

REPLIES to REVIEWERS

All changes made have been highlighted in bold red font.

Reviewer #1:

Specific Comments to Authors:

I just have a few small suggestions or questions:

1. Although you have included subheadings to help the reader understand the differences between these diagnostic systems, some of the sentences will still cause confusion; for example, in the Section Manic and hypomanic episodes, it was mentioned at the beginning of the article that “the ICD-11 definitions are somewhat broader. This is the result of a flexible diagnostic approach used by the ICD-11 CDDR, which avoids rigid and often arbitrary cut-offs imposed in the DSM-5”. In fact, however, in some respects the ICD-11 criteria are more stringent than before, as wrote in the article “Changes in both mood and activity or energy are mandatory for the diagnosis now. This change was made to improve the diagnostic accuracy, specificity, and reliability of mania and hypomania. It was also meant to differentiate the diagnoses from normal mood fluctuations, particularly in the case of hypomania. The intention was to prevent the overdiagnosis of manic or hypomanic episodes as well as BD”. Therefore, adding more subtitles inside each subsection should help to convey the content of the article.

“the ICD-11 definitions are somewhat broader.”

REPLY What was meant here was that the ICD-11 definitions of manic and hypomanic episodes are broader than the DSM-5 definitions as a result of the flexible diagnostic approach followed. This has been clarified in the revision by changing this sentence to -

There are only minor differences between the two classifications. **Nevertheless, the ICD-11 definitions are somewhat broader than the DSM-5 ones.**

“Changes in both mood and activity or energy are mandatory for the diagnosis now.”

Similarly, what was meant by this part was that both the ICD-11 and the DSM-5 definitions are more stringent than the ICD-10 and DSM-IV TR definitions. This has been clarified in the revision by changing this sentence to -

The expanded gate criterion is the most important alteration in the definitions of mania and hypomania both in the ICD-11 CDDR and the DSM-5. **It was not present in the earlier versions of both these classifications including the ICD-10 guidelines.** Changes in both mood and activity or energy are mandatory for the diagnosis now.

I hope these changes will reduce any confusion. I have avoided using further subheadings because they might make the text less readable.

2. Please explain more about “Moreover, the reduced rates with the DSM-5 criteria were more likely among recently diagnosed patients and those with more severe illnesses” or add some references.

“Moreover, the reduced rates with the DSM-5 criteria were more likely among recently diagnosed patients and those with more severe illnesses.”

REPLY This section has been re-written explaining the findings and adding references.

The lifetime prevalence of DSM-5 defined BD appears to be unchanged [55-58]. In contrast, several DSM-5-based studies have found about a 20%-60% reduction in the point prevalence of manic and hypomanic episodes or BD [38, 59-61]. In these

studies, patients diagnosed according to the DSM-5 criteria had more severe manic symptoms [40, 59, 61] than those diagnosed with DSM-IV criteria [62, 63]. Moreover, these studies suggested that the prevalence with DSM-5 criteria was lowest early in the course of BD and increased with time [38, 58, 59]. This was confirmed by the study of newly diagnosed patients with BD, in which the rate of DSM-5 BD was reduced by 62% at the baseline, but only by 50% on long-term follow-up [61]. This is because newly diagnosed patients are a more heterogeneous group and are less likely to meet the stricter DSM-5 definitions than those with more chronic illnesses [40]. Thus, the reduction in the prevalence of BD attenuated with time and there were no differences in the lifetime rates or clinical characteristics of mania, hypomania, and BD diagnosed with DSM-5 or DSM-IV criteria [39, 40, 61]. These findings imply that although the DSM-5 criteria may prevent overdiagnosis of BD as intended, patients with less severe and recent-onset BD may be missed [40]. Extrapolating from these results, it appears that though the short-term prevalence of BD may be reduced, the long-term prevalence of BD is likely to remain unchanged despite the use of the new definitions in the ICD-11 CDDR [39, 40, 61].

Reviewer #2:

Specific Comments to Authors: ICD-11 became effective this year and is now progressively being implemented in several nations. This manuscript provides a comprehensive summary of the changes, innovations and limitations, and controversies in the concepts and core diagnostic features of the new ICD-11 for various mood episodes, bipolar I/II disorders, and cyclothymic disorders, and presents the utility of ICD-11 and field studies, that will assist psychiatrists and other mental health professionals to gain a deeper understanding of bipolar disorder in ICD-11 and use this new diagnostic tool.

The complete text is lengthy, so it is recommended that Tables 3, 7, and 8 be eliminated and replaced with a concise summary of the most important ideas in the corresponding subsections.

