**Supplementary Table 4. Examples of Usage of the Term ‘Overdiagnosis’ and Implicit Definitions**

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| **First author** | **Year** | **Article type** | **Focus** | **Implicit Usage** |
| **Overdefinition** | | | | |
| Rigler [30] | 2016 | Primary Research | Main focus | The authors described that the new Diagnostic and Statistical Manual (DSM-5) requires fewer symptoms to diagnose adult attention deficit hyperactivity disorder compared to DSM-IV, compared prevalence in a sample of university students using DSM-5 versus DSM-IV, noted that requiring fewer symptoms increases prevalence by 65%, and suggested that this should be considered in the context of overdiagnosis. |
| Doerr-Zegers [31] | 2017 | Narrative Review | Mentioned – no focus | The authors argued that the diagnostic criteria for major depressive disorder are overly broad and non-specific, which can lead to overdiagnosis and negative consequences. |
| **Overdetection** | | | | |
| Nucifora [32] | 2015 | Commentary or letter | Main focus | The author discussed neuroimaging for the detection and diagnosis of psychiatric disorders in the absence of symptoms and the significant risk of overdiagnosis posed by this. |
| **Misdiagnosis – wrong disorder diagnosed** | | | | |
| Richman [33] | 2004 | Primary Research | Main focus | The authors evaluated 32 children with cleft lip and palate who had been diagnosed and received medication for attention deficit hyperactivity disorder and reported that attention deficit hyperactivity disorder was overdiagnosed because only 10 met criteria and the rest met criteria for other disorders, primarily learning disabilities. |
| Zimmerman [34] | 2010 | Primary Research | Main focus | The authors considered psychiatric outpatients to be overdiagnosed with bipolar disorder if they had previously received a bipolar disorder diagnosis but a current structured interview assigned a different diagnosis. |
| **Misdiagnosis –diagnostic criteria not met** | | | | |
| Aragonès [35] | 2006 | Primary Research | Main focus | The authors compared diagnoses of depression in Spanish primary care settings to diagnoses based on a validated semi-structured clinical interview and concluded that depression was being overdiagnosed because a high percentage of those diagnosed by physicians did not meet diagnostic criteria. |
| Mojtabai [36] | 2013 | Primary Research | Main focus | The author compared the number of people with clinician diagnoses and treatment for depression in a large community sample with the number who met 12-month criteria based on a structured diagnostic interview and concluded that overdiagnosis and overtreatment were common. |
| **False positive test results** | | | | |
| Flynn [37] | 1995 | Narrative Review | Addressed – not main focus | The authors reported that the Millon Clinical Multiaxial Inventory is thought to overdiagnose psychiatric disorders because it generates false-positive diagnoses, but cautioned that this would be expected procedurally when the tool is used for screening, when it is administered to large groups of people, or when it is used to establish base rate prevalence. |
| Scott [38] | 2011 | Primary Research | Main focus | The authors examined the diagnosis of depression in former injection drug users with Hepatitis C and concluded that two screening tests, the Patient Health Questionnaire-9 and the Beck Depression Inventory, had a tendency to overdiagnose depression because they classified more patients as depressed relative to diagnostic interviews. |