Reviewer's report

Title: Validity of the Chinese version of the 32-item Hypomania Checklist (HCL-32) and the optimal cutoff screening bipolar disorders

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Reviewer: keming Gao

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In the manuscript of “Validity of the Chinese version of the 32-item Hypomania Checklist (HCL-32) and the optimal cutoff screening bipolar disorders,” Dr. Yang and colleagues reported the results of the performance of Simplified Chinese Version of HCL-32 in inpatients and outpatients with mood disorder in mainland China. They found that the HCL-32 with a cutoff score of 14 could distinguish bipolar from unipolar depression with a sensitivity of 0.74 and specificity of 0.66 and a cutoff score of 13 could distinguish bipolar II from unipolar depression with a sensitivity of 0.73 and specificity of 0.62. The authors recommended use the cutoff score of 13 to screen bipolar disorders in patients with mood disorders. The results not only provided pivotal data for a potential broader application of HCL-32 in mainland China, but also extended the validation of HCL-32 in simplified Chinese version.

However, the manuscript was a little disorganized and difficult to follow. Using repetitive simple sentences, especially in the abstract, made the manuscript hard to understand. Some statements were not accurate or unclear. In addition, the authors should keep in mind that the function of HCL-32 is to “detect” or uncover hypomaniac symptoms, not to diagnose bipolar disorders. Only clinicians can diagnose bipolar disorders. Through the text, the authors inappropriately described the purpose or function of HCL-32. More specifically is as follows:

1. On page 3, first sentence, as I mentioned above, this sentence needs to be reworded.
2. On page 3, Methods section, first sentence, the patients filled out questionnaires, but were not rated by the questionnaire. This sentence also needs to be rewritten.
3. On page 3, Results section, first sentence, what were the first three factors?
4. On page 3, Results section, line 3 to line 7, using simple sentences are confusing. This portion of results needs to be rewritten.
5. On page 3, Conclusion section, second full sentence ‘We suggested that the best cutoff between BP II and UP ----,” the best cutoff score should be added to this sentence.
6. On page 4, line 3 to line 4, “As many as 40% of patients with bipolar disorder are initially misdiagnosed ----.” I believe this study was done in a mood disorders program. In the general population the misdiagnosis rate was as high as 69%
The authors should be more specific when they cited other’s results.

7. On page 6, first full paragraph, “All patients with a positive screen or clinically suspected of mood disorder ----.” I am confused. How these patients were screened, with HCL-32 or something else? If you used HCL-32 positive cases only, where the HCL-32 negative cases were from?

8. On page 6, Measure section, first sentence, “Upon consent of the author of the original HCL-32 ….” I believe that “Upon consent from the author …” is more appropriate. At the same time, the original author’s name should be listed.

9. On page 7, Analysis section, the authors described “The receiver operating characteristic (ROC) curve was used to ----,” but I did not see any ROC curve in the results.

10. On page 9, Factor analysis, the authors described 7 factors with Eigenvalues were over 1. What were these 7 factors? What were factor I, II and III?

11. On page 10, first paragraph, last sentence, this sentence should move up to answer some questions raised above.

12. On page 12, first the paragraph, it is unclear what the purpose of these two sentences. The results were quite similar.

13. On page 14, second full paragraph, the authors described the differences between their study, Taiwan and European studies of HCL-32 in distinguishing bipolar I from bipolar II disorders. They argued that the duration in their study was 4 days instead of 2 days, but they did not explain what the implication could be. They also did not mention the sample size of bipolar II patients. Since there is a trend of significant difference between bipolar I and bipolar II, it is quite possible that the sample size might play a role.

14. On page 15, fist sentence, “Typically, BP-I patients can be recognized easily because of severity of symptoms and clinical progression.” This is not true. Some studies have reported that more than 50% patients with bipolar I disorder were misdiagnosed previously. It is true that patients with bipolar I disorder are less likely to be misdiagnosed than those with bipolar II disorder, but the misdiagnosis rate in bipolar I is still high.

15. On page 15, first paragraph, line 4 to line 5, “Bipolar II is the closest of the bipolar disorders to major depression ….” This is not true either. If bipolar II is the closest to major depression, how about those who only have 1-3 days of hypomania and major depressive episodes. The authors should pay more attention on the new development of nomenclatures for mood disorders.

16. On page 15, first paragraph, line 8 to line 9, “A higher sensitivity is more important for a screening instrument (cutoff 13, sensitivity 0.77, specificity 0.62 ….,).” In the Results sections (page 11), the sensitivity was 0.73, not 0.77. I am not sure which one is correct.

17. On page 23, in Table 3, what was factor I, II or III should be added in their respective column.

18. Last, but not least, the authors need to double-check with grammars and
Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I have a collaboration relationship with Dr. Fang and I interviewed Dr. Yang as a World Psychiatric Association Research Fellowship candidate.