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: Scott Stewart

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Improvements in readiness to change and drinking in primary care patients with unhealthy alcohol use: A prospective study; Bertholet N, Horton NJ, Saitz R.

Overview of study design

This secondary analysis of clinical trial data was completed to assess changes in drinking and readiness to change drinking in a primary care cohort who exceeded health-related guidelines for alcohol consumption. Comparisons of several readiness to change scales from immediately pre-physician visit to immediately post-physician visit were completed, as well as related comparisons together with self-reported drinking reduction at 6 months post-visit.

Overview of results

The study question was clear and clinically relevant, and appropriate analytic methods were utilized. The results demonstrated positive changes in readiness to change constructs between the immediate pre-visit to immediate post-visit times, including a favorable association with some change measures on having had a physician discussion about drinking during the visit. At 6 months about 1/3rd of the subjects were no longer exceeding recommended drinking limits by self-report, and more than half had either discontinued unhealthy alcohol use or exhibited some improvement in each readiness to change scale. All changes were independent of estimated alcohol problems and other drug use.

General reviewer impressions

This study addressed a clinically relevant topic and results are presented in a well-written manuscript. In general, there is little research into the process of change in non-dependent but unhealthy drinking patients, and this work provides some early insights that can help guide future research. For example, what components of having a discussion with the health care provider predicted increased readiness to change immediately following the visit, and why did this potentially favorable change not persist over 6 months? One of the more important limitations includes an inability to translate seemingly small but statistically significant improvements in the readiness measures into clinically meaningful language (i.e., what does an immediate post-visit improvement in average "readiness" scores of 1.02 points really indicate about patients readiness to change their drinking and their probability of doing so). This type of
clinical interpretation is hindered by a lack of existing research in this area. While a clinically meaningful change on these measures remains hypothetical, dichotomizing the 6 month "readiness to change" outcomes as improved/not improved does not allow insights into the magnitude of changes, making it difficult to hypothesize how clinically significant such changes may or may not be. For example, what is the magnitude of change relative to any changes at the immediate post-visit assessment period? Finally, but perhaps most importantly, if the underlying theory is sound and the measurements valid, the baseline readiness scores might be expected to predict 6 month drinking outcomes. Did they?

Suggested revisions (all discretionary)

In the presentation of the results and discussion, I believe focusing on the physician discussion and minimizing discussion of other potential predictors (e.g., ethnicity and others) would provide a more concise manuscript. This would also target those readers who are most likely to be working with similar populations.

It may be worth evaluating all change scores as continuous variables at the 6 month follow-up period, at least among those still reporting unhealthy drinking.

Consider evaluating prediction of 6 month drinking changes by baseline, immediate post-visit, or early change in readiness measures (perhaps using changes in summary measures from the timeline followbacks). Not sure if this is a component of other published papers, but such predictive capacity for the readiness measures may be the most tangible outcome.

**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