Author's response to reviews

Title: Classification of bipolar disorder in psychiatric hospital. A prospective cohort study

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Author's response to reviews:

To the editor of BMC Psychiatry

Classification of bipolar disorder in psychiatric hospital. A prospective cohort study MS: 1308796276111941

We hereby resubmit our paper with a point-by point response to the concerns of the reviewers:

Reviewer: Elie Cheniaux

Reviewer’s report:

The manuscript is well written and complies the criteria for been published. I have only two suggestions.

The authors, in discussion, should knowledge that the fact of interviewers (except one) are not psychiatrists is a limitation, even if they were trained for using the M.I.N.I. Plus. This also contributes to create a contrast with the clinicians, probably all psychiatrists, what consequently yields less reliability between diagnoses.

- We have added the following to the next last paragraph in the Discussion: “The interviews were made through collaboration between different professions and among them one psychiatrist. This could be a weakness. On the other hand, it reflects clinical practice in the hospitals where not all diagnoses are set by psychiatrists.”

Another suggestion is that authors should discuss also that interrater reliability can be low even if both diagnoses are formulated by researchers. The following

- To the paragraph above we have added the following: “Interrater reliability can be low even if diagnoses are determined by researchers as found by Cheniaux et al.2009). However, to counter this, diagnoses were not formulated by the interviewers, but by one experienced researcher, PhD in clinical psychology, in our study.”

Reviewer: Enrique Baca-Garcia

Reviewer’s report:

It is a well written article, I would like comment some minor points, regarding limitations.

Authors based their conclusion in the 50% of the sample, they should discuss a possible selection bias.

- There obviously is a selection bias in our sample (Table 1). This, however, is discussed in the last paragraph of the Discussion.

Authors should comment how good is MINI plus as gold standard. Much of the studies on bipolar disorder proposed "Multiple sources of information are essential for accurate estimation of lifetime prevalences of psychotic disorders" (Arch Gen Psychiatry. 2007 Jan;64(1):19-28.).

- We agree upon that, and that is the main reason why diagnoses are not given solely on the basis of MINI plus, but also by retrospective checking of the records as discussed next to the last paragraph on p. 12. We have added the reference in Arch Gen Psychiatr to ref 48.

Authors should discuss the influence of number of Mini diagnoses (mean 3) in validity of these diagnosis, and the difference with clinicians.

- To the Discussion in the next last paragraph on p. 12, line12, we have added: “On the other hand, the possibility that comorbidity is not diagnosed in the clinic seems more reasonable to assume. However we do not think that this possible bias…”

Authors conclude that “These findings question the validity of psychiatric case registers.”. Register reflect the clinical process. Tydies based on registred had described the evolution of diagnosis of bipolar disorder (BRITISH JOURNAL OF PSYCHIATRY ( 2 0 0 7 ), 1 9 0 , 2 1 0 ^ 2 1 6 ; Acta Psychiatr Scand 2007: 115: 473–480)
These are two interesting references, and we now have added them to our list with the following text to the 3rd paragraph on p. 10: “Further, this is in accordance with the investigations of Baca-Garcia et al.36, 37) who found diagnostic instability of psychiatric disorders in clinical practice.”