Reviewer's report

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

Version: 1 Date: 24 August 2005

Reviewer: Daniel C Vinson

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General
The most useful finding of your study is that heavy drinkers (identified by the third AUDIT question) can't be identified by distinctive presenting problems. Different patterns of problems are found when you compared heavy and non-heavy drinkers, and some are statistically significant. But those differences are small, inadequate to guide general practitioners’ decisions about which patients to screen.

You may want to re-examine your data to see if I’m wrong about that conclusion. If GPs limited alcohol screening to just those with depression and recent injury, for example, what proportion of heavy drinkers would we pick up? Exploring various combinations would be post-hoc analyses, surely, but still potentially informative regardless of which way they came out. If you found that certain combinations of patient characteristics were efficient in identifying those who should be screened for alcohol problems, that would be helpful information. And if you found that no combination was, that would also be helpful.

Your use of data collected from a large number of reasonably representative GPs is commendable. Data collection methods that are quick and easy for the GPs, however, limit the range and depth of data you can collect; and that limits the usefulness of your study. Other questions need to be addressed: How often does the GP already know of the patient’s heavy or harmful drinking before screening? How often are alcohol problems addressed, not just in a given encounter (as here), but more importantly, how often over the course of several visits or in the course of the past year? How often do GPs invite patients to return for further discussion of their drinking? (That’s what Wallace et al. and Fleming et al. did.) And, if GPs invite them back, how often do heavy drinkers return? What was the content of the counseling GPs provided regarding alcohol use?

Your study suggests that the third AUDIT question is an adequate screen for heavy and harmful drinking, but your data collection methods didn’t allow for any validation by a criterion standard. On the other hand, however, that isn’t really the issue. What your study very appropriately sought were differences between screen-positive and screen-negative patients. Regardless of what a patient’s “true” alcohol status is, it’s worth knowing what patient variables are associated with positive screens.

Your Table 1 presents findings as percentages of heavy and non-heavy drinkers. It may be of more value to readers, especially GPs, to provide row numbers and percentages. For example, 3.2% of heavy drinkers and 1.1% of non-heavy drinkers were Indigenous. But, if my calculations are correct, about 20% of Indigenous patients were heavy drinkers.

The inverse associations of heavy drinking with ischemic heart disease, diabetes, and respiratory problems may be spurious findings because of the multiple comparisons. Moderate (or even light) regular drinking has been associated with lower risk of coronary artery disease in most cohort and case-control studies, but your heavy drinkers were neither moderate (by your study’s criteria) nor regular drinkers (80% drank less than most days). I think the associations you found here should be
noted, but conclusions drawn more tentatively.

Your data analyses seem appropriate to me, including standardizing your findings to the age-sex distribution of all GP encounters that were billed and your taking the clustered nature of the sample into account.

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

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

In the Abstract, the sentence “Heavy drinkers were more likely to be Indigenous (3%) than non-Indigenous patients (1%) …” I think states the point backwards. Table 1 clarifies the point: 3% of heavy drinkers, but only 1% of non-heavy drinkers, were Indigenous.

Discretionary Revisions (which the author can choose to ignore)

What proportion of invited GPs participated during the 2.5 years of your study’s data collection? If 1000 are invited each year, it looks like about 80%, and that’s remarkable.

The Results section notes (p 5, first full paragraph), “This difference was largely explained by very high rates of counseling about alcohol …” Granted, it’s over 25 times as high, but it was still only 5.7% of encounters.

What next?: Accept after minor essential revisions

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

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests.