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| **Supplementary Table 5.Implicit definitions of overdiagnosis** |
|  |  |  |  |  | **Consistent Usage** | **Inconsistent Usage** |
| **First Author** | **Year** | **Article type** | **Focus** | **Summary** | **Overdefinition** | **Overdetection** | **Misdiagnosis: criteria not met** | **Misdiagnosis: wrong disorder** | **False positive test result** | **Unclear or Other** |
| Affonso [1] | 1990 | Primary Research | Addressed in primary study, but not main focus | The authors examined symptoms of depression among women during pregnancy and postpartum and concluded that overdiagnosis may occur when symptoms that are part of normal pregnancy and postpartum are wrongly attributed to depression, that underdiagnosis may occur if symptoms of depression are wrongly attributed to time-limited somatic symptoms caused by pregnancy and postpartum, and that self-report instruments increase the likelihood of underdiagnosis and overdiagnosis. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Alduhishy [2] | 2018 | Narrative Review | Mentioned in narrative review text, but no focus | The author discussed evidence surrounding the overprescription of psychotropic medication and proposed overdiagnosis as a potential explanation but did not define overdiagnosis. | ----------- | ----------- | ----------- | ----------- | ----------- | XUnclear |
| Anglin [3] | 2008 | Primary Research | Main focus of primary study | The authors suggested that African Americans may be more likely to be overdiagnosed with schizophrenia instead of other disorders and that this may be largely explained by diagnoses of paranoid schizophrenia, which they suggested was supported by their finding that hospitalized African Americans were more likely to receive a changed diagnosis of paranoid schizophrenia than patients of other racial/ethnic groups. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Anglin [4] | 2008 | Primary Research | Main focus of primary study | The authors compared clinical hospital diagnoses to diagnoses based on a structured diagnostic interview and described paranoid schizophrenia as overdiagnosed in African American patients because there were more cases with hospital diagnoses than per the structured diagnostic interview. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Angst [5] | 2008 | Narrative Review | Addressed in narrative review, but not main focus | The author argued that major depression is overdiagnosed at the expense of bipolar disorder. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Aragonès [6] | 2006 | Primary Research | Main focus of primary study | 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. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Bailey [7] | 2005 | Narrative Review | Mentioned in narrative review text, but no focus | The authors noted that African-American parents may fear overdiagnosis and overtreatment of attention deficit hyperactivity disorder due to mistrust of the medical system, but did not provide enough information to determine what they meant by overdiagnosis. | ----------- | ----------- | ----------- | ----------- | ----------- | XUnclear |
| Bailey [8] | 2010 | Narrative Review | Mentioned in narrative review text, but no focus | The authors noted that African-American parents may fear overdiagnosis and overtreatment of attention deficit hyperactivity disorder due to mistrust of the medical system, but did not provide information to determine what they meant by overdiagnosis. | ----------- | ----------- | ----------- | ----------- | ----------- | XUnclear |
| Balsis [9] | 2007 | Primary Research | Main focus of primary study | The authors examined symptoms and diagnoses from a large national survey and concluded that obsessive compulsive and schizoid personality disorders may be overdiagnosed in older adults or underdiagnosed in younger adults due to different diagnostic rates among people with similar symptoms. | ----------- | ----------- | ----------- | ----------- | ----------- | XOther |
| Bandini [10] | 2015 | Narrative Review | Addressed in narrative review, but not main focus | The author discussed changes to the bereavement exclusion for the diagnosis of depression in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition and concerns that it may medicalize grief and result in overdiagnosis. | X | ----------- | ----------- | ----------- | ----------- | ----------- |
| Barnes [11] | 2004 | Primary Research | Main focus of primary study | The author examined prevalence of schizophrenia among hospitalized African American patients versus other patients in comparison to rates in the general population and concluded that African Americans inpatients may be overdiagnosed with schizophrenia compared to other disorders. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Batstra [12] | 2012 | Commentary | Main focus of commentary or letter | The authors argued that there is a problem of diagnostic inflation resulting in increased false-positive overdiagnosis, by which they meant individuals who are diagnosed but do not meet diagnostic criteria, that will be exacerbated by the proposed changes to the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition and proposed using a stepped diagnosis approach to reduce risk of diagnosing children inappropriately. | X | ----------- | X | ----------- | ----------- | ----------- |
| Batstra [13] | 2012 | Narrative Review | Main focus of narrative review | The authors argued that there is a problem of diagnostic inflation resulting in increased false-positive overdiagnosis, by which they meant individuals who are diagnosed but do not meet diagnostic criteria, that will be exacerbated by the proposed changes to the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition and proposed using a stepped diagnosis approach to reduce the risk of diagnosing children inappropriately. | X | ----------- | X | ----------- | ----------- | ----------- |
| Batstra [14] | 2014 | Narrative Review | Addressed in narrative review, but not main focus | The authors discussed a stepped care approach to diagnosing attention deficit hyperactivity disorder and suggested that it could reduce overdiagnosis, which they attribute to the overlap between symptoms of the condition and normal behaviours and due to diagnosing aggression, irritabillity, or other problems that do not meet criteria for a psychiatric disorder. | X | ----------- | X | ----------- | ----------- | ----------- |
| Beal [15] | 2011 | Commentary | Main focus of commentary or letter | One author (pro) argued that pathologizing normal childhood behaviours, since diagnostic criteria do not delineate normal versus aberrant behaviour; poorly defined criteria that lead to different application of diagnoses; and stimulant-induced symptoms of mania and depression from the treatment of attention deficit hyperactivity disorder contribute to overdiagnosis of bipolar disorder in the paediatric population; whereas the other author (con) did not use the term overdiagnosis, but asserted that bipolar disorder is underdiagnosed in children because of its complicated clinical presentation. | X | ----------- | X | X | ----------- | ----------- |
| Berk [16] | 2006 | Commentary | Mentioned in commentary or letter text, but no focus | The authors argued that structured interviews risk overdiagnosing bipolar disorder in cases where patients claim to have a symptom that a clinician would not consider clinically salient, including for secondary gain, or when they inaccurately report symptoms more consistent with other conditions. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Biederman [17] | 2012 | Commentary | Main focus of commentary or letter | The author discussed overdiagnosis and underdiagnosis in context of concerns raised in another article and mentioned the idea of false-positive diagnoses and false-negative diagnoses, by which they meant individuals who are diagnosed but do not meet diagnostic criteria. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Boland [18] | 1996 | Primary Research | Main focus of primary study | The authors found that a high percentages of referrals for psychiatric consultation for depression were for people with other psychiatric disorders or no psychiatric disorder and described this as overdiagnosis of depression. | ----------- | ----------- | X | X | ----------- | ----------- |
