**Reviewer's report**

**Title:** Impact of alcohol use disorders on antiretroviral treatment adherence and quality of life outcomes in injection-driven HIV epidemics

**Version:** 2  **Date:** 6 May 2013

**Reviewer:** Jongnam Hwang

**Reviewer's report:**

**Major Compulsory Revisions**

*Introduction*

1. This study mainly focused on Vietnam and did not provide any implication to other countries in Asia; however, the authors started their first paragraph with “In many Asian settings”. I am not really sure what the authors tried to explain with the expression of “in many Asian setting”. In addition, I am afraid that “in many Asian settings” does not imply or provide any idea related to their study. I would like to get ride of “In many Asian settings. In addition, the references the authors have cited do not support “in many Asian settings”. The first reference the authors cited generally talks about alcohol consumption and HIV/AIDS. The second and third references are mainly about issues in India. If the authors want to keep “In many Asian settings”, I would like to see more supporting evidence.

2. Line 6, second paragraph, the authors indicated “alcohol is a legal commodity which is culturally accepted in many Asian cultures”. This sentence should be clarified. I believe alcohol is a legal commodity in almost all countries, not only in Asia. In addition, “legal” usually means regulation by law while culture is more like to be an agreement based on social value and norm. How “legal” and “culture” are related in alcohol consumption is unclear.

3. The objective of this study should have been introduced in the intro part. The authors briefly mentioned that few studies in Asian have assessed the impact of AUD on HIV/AIDS treatment outcomes without clear objective.

4. The authors kept emphasizing “Asia” but I failed to understand why the authors kept saying “Asia” and “Asian settings”. I think this study is mainly focused on Vietnam.

5. There are some English grammatical errors. These errors are serious impediment to understating, and I strongly suggest the authors to have an editor to revise all these errors. I believe this would help the audiences to understand your research better.

*Results*

1. Although the authors kindly described the general characteristics of study subject, I would like to see this information in a table. Having this table would help the readers to understand the general characteristics easily.
*Discussion*

1. Line 1, first paragraph – “in large injection-driven epidemics” was confusing. I am expected to know the reason for the negative influences of AUD on adherence and outcomes of ART services in the discussion part. But what the authors did in the section was mainly addressing the findings and summary of the previous study.

2. Line 1, first paragraph – “in large injection-driven epidemics” was confusing. I am unsure if the authors meant “large injection-driven HIV/AIDS epidemics”?

3. Line 9-10, second paragraph – I don’t think “drinking is only legal in Vietnam”. In fact, drinking is generally legal except few countries. The fact that drinking is allowed by law in Vietnam does not support the finding. In addition, “culturally accepted” is a very general statement and not a scientific expression. I would like to see more details – such what unique culture is associated with the finding.

*Minor Essential Revisions*

*Introduction*

1. In alcohol consumption research, some terminologies that the authors used in the introduction are quite commonly used. I believe the possible audiences of BMC Public Health may not be familiar with these terms. For example, “hazardous alcohol” in line 1, the first paragraph does sound little confusing. I would like to recommend the authors adding scientific definition of hazardous alcohol use.

2. Line 2, the first paragraph, clarification of “at-risk drinkers” is required as general background knowledge for the general audiences.

*Methods*

1. One clarification is required – Last paragraph under 2.3 Statistical analysis, the authors described “we employed censored regression models or Tobit models to estimate linear relationships between AUD and HRQOL”. This explanation might cause some confusion. Tobit model and censored regression model are same. I would like the authors to use either Tobit model or censored regression models. If they want to keep both terms, attachment explanation is required in order to address that these terms are same.

*Discussion*

1. Last sentence, second paragraph – “Many HIV/AIDS patients did not have stable job~ in their fight against HIV/AIDS”. This sentence does not make sense at all. It needs to be revised.

2. Line 5~9, third paragraph – “Second, adherence is ~ from the second year of treatment”. This sentence is too long and wordy. Due to grammatical errors, it is pretty hard to understand what the authors wanted to address.

3. Line 10~13, third paragraph – I am not sure how this point is related to the
authors' finding.

4. Line 9~11, fourth paragraph – the way authors explained is not scientific- in particular “very good measurement”. Additional explanation about why the AUDIT-C is considered to be a validate measurement is required.

**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:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests