Reviewer's report

Title: Psychoeducational Groups versus Waitlist in Treatment of Attention-Deficit Hyperactivity/Impulsivity Disorder (ADHD) in Adults: A Protocol for a Pilot Randomized Waitlist-Controlled Multicenter Trial.

Version: 0 Date: 04 Oct 2018

Reviewer: Emma Broglia

Reviewer's report:

This protocol is well written, clear, concise with a strong design. The findings from this trial will be important and this pilot trial will provide a strong starting point. There are a few minor comments that need to be addressed, but overall it is a strong manuscript.

Background

- Although the background is written well, the paragraph lengths vary and this makes it a little disjointed to read. Some paragraphs only have two short sentences and the topic being discussed doesn't clearly continue from the previous or lead onto the next. Some examples include page 4, Lines 29-37 and lines 42-50. Consider adding these sentences to other paragraphs where the content might fit better.

- Page 4 lines 29-37 explains that an intervention is effective for reducing guilt, but it's not clear where guilt fits into the rest of the literature discussed. Perhaps provide a sentence to explain guilt as a symptom of ADHD. This is also true for the following sentence, which states a slight gender difference in ADHD symptoms. It's not clear how gender fits into the current manuscript, whether it will be explored, or the reason for adding a sentence about gender.

- Page 5 description of CAARS needs a citation

- Page 5 line 46+ briefly describes patient satisfaction, but this would benefit from explaining why patient satisfaction will be explored over other potential factors (i.e. justify/elaborate this decision)

Methods

- Later in the protocol the reason for recruiting 30 participants is explained and it would be helpful to briefly explain that on page 6 when it's first mentioned. The current sentence "there is a need for at least 30..." sounds like it has more intention rather than being a pragmatic decision

- Sometimes the author uses "treatment as usual / TAU" or "standard treatment" to refer to the intervention. Be consistent and only use one description to refer to this intervention
Page 7 explains that patients in condition B may receive CBT or have medication in addition to the interventions described. Is this also true for patients in condition A? Either way, it's helpful to clarify.

Condition B states that an additional pre-waitlist assessment will be administered. Provide a brief explanation on what the assessment is and its purpose.

The descriptions of the measures are inconsistent at times. Some include detail on their psychometric properties, how they're scored, and the answer format etc. but others are more brief. It would be helpful to report on the same factors for each of the measures.

The author states that the CSQ8 has been modified; provide a brief explanation. Also explain when the CSQ8 will be administered - will it be at the end of the last session or sometime after?

The section on medical records states that "allowance of data is included in the informed consent", is the use of these data opt-in or opt-out? i.e., will consent be assumed if a patient doesn't opt out of their data being used?

The section on user involvement describes "expert patients" and it would be helpful to explain their criteria. For example, did they receive training or have they had an ADHD diagnosis for a certain period of time?

General questions and factors to consider

The description of condition B states that patients on the waitlist will be informed to "live as normal". Will this be monitored in any way? It would be helpful for patients to complete a brief diary of their daily lifestyle habits (food, sleep, exercise etc) as this data would help to conceptualise what's 'normal' for patients. This data could also be used as control factors in a larger trial, which would help to reduce variability across the wait-list.

It would be helpful to use a feedback form alongside the CSQ8 to identify specific aspects of the intervention that patients liked or would like to be improved. This feedback form would provide more specific information that would help to shape the intervention for future larger trials. Feedback forms or exit interviews would help to assess patient satisfaction more precisely than the CSQ8 alone.

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