| Bonati [19] | 2013 | Commentary | Main focus of commentary or letter | The authors described a registry that was put in place to ensure that strict diagnostic procedures are followed to reduce overdiagnosis of attention deficit hyperactivity disorder, and concluded that it was successful based on a lower prevalence and decreased medication use after the registry was established, but their use of the term overdiagnosis was not clear beyond being reflected in higher prevalence. | ----------- | ----------- | ----------- | ----------- | ----------- | XUnclear |
| Braithwaite [20] | 2014 | Commentary | Main focus of commentary or letter | A meta-analysis indicated that only 2/5 of patients diagnosed with depression by general practitioners actually have depression, and the authors stated that this is clear evidence of overdiagnosis. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Brand [21] | 2016 | Narrative Review | Addressed in narrative review, but not main focus | The authors reviewed evidence on the prevalence, diagnosis, and treatment of dissociative identity disorder from psychiatric settings and community studies and concluded that dissociative identity disorder is not overdiagnosed because many patients who meet criteria for dissociative identify disorder in psychiatric settings are instead diagnosed with other disorders, and because many people in the community who meet criteria are not diagnosed. | ----------- | ----------- | X | X | ----------- | ----------- |
| Brim [22] | 1998 | Commentary | Main focus of commentary or letter | The author discussed reasons he believes that psychiatrists tend to overdiagnose people with substance use and personality disorders as having major psychiatric disorders. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Buitelaar [23] | 2004 | Narrative Review | Addressed in narrative review, but not main focus | In a forward to a supplement on attention deficit hyperactivity disorder, the authors discussed whether there may be overdiagnosis and provided the example of children without symptoms being diagnosed with the disorder. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Cantrell [24] | 1987 | Primary Research | Addressed in primary study, but not main focus | The authors compared identification of psychiatric disorders based on the Millon Clinical Multiaxial Inventory to clinician diagnoses and reported that there was overdiagnosis because there was a higher number of diagnoses based on the inventory. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Carta [25] | 2005 | Commentary | Main focus of commentary or letter | The authors questioned whether the low prevalence rates of bipolar disorder could be explained by overdiagnosis of depression in situations where bipolar disorder should be diagnosed. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Chalton [26] | 2009 | Primary Research | Mentioned in primary study text, but no focus | The authors reported that post-traumatic stress disorder may be overdiagnosed because, of the 21 participants examined, 7 were identified as having post-traumatic stress disorder based on a self-report questionnaire but only 3 were identified with a diagnostic interview. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Chung [27] | 2017 | Primary Research | Main focus of primary study | The authors compared proposed International Statistical Classification of Diseases, 11th Edition criteria for substance use disorder among youth in treatment to the International Statistical Classification of Diseases, 10th Edition and the Diagnostic and Statistical Manual of Mental Disorders, 4th and 5th Edition systems and concluded that it overdiagnosed substance use disorder but diagnosed less of harmful use disorder. | ----------- | ----------- | ----------- | ----------- | ----------- | XOther |
| Citrome [28] | 2005 | Narrative Review | Mentioned in narrative review text, but no focus | The authors used the term overdiagnosis to refer to evidence that schizophrenia has historically been diagnosed at the expense of bipolar disorder due to similarity of symptoms during acute episodes and argued that, due to convergence of treatment approaches with the introduction of second generation antipsychotics, the treatment implications of overdiagnosis may be reduced. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Cohen [29] | 1995 | Commentary | Main focus of commentary or letter | The author argued that misdiagnosis of psychosis due to alcohol or drugs as schizophrenia can result in overdiagnosis of schizophrenia. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Coker [30] | 2016 | Primary Research | Main focus of primary study | The authors addressed racial/ethnic disparities in diagnoses and medication use for attention deficit hyperactivity disorder and argued that minorities are underdiagnosed but White children are not overdiagnosed, since differences tend to stem from undiagnosed and untreated minorities with symptoms rather than diagnosed and treated White children without symptoms. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Cook [31] | 2011 | Primary Research | Mentioned in primary study text, but no focus | Due to concerns about the validity of depression screening tools for individuals with traumatic brain injury because of symptom overlap, the authors examined whether depression screening tools are valid for those with traumatic brain injury and reported that all symptoms should be counted towards the diagnosis of depression in this population without special concern that this would lead to overdiagnosis. | ----------- | ----------- | ----------- | ----------- | X | ----------- |
| Cormier [32] | 2008 | Narrative Review | Mentioned in narrative review text, but no focus | In context of narrative review, the author noted that concerns have been raised about overdiagnosis of attention deficit hyperactivity disorder, including increasing numbers of preschoolers diagnosed and an increase in prescriptions, but did not provide enough information to determine what they meant by overdiagnosis.  | ----------- | ----------- | ----------- | ----------- | ----------- | XUnclear |
| Cosgrove [33] | 2018 | Commentary | Addressed in commentary or letter, but not main focus | The authors stated that increased screening for depression may add to the problem of overdiagnosis and that the majority of people treated for depression do not meet diagnostic criteria. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Crosby [34] | 2004 | Primary Research | Main focus of primary study | The authors examined personality disorder diagnoses assigned to patients presented to psychologists in vignettes that varied by the sex of the patient and reported that there was overdiagnosis of some disorders and underdiagnosis of others depending on sex, with all patients diagnosed with some personality disorder. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Cunningham [35] | 1998 | Narrative Review | Addressed in primary study, but not main focus | The authors discussed issues with the diagnosis of antisocial personality disorder for use in sentencing determinations, including that it may be overdiagnosed due to inattention to issues of social context, trauma history, and symptom pervasiveness, suggesting the possibility of diagnosing people who do not meet criteria (social context) and misdiagnosis (trauma history). | ----------- | ----------- | X | X | ----------- | ----------- |
| Day [36] | 2008 | Commentary | Main focus of commentary or letter | This brief news article summarized the findings of a research group that over half of patients diagnosed with bipolar disorder in their study did not retain that diagnosis when evaluated with a structured clinical interview (the gold standard) and discussed the research group’s belief that this overdiagnosis is due to marketing by pharmaceutical companies. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| De Coux Hampton [37] | 2007 | Narrative Review | Main focus of narrative review | The author presented evidence that schizophrenia is diagnosed more often in African Americans than Whites in patients with severe mental illness and examined factors that may contribute to this overdiagnosis of schizophrenia in African Americans. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Doering [38] | 2016 | Narrative Review | Addressed in narrative review, but not main focus | The authors reviewed difficulties in differentiating normal and complicated grief, discussed proposed criteria for the diagnosis of complicated grief that may add to the problem, and advised physicians to be cautious of overdiagnosis because symptoms of normal acute grief can be difficult to differentiate from complicated grief. | X | ----------- | X | ----------- | ----------- | ----------- |
