Author's response to reviews

**Title:** An alcohol focused intervention versus a healthy living intervention for problem drinkers identified in a general hospital setting (ADAPTA): study protocol for a randomised controlled pilot trial

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**Author's response to reviews:** see over
22\textsuperscript{nd} March 2013

Dear Editor

RE: MS: 123531380832671

Following the review of our protocol paper originally entitled “A randomised controlled pilot study of an alcohol focused intervention versus a healthy living intervention for problem drinkers identified in a general hospital setting (ADAPTA)” please find below our responses to the very useful comments from the reviewer and scientific editor.

I hope you feel we have addressed the comments sufficiently and we look forward to hearing from you regarding our revised manuscript (with changes shown using ‘track changes’). These changes are:
- Page 1 – title changed according to journal format
- Page 6 – mention of online assessment instruments removed
- Page 14 – more detail regarding the qualitative interviews added
- Page 16 – additional detail on how issues regarding questionnaire completion will be explored.

With kind regards

Dr Judith Watson

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<th>Reviewer’s comment</th>
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<td>1. Based on the Aims of the study, the work was supposed “to explore the acceptability and feasibility of both postal and online assessment instruments at six and twelve month follow-up” (Point 6), but I could not find the related design or method.</td>
<td>Online completion of questionnaires has now been dropped from the protocol since submission of this manuscript. Therefore we have removed reference to it. The acceptability of questionnaire completion is included in the areas explored within the qualitative interviews. We have now made this clearer in the manuscript (page 16). Quantitative assessment of them is being assessed by return rates and completion rates (as currently stated on page16).</td>
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2. In the Blinding section, the authors stated that follow-up data are collected by postal questions to achieve the data blindness to treatment allocation. However, in the Patient outcome measure section, they also stated “All follow-up data are collected by postal questionnaire at six and 12 months post randomisation with postal reminders sent two and four weeks after initial correspondence. In the event of a participant failing to complete their questionnaires, attempts to obtain at least the primary outcome data are made via telephone.” These are contradictions and need to be clarified.

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<td>I agree with referee point 3 in particular that the manuscript would benefit from more detail around the interview procedure (how the semi-structured interviews are validated, kept consistent etc).</td>
<td>Thank you for this comment. We have now added more detail to the manuscript in order to provide clarity and completeness (page 14).</td>
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<td>Re the referee’s discretionary point about excluding ill patients, if this is not possible, brief discussion of this will be sufficient.</td>
<td>We have not excluded this group of people as we sought to exclude as few people as possible and therefore only excluded those actively engaged in specialist treatment.</td>
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3. Information regarding qualitative data collection is incomplete. Who will perform the interviews? What kind of interviewer training will be performed? How did the authors make sure the interviewers’ accurate and consistency? In addition, the procedure to make sure the quality of qualitative data is also missing.

All interviews will be conducted by an experienced mixed-methods researcher. The interview schedule was piloted with, and commented upon by experienced clinicians and researchers. The interviewer will use the same interview topic guide/schedule with all interviewees in the same category (i.e. in hospital; post treatment; therapist) to promote consistency. Where permitted, all interviews are audio-recorded. In addition, a second researcher will independently perform a thematic analysis on a sub-sample of transcripts, with discussions taking place to develop an agreed coding framework. We have now added more detail to the manuscript in order to provide clarity and completeness (page 14).

4. Will the authors consider excluding patients who are recommended to abstinence by the physician due to illness?

We have not excluded this group of people as we sought to exclude as few people as possible and therefore only excluded those actively engaged in specialist treatment.

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<td>Please ensure the title conforms to journal style for study protocol articles. The title should follow the format __________: study protocol for a randomized controlled trial.?</td>
<td>We have now amended the title as requested.</td>
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