Reviewer's report

Title: The relationship between self-reported alcohol intake and the morbidities presented to and managed by GPs in Australia.

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Reviewer: Katharine A Bradley

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Let me begin by apologizing to the authors for the delay and that I did not spell out all of these issues in my first review. This is the first time I have reviewed for BMC, and I am frankly somewhat uncomfortable with “requiring” detailed changes. However, after reflecting on BMCs process a bit more, it appears to be asking us to take a bit more of an editorial responsibility. As such, I am specifying those changes that I would require of this interesting article, were I an editor.

The following are changes that I recommend be required before this manuscript be accepted.

1. The abstract should include the definition of heavy drinking used in this study (6 or more >= weekly or monthly or less).
2. The Conclusion of the abstract and paper, as written reflect statements supported by prior research, but not the results of this study (i.e. this study does not address the validity or efficiency of the 3rd AUDIT-C question, whether routine screening is the only way alcohol problems can be detected, or whether routine screening is needed).
   a. The conclusion of the abstract needs to be re-written to reflect the findings of this study which evaluated the prevalence of risky alcohol consumption based on a single screening question and the relationship between alcohol consumption and morbidities managed by GPs.
   b. The statement that routine screening is needed, in the concluding paragraph of the paper (page 11, last paragraph), goes beyond the findings, and should be removed. In fact this manuscript demonstrates that although risky drinking is common, even when screening conducted, alcohol counseling is usually not addressed with heavy drinkers!
3. Please clarify the following unclear sentences:
   a. Page 5, Paragraph 2: "Significance of differences in variable-specific heavy drinking prevalence was tested with the chi squared test..." What does "variable-specific heavy drinking prevalence" refer to and differences between which groups or variables were tested?
   b. Page 7, First paragraph of Discussion: "They (heavy drinkers) also have more problems managed at their GP encounters. Heavy drinkers did, however, have more chronic problem managed at their encounters after age-sex stratification." These 2 statements seem very similar making it unclear why the second sentence includes the word “however.”
   c. Page 7, last paragraph: "However, contrary to traditional stereotypes or problem drinkers, prevalence was highest [should read “higher”] among you adult patients than among middle-aged and older people.
   d. Next sentence: “Further the prevalence of heavy drinking was no higher among those who held a concessional health care card ... than among lighter or non-drinkers.” To discuss the prevalence of heavy drinking in lighter and nondrinkers is illogical. I think this sentence is intended to either describe the prevalence of heavy drinking in those with or without a card, or the prevalence of having a card in heavy drinkers and non-heavy drinkers.
   e. Page 8, last paragraph, line 7: In parallel, acute or chronic alcohol problems were managed at a rate of ..." In parallel to what?
   f. Page 10, paragraph 1, last sentence: “This issue could affect both groups.” Please clarify which issue could affect which two groups, or omit the sentence.
g. Page 11, paragraph 3, last sentence: “In addition, time saving techniques such as waiting-Monthly; room screening, sometimes using handheld computers, are being investigated.” Should the underlined word be omitted or is something else missing?

4. Please add to the methods or results an explanation of why the numbers in Table 3 do not add to the overall summary prevalence rates. For example, why for unadjusted analyses of psychological problems in heavy drinkers do the individual prevalence rates (5.6, 3.2, 1.7, 1.2, and 1.0) not sum to the overall prevalence (20.3%) for psychological?

5. The paper as written presents little data related to presenting complaints of risky drinkers, with the exception of stating that there were no differences with regards to RFEs (reason for encounter) between the 2 drinking groups after age-sex standardization. The general statement that RFEs and problems managed by GPs were generally similar, does not make them equivalent because one reflected the patients’ agendas in coming to the GP, and the other reflects what the GP did after seeing results of alcohol screening. Therefore, the following edits are required to make the Discussion accurately reflect the results:

a. Page 8: 4th paragraph: “The most striking association with heavy drinking in this general practice sample was the higher presentation and management rates of psychological problems. No data are presented on the higher presentation rates of these problems so the underlined words need to be omitted (or results of these analyses presented).

b. Next sentence: “After age-sex standardization heavy drinkers presented 1.6 times more frequently for a psychological problem.” I cannot find these results in the paper. If this is referring to the data on management of problems, the sentence should be edited to say: “After age-sex standardization heavy drinkers were 1.6 times more likely to have a psychological problem managed during a visit when alcohol screening took place.”

c. The last paragraph of the manuscript refers to the finding that patients with alcohol problems do not usually present with GI complications. Data needs to be added to the manuscript to support this statement or it should be removed. Of note, even if all patients who had psychological symptoms managed by GPs sought care for those problems, heavy drinking patients don’t usually present with those symptoms either. To me the important message should be that we cannot rely on any “red flag” symptoms to identify a risky drinker, suggesting that if they are to be recognized screening would be required.

6. Page 9, paragraph 2: Although observational studies have shown a clear association between alcohol use and improved health status, this cannot be taken to reflect a causal association (e.g. a protective” effect). Despite similar observations about the “protective” effects of hormone replacement therapy, when a randomized controlled trial (RCT) was finally conducted, the results showed the opposite: HRT harmed patients. We in the alcohol epidemiology field need to avoid making that same error, since RCTs will probably never be able to be done. This paragraph should therefore be edited to clarify that the study’s findings are consistent with the well documented association between heavy alcohol use and lower rates of certain chronic conditions, with might reflect physiologic benefits of drinking, but could also reflect the well documented fact that patients with chronic illnesses often cut back on their drinking.