| Doerr-Zegers [39] | 2017 | Narrative Review | Mentioned in narrative review text, but 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. | X | ----------- | ----------- | ----------- | ----------- | ----------- |
| Dossetor [40] | 2007 | Primary Research | Main focus of primary study | The author presented a case series of four patients and described that children with pervasive developmental disorder are sometimes misdiagnosed as having schizophrenia or other psychotic disorders due to the overdiagnosis of psychosis. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Douglas [41] | 2003 | Primary Research | Addressed in primary study, but not main focus | The authors compared provider diagnoses to an indication of mental illness using the Revised Symptom Checklist in HIV positive individuals and found that providers overdiagnosed patients in 23% of cases because they gave a diagnosis that was not confirmed by the checklist. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Dunlop [42] | 2016 | Commentary | Main focus of commentary or letter | The authors discussed aspects of potential overdiagnosis and underdiagnosis of attention deficit hyperactivity disorder and focused on the importance of excluding other disorders as a possible factor in avoiding overdiagnosis. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Elder [43] | 2010 | Primary Research | Addressed in primary study, but not main focus | The authors stated that attention deficit hyperactivity disorder diagnoses are largely driven by subjective comparisons across children in the same grade, rather than comparisons of children of the same age, and presented evidence that children who are younger relative to their classmates are disproportionately diagnosed with attention deficit hyperactivity disorder suggesting that they may be overdiagnosed with the disorder and that older children may be underdiagnosed (or both). | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Elia [44] | 2008 | Primary Research | Mentioned in primary study text, but no focus | The authors hypothesized that children exhibiting a diagnostic triad of oppositional defiant disorder, attention deficit hyperactivity disorder, and minor depression/dysthymia may account for the overdiagnosis of prepubertal bipolar disorder. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Evans [45] | 2010 | Primary Research | Addressed in primary study, but not main focus | The authors found a discrepancy between the number of younger compared with older children diagnosed with attention deficit hyperactivity disorder within the same grade and proposed that this could be due to underdiagnosis of older children because it is more difficult to diagnose them, or overdiagnosis of younger children because of their relative immaturity being interpreted as symptoms. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Farbstein [46] | 2014 | Primary Research | Addressed in primary study, but not main focus | The authors examined diagnoses of attention deficit hyperactivity disorder among youth in Israel and based on differential prevalence concluded that it may be underdiagnosed in minority youth but overdiagnosed among Jewish youth. | ----------- | ----------- | ----------- | ----------- | ----------- | XOther |
| Fisher [47] | 2016 | Primary Research | Main focus of primary study | In their study examining overdiganosis of depression in type-1 diabetes, the authors compared results from a depression screening tool to diagnoses of depression based on a clinical interview and reported that the screening tool generated a high rate of false positives. | ----------- | ----------- | ----------- | ----------- | X | ----------- |
| Fisher [48] | 2014 | Primary Research | Main focus of primary study | The author critiqued opposing positions of those who believe post-traumatic stress disorder is over versus underdiagnosed, and asserted that those who believe it is overdiagnosed describe the diagnosis itself as a flawed or "garbage can" diagnosis and as describing military veterans as seeking diagnoses and benefits even though they do not have a psychiatric disorder. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Flynn [49] | 1995 | Narrative Review | Addressed in narrative review, but 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. | ----------- | ----------- | ----------- | ----------- | X | ----------- |
| Forbes [50] | 2011 | Primary Research | Main focus of primary study | The authors discussed proposed changes to the diagnostic criteria for posttraumatic stress disorder and how requiring both active avoidance and emotional numbing symptoms for a diagnosis, as opposed to active avoidance being considered optional, may reduce overdiagnosis of posttraumatic stress disorder caused by overlap of symptoms with depression and misdiagnosis of depression as posttraumatic stress disorder. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Foreman [51] | 2008 | Primary Research | Addressed in primary study, but not main focus | The authors examined whether children receiving mental health services were overdiagnosed with hyperkinetic disorders based on the presence of children with diagnoses that were not identified as cases based on a standardized procedure. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Fresson [52] | 2018 (in press) | Primary Research | Main focus of primary study | The authors examined whether stereotypes of boys as more inattentive and hyperactive than girls can influence assessments for attention deficit hyperactivity disorder, and concluded that these stereotypes may contribute to the overdiagnosis of the disorder in boys. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Freudenreich [53] | 2013 | Commentary | Main focus of commentary or letter | The authors argued that others' concerns about expanding diagnostic nosologies and overdiagnosis are unfounded and that overdiagnosis is not a concern if physicians are empowered to distinguish between psychiatric disorder and non-pathological symptoms and avoid interventions for life problems. | X | ----------- | ----------- | ----------- | ----------- | ----------- |
| Ghaemi [54] | 2009 | Narrative Review | Mentioned in narrative review text, but no focus | The author critiqued Kraepelin nosology and mentioned in passing that a criticism of what he referred to as the neo-Kraepelin system is that it may result in overdiagnosis, but this idea was not developed explicitly. | ----------- | ----------- | ----------- | ----------- | ----------- | XUnclear |
| Ghouse [55] | 2013 | Narrative Review | Main focus of narrative review | The authors proposed possible reasons for the overdiagnosis of bipolar disorder including symptom overlap with other disorders (including personality, substance use, and attention deficit hyperactivity disorders) and potential issues with the validity of the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition diagnostic criteria. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Gibbs [56] | 1983 | Narrative Review | Addressed in narrative review, but not main focus | The authors found that there was inconsistency between the Michigan Alcoholism Screening Test and diagnoses of alcoholism based on other criteria and described the test as overdiagnosing alcoholism because it generated more diagnoses. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Goldberg [57] | 2008 | Primary Research | Main focus of primary study | The authors reviewed records of patients admitted to an inpatient dual-diagnosis unit for substance abuse or dependence and mood disorders and reported that many patients with mood disorders who were diagnosed with bipolar disorder may not meet diagnostic criteria. