Reviewer's report

Title: Improvements in readiness to change and drinking in primary care patients with unhealthy alcohol use: a prospective study

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Reviewer: Jennis Freyer-Adam

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The aim of the study was to investigate the natural course of changes in cognitive dimensions of behavior change (readiness, confidence, importance) and in drinking after a primary care visit in patients with unhealthy alcohol use. Immediate (post-visit) and long-term (6 months) changes were investigated. The manuscript is well written and concise. It contributes to the literature of change readiness and naturalistic changes. So far we know little about immediate changes in motivational measures in patients with unhealthy alcohol use after primary care visits. However, there are additional pieces of information and some questions that the authors need to answer to make the study more understandable to readers. The issue of the low participation rate also needs to be handled more thoroughly. Following are comments that may be of assistance to the authors.

Compulsory revisions:

1. A sample selection bias must be assumed: 48% (n=234) of all patients with unhealthy alcohol use (n=487) participated in the study. Of these, 74% (n=173) had complete data at all assessments. Thus, this study provides information on the natural course of readiness and drinking for (only) 36% of all patients identified with unhealthy alcohol use. These patients may constitute a particular subgroup more prone to change (e.g. either highly motivated or heavy drinking), and conclusions from the reported findings may only apply to them. Additional difference tests regarding alcohol use between study subjects with complete data (n=173) and patients who neither participated nor completed the study should be conducted to find out if at all and in what way the completers differed from non-participants/non-completers. At the moment the issue involved with the low participation rate is discussed as the last of five limitations of the study. As it is a serious issue inherent to the study, it should be moved to the top of the list of limitations (# 1 or 2).

Minor essential revisions:

2. Although the authors refer to Saitz et al. Ann Intern Med 2003, a little more information on the study procedure is essential. E.g. Were the patients approached by the research staff directly at the practice? What was done to motivate patients to participate in the study? Was the screening assessed using paper-pencil or interview? Was the follow-up interview conducted by phone or face-to-face?
3. As the measures of drinking and motivation are in the focus of this study and as no references are given for any of these, more information is necessary. What was the precise wording of the screening measure to assess risky drinking amounts? The instruction and/ or the complete measures of the VACs would also help.

4. A surprising result was that discussion between the physician and the subject about alcohol predicted a positive change immediately after the visit, but was associated with less improvement in drinking and importance 6 months later. The authors should discuss possible explanations. Could it partly be explained by the fact that the physicians were not trained in motivational counseling techniques? They may have intuitively used confrontational techniques, from which is known that they can make the problem worse in the long-term (Miller, Benefield & Tonigan 1993).

Discretionary revisions:
5. Regarding pre-visit to 6-month follow-up changes, it could be of interest to include two more outcomes: 1) Improvement in drinking (regardless of motivation measures), and 2) Any improvement (in drinking or in any of the motivation measures).

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

**Quality of written English:** Acceptable

**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.