Reviewer's report

Title: The ANTOP Study: Focal Psychodynamic Psychotherapy, Cognitive-Behavioral Therapy, and Treatment-As-Usual in Outpatients with Anorexia Nervosa: A Randomized Controlled Trial

Version: 2 Date: 8 December 2008

Reviewer: Prathap Tharyan

Reviewer's report:

1. Will the study design adequately test the hypothesis?

This design issues highlighted in the protocol and in the discussion will adequately improve the internal and external validity of this difficult trial and test the hypothesis that the two experimental interventions are superior to treatment as usual.

2. Are sufficient details provided to allow replication of the work or comparison with related analyses: if not, what is missing?

Adequate

3. Is the planned statistical analysis appropriate?

If the primary and secondary outcomes are to be assessed across three groups at three time points (4th, 10th and 13th months), as is stated in the registration document, would not Repeated Measures Analysis of Variance be the preferred statistical option rather than repeated t tests, in the first instance? Post hoc tests could then be used to evaluate intergroup differences of the combined psychotherapy group versus TAU. If however, only the 10th month outcome is used for the primary outcome (as stated in this manuscript), the currently stated strategy might suffice. At any rate the registration document and the protocol need to be synchronized. (Also, I am not sure what multi-level analysis means; is it multivariate analysis that is intended? Readers might need clarification on this).

4. Is the writing acceptable?

Yes.

5. Additional points.

The Helping Alliance Questionnaire is not included as an outcome in the ISSRCTN registration document.

Since the TAU group will also be offered psychotherapy and the two forms of
psychotherapy on offer in Germany are the ones in the intervention arms, apart from the expected heterogeneity in the TAU arm, there is also likely to be contamination between treatment and the TAU control arms. The actual difference between these arms may be affected and with it the anticipated difference used to estimate sample size.

6. Less important:

It might have been better if instead of the 9th videotaped transcript being reviewed for adherence to treatment, this was done randomly.