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Goldman [58] | 1998 | Narrative Review | Addressed in narrative review, but not main focus | The authors reviewed evidence to determine whether attention deficit hyperactivity disorder is underdiagnosed, overdiagnosed, or misdiagnosed and concluded, based on treatment rates being below prevalence rates among other factors, that there was no evidence of overdiagnosis. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Gonzalez-Gordon [59] | 2002 | Primary Research | Addressed in primary study, but not main focus | The authors found that, in individuals with intellectual disability, a semi-structured interview overdiagnosed anxiety disorders when compared to diagnoses given by clinicians based on the 10th revision of the International Statistical Classification of Diseases and Related Health Problems codes because positive predictive value was 74%. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Grant [60] | 2008 | Primary Research | Addressed in primary study, but not main focus | The authors found that the Beck Depression Inventory, when using the cut off score that has been established in the general population, overdiagnosed depression in people on haemodialysis by identifying a significantly higher percentage of patients in the sample as depressed than psychiatric interviews. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Griffin [61] | 2004 | Primary Research | Addressed in primary study, but not main focus | The authors compared a self-report scale for detecting post-traumatic stress disorder to the gold standard diagnostic interview and found that it overestimated the prevalence of post-traumatic stress disorder in the sample compared to the gold standard, and thus concluded that it had a tendency to overdiagnose the disorder. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Hartge [62] | 2018 | Primary Research | Mentioned in primary study text, but no focus | The authors suggested that the more frequent screening for attention deficit hyperactivity disorder than for other psychiatric disorders risks overdiagnosing attention deficit hyperactivity disorder and "crowding out" diagnosis of other disorders.  | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Helzer [63] | 1985 | Primary Research | Addressed in primary study, but not main focus | The authors compared diagnoses based on a structured diagnostic interview and clinician assessment and reported that the structured interview overdiagnosed obsessive compulsive disorder because it generated more diagnoses than the clinician assessment. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Hergueta [64] | 2013 | Primary Research | Mentioned in primary study text, but no focus | The authors validated a new module of the Mini-International Neuropsychiatric Interview compared with psychiatrist-rated Diagnostic and Statistical Manual of Mental Disorders, 5th Edition criteria for the detection of mixed features in manic patients and found that it had good concurrent validity with limited risk of overdiagnosis of mixed episodes instead of other mood disorders.  | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Heyman [65] | 2001 | Primary Research | Addressed in primary study, but not main focus | The authors compared two questionnaires intended to identify relationship distress in couples to a diagnostic interview and concluded that both questionnaires overdiagnosed distress because they identified more cases than the interview. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Hickie [66] | 2007 | Commentary | Main focus of commentary or letter | The author argued that depression is not overdiagnosed based on his claim that diagnosis and treatment of depression is linked to benefits, including increased health and productivity and reduced stigma; thus, overdiagnosis would seem to reflect a lack of benefit for anybody. | ----------- | ----------- | ----------- | ----------- | ----------- | XOther |
| Hutto [67] | 2001 | Commentary | Main focus of commentary or letter | In response to an article stating that bipolar disorder is underdiagnosed, the author argued that bipolar disorder is overdiagnosed due to overlapping symptoms with other psychiatric disorders such as substance use and personality disorders. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Hwu [68] | 1986 | Primary Research | Addressed in primary study, but not main focus | The authors compared two diagnostic interviews and reported that one or the other method overdiagnosed disorders if it diagnosed significantly more cases than the other method. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Innocent [69] | 2018 | Primary Research | Addressed in primary study, but not main focus | The authors assessed the feasibility of using the Standardized Assessment of Personality–Abbreviated Scale screening tool in an Indian psychiatric outpatient population to identify those who are at high risk of personality disorders and concluded that, with a cut-off score of 4, it overdiagnosed the risk of personality disorder because it had low positive predictive value (26.3%).  | ----------- | ----------- | ----------- | ----------- | X | ----------- |
| Iordache [70] | 2010 | Commentary | Main focus of commentary or letter | The authors argued that overdiagnosis of bipolar disorder in paediatric and young adult populations may be driven by increased awareness of the disorder and diagnostic criteria that may not distinguish it adequately form other disorders. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Jargin [71] | 2009 | Commentary | Main focus of commentary or letter | The author described a case of an adolescent who was diagnosed with schizophrenia despite not meeting diagnostic criteria as an example of overdiagnosis of schizophrenia in Russia and discussed some of the causes and consequences of overdiagnosis of schizophrenia in Russia, including misdiagnosis. | ----------- | ----------- | X | X | ----------- | ----------- |
| Johnson [72] | 2014 | Narrative Review | Addressed in narrative review, but not main focus | The authors argued that the new diagnosis of disruptive mood dysregulation in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition may reduce overdiagnosis of children with paediatric bipolar disorder. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Kato [73] | 2017 | Commentary | Main focus of commentary or letter | The authors discussed near-Infrared spectroscopy, a new method being used to improve differential diagnosis between the depressive state of bipolar disorder and schizophrenia from major depression, and concluded that giving too much weight to this method may result in overdiganosis of bipolar disorder because there is evidence that a high percentage of the bipolar diagnoses made with this method are not confirmed by clinical interview. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Katzman [74] | 2016 | Commentary | Main focus of commentary or letter | The authors responded to another researcher's paper and argued that there is a lack of evidence to support the assertion that attention deficit hyperactivity disorder is overdiagnosed, but the authors did not use the term in a way that allows us to determine how they defined overdiagnosis. | ----------- | ----------- | ----------- | ----------- | ----------- | XUnclear |