REPLY The manuscript was written in accordance with the guidelines that there are no limitations to the length of the text or the number of tables.

I checked a recent review in the World Journal of Psychiatry.

(Šalamon Arčan I, Kouter K, Videtič Paska A. Depressive disorder and antidepressants from an epigenetic point of view. *World J Psychiatry* 2022; 12(9): 1150-1168)

The text of this article is about 6300 words; there 5 tables and 2 figures. The text of the current manuscript after revision is 5650 words and it has 8 tables.

The idea of including a greater number of tables (none of which are more than 2 pages) was to actually reduce the word count of the text. Converting the tables in to text will only make the article longer. I think that might make it more difficult to read.

However, if there are too many tables, some of them can be moved to the supplement. In that case, I would suggest that tables 1, 5 and 7 can be changed to supplementary tables. I will leave it to the editorial team to decide whether this change is required.

In the revised version, concise & brief summaries of all tables have been provided, including tables 3, 7, and 8.

Reviewer #3:

Specific Comments to Authors: The exposition is rigorous and well thought out. In addition, it is recommended that the formatting of references and redundant characters in the full text be adjusted.

REPLY I have checked and formatted all the references properly. All redundancies in the text have also been removed.

EDITORIAL OFFICE'S COMMENTS

(1) Science editor:

The manuscript has been peer-reviewed, and it's ready for the first decision.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade B (Very good)

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, the full text of the manuscript, the relevant ethics documents, and the English Language Certificate, all of which have met the basic publishing requirements of the World Journal of Psychiatry, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

Please authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden.

The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

REPLY I have checked all the tables.

As per the guidelines for writing reviews, the three-line format has been followed with one horizontal line under the title, a second under the column headings, and a third below the last row of the Table (being above any footnotes). Vertical lines and italics have been omitted. Since the tables are spread over two pages, there is an additional line at the top of the second pages. This will disappear when the tables are displayed in a single page. This is shown below.

Table 1 Benchmarks for the revisions of the new classifications [9-13]

Principles and priorities	ICD-11-CDDR	DSM-5 ¹
GUIDING PRINCIPLES		
Public health imperative	The guidelines should be useful in alleviating the global mental health burden, especially the burden in the low- and middle-income countries	The manual is meant to be used as a tool for collecting and communicating accurate public health statistics on mental disorders
Clinical imperative	Clinical and public health utility were accorded the greatest priority followed by scientific validity	Clinical utility was accorded the highest priority followed by the scientific evidence
Stakeholders	The guidelines are meant for use in all countries, for all professionals, and for all service users	The manual is meant for all professionals and service users
Multiple uses	The guidelines are meant for clinical, research, teaching, and training purposes, and for collecting data	The manual is meant for clinical, research, teaching, and training purposes, and for collecting data
Settings	The guidelines are meant for all settings including specialist and primary-care settings, with special emphasis on primary-care settings in low- and middle-income countries	The manual should be applicable to all settings including specialist, primary-care, community, and forensic settings
Cross-cultural applicability	The revision should be relevant and acceptable to clinicians from all cultures	Cultural aspects relevant to the diagnosis was a key consideration
PRIORITIES		
Global applicability	Global and universal applicability – the guidelines should be relevant for all countries, all stakeholders, and in all settings	Professionals from 39 countries were involved in developing the scientific basis of the diagnostic criteria
Clinical utility	Clinical and public-health utility were accorded the highest priority during the process of revision	The manual is primarily intended for clinical use and should be feasible for clinical practice
Scientific validity	The scientific basis should be based on best available evidence. Compromises for the sake of utility should be avoided.	The revision was guided by a thorough review of the best scientific evidence
Harmonization	Efforts to harmonize the ICD-11 revision with the DSM-5 involved enhancing similarities and minimizing arbitrary differences between the two systems	The APA collaborated with the WHO to develop a common and globally applicable research base for the DSM-5 and the ICD-11 disorders

The contents of each cell in the table conform to the editing specifications, and the lines of each row or column of the table are aligned. Carriage returns or spaces to replace lines or vertical lines and segmented cell content have not been used.

REPLY This has been ensured.

Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the Reference Citation Analysis (RCA). RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

REPLY I have downloaded the "Impact Index Per Article" for almost all the references of this manuscript. Currently, I have included this as a supplement. However, I am not sure how this information has to be included in the manuscript, as a part of the text or as a part of each reference? If I receive some guidance about this, this information can be included.