Reviewer's report

Title: Are alcoholism treatments effective? The Project Match data

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Reviewer: Anne Moyer

Reviewer's report:

General

This is an intriguing paper that reveals, in secondary analyses of the data from Project MATCH, that study participants who received zero treatment sessions had similar improvement to those who received 12 treatment sessions. Moreover, this improvement was evident for early drop-outs and for full-treatment attendees by week 1 of treatment. Furthermore, drinking levels at early time points predicted the amount of time that participants remained in treatment. The conclusion is that these counterintuitive results can be explained by selection factors, such that more motivated individuals are more likely to be enrolled in such trials and more successful individuals are encouraged to remain. This is a thoughtful, interesting, and clearly-written manuscript. A strength of the study is that the authors assure the accuracy of their data by confirming that it produces similar results compared to published findings from Project MATCH. My comments and suggestions fall mainly in the category of minor essential revisions.

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)

It would be very useful to provide information on the number of individuals who fell into each of the number of treatment session groups (0-12, e.g., in Tables 4 and 5) and also to express this by treatment group (CBT, TSF, and MET). This would be instrumental in addressing whether there was differential treatment drop out at different points across treatment groups. This might provide further clues toward the subjective factors may have contributed to the self selection. Also, it is not clear as to where there was attrition from data collection at each point during the planned treatment period and during follow-up. The degrees of freedom presented in Table 6 give readers some sense of the extent to which data is complete at follow-up for the 0 and 1 treatment groups relative to the 12 session group (around 87%). It would be useful to comment on the extent to which the data from early dropouts from treatment is compromised by accompanying attrition from data collection relative to the group who attended all treatment sessions. For instance, the authors assert that, once in the trial, continued monitoring of drinking behavior by study personnel may have had motivational and therapeutic benefits (even in the absence of treatment); this explanation would only be applicable to participants who continued to allow themselves to be monitored. In Table 6 the means for the pretreatment values presented for percent days abstinent (PDA) and drinks per drinking day (DDD) differ slightly in the context of the results presented for total improvement versus instantaneous improvement. This may be due to different numbers of participants represented in each comparison with pretreatment, but this is not made clear.

It would be important to place the results of this study in the larger context of treatment research in general, which has produced similar arguments. For instance, evidence that patients experience
early responses before treatment might be expected to have exerted its effects has been presented for cognitive-behavioral therapy for depression. Discussing the implications of this study in this larger scope would maximize its importance. In this vein, it would be useful to discuss more broadly the various (positive and negative) reasons that participants may drop out of a treatment clinical trial (e.g., demoralization at being assigned to a treatment modality that they did not want, feeling so empowered by taking the step of seeking treatment that they believe that they do not need treatment) and how these might have played into the results found here.

It would be useful to discuss more thoroughly the ways in which individuals who drop out before experiencing any treatment sessions and those who drop out after engaging in one session might differ and how that may have led to the study findings. For example, for what reason would the baseline drinking measures be worse for the 1 treatment group than for the 0 treatment group?

A critical question arising from these findings is why individuals, including those who preemptively drop out before receiving any treatment, following their agreement to be part of a treatment trial, show such impressive improvement so rapidly. The notion that enrolling in a trial or deciding to seek help, itself motivates and effects change has been raised in other contexts and could be expanded upon more to make this argument more convincing. The authors also allude to non-treatment effects that can result in reduced drinking. This also could be expanded upon because to suggest that treatment is ineffective in reducing drinking, but that the motivation provided by the monitoring by study personnel is effective could use further substantiation.

To address the point of selection effects, it might be illuminating to compare the mean outcome levels of PDA and DDD found here to those found for other groups of untreated alcoholics reported in the literature who did not choose to be untreated (i.e., were assigned to a no treatment control group) as the participants in this study did. This would provide a reference point to for the zero group’s improvement compared to other non-selected untreated individuals.

The commentary presented with each table should be integrated into a descriptive title and/or the text of the manuscript.

Discretionary Revisions (which the author can choose to ignore)

What next?: Accept after minor essential revisions

Level of interest: An article of outstanding merit and interest in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:
None.