Reviewer’s report

Title: Intervention to reduce excessive alcohol consumption & improve co-morbid outcomes in hypertensive or depressed primary care patients: two parallel randomized feasibility trials

Version: 1
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Reviewer: Jinhui Ma

Reviewer’s report:

The manuscript titled “Intervention to reduce excessive alcohol consumption & improve co-morbid outcomes in hypertensive or depressed primary care patients: two parallel randomized feasibility trials” described a pilot study aimed to investigate the feasibility of main trials of brief interventions to reduce excessive drinking in primary care patients with hypertension or depression. Findings from this pilot work are helpful for designing the main trials which address important issues in the public health. My comments are listed below.

Major compulsory revisions:

1. This is a pilot study aimed to assess the feasibility of a future trial. However, feasibility is not clearly pre-defined, i.e. which recruitment rate, response rate, or lost to follow-up rate etc. are considered as being feasible? Without a clear definition, it is hard to judge whether the definitive trials will be feasible or not.

2. I suppose the summary of the previous findings in the present literature on Page 5 (from first line to the end of the paragraph) is trying to show that the trials you are going to design are very necessary. However, it is not clearly and logically presented.

3. At the end of the Introduction Section (from the end of Page 5 to the beginning of Page 6), the authors stated the objectives of the present pilot study. The author should clearly define at here what the ‘acceptability to patients and practitioners of intervention and research materials and procedures” and “feasibility of health outcome measures” really mean?

4. At the beginning of the last paragraph on Page 7, the authors mentioned “the eight practices which had identified the largest numbers of co-morbid patients were …”. However, in Figure 2 I saw 9 practices were randomized. Is there any discrepancy between the text and the Figure?

5. The “Characteristics at baseline” on Page 15 and 16 and Table 1 are very hard to follow. In Table 1, there are two columns called “n”. What do they mean? How can reader link the “n” with the number of patients at different stage of the trials described in the CONSORT diagram, i.e. Figure 1?

6. In the “Discussion” on Page 20, the authors mentioned an alternative design choice for the future definitive trials, i.e. a two by two incomplete block design – each general practice would be randomized either to be an intervention practice for hypertension and a control practice for depression, or an intervention practice
for depression and a control practice for hypertension. Indeed such a design might increase participation. However, the treatment contamination between patients within the same general practice but allocated to different treatment groups though in different trials (hypertension and depression trials) may occur. Why not randomize each general practice either to the intervention group for both hypertension and depression or to the control group for both trials?

Minor essential revisions:

1. The manuscript should be edited carefully. I only listed a few grammar mistakes here: 1) the first ‘improve’ may be removed in the title; 2) In the abstract, a verb may be needed in the first sentence in the Methods section.
2. In the abstract, PHQ-9 should be spell out. Remember to use the abbreviation after defining it.
3. In Figure 2, “Follow-up” should be either removed or moved to in between the “Withdraw” and “Analysed”.

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

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests.