Reviewer's report

Title: Toward the Future of Psychiatric Diagnosis: The Seven Pillars of RDoC

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Reviewer: Rajiv Tandon

Reviewer's report:

Important topic with clear elucidation of "pillars" of RDoC, an important development in the classification of psychiatric disorders. Clear introduction and discussion of problem, succinct summary of RDoC, and lucid statement of the principles of RDoC.

Two limitations of the manuscript include some important inaccuracies in describing the nature of DSM process (with which RDoC is contrasted) and an inadequate critical evaluation of the challenges of RDoC itself.

In contrast to the authors' assertion, the DSM process does include experts with significantly diverse points of view and the process involves vigorous debate and dissension among the key participants. For example, in the DSM-5 process, each of the workgroups included experts with a broad range of perspectives and the workgroup process involved rigorous debate and resolution of sometimes sharp disagreements following an intense process of discussion. Furthermore, the workgroups interacted with a Taskforce, a Scientific Review Committee, a Clinical and Public Health Review Committee, all of which rigorously reviewed workgroup recommendations from standpoints of validity, reliability, public health significance, and clinical utility. There was vigorous back and forth between these different groups. Asserting that RDoC is more rigorous and based on greater deliberation and in-depth consideration in contrast to the "cordial" DSM was developed through a soft and "everyone is already in agreement" process is just NOT TRUE. Of greater importance, the need for a bridge from the present (DSM-IV) to the future (an etio-pathophysiologic classification of tomorrow) that is useful and understandable is essential (eg., Psychiatric Clinics of North America, 2012, 35: 557-569). RDoC and DSM are not necessarily contradictory or completely antagonistic; instead, they do represent different starting points (disease expression versus circuitry) that are part of the same etiology-pathophysiology-disease expression chain of psychiatric (and any other medical) diagnosis.

Secondly, the challenges of RDoC and its potential roadblocks or downsides are not acknowledged. RDoC is a necessary and important development in breaking the logjam in current psychiatric classification. But its clear translation into valid scientific experiments relevant to psychiatric disease is going to be very difficult. Broad approaches are described in theory, but challenges in their details need to be acknowledged. A more critical appraisal of RDoC by its developers would substantially add to the utility of the manuscript.

Revisions to address these two limitations of the manuscript are minor but
essential.

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**

I have no competing financial interests in relation to the paper.

The fact that I was a member of the DSM-5 workgroup on Psychotic Disorders might be a relevant nonfinancial relationship.