 the section beginning “Instead, exploration...” doesn't make sense and isn't a full sentence

AUTHOR RESPONSE: sentence clarified: “Instead, qualitative inquiry often aims for exploration of unknown areas and generation of hypothesis for further quantitative research.”

Referee #2(lesley Smith):
Is the question posed by the authors well defined?
1. The aim is to describe patients experiences and attitudes to screening and treatment for problem alcohol use in primary care.
   AUTHOR RESPONSE: N/a

2. Are the methods appropriate and well described?
   Semi-structured interviews are one appropriate method to examine patients views. Whilst the strategy for selecting GP clinics is well described, how GPs selected patients is not. It would be useful to know what basis they selected patients on.
   AUTHOR RESPONSE: Patients selection criteria specified as follows:
   • Aged ≥18 years
   • Current alcohol use
   • No language difficulties
   • No severe mental health problems
3. Are the data sound?
This is difficult to judge based on the data presented. There seem to be a limited number of quotes presented for each theme – in most cases there only being one. Perhaps presenting a greater range of quotes would help the reader understand the range of patients experiences to a fuller extent.

**AUTHOR RESPONSE:** applied: To help the reader understand the range of patient experiences to a fuller extent, six more quotes were added to the results, increasing the total number of quotes by 100% (from 7 to 14). The new quotes are:

- **P13:** “Dr [name], he does say to me ‘How are you drinking, are you going to ease off, it is not good for you.’ I know he means good” (Patient 0.1)
- **P14:** “I’ve done a lot of counselling over the years… it’s made me see a lot of things that I probably wouldn’t have thought about that much… It kind of gives you a chance to step back a little bit and have a look at yourself” (Patient 17.3)
- **P14:** “people are talking and they can’t wait to go home to have a can of beer. The other people that was there in the group – they are only fooling themselves… it started 10.00 in the morning.. I went in one day and there was this chap sitting beside me – the smell of drink off him was unreal” (Patient 0.1)
- **P15:** “I’d no problem telling him things, there’s no point in lying to a doctor. He’s there to help you so…I was up front with him and whatever he asked me about I just told him the truth because it’s for my own benefit” (Patient 7.3)
- **P15:** “I find it a bit hard… I kind of think that they don’t know what I’m going through… I don’t think you have a mind to tell you the truth, especially when you’re drinking you feel like an idiot talking about it because you’re only telling a load of lies” (Patient 5.3)
- **P18:** “when I used to go to counsellors it used to be just, you know, they’d give you an address, you’d go there and it’s be just like a little office, you’d go in and sit down and do your stuff. But the community places, you know, the drop in centre side of it makes it easier for people to go in” (Patient 17.3)
- **P18:** “I do think there should be decent facilities for people that are on drink you know” (Patient 9.2)

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
The authors state that they adhere to RATS guidelines for reporting of qualitative studies which would be appropriate, but they also describe adhering to PRISMA guidelines which are for systematic reviews and meta-analyses so it isn’t clear why these were cited?

**AUTHOR RESPONSE:** PRISMA was deleted

5. Are the discussion and conclusions well balanced and adequately supported by the data?
Could you speculate about what type of interventions should be developed.

**AUTHOR RESPONSE:** Conclusions were restated: “The development of interventions which promote screening and brief interventions in practice are likely to benefit this at-risk group and further research and education, which help achieve this goal, are a priority. Strategies such as dissemination of clinical guidelines, educational videos, academic detailing and practice visits, should be explored”. See also comment #8

6. Are limitations of the work clearly stated?
The authors do describe the limitations of the work described. They don’t seem to address limitations of the qualitative process though. How the *interviewer* herself/himself could have influenced the findings of the interviews.

**AUTHOR RESPONSE:** Sentence added to the limitations – discussion: “The interviewer could have influenced the findings of the interviews by her/his interviewing style and skills, including verbal and non-verbal communication. For example, providing nods or affirmations could have prompted some interviewees to elaborate more/less on the question.”

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?

No I don’t think there is a clear link between this work and ongoing research projects.