| Kay [75] | 1999 | Primary Research | Addressed in primary study, but not main focus | The authors asserted that the Personality Diagnostic Questionnaire-Revised self-report measure overdiagnosed personality disorders in patients with bipolar disorder because it detected a higher percentage of patients as cases compared to the gold standard structured interview. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Kelly [76] | 2011 | Commentary | Main focus of commentary or letter | The author criticized a published study that had concluded that there was overdiagnosis of bipolar disorder in patients with substance abuse disorder and re-classified some number of patients as having substance-induced mood disorder. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Kelly [77] | 2018 | Narrative Review | Main focus of narrative review | The authors critiqued four studies that concluded that bipolar disorder is misdiagnosed because of discordance between validated diagnostic interviews and clinician diagnoses and argued that that this conclusion is not supported because these studies considered a structured clinical interview to be a gold standard, but there is no true gold standard in psychiatric diagnoses.  | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Ketter [78] | 2012 | Commentary | Main focus of commentary or letter | The authors discussed another article in which overdiagnosis and underdiagnosis were described as resulting from diagnosing those who do not meet criteria and not diagnosing those that do. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Kiejna [79] | 2014 | Primary Research | Main focus of primary study | The authors studied Polish psychiatric treatment data and reported that the number of diagnoses of schizophrenia increased compared to other psychotic disorders when a restrictive drug reimbursement policy was implemented for drugs for other psychotic disorders and concluded that doctors were overdiagnosing schizophrenia for reimbursement purposes. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Knight [80] | 2017 | Primary Research | Addressed in primary study, but not main focus | The authors reported that poor sleep in typically developing children predicted increased attention deficit hyperactivity disorder-like behaviours but was unrelated to performance on an attentional task and concluded that poor sleep quality may result in overdiagnosis of attention deficit hyperactivity disorder in typically developing children.  | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Kotwicki [81] | 2013 | Primary Research | Addressed in primary study, but not main focus | The authors studied the stability of diagnoses of psychiatric disorders made with unstructured versus validated semi-structured and structured psychiatric interviews and, in providing context, mentioned that bipolar disorder may be overdiagnosed due to mistaken classification of people with unipolar depression. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Lawrence [82] | 2015 | Primary Research | Main focus of primary study | The authors surveyed primary care physicians and psychiatrists on beliefs about overdiagnosis and overtreatment of depression and anxiety and found that most believed that normal sadness, worry, and stress are too often treated by physicians as medical illness and that this may be due in part to overly inclusive diagnostic criteria. | X | ----------- | X | ----------- | ----------- | ----------- |
| Lecrubier [83] | 1998 | Primary Research | Main focus of primary study | The authors discussed and provided data supporting that fewer patients who meet diagnostic criteria for depression are diagnosed in primary care, whereas more patients are diagnosed than meet criteria for anxiety disorders, and they indicated that depression is underdiagnosed, likely due to overdiagnosis of anxiety. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Leddy [84] | 2011 | Primary Research | Addressed in primary study, but not main focus | The authors administered case vignettes to obstetricians and gynaecologists and reported that research participants overdiagnosed postpartum depression and postpartum psychosis because there were more diagnoses made than scenarios that were positive for these disorders. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Lee [85] | 2007 | Commentary | Main focus of commentary or letter | The author argued that the debate about whether depression is overdiagnosed should take on a global epidemiological perspective, in that, globally, a substantial proportion of people with depression do not receive treatment, and that the real problem is inadequate access to interventions, but did not provide enough information to determine what they meant by overdiagnosis. | ----------- | ----------- | ----------- | ----------- | ----------- | XUnclear |
| Lewis [86] | 1990 | Primary Research | Addressed in primary study, but not main focus | The authors administered a questionnaire with case vignettes to British psychiatrists to test whether they may overdiagnose schizophrenia among racial minority patients instead of diagnosing other acute causes of psychosis. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Liang [87] | 2016 | Systematic Review | Main focus of systematic review | In their review, the authors sought to determine if there was evidence of misdiagnosis of mental health problems in ethnic minority youth, which they describe as miscategorization, underdiagnosis, or overdiagnosis. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Lin [88] | 2016 | Primary Research | Main focus of primary study | The authors compared comorbidity profiles between adults who met the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition criteria for attention deficit hyperactivity disorder to adults who only met expanded Diagnostic and Statistical Manual of Mental Disorders, 5th Edition age of onset criteria and concluded that because comorbidity profiles were similar there was no evidence of overdiagnosis. | X | ----------- | ----------- | ----------- | ----------- | ----------- |
| Manos [89] | 2017 | Narrative Review | Addressed in narrative review, but not main focus | The authors discussed prevalence estimates of attention deficit hyperactivity disorder and said that these data have sparked criticism, with some believing that it is overdiagnosed, some that it is underdiagnosed, and most agreeing that it is misdiagnosed, but apart from apparently reflecting high rates, the intended meaning of the term overdiagnosis was not clear.  | ----------- | ----------- | ----------- | ----------- | ----------- | XUnclear |
| Maung [90] | 2015 | Primary Research | Main focus of primary study | The authors reviewed chart notes of patients admitted to a psychiatric ward with diagnoses of schizophrenia and considered patients to be overdiagnosed with schizophrenia if there were not enough symptoms documented to verify that they met diagnostic criteria. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Mazza [91] | 2013 | Commentary | Main focus of commentary or letter | The authors reviewed evidence that bipolar disorder is underdiagnosed and overdiagnosed due to symptom overlap and difficulty differentiating symptoms leading to misdiagnosis and suggested methods to improve differential diagnosis and reduce overdiagnosis. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Mitchell [92] | 2013 | Primary Research | Addressed in primary study, but not main focus | The authors described evidence for overdiagnosis of bipolar disorder in an earlier version of the lay-administered Composite International Diagnostic Interview that was detected based on substantially higher prevalence compared to the Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, 4th Edition. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Mojtabai [93] | 2013 | Primary Research | Main focus of primary study | The author compared the number of people with clinician diagnosed 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. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Morley [94] | 2010 | Commentary | Addressed in commentary or letter, but not main focus | The author discussed that the likelihood of diagnosing attention deficit hyperactivity disorder depends on socio-economic class and that there is likely more overdiagnosis, described as false-positive diagnoses (in this context meaning individuals who are diagnosed but do not meet diagnostic criteria), in higher socio-economic classes. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| North [95] | 1997 | Primary Research | Main focus of primary study | The authors compared psychiatric diagnoses obtained by clinician diagnosis versus a structured diagnostic interview and indicated that disorders for which the structured interview classified more cases were overdiagnosed by the interview method. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Nucifora [96] | 2015 | Commentary | Main focus of commentary or letter | 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. | ----------- | X | ----------- | ----------- | ----------- | ----------- |
| Paris [97] | 2016 | Commentary | Main focus of commentary or letter | The authors responded to a letter about an article on overdiagnosis in attention deficit hyperactivity disorder that they previously published and indicated that overdiagnosis may be related to overinclusiveness of diagnostic criteria and that there is not any evidence of benefit from so many diagnoses being made. | X | ----------- | ----------- | ----------- | ----------- | ----------- |
