Reviewer's report

Title: Health States for Schizophrenia and Bipolar Disorder within the Global Burden of Disease 2010 Revision.

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Reviewer: Helen Herrman

Reviewer's report:

This paper is an interesting and important but includes a number of apparent inconsistencies. The analyses appear technically sound. However the reasoning and discussion are not satisfying and it is unclear to the reader how the analyses advance our understanding of health states and the burden of disease for the conditions considered here.

Major revisions:

The definition of health states is clear (p6). However the description of how health states for schizophrenia are defined seems to have circular elements and is potentially misleading. The authors state (p6) that the emphasis is placed on symptoms, also equated with ‘within the skin’ disability. They describe the second health state as residual and ascribed to schizophrenia with predominantly negative symptoms. Finally they note that both positive and negative symptoms are associated with impaired functioning.

These last two points lead to some confusion. The description of the second health state as residual does not accord with evidence and experience about the level of disability associated with negative symptoms. Nor does the use of these health states accord with the lack of differentiation in the literature between the levels of disability (whether ‘within the skin’ — functional impairment — or that associated with participation restrictions) associated with positive and negative symptom states in schizophrenia.

The very small number of papers from the extensive literature on the epidemiology of schizophrenia that bear on this definition of health states adds to concern that the data analysed may mislead rather than assist in understanding the disease burden associated with schizophrenia. The discussion does not consider the implications of these analyses for understanding the disease burden of schizophrenia and its ranking relative to other conditions, nor possible alternative approaches to its estimation. Nor does the paper refer to debates about the diagnosis of schizophrenia and related psychotic conditions.

The health states described for bipolar disorders are easier to understand. However as the authors acknowledge, the conclusion drawn from these analyses that equal time is spent in manic and depressive states does not accord with other evidence and experience. Similar points to those above can be added to the need for discussion on the implications of these analyses for the estimation of
disease burden for these conditions.

Minor point: the link is not clear between this work and the population-based survey across several countries mentioned on page 5.

The paper’s writing and presentation are good.

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

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests