Reviewer’s report

Title: Treatment of bipolar disorder in the Netherlands and concordance with treatment guidelines. An observational, longitudinal study on naturalistic treatment of bipolar disorder in everyday clinical practice.

Version: Date: 12 November 2013

Reviewer: Richard Morriss

Reviewer’s report:

The study is a brave attempt to delineate clinical practice and there is a need for such studies, especially at a national level. I am happy with the protocol apart from a few points of explanation, presentation and some questions about the analysis.

Minor revisions

The abstract is very long. I would prefer it to be 250 words so it is not truncated in some search engines offering title plus abstract,

Page 4, paragraph 2. There is a need for a sentence to explain why the authors review collaborative care etc. I assume they do this because they want to make the case that there is already some evidence that following evidence based care produces better outcomes than treatment as usual. Theoretically following guidelines should improve care for patients with bipolar disorder.

Pages 4 and 5. The 2nd paragraph of the background fills most of both page 4 and all of all of page 5. Please split this into three or more easier to follow paragraphs to help the reader.

Page 6, lines 2-3. Does this Dutch guideline apply to bipolar 1, bipolar 2, bipolar NOS and schizoaffective disorder bipolar type? If no, then why are all these groups included. If yes then please state that the guideline covered all these groups so the research will.

Page 6, line 11. Is this a consecutive sample, complete sample, random sample or sample of convenience from each psychiatrist? If the last then there is the potential problem of selection bias of patients where care followed the guideline.

Page 6, line 14. Why is the study completed at 2 time points? There is evidence that patients recall their mental state, treatment and contacts with health services up to 3-4 months but there is considerable doubt about accuracy of recall at 12 months. There are likely to be problems of low response rates among patients and high attrition rates. It would be good if all these issues were discussed. Might be better to get psychiatrists to complete all information as response rates would probably be higher.

Page 6, last line. “Exploratory” usually used instead of “explorative”. Good
practice to do this pilot so a strength of the design. Low response rate of psychiatrists was somewhat disappointing. Do you know what proportion of these psychiatrists saw patients with bipolar disorder? Response rate might be quite high among those that do.


Page 8. Should discuss the psychometric problems of converting interview measures to self-rated measures. Is there any psychometric data on the self-report measures?

Page 11. Statistical analysis section is a bit weak. Data will be clustered so there are problems of merely aggregating data (one service may provide interventions such as group psychoeducation to the patients of several psychiatrists, while several patients may be netered from each psychiatrist).

Page 12, line 6. “change” not “chance”.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

'I declare that I have no competing interests