| Parker [98] | 2007 | Commentary | Main focus of commentary or letter | The author argued that depression is overdiagnosed due to the marketing of treatments and an increasingly low diagnostic threshold that risks high levels of false positives, by which he meant individuals who are diagnosed with depression but do not meet diagnostic criteria and diagnosis of normal behaviour. | X | ----------- | X | ----------- | ----------- | ----------- |
| Parker [99] | 2018 | Primary Research | Mentioned in primary study text, but no focus | In their review of mental health mobile applications, the authors argued that mental health applications may promote medicalization of normal mental states and this needs to be challenged to prevent overdiagnosis, but it is unclear if this might reflect overdefinition or misdiagnosis of those who do not meet diagnostic criteria. | ----------- | ----------- | ----------- | ----------- | ----------- | XUnclear |
| Paula-Pérez [100] | 2013 | Narrative Review | Main focus of narrative review | The author described that obsessive compulsive disorder shares behavioural features with autism spectrum disorders and this can make differential diagnosis difficult and lead to erroneous overdiagnosis of obsessive compulsive disorder in people with autism. | ----------- | ----------- | X | X | ----------- | ----------- |
| Perry [101] | 1987 | Commentary | Main focus of commentary or letter | The authors responded to an article on underdiagnosis of depression and argued that overdiagnosis might occur in patients with physical illness because of neurovegetative behaviours and sick-role behaviours or because health care providers assume people with physical illnesses are likely have depression; they also argued that adjustment disorders may be overdiagnosed when major depression or dysthymia should be diagnosed. | ----------- | ----------- | X | X | ----------- | ----------- |
| Phelps [102] | 2012 | Primary Research | Main focus of primary study | The authors defined overdiagnosis as "false positives", though it was clear from the rest of the article text that they used the term to refer to the diagnosis of people who do not meet diagnostic criteria and people diagnosed with one disorder instead of another, and not to false positive screening tests. | ----------- | ----------- | X | X | ----------- | ----------- |
| PLOS Medicine Editors [103] | 2013 | Commentary | Main focus of commentary or letter | In their discussion of the problems of overtreatment but underrecognition of mental disorders, the authors described mental disorders that are thought to be overdiagnosed and described potential drivers and negative implications, but they did not clearly indicate the meaning of the specific term overdiagnosis. | ----------- | ----------- | ----------- | ----------- | ----------- | XUnclear |
| Pope [104] | 1978 | Narrative Review | Main focus of narrative review | The authors reviewed studies on differentiating diagnoses of schizophrenia and manic depression and concluded that misinterpretation of cross-sectionally presented signs and symptoms leads to overdiagnosis of schizophrenia and underdiagnosis of manic depression. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Pulver [105] | 1988 | Primary Research | Main focus of primary study | The authors compared diagnoses of patients from state hospitals to diagnoses based on a structured diagnostic interview to test the hypothesis that schizophrenia is overdiagnosed because patients with affective disorders are incorrectly diagnosed with schizophrenia. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Ramachandran [106] | 2018 | Primary Research | Addressed in primary study, but not main focus | The authors developed a self-report scale to screen for malingering by people presenting with attention deficit hyperactivity disorder symptoms that could be used help reduce overdiagnosis of the disorder by identifying people who do not genuinely meet diagnostic criteria. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Ramalho [107] | 2018 | Narrative Review | Mentioned in narrative review text, but no focus | In their narrative review of docosahexaenoic acid supplementation for children with attention deficit hyperactivity disorder, the authors stated that attention deficit hyperactivity disorder is overdiagnosed and this is likely due to social pressures for children to perform at a high level academically, however it is unclear what exactly they meant by overdiagnosis.  | ----------- | ----------- | ----------- | ----------- | ----------- | XUnclear |
| Reddy [108] | 2017 | Primary Research | Main focus of primary study | The authors presented 5 cases to illustrate the potential for overdiagnosis of bipolar disorder resulting from the misdiagnosis of major depressive disorder and personality disorders. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Regeer [109] | 2004 | Primary Research | Main focus of primary study | The authors concluded that the Composite International Diagnostic Interview overdiagnoses bipolar disorder because, when 74 people who had been diagnosed as bipolar by the Composite International Diagnostic Interview were re-evaluated using the Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders, 37 of them had another psychiatric disorder, but not bipolar disorder, and 7 had no disorder.  | ----------- | ----------- | X | X | ----------- | ----------- |
| Richman [110] | 2004 | Primary Research | Main focus of primary study | 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. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Rigler [111] | 2016 | Primary Research | Main focus of primary study | The authors compared the proportion of participants who met the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition criteria to the proportion who met the updated criteria in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition for adult attention deficit hyperactivity disorder and found that the new criteria resulted in a 65% increase in cases, which may mean identifying more adults with attention deficit hyperactivity disorder, but should be considered within the clinical context of preventing overdiagnosis. | X | ----------- | ----------- | ----------- | ----------- | ----------- |
| Roberts [112] | 1996 | Commentary | Main focus of commentary or letter | In this brief news piece, the author described a study that concluded that behavioural disorders are likely overdiagnosed in North America and noted that this might occur because attention deficit disorder resembles other psychiatric disorders, or it could reflect other problems that are not psychiatric disorders. | ----------- | ----------- | X | X | ----------- | ----------- |
| Ruggero [113] | 2010 | Primary Research | Main focus of primary study | The authors examined diagnoses based on a semi-structured clinical interview among patients who had previously been mistakenly diagnosed with bipolar disorder, found that they were more likely to have borderline personality disorder, and concluded that the misdiagnosis of bipolar disorder in the presence of borderline personality disorder could contribute to the overdiagnosis of bipolar disorder. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Rumalean [114] | 2017 | Commentary | Addressed in commentary or letter, but not main focus | The author argued that reducing overdiagnosis and overmedicalization would improve patient autonomy and discourage patients from blaming others or any potential mental illness diagnosis for problems, but did not clarify what was meant by overdiagnosis.  | ----------- | ----------- | ----------- | ----------- | ----------- | XUnclear |
| Rumble [115] | 1996 | Primary Research | Mentioned in primary study text, but no focus | The authors applied the Present State Exam to assess prevalence of psychiatric disorders in South Africa, but were concerned about a high rate of paranoid schizophrenia and, upon examination of 11 identified cases, concluded that poor cultural sensitivity of the interview led to 10 incorrect diagnoses of other disorders as schizophrenia and 1 non-case classification. | ----------- | ----------- | X | X | ----------- | ----------- |
