Reviewer's report

Title: Effectiveness of Primary Care Triple P on Child Psychosocial Problems in Preventive Child Healthcare: a Randomized Controlled Trial

Version: 3 Date: 28 June 2013

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BMC Medicine

Effectiveness of Primary Care Triple P on Child Psychosocial Problems in Preventive Child Healthcare: a Randomized Controlled Trial

The current paper describes the results of an RCT testing the effects of Primary Care Triple P in an at-risk sample in the Netherlands. PCPT was found to show no better effects than Care As Usual, neither on the primary outcome (SDQ), not on the secondary outcomes. The authors conclude that “Evidence on the effectiveness of PCTP is still inconclusive, so it requires additional study.”

This is an important study, as it comprises the first RCT investigating the effects of PCPT in the Preventive Child Healthcare system. The RCT design outperforms the waiting list design in testing intervention effectiveness. Moreover, this one of the very few studies testing Triple P not authored by Triple-P affiliated personnel. In a recent review and meta-analysis (Wilson et al., 2012), it was noted that that was the case for only 1 out of 33 studies examining the effectiveness of Triple P. Independent effect studies are of course of crucial importance to the field.

With the aforementioned meta-analysis in mind, I was not too surprised to see the effects of the current trial; they support the absence of an effect as documented in the meta-analysis. From this perspective I consider the authors conclusion that “Evidence on the effectiveness of PCTP is still inconclusive, so it requires additional study” as incorrect -- or at least too mildly put.

The study has a sound design, the analyses are clear, the results unambiguous, and the limitations are acknowledged and discussed in a convincing way. I like the additional intent-to-treat analyses. The paper could be further improved by taking the following issues into account:

1. Include the alphas for the internal consistencies of the questionnaires

2. I do not understand the sentence “The highest mean improvement scores were also found for the SDQ and the ECBI. “ (p11) Is perhaps part of the sentence (e.g., “at the six-month follow-up”) missing?

3. Conclusion: “Implementation of PCTP may still be justified, although it does not necessarily surpass CAU in effectiveness”. (p14) I wonder whether the results warrant that conclusion when cost-effectiveness is taken into account
4. Figure 2: Please include the baseline assessment in the figure, and add confidence intervals (SD or SE) around the point estimates; from the current figure without confidence intervals not conclusion can be drawn.

5. I checked the authors’ 2010 paper presenting the design. Indeed, they aimed at including a sample that was twice the size of the current sample. It seems that already on the level of the eligible sample the intended group size (2010) was much larger than that in the current flow chart, so the actual flow of inclusion, exclusion, and attrition was not different from what was expected. It would be important that the Discussion includes some reflection on the deviation from the original design. What were the reasons for the smaller-than-intended sample? Were PCHs reluctant to participate? Was the inclusion period reduced? Were financial constraints decisive and put an early end to the study?

**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