Reviewer's report

Title: Hypomania spectrum disorder in adolescence: A 15-year follow-up of non-mood morbidity in adulthood

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Reviewer: Anne Duffy

Reviewer's report:

It is a pleasure to read and review the manuscript which describes mental health outcomes focusing on non-mood disorders, inpatient service utilization and prescription drug use in a unique community cohort of Swedish adolescents followed up 15 years later. The topic of longitudinal mental health outcomes of symptomatic youth is of great current interest and a recognized understudied area, which can inform our understanding of developmental psychopathology, as well as early intervention and prevention treatment efforts. Generally the article is well written. The methods are well described and have strengths, including the conservative definition of hypomanic spectrum symptoms and the incorporation of standardized interviews in screened offspring (hypomanic, depressed and matched controls). The attrition rate for such as study is relatively low and the authors included imputation modeling to address this. The limitations are well articulated. I think the Venn diagrams add significant value to the findings (illustrate well the overlap in morbidity and similarities in hypomanic and depressed vs controls). The conclusions are supported by the data and have important implications for clinical practice and treatment planning.

I only have a few comments for the authors to consider:

1. It would be very helpful if the authors included information at the beginning of the results as to what the continuity was in this cohort with mood disorders. While this is not the focus of this paper, it would help to know what proportion of the comorbid non-mood disorders occur in the context of a continuing or recurrent mood disorder.

2. In the Introduction and/or Discussion it would be helpful to discuss the findings here in light of the findings (that are largely complimentary) in high-risk studies ie overlap with anxiety disorders in adolescents at familial risk of bipolar and depressive disorders (Duffy et al., Hammen et al., ) and the nature of the relationship with comorbid personality, substance use and sleep disorders. Much has been published on this topic in the past few years.

3. The Discussion tends to repeat the Results to closely and would benefit from a little more of a placing the findings in context and implications. That is, while hypomanic symptoms in adolescents do not necessarily predict bipolar disorder (in fact community, clinical and high-risk studies would agree with this) clinically significant hypomanic symptoms and depression in adolescents does predict a
higher risk of poor outcomes and need of services – perhaps we should be organizing our services around this population?

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**

no conflict of interest