

Review of: "Reasons for diagnostic delays in Bipolar Disorder: Systematic review and narrative synthesis"

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Potential competing interests: I hereby declare that I have no conflict of interest to report in reviewing this article. Furthermore, I affirm that I am not affiliated with either King's College London, London, United Kingdom, or the University of Lincoln, United Kingdom.

Commentary on "Reasons for diagnostic delays in Bipolar Disorder: Systematic review and narrative synthesis"

Thank you for the opportunity and privilege to publicly review and offer commentary on the article, contributing to the ongoing discourse on improving diagnostic approaches for Bipolar Disorder. This commentary aims to build upon the foundational insights provided by Nindiya Mehra, Aishwarya Bhatia, Salma Ayis, et al., by exploring potential areas for deeper analysis and further research.

The systematic review provides valuable insights into the complex reasons behind diagnostic delays in BD. Although the authors' contribution enriches our understanding, there appears to be potential for an even deeper exploration of certain aspects of the topic. The cyclical nature of BD, characterized by alternating depressive and manic episodes, necessitates prolonged observation for accurate diagnosis. Individuals often experience multiple depressive episodes before a manic episode manifests, potentially delaying diagnosis by a decade or more. The challenge of identifying early signs of a shift towards mania during depressive phases remains a significant hurdle, largely due to the lack of clear indicators. It would be immensely valuable if the authors could further investigate and address these areas of diagnostic uncertainty. Delving into this aspect could greatly enhance our ability to recognize and respond to these critical transitions in the disorder's progression.

Furthermore, the review touches on the critical issue of substance use, including alcohol, THC, and amphetamines, and its significant diagnostic challenges in individuals with BD. The complexity of distinguishing between substance-induced states and those inherent to BD is a pivotal concern. Stimulants, such as amphetamines, add to this complexity by prolonging or even mimicking manic symptoms. It would be highly beneficial if the authors could delve deeper into this important topic, offering a more comprehensive exploration of how substance use impacts diagnosis and management. Expanding on this discussion could provide valuable insights into addressing these diagnostic ambiguities in clinical practice.

Adding to these diagnostic intricacies, the introduction of Bipolar-II Disorder in the late 1990s presents another layer of complexity. Symptoms often mimic those of other conditions, leading to misdiagnosis. Differentiating Bipolar-II from personality disorders, which can also exhibit long-term affective fluctuations resembling manic states, challenges the validity of dimensional disease concepts and necessitates deeper discussion.

In summary, I am grateful for the chance to contribute to the discourse on enhancing diagnostic approaches for BD. The review provides crucial insights yet highlights the need for deeper exploration in areas such as the early signs of manic

shifts, especially during prolonged depressive episodes inherent to the disorder, the role of substance use and its resulting challenges concerning diagnosis, and the challenges introduced by Bipolar-II Disorder, especially in discerning BD from traits of certain personality disorders (especially BPD but also NPD, ASPD, HPD). Further detailed research in these domains could profoundly enrich our understanding and management of BD, offering a clearer path toward improved patient outcomes. I commend the foundational efforts of this work and look forward to the evolution of these discussions to better serve those affected by BD.

As an extension to the primary commentary, I would like to offer some additional observations and potential avenues for further enhancing the article. These suggestions are intended to complement the core analysis and provide a broader perspective on areas that could further strengthen the research and its implications for the field.

1. **Diversity of Studies:** It is a universally applicable consideration in review literature that the diversity of studies, encompassing varied geographic locations and healthcare systems, can always be expanded upon. Such an expansion serves to enhance the generalizability of findings, providing insights that are applicable across a wider range of contexts. This aspect, while not a critique of the current work's thoroughness, underscores an ongoing opportunity for all researchers to deepen and broaden the scope of their reviews.
2. **Longitudinal Data:** Incorporating longitudinal studies would offer insights into the progression of diagnostic delays over time and the evolving presentation of BD.
3. **Patient Perspectives:** Emphasizing the experiences and perspectives of BD patients regarding their diagnostic journey could deepen understanding of personal and systemic barriers.
4. **Interventional Strategies:** Although not the primary focus of this review, the article could benefit from including or suggesting specific strategies or programs proven to reduce diagnostic delays in BD. Offering actionable outcomes for practitioners and policymakers not only broadens the review's impact but also provides a practical framework for addressing the identified challenges.