| Rydell [116] | 2018 | Primary Research | Addressed in primary study, but not main focus | The authors determined that the increased diagnosis and treatment of attention deficit hyperactivity disorder does not reflect an increase in the attention deficit hyperactivity disorder phenotype and suggested that overdiagnosis, due to diagnosing children who do not meet diagnostic criteria or who would be more appropriately diagnosed with another psychiatric disorder, is one possible explanation for these results. | ----------- | ----------- | X | X | ----------- | ----------- |
| Safer [117] | 1995 | Primary Research | Main focus of primary study | The authors compared diagnoses given to the same patients as psychiatric inpatients and subsequently in outpatient settings and concluded that there were dramatic disparities and that inpatients were overdiagnosed with unipolar depression and underdiagnosed with conduct disorder as compared to outpatient diagnoses, which could have been due to both misdiagnosis or diagnosis of more people in one setting. | ----------- | ----------- | X | X | ----------- | ----------- |
| Saracino [1118] | 2016 | Systematic Review | Mentioned in systematic review text, but no focus | The authors reviewed studies on the diagnosis of depression in cancer patients and concluded that symptoms of cancer may reduce diagnostic accuracy and could result in overdiagnosis and underdiagnosis. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Schulberg [119] | 1985 | Primary Research | Addressed in primary study, but not main focus | The authors reported that psychiatrists diagnosed more depressive disorders than the number diagnosed by the Diagnostic Interview Schedule and therefore overdiagnosed depressive disorders relative to the Diagnostic Interview Schedule, but noted that it is possible that the interview is underestimating depression. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Schumann [120] | 2012 | Systematic Review | Mentioned in systematic review text, but no focus | The authors used the terms under and overdiagnosis to refer to discrepancies found in previous studies that compared primary care diagnoses of depression to a standardized clinical interview gold standard, they argued that physicians use context to rule out other causes of symptoms (e.g., medical illness), and argued that using psychiatric interviews as the standard in research could be misleading in the context of primary care. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Scott [121] | 2011 | Primary Research | Mentioned in primary study text, but no 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, may have a tendency to overdiagnose depression because they classified more patients as depressed relative to diagnostic interviews. | ----------- | ----------- | ----------- | ----------- | X | ----------- |
| Scott [122] | 2010 | Primary Research | Main focus of primary study | The authors discussed other people's concerns that, despite recent changes, diagnostic criteria for depression is not stringent enough and has resulted in depression being overdiagnosed, especially in community surveys, but argued that the lack of difference in diagnoses made by the Composite International Diagnostic Interview relative to clinician administered interviews is evidence that depression is not overdiagnosed. | X | ----------- | X | ----------- | ----------- | ----------- |
| Shaw [123] | 2003 | Primary Research | Addressed in primary study, but not main focus | The authors conducted group interviews and found that many general practitioners believed that attention deficit hyperactivity disorder was frequently overdiagnosed and misdiagnosed; though the authors did not differentiate clearly between the use of the terms overdiagnosis and misdiagnosis, both of which were applied to situations in which a diagnosis was applied to a person who should not have received a diagnosis. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Shear [124] | 2011 | Narrative Review | Mentioned in narrative review text, but no focus | The authors examined complicated grief and suggested that overdiagnosis can occur when clinicians overpathologize normal grief. | X | ----------- | X | ----------- | ----------- | ----------- |
| Snyder [125] | 2015 | Primary Research | Addressed in primary study, but not main focus | The authors found that individual clinicians made more diagnoses of attention deficit hyperactivity disorder compared to a multidisciplinary team and the overdiagnosis occurred because individual clinicians did not rule out a diagnosis based on Criterion E, which stipulates that the symptoms must occur outside of the context of another mental disorder. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Starling [126] | 2014 | Commentary | Main focus of commentary or letter | The author responded to an article claiming that there is an epidemic of overdiagnosis in autism spectrum disorder and examined possible explanations for an increase in diagnosis other than overdiagnosis resulting from incorrect labelling of people who do not meet diagnostic criteria for autism spectrum disorder. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Stein [127] | 1997 | Primary Research | Addressed in primary study, but not main focus | The authors compared diagnoses of obsessive compulsive disorder generated by a semi-structured diagnostic interview administered by lay interviewers to results from a clinical re-appraisal and reported that lay interviewers overdiagnosed the disorder due to the inappropriate labelling of worries or concerns as obsessions and overestimating impairment. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Stewart [128] | 2007 | Primary Research | Main focus of primary study | The authors concluded that bipolar disorder may be overdiagnosed in individuals with substance use disorders based on their study’s findings that almost half of participants who had previously been diagnosed with bipolar disorder did not meet Diagnostic and Statistical Manual of Mental Disorders, 4th edition criteria but rather met criteria for a substance-induced mood disorder. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Strober [129] | 2010 | Primary Research | Mentioned in primary study text, but no focus | In the context of their study on depression in patients with multiple sclerosis, the authors noted that overdiagnosis could occur if multiple sclerosis symptoms are mistaken for neurovegetative symptoms of depression. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Taiminen [130] | 2001 | Primary Research | Main focus of primary study | The authors investigated diagnostic agreement between clinical and research diagnoses and determined that clinicians had a tendency to overdiagnose psychotic symptoms in depressed patients as compared to the research diagnoses. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Taylor [131] | 2017 | Narrative Review | Main focus of narrative review | The authors defined underdiagnosis as cases missed and raised the question in the article title of whether attention deficit hyperactivity disorder is overdiagnosed or if there are cases missed. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Thapar [132] | 2003 | Narrative Review | Addressed in narrative review, but not main focus | In their review, the authors discussed whether attention deficit hyperactivity disorder may be overdiagnosed or underdiagnosed and suggested that some children may be diagnosed even though they do not meet all diagnostic criteria. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Thomas [133] | 2013 | Narrative Review | Main focus of narrative review | The authors argued that the subjectivity of assessing severity is contributing to the overdiagnosis of attention deficit hyperactivity disorder and stated that drivers of overdiagnosis include shifting definitions (broadening of Diagnostic and Statistical Manual of Mental Disorders diagnostic criteria), criteria for severity and impairment not being met, and commercial influences. | X | ----------- | X | ----------- | ----------- | ----------- |
