Reviewer's report

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

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Reviewer: Ulrich John

Reviewer's report:

The authors present data from a large data set from a random sample of Australian GPs. However, there is major concern about this study and its presentation.

Major points
1. The methods of the study are much too unclear; in particular, it must become transparent how the sample was drawn. It must be shown how many practitioners were contacted.
2. How were the GPs selected? Random sample from a list of GPs?
3. If such a list was used: What about those who did not practice any more? Were they replaced?
4. Which efforts were undertaken to recruit the GPs?
5. How many did not want to take part, how many did not respond, how many did not give valid data, how many did not provide the number of cases the researchers wanted from them?
6. Even if all this information of points 1 to 6 is available from another source the reader should be provided with it because this is the main information to estimate sample selection bias.
7. There must be detailed information about how the GPs were instructed about how to ask the patients the questions about alcohol drinking. How should the select the patients for these questions?
8. There must be information about whether there was any quality assurance of the data collection by the GPs. I expect that we do not know anything than a rough time frame in which the PGs were to collect the data and perhaps their caseload. Thus, there could be at least a rough estimation how many patients they interviewed. Is there anything known about how they selected the patients? GPs may tend to ask only those patients of whom they expect that there might be an alcohol problem, thus contributing significantly to sample bias.
9. The authors should at least discuss response bias. It must be expected that in countries active in prevention of alcohol- attributable disease there is a strong tendency among patients to minimize or even deny heavy alcohol consumption. This is an argument against using just one item that focuses on heavy alcohol drinking. The population impact of screening questions about alcohol consumption is much greater if there are some more questions such as in the CAGE (4 items) or the LAST (7 items) or the whole AUDIT.
10. I wonder whether the information about the prevalence of heavy drinking is informative given the considerable bias mentioned above. Is this really new to show that the prevalence of heavy drinking is high? If the authors focus on the prevalence several origins of bias should be discussed that lead to a considerable underestimation of the problem. The numbers of
heavy drinkers found may be interpreted as a minimum estimate.

11. An interesting alternative focus could be the topic of the first paragraph of the discussion section: the co-occurrence of heavy drinking with disease including depressive or anxiety disorders.

12. Due to response bias the age distribution of heavy drinking might be interpreted in the sense that the young respondents feel less shamed about heavy drinking than older patients and thus give more valid answers.

Minor points
1. There seems to be too much information in the tables. The information could be provided more briefly. Instead of the arrows give the test for significance and the p-values. It may be better to give percentages with Chi² tests where the descriptive information is important for the whole readership and OR where appropriate.
2. Figure 1 does not seem to be needed.
3. The results section should be much more focused. E.g. information about social inequality is very well-known for patients with alcohol problems and may be omitted.
4. The paper should be more structured
5. The abstract must be more precise. It should include information about how the sample was drawn and how the data were collected. In the results part give statistical tests if you compare groups of individuals.

You draw a conclusion about the quality of an AUDIT item. However, the study was not designed for that if I understood the study design correctly-
6. The title could be more speaking
7. Intro: Para 2 could give more detailed information.
8. Intro: Para 3 should be moved to the Methods section.
9. Intro, para 4: Last sentence might be good for the title of the paper
10. References: Inconsistencies in the writing of Journal abbreviations, e.g. 33. Abbreviations of authors, e.g. “AIHW” should be better written in full.
11. The tables contain very much information and are awkward to read. The authors should concentrate on the most important information.

What next?: Reject because scientifically unsound

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: Yes

Declaration of competing interests:

I declare that I have no competing interests.