Author’s response to reviews

Title: Predictors of aging out of heavy episodic drinking in emerging adults: a systematic review protocol.

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RESPONSE TO REVIEWERS

Reviewer #2:

This manuscript describes a study protocol for a systematic review on predictors of aging out of heavy episodic drinking (alcohol misuse?) in emerging (young) adults.

Overall, this a well written manuscript in an important subject.

The reporting of planned methods is transparent, but some aspects could be improved. I was asked for an open peer review report of a revised version of this manuscript and this includes all aspects of the design and reporting of the study protocol.

Comments:

Title
1. Page 1. Please, clarify if the correct term is "alcohol misuse" or "heavy episodic drinking" (after
your extensive revisions) and by consistent through the abstract and/or main text.

This has been changed to heavy episodic drinking throughout.

Abstract

2. Page 2. Background and methods. Please, try to be consistent when using the terms "risk and protective factors (…)" (line 10) and "predictors of successful and unsuccessful …" (lines 15 and 16). Are they the same? Please, clarify.

The terminology has been modified throughout, typically removing the language because of the ambiguity inherent in the dichotomy. To clarify, the terms are often effectively the same, but that is not necessarily the case. For example, when a high score on a given variable predicts persistent heavy episodic drinking (unsuccessful aging out of HED), a low score is inherently indicative of successful aging out. On the other hand, it is possible that a study design would specifically look at group membership in a trajectory class that is categorically positive or negative, in which case they may be thought of as distinct. In any case, including the dichotomy did not substantively add to the text so it was removed.

3. Page 2. Methods. Please, report all outcomes for which data will be sought, including prioritization of main and additional outcomes. For example: The primary outcome will be (…). Secondary outcomes will be (…).

We now clearly specify two primary outcomes and that no a priori secondary outcomes are being articulated.

4. Page 2. Methods. The authors' state: "longitudinal studies" will be eligible. Please, clarify if observational cohort studies and randomised clinical trials are eligible.

Observational cohort studies (prospective and retrospective) will be eligible but RCTs will not.


The manuscript identified the CLARITY methods for evaluating risk of bias, but this has been made more clear.

6. Page 2. Methods. Please, if data are appropriate for quantitative synthesis, report planned summary measures (e.g., odds ratio, difference in means), Methods of combining data from studies should include any planned exploration of heterogeneity (such as I2).

We now report the intended meta-analytic approaches.

7. Page 3. Systematic Review Registration. Please, provide the full registration number in PROSPERO (e.g. CRD42017078436).

This is now reported.
Background

8. Page 4. Line 2. Please, include "(HED)" after "heavy episodic drinking (HED) is used to…"

This has been amended.


This has been amended.

Methods

10. Page 8. Line 4. The authors' state: "(…) studies must employ a longitudinal design (…)". Please, could you be more explicit? For example: Observational cohort studies (both prospective and retrospective)? Randomized (controlled) trials? Please, clarify (and try to be consistent with information in page 11 line 2: "since most studies will be observational" (…).

We are now more explicit in the acceptable designs for the review.

11. Page 8. Outcome measures. The authors' state "severity of alcohol-related problems" will be a primary outcome. Could you please list examples (with definitions) of alcohol-related problems will be of interest.

We now give examples.

12. Page 8. Please, include a new subsection for "exposure(s)" (risk and protective factors). Authors should list and define all potential risk and protective factors of interest, following your categorization in the objectives (lines 17-19: risk i.e. prediction, persistence, or exacerbation;; and protection i.e. prediction of attenuation or cessation). Authors could report this information with examples (and references) in a BOX, if necessary.

We now include a new subsection that details the risk and protective factors of interest.

13. Page 11. Lines 5 and 6. The authors state: "(…) will be combined using the random effects generic invariance method". Could you please clarify if you will use the random effects model by the "inverse-variance method" (DerSimonian-Laird)? Thank you.

We now confirm we will use a random effects (DerSimonian-Laird) model using the inverse-variance method.

Discussion

14. Page 13. Discussion. Please, discuss potential limitations at study (outcome) level, and at review level you anticipate.

We now detail limitations.

amendments.

We now provide a plan for detailing protocol amendments.

16. Appendix. PRISMA-P checklist. Please, revise (considering all the above).

The PRISMA checklist has been amended accordingly.