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Peer Review

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

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This systematic review addresses an important and clinically relevant issue, namely diagnostic delays in bipolar disorder (BD). The topic has significant implications for psychiatric care, patient outcomes, and healthcare system efficiency. The authors provide a structured synthesis of existing literature exploring individual, social, and clinical contributors to delayed diagnosis, which represents a valuable addition to the mental health evidence base.

The manuscript demonstrates several notable strengths. The study follows a systematic search strategy across multiple databases and includes a registered protocol, which enhances methodological transparency and reproducibility. The use of PRISMA guidelines strengthens reporting clarity, while the thematic synthesis approach is appropriate given the heterogeneity of included studies. The inclusion of international studies increases the global relevance of findings, and the categorisation of diagnostic delay factors into five major themes provides a clear conceptual framework that is easy to interpret and clinically meaningful.

The manuscript also offers strong clinical relevance by linking diagnostic delays to negative patient outcomes such as mismanagement, increased hospitalisation, and psychosocial impairment. The emphasis on stigma, healthcare accessibility, and misdiagnosis reflects real-world barriers frequently reported in psychiatric practice. Additionally, the integration of qualitative and quantitative evidence strengthens the comprehensiveness of the review.

Despite these strengths, several limitations should be addressed to improve the robustness of the manuscript. The screening process appears to rely heavily on a single reviewer, with only a small percentage of titles and abstracts independently reviewed by a second reviewer. This approach

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introduces potential selection bias and may reduce methodological reliability. Expanding dual screening would strengthen study validity.

The quality appraisal process, although conducted using recognised tools, lacks detailed reporting of the quality scores and how these assessments influenced the interpretation of results. While the authors state that no studies were excluded based on quality, the absence of sensitivity analysis or weighting according to study quality may limit confidence in the overall conclusions.

Another limitation concerns the narrative synthesis methodology. While thematic analysis is appropriate for heterogeneous data, the manuscript would benefit from a clearer explanation of how themes were derived and how reviewer bias was minimised during theme development. Providing inter-rater agreement or triangulation strategies would improve transparency.

The literature search strategy may also have been overly restrictive. Limiting searches to four databases and excluding grey literature could have resulted in publication bias. Additionally, the exclusion of older diagnostic terminology such as manic-depressive psychosis may have omitted historically relevant evidence, particularly considering the long-standing recognition of bipolar spectrum disorders.

Declarations

Potential competing interests: No potential competing interests to declare.