Reviewers report

Title: Baclofen for stroke patients with persistent hiccups: a randomized, double-blind, placebo-controlled trial

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Reviewer: Christopher Chen

Reviewers report:

1. Is the question posed by the authors new and well defined?
Moretto EN, Wee B, Wiffen PJ, Murchison AG. Interventions for treating persistent and intractable hiccups in adults. Cochrane Database of Systematic Reviews 2013, Issue 1. Art. No.: CD008768. DOI: 10.1002/14651858.CD008768.pub2. concluded that “There is insufficient evidence to guide the treatment of persistent or intractable hiccups with either pharmacological or non-pharmacological interventions.

The paucity of high quality studies indicate a need for randomised placebo-controlled trials of both pharmacological and nonpharmacological treatments. As the symptom is relatively rare, trials would need to be multi-centred and possibly multi-national.”

Hence the question posed by the authors whilst not new deserves attention. More effort is needed to define the question in the light of previous work eg referring to cochrane reviews

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?

There should be more specific inclusion and exclusion criteria for example, what is the definition of “persistent hiccups after stroke” is it >=48 hours prior to randomisation or >=48 hours after stroke onset?

There is also inadequate description of the trial medications - how was the placebo manufactured and what was it composed of?

the choice of outcome measures should be better described and justified - are the outcomes used conventional, have they been validated? what is the reliability?

3. Are the data sound and well controlled?

As this is a small study, confounders are likely and the omission of any details of the stroke and co-morbidities is of concern - what was the stroke subtype(s), duration, severity etc; did the groups differ in vascular risk factors, concomittant medications etc

The survey results were not reported in any detail. This should be rectified.

The lack of any adverse events is disturbing - whilst serious adverse events may
be absent given the short trial duration, the lack of any adverse events suggests that either the patients were remarkably well or that there is some misunderstanding as to how AEs are defined

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

the authors should state that they have complied with the CONSORT guidelines (http://www.consort-statement.org/). As so many patients did not meet inclusion criteria, it would be important to list the reasons. Also as the study was conducted over 15 months and only 113 patients were assessed for eligibility, it would be important to ascertain how many were screened - clearly hiccups after stroke is not common and such data would allow better planning for larger trials

5. Are the discussion and conclusions well balanced and adequately supported by the data?

lack of further details on the patient casemix (see above) hampers the discussion

6. Do the title and abstract accurately convey what has been found?

yes

7. Is the writing acceptable?

the authors should seek advice on English usage - there are a number of grammatical errors and certain terms would be better re-phrased eg "null and void" as an outcome might be "no effect"; "yellow" for ethnicity might be "Han Chinese"

All the above would be Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**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