Reviewer's report

**Title:** Clinical classification in mental health at the cross-roads: which direction next?

**Version:** 1  **Date:** 10 September 2012

**Reviewer:** Miguel Roca

**Reviewer's report:**

A review/debate and conceptual paper on mental health classification. The topic is one of the main unavoidable problems at the core of the psychiatry: the validation of clinical entities to develop specific treatment strategies. The question proposed is crucial and the manuscript well written and very well documented. Important paper to those with closely related research interests as well as to clinicians interested in the future of psychiatry as a medical specialty.

Psychiatric diagnosis is heterogeneous, with a wide diversity of conditions. The “continuum” from symptoms to syndrome, to physiology, to pathology, to final causation it’s no effective in understanding the whole spectrum of mental disorders despite important efforts and research in different areas of knowledge. Classification in psychiatry have arrived at a “cross road” as is mentioned in the title of the manuscript. The authors summarizes the value of implement newer “dimensions” incorporating clinical stating, response to treatment, age of onset.....to capture relevant items of individualized clinical practice in psychiatric patients.

Due the standards and potential readers of BMC Medicine the manuscript needs some “Minor essential revisions” and some “Discretionary revisions”.

Minor essential revisions:

- A conceptual psychiatric manuscript for BMC Medicine could benefit from a more detailed definition of “category” and “dimension”.
- At the same level, please provide short descriptions of the differences between “pre-emptive” and “early intervention” strategies (page 6). Could be applied these differences to high prevalent disorders?
- There are some data available in early stages of psychosis. Please could the authors explain the problems to implement these concepts to high prevalent...
disorders as depressive disorders?
-There is a body of evidence for Melancholic Depression as one of the eventual clinical entities to be differentiated on the basis of response/non response to specific treatments. There are no mentions or references at the manuscript to this condition.

-Page 4. According the manuscript, “we suggest that such alternatives take us a much greater way along the path to better prevention and treatment planning”. The reviewer agrees with the comment on “treatment planning” at the sentence but “prevention” in psychiatry is far away from a “good” situation.

-Page 7, second paragraph: “The early intervention movements prioritise diet, exercise and other modifiable risks and the high cost/high risk interventions are reserved then for those who are on the threshold of major events or are receiving care in the period immediately following a major episode”. Please, clarify “on the threshold of major events” and provide some reference.

-Please, check again the reference section (number 24 or 25 are incomplete references………, etc).

Discretionary revisions:
- Page 3: “basic neuroscience” for “basic neurosciences”.
- Page 7. “Critics of the area (11,65), all too readily see an over medicalisation or a pharmaceutical-industry driven conspiracy to be at the heart of such genuine public health movements” References number 11 and 65 are from general newspapers and not from scientific papers.

Level of interest: High
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician
Declaration of competing interest: I have no financial competing interest to the contents of this manuscript.

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