Reviewer’s report

Title: The feasibility and acceptability of an early intervention in primary care to prevent Chronic Fatigue Syndrome (CFS) in adults: randomised controlled trial

Version: 1 Date: 04 Sep 2019

Reviewer: Martyn Lewis

Reviewer's report:

Thank you for your responses to the first review. Most of these responses adequately cover my original concerns; however, two of the issues remain (albeit more minor than major).

Original review comment: &gt;Figure 1 starts from the 90 'potential recruits who may or may not be eligible' but the problem with the recruitment process stems higher, which is missed in the flowchart - and hence I feel is somewhat misleading. The above point leads to the major problem with the recruitment process and that is regarding the loss of potential patients from the 1711 figure to the 90 that were actually referred. Is there any information available to ascertain why this dramatic loss has occurred? Could any data (e.g. age / gender / index of multiple deprivation) be compared between the 90 referred and 1621 non-referred, albeit possibly at the level of aggregated data?

Response of authors: We have no information on patients that were not recruited to the study. Our paper points out that few of them were recruited, and then discusses the reasons why from the qualitative work.

Further comment: Figure 1 should include the top level figure of people that consulted and had the relevant code (i.e. 1711) [this will help show the drop-off in numbers from being potentially eligible to numbers referred]. The follow up responses and losses should be broken down in relation to 12 weeks and 6 months.

Original review comment: [Lines 173-179, page 7]: "The following inventories were completed by participants at their assessment with the researcher (baseline) and then at 12-week and 6-month follow-up… and a health resource-use questionnaire, developed for this study which asked questions about health service use and travel costs most relevant to the CFS/ME population."

Response of authors: Thank you. Given the sample size, we did not feel it was appropriate to do any form of statistical analyses as this would be likely to lead to erroneous conclusions. As this was a feasibility study, the outcomes of interest are feasibility. Given the small sample size, we couldn't perform any type of analysis. However, in the methods, we described all the outcomes collected for transparency.
Further comment: Whilst accepting that this is feasibility study and hence does not warrant a full statistical analysis, in my view whatever outcomes are collected should be reported descriptively. Hence, 12-week descriptives as well as any descriptive data that relate to resource use (including response/completion rates of items) would help to give the full picture from the data collected. For example, if there are clear/large descriptive differences in the data for the two study groups (e.g. at 12 weeks) this may still persuade researchers that the underlying clinical question may be worth pursuing (albeit via a different methodological approach to recruitment).

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