Scientific quality	[Y] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[Y] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No

| **Peer-reviewer statements** | Peer-Review: [Y] Anonymous   [   ] Onymous |
| | Conflicts-of-Interest: [   ] Yes   [Y] No |

SPECIFIC COMMENTS TO AUTHORS

It is highly recommended that this paper be published. This paper describes the "Bipolar or Related Disorders" section of the ICD-11 draft，describes the benchmarks for the new version in detail. 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.

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

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.

PEER-REVIEW REPORT

Name of journal: *World Journal of Psychiatry*

Manuscript NO: 79301

Title: Bipolar disorder in the International Classification of Diseases-Eleventh version: A review of the changes, their basis, and usefulness

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05931586

Position: Peer Reviewer

Academic degree: N/A

Professional title: Chief Physician

Reviewer's Country/Territory: China

Author's Country/Territory: India

Manuscript submission date: 2022-08-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-30 11:29

Reviewer performed review: 2022-09-08 01:29

Review time: 8 Days and 13 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This review outlines the changes of bipolar disorder in the International Classification of Diseases-Eleventh version. By comparing with DSM-5 and ICD-10, the authors analyzed and summarized the scientificity and rationality of these changes. Although some changes remain controversial, the initial results on the reliability and clinical utility of BD are promising. This article is comprehensive in content and concise in language, which is helpful for readers to understand the differences between the new diagnostic criteria and the previous diagnostic criteria. 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. 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.