Reviewer’s report

Title: Is problem alcohol use being detected and treated in Irish general practice?

Version: 1 Date: 17 Nov 2017

Reviewer: Norbert Donner-Banzhoff

Reviewer's report:

[Review of the original version of the manuscript that had not been properly entered as a review.]

The authors address an important clinical and public health problem. At first glance this seems to be a local or national issue. However, we should perhaps see the Irish context as a useful extreme paradigm to highlight the problem of treating high-risk drinking and alcohol dependence in primary care. The methods of the study suffer from some shortcomings, part of which are discussed by the authors. Despite this, the paper may provide useful insights. The authors add interesting thoughts and suggestions.

Methods>measures - "eligibility for free care": please explain for an international readership

Results>problem alcohol use: 1.5% with documented alcohol problem: please provide at least range as a measure of variation. Please comment on differences across practices (degree, possible explanations)

Results>problem alcohol use - "problem substance use": please add 'other than alcohol'

GPs vary regarding the breadth and depth of their clinical documentation. While there is individual variation, there are also characteristic differences between countries and health care systems. These may be influenced by tradition, requirements for billing, quality control measures, fear of litigation etc. Give readers an impression regarding documentation habits of Irish GPs in general and for behavioural advice in particular. The main question here is of course whether the following conclusions are true: 'not documented' = alcohol problem not noticed, 'not documented' = neither discussed with patient nor treated.

This was apparently a project with medical students systematically involved. This might be of particular interest to researchers as readers. Please explain in more detail.

Discussion: there is some discussion of limitations/weaknesses in the discussion section (e.g. problem or intervention not documented in order to protect patients). Please add a specific subsection on limitations, covering also selection bias (practices not participating different, probably worse), the lack of a reference criterion (we do not know who 'truly' had an alcohol problem). Be always clear whether you discuss the problem of clinical behaviour (GPs not screening, asking
intervening) or documentation (GPs not documenting things they are [perhaps] doing). We know that your empirical findings only relate to the latter. In order to be clearer, within the discussion section a better separation of the interpretation of findings, comparison with the literature, discussion of causes, motives, barriers, and suggestions for future policies (clinical, system level) might be of help.

We welcome you to submit a revised version addressing the points raised above.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

No

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Yes

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

**Quality of written English**
Please indicate the quality of language in the manuscript:

Acceptable

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