**AUTHOR RESPONSE:** To demonstrate this clear link, more information about our ongoing research was provided in the Background section (p6-7):

Since 2009, our group has been working on mixed methods study which aims to improve the care of problem alcohol use among patients with opiate dependency by:

- describing the experience of (and attitudes towards) screening and treatment for problem alcohol use among methadone users (Phase 1);
- developing a complex intervention, including clinical guidelines, to improve screening and treatment rates (Phase 2);
- determining the views of professionals and patients regarding optimum implementation of this complex intervention (Phase 3).

The outputs of this work to date include:

**Phase 1:** Qualitative interviews with 68 healthcare professionals and patients at 23 purposively sampled GP practices and specialist addiction services about their experience and attitudes towards screening and treatment for problem alcohol use among patients on methadone indicated that ‘professional education and training’ and a lack of ‘specialist support staff’ are key structural barriers hindering the implementation of alcohol BIs among GPs [29].

**Phase 2:** Clinical guidelines for screening and treatment for problem alcohol use among problem drug users, informed by the findings of interviews conducted in Phase 1, expert opinion through a Delphi-facilitated expert consensus process and a Cochrane Systematic Review[30], were completed in 2012 [31].

**Phase 3:** A cross sectional survey of 202 GPs providing methadone treatment in Ireland, documented their practice of and attitudes towards the management of problem alcohol use among methadone patients: 75% of GPs reported screening for problem alcohol use, 52% reported discussing the risks of problem alcohol use with patients, 49% performed a brief intervention and 27% referred patients to specialist services [32]. Education and training in addiction-related care was considered the most important barrier to the effective management of problem alcohol use, followed by poor service availability and the attitude of the patient.

8. Do the title and abstract accurately convey what has been found?

The title is accurate but some indication of the study design would be helpful. Regarding the *abstract* I think that the conclusions need re-stating. They should relate to the findings of the research not the scientific justification for the study. Rather than making a generic statement about further research being required please give an indication of what this research might be i.e. what kind of interventions might help? It should also refer to limitations of the study.
AUTHOR RESPONSE: Title was changed to: “Problem alcohol use among problem drug users in primary care: A qualitative study of what patients think about screening and treatment”

Abstract - Conclusions were restated: “The development of interventions which promote screening and brief interventions in practice are likely to benefit this at-risk group and further research and education, which help achieve this goal, are a priority. Strategies such as dissemination of clinical guidelines, educational videos, academic detailing and practice visits, should be explored”. See also comment #5

9. Is the writing acceptable?
The whole manuscript needs careful proof reading to eliminate the typographical and grammatical errors.

AUTHOR RESPONSE: The manuscript was repeatedly proof read by two co-authors

Thank you for considering this revised manuscript.

Sincerely,

Jan Klimas, on behalf of the author team
University of Limerick, and
UCD School of Medicine, Ireland
30/08/12
11 April 2013

Re: Qualitative article for BMC Family Practice

Dear Professor Clunn,

We hope that you will consider this paper for publication in the BMC Family Practice: ‘Problem alcohol use among problem drug users in primary care: What do patients think about screening and treatment?’ To our best knowledge, this is the first paper exploring the problem in a primary care setting, using qualitative methods to elicit patients’ perspective.

We confirm that:

(1) Ethical approval for the study was obtained from the Irish College of General Practitioners. A statement that the research carried out on humans in this research is in compliance with the Helsinki Declaration (http://www.wma.net/en/30publications/10policies/b3/index.html) is in the Methods section of the manuscript, including the name of the body which gave approval.

(2) Our study adheres to the RATS guidelines on qualitative research (http://www.biomedcentral.com/ifora/rats), and a statement to that effect is in the enclosed manuscript.

(3) Our study adheres to the PRISMA guidelines for systematic reviews (http://www.prisma-statement.org/), and a statement to that effect is in the enclosed manuscript.

Thank you for considering this manuscript.

Sincerely,

Jan Klimas, on behalf of the author team
University of Limerick, and
UCD School of Medicine, Ireland
30/08/12