28th February, 2023

BPG Editorial Office
Editor
World Journal of Psychiatry

Ref: Revision of Manuscript No. 82360
Title: Differences between DSM-5-TR and ICD-11 revisions of Attention Deficit Hyperactivity Disorder (ADHD): A commentary on implications and opportunities.

Dear Editor,

Thank you very much for arranging the review of our opinion review paper that was submitted to the World Journal of Psychiatry. I also wish to thank the three reviewers for their valuable feedback.

These have been extremely useful for the revision of the paper. As requested by your good self, we have responded positively to your concerns and that of the reviewers, as detailed in the table below.

Reviewer 1	
1. In the abstract section, it is suggested that "first, second, and third" be consolidated into the corresponding "(i), (ii), and (iii)."	We have complied with this in the abstract (see abstract)
On page 7, "3. Differences in clarity and standardization of diagnostic thresholds", the authors suggest that unclear diagnostic thresholds such as "several symptoms" may lead to diagnostic difficulties. Therefore, on page 8, "Implications of the differences between DSM-5/DSM-5-TR and ICD-11 for research and clinical practice", the authors suggest that clinicians should be guided by the definite thresholds proposed in DSM-5-TR until further revisions of ICD-11 provide clearer guidance. This is contrary to the original intent of the ICD-11 revision supported by field trials and may mislead the understanding of ICD-11 CDDR.	We would like to express our thanks to Reviewer 1 for these astute and helpful comments; and also for highlighting the epidemiological underpinnings behind the ICD-11's revision in abandoning the arbitrary cut-off thresholds. We have now also cited Reed et al. (2019) in detail, and have also recommended readers to access the ICD-11 Clinical Descriptions and Diagnostic Guidelines (CDDG), when this is released. We have therefore carried out substantial revisions based on these helpful comments from Reviewer 1, and the changes have been added to different sections of the manuscript; and we

According to Leeds et al., arbitrary cutoffs and precise requirements related to symptom counts and duration are generally avoided in ICD-11, with more use of terms such as "several days", "several weeks", and "several symptoms" intended to conform to the way clinicians actually make diagnoses. This allows flexibility in the exercise of clinical judgment and avoids algorithmic pseudo-precision requirements such as symptom counts or precise durations, making ICD-11 innovative and consistent with the dimensional classification. (Reed, First, Kogan, et al. Innovations and changes in the ICD-11 classification of mental, behavioural and neurodevelopmental disorders. World Psychiatry. 2019;18(1):3-19.) 3. It is suggested that the only table in the text be revised to a three-line table.	believe that the revised manuscript has been improved substantially, based on the Reviewer 1's insightful suggestions. The revisions related to these comments are now on: p. 7, section under "4. Differences in clarity and standardization of diagnostic thresholds"; on page 8 under "Implications of the differences between DSM5/DSM-5-TR and ICD-11 for research and clinical practice". We are uncertain the exact nature and expectation of the suggested 'three-line table'. We would be happy to consider implementing this if we have more details.
Reviewer 2	
The differences related to the number of criteria, the thresholds for the diagnosis and the segregation of the criteria in the HY/MI dimension are evident. These differences have repercussions for the research and also for clinical practice.	We have underscored this important point in the manuscript as suggested by Reviewer 2 (p. 7, last paragraph).
The scale that usually accompanies the exploration of the disorder, according to the DSM 5 checklist, contains an item expressed in a negative way, a fact matter that is not usually not recommended and that can have unpredictable consequences not only in the clinic but in research. I think that the identification of the underlying structure will be determined not only by the clinical elements but also	We are not sure which symptom the reviewer is referring to. There are three negatively framed criteria: 'not listen', 'not follow through' and 'not quietly'. We agree with Reviewer 2 about the problem with negatively stated criteria. But the issue is complex, as the problem, in our view, is not in 'the signifier' (what is explicitly articulated) but also in 'the

by the scope of the tools that are used in its recognition	signified' (the construct behind the wording). This is a very complex topic, in our view, involving epidemiology, linguistics, language philosophy and psychometric analysis. Therefore, the topic is beyond the scope of this commentary to do this the full justice, and needs to be addressed in a separate paper. We have therefore respectfully avoided straying into this topic, which is nevertheless important and complex as highlighted by Reviewer 2. We, do however, appreciate this valuable comment.
Reviewer 3	
The part "Differences in partitioning..." starts with "2" and the first sentence starts with "The third difference". On the other hand, the part "Differences in clarity..." starts with "3" and the first sentence starts with "Second". This is confusing	We thank Reviewer 3 for this helpful comment. This has now been corrected (see p.6).
It is nice that you suggest to develop and validate an ICD-11 based ADHD rating scale. Nevertheless, any scale is only a scale, with a broad possibility of a subjective interpretation of its content. A biological marker of ADHD would be better. You can state this in "Implications of the differences...".	We have added a paragraph on biomarkers on page 10 (first paragraph) to address this point.
Language polishing	Thank you for this comment. One of the coauthors (Professor Steven Houghton) is a native English speaker, from the UK. We have further polished the language within the manuscript accordingly.

As you can see, we have addressed all the concerns. We hope that the changes meet with your satisfaction and we look forward to hearing from you soon.

Yours sincerely,

Professor Wai Chen (on behalf of all authors)
BM, MPhil(Camb), PhD, MRCP, MRCPsych, FRANZCP
Professor of Youth Mental Health and Developmental Neuropsychiatry, Fiona Stanley Hospital;
Professor, psychiatry discipline lead, Curtin Medical School, Curtin University;
Professor, Curtin enAble Institute, Curtin University;
Adjunct professor, Postgraduate School of Education, UWA;
Adjunct professor, Murdoch University, WA;
Adjunct professor, School of Medicine (Fremantle), University of Notre Dame Australia, WA;
Visiting professor, Centre of Research and Innovation, Naresuan University, Phitsanulok, Thailand.