Reviewer’s report

Title: Screening and brief interventions for hazardous and harmful alcohol use among hospital outpatients in South Africa: results from a randomized controlled trial

Version: 3 Date: 22 February 2013

Reviewer: Natalie Johnson

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Major Compulsory Revisions

The results of the study should be analysed and/or reported in greater detail. For example, I would like to see the subheadings “Between group differences” and “Within group differences” followed by appropriate descriptions. Similarly, I would like to see results of analyses that conform to intention-to-treat principles and then results of analyses that refer to completers-only and any subgroups of interest (eg., harmful drinkers as suggested below).

Minor essential revisions

1. There are a wide variety of terms used to describe drinkers in this manuscript (eg., hazardous, high hazardous, harmful, problem, risky, level 2 and level 3). In the introduction, the terms ‘hazardous drinking’ and ‘harmful drinking’ are described and used appropriately. In the methods section, however, the term ‘medium risk drinker’ is introduced which is atypical of the literature (an advanced google scholar search identified that exact phrase in only four articles, one of which was the trial protocol for this study). Given the use of the AUDIT to screen and classify outpatients, use of the widely used terms ‘hazardous’ and ‘harmful’ is preferable (eg., “Outpatients who screened positive for hazardous or harmful drinking (scored 8-19 for men and 7-19 for women on the AUDIT) were included in this study”).

2. The primary outcome should be clearly described.

3. The phrases “universal screening” and “sampling occurred throughout all hours of clinic operation over a 4-month period” seem contradictory.

4. The reference for the AUDIT should be presented when it is first mentioned in the methods section (page 5).

5. Information on how the AUDIT was administered should be provided (eg., was it a self-administered paper version or an interview?).

6. Details on the “theory-based intervention” should be provided in this manuscript so readers do not have to track down the protocol (at a minimum, the name of the theory used should be provided).
7. Clarification as to the scope of the questionnaire should be provided earlier than is currently the case (ie., because the phrase “alcohol test section of the questionnaire” made me wonder what other sections there were).

8. I am unclear what a “chronic” hospital outpatient is. I assume it refers to a person with a chronic medical condition?

9. Clarification on the nature and extent of the “feedback (given to participants in the control group) on the initial alcohol screening” is required as it sounds like more than the simple provision of “a health education leaflet on responsible drinking.”

10. According to the CONSORT group, “Tests of baseline differences are not necessarily wrong, just illogical.(211) Such hypothesis testing is superfluous and can mislead investigators and their readers. Rather, comparisons at baseline should be based on consideration of the prognostic strength of the variables measured and the size of any chance imbalances that have occurred.(211)” - http://www.consort-statement.org/consort-statement/13-19---results/item15_baseline-data/

11. The information on drinking patterns is not quite clear. For example, does “976 screened negative for alcohol” mean they were non-drinkers or does it mean they screened negative for hazardous or harmful alcohol use? There is also some repetition here (eg., the fact that 51 had a score of 20+ is mentioned twice.

12. Tobacco and subjective health status outcomes should not be included under the heading “Alcohol Use Outcomes”. Further, as these were not included as secondary outcomes, they probably ought to be omitted entirely.

Discretionary revisions

13. I am uncertain about the need for Cronbach alpha results for the AUDIT.

14. Post hoc analyses to determine if there were any between group differences among harmful drinkers (AUDIT score 16-19), who may require a more intensive intervention than hazardous drinkers (AUDIT 7 or 8 to 15), might be worth investigating?

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

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**
I declare that I have no competing interests