Reviewer's report

Title: How do patients with alcohol problems present in Australian general practice?

Version: Date: 14 August 2005

Reviewer: Katharine A Bradley

Reviewer's report:

General

This secondary analysis of the BEACH study provides interesting information on patients who are seen by GPs in Australia and report drinking 6 or more drinks weekly or more often on the AUDIT-C. I have several suggestions on how the manuscript might be strengthened.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. The authors point out the imperfect sensitivity of the 3rd question of the AUDIT-C (page 9, last paragraph). Based on that fact, the comparison group which includes individuals who report drinking 6 or more drinks monthly or less, seems problematic. This is important because patient self-report of drinking 6 or more drinks monthly on the AUDIT-C is a quite sensitive screen for heavy drinking in the US, but this study includes patients who drink 6 or more drinks monthly in the "non-heavy" group. It would seem more appropriate that the referent group for all analyses be patients who report that they “never” had 6 or more drinks on an occasion in the past year. In other words, I recommend that the population be divided into 3 groups, and a second group of patients who drink 6 or more drinks monthly or less than monthly should also be compared to the (“Never”) referent group. At a minimum, an argument should be included for why it is appropriate to include monthly binge drinkers into the non-heavy group.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

Other comments.

1. Given the strong association between the exposure (heavy drinking) and age and sex, the raw associations (not age or sex standardized) receive too much attention in the manuscript. Consider omitting all mention of bivariate results in the text. Findings that do not persist after age/sex standardization seem unimportant (or their relevance needs to be explained). If bivariate associations are presented in the Table, I recommend they be age- and sex-stratified.
2. There are a number of places in the results and discussion where the group being described or compared to is unclear (e.g. page 7, paragraph 2, 4 lines from bottom of paragraph).
3. If possible to add smoking results to this manuscript, it would allow an important comparison.
4. Comparison of the low rate of alcohol counseling (5.8/100 encounters) to results of other studies would be of interest.
5. Limitations paragraph 2, the meaning of the last sentence is unclear.
6. Page 9, paragraph 3: References 15-16 may be an error as I do not believe either study used the AUDIT as the comparison.

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No

**Declaration of competing interests:**

I declare that I have no competing interests