| Trillingsgaard [134] | 2004 | Primary Research | Mentioned in primary study text, but no focus | The authors stated that they may have overdiagnosed autism in children with Angelman’s syndrome because the low mental age of the participants made differentiating between symptoms of autism and intellectual disability difficult. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Tsiouris [135] | 2011 | Primary Research | Mentioned in primary study text, but no focus | The authors found that diagnoses of depression were more commonly made with persons with intellectual disability receiving services from state agencies among those with mild to moderate intellectual disability compared to those with severe to profound intellectual disability and, based on this comparison, expressed belief that depression is underdiagnosed in profound to severe intellectual disability and overdiagnosed in mild to moderate intellectual disability. | ----------- | ----------- | ----------- | ----------- | ----------- | XOther |
| Turk [136] | 1994 | Primary Research | Mentioned in primary study text, but no focus | The authors noted that confusion of somatic symptoms from physical conditions with symptoms of depression may result in too many patients being diagnosed and referred to this as overdiagnosis. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Vilhelmsson [137] | 2014 | Commentary | Main focus of commentary or letter | The author discussed potential problems of overdiagnosis due to the widening of disease boundaries to the point where diagnoses may cause more harm than good and because diagnoses may be made "just in case". | X | ----------- | X | ----------- | ----------- | ----------- |
| von Lojewski [138] | 2013 | Primary Research | Main focus of primary study | In the title of the article, the authors asked if personality disorders are overdiagnosed among patients with eating disorders and then discussed that their study generated a lower prevalence than previous studies that may have used less rigorous assessment methods, but the authors did not actually use the word overdiagnosis in the article text. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Walsh [139] | 2009 | Narrative Review | Addressed in narrative review, but not main focus | The authors stated that overdiagnosis refers to "an inappropriate number of individuals receiving a diagnosis of an eating disorder" and the meaning of this was inferred from other article text where they discuss that a proposed diagnostic scheme is overly broad and could lead to overdiagnosis. | X | ----------- | ----------- | ----------- | ----------- | ----------- |
| Watson [140] | 2014 | Commentary | Addressed in commentary or letter, but not main focus | The author argued that attention deficit hyperactivity disorder is being overdiagnosed, that the rate of diagnosis exceeds all reasonable estimates of its true prevalence, and that the pharmaceutical industry is responsible for pushing overdiagnosis and overtreatment and trying to silence those who disagree. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Westen [141] | 2003 | Primary Research | Mentioned in primary study text, but no focus | The authors examined the applicability of the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition axis II personality disorder diagnostic criteria in adolescents and found higher rates of antisocial and avoidant diagnoses in the adolescent sample compared with adults, and concluded that it's possible the criteria tend to overdiagnose these disorders in adolescents by overpathologizing acting out and placing depressed or anxious adolescents in an over inclusive avoidant category. | X | ----------- | X | ----------- | ----------- | ----------- |
| Whewell [142] | 1988 | Primary Research | Addressed in primary study, but not main focus | The authors used the term overdiagnosis to describe cases where a general practitioner diagnosed emotional disturbance in a patient, but the patient was not considered a case according to the General Health Questionnaire (i.e. scored less than 5). | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Wiggins [143] | 2012 | Primary Research | Addressed in primary study, but not main focus | The authors found that changes in classification from autism spectrum disorder to non autism spectrum disorder occurred at a higher rate when a diagnosis was made at 30 months or younger and stated that overdiagnosis is a possible explanation for this, especially if the change in classification occurred less than 6 months after the initial diagnosis. | ----------- | ----------- | X | X | ----------- | ----------- |
| Wilson [144] | 1988 | Primary Research | Main focus of primary study | The authors hypothesized that the Chinese diagnostic system would overdiagnose schizophrenia compared to the Diagnostic and Statistical Manual of Mental Disorders, 3rd Edition because of misdiagnosis of affective disorders as schizophrenia, but did not find evidence of this in their study. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Wittchen [145] | 1998 | Primary Research | Mentioned in primary study text, but no focus | The authors examined the relationship between panic and agoraphobia in a community sample and found that the Composite International Diagnostic Interview overdiagnosed agoraphobia because it classified patients as having agoraphobia who were instead diagnosed with specific phobia upon clinical reappraisal. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Youngstrom [146] | 2010 | Narrative Review | Addressed in narrative review, but not main focus | In the context of a broad discussion of the idea of expanding diagnosis of bipolar disorder to reflect a broader spectrum, the authors noted that "diagnostic creep" can lead practitioners to overdiagnose bipolar disorder in marginal cases, and noted that an alternative might be to overdiagnose depression "at the expense of bipolar disorders." | X | ----------- | X | X | ----------- | ----------- |
| Zandi [147] | 2015 | Primary Research | Main focus of primary study | The authors compared diagnoses of schizophrenia in native Dutch and Moroccan immigrant patients using a standard and a culturally adapted version of a questionnaire and reported that, for Moroccan immigrants, the standard version detected more delusions and fewer mania symptoms, which the authors interpreted as evidence that schizophrenia may be overdiagnosed in this population when the standard version is used. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Zimmerman [148] | 2008 | Primary Research | Main focus of primary study | The authors compared psychiatric diagnoses based on a validated diagnostic interview to self-report of previous diagnosis of bipolar disorder and found that over half of patients who reported a diagnosis of bipolar disorder did not meet diagnostic criteria for bipolar disorder, but only for other disorders, which, along with an examination of familial risk, led the authors to conclude that bipolar disorder is overdiagnosed. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Zimmerman [149] | 2010 | Primary Research | Main focus of primary study | 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. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Zimmerman [150] | 2010 | Primary Research | Main focus of primary study | The authors examined characteristics of patients with major depressive disorder who had been identified in a previous study as inappropriately diagnosed or overdiagnosed with bipolar disorder. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Zimmerman [151] | 2010 | Primary Research | Main focus of primary study | The authors studied whether overdiagnosis of bipolar disorder was associated with disability payments among treatment-seeking patients and classified patients in treatment as overdiagnosed if they had a clinical diagnosis of bipolar disorder but did not meet criteria based on a research diagnostic interview. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Zimmerman [152] | 2012 | Commentary | Main focus of commentary or letter | The authors defined overdiagnosis as "false positives", though it was clear from the article text that they used the term to refer to the diagnosis of people who do not meet diagnostic criteria and not to false positive screening tests. | ----------- | ----------- | X | ----------- | ----------- | ----------- |
| Zimmerman [153] | 2013 | Narrative Review | Main focus of narrative review | The authors used the term overdiagnosis to refer to misdiagnosis of a disorder as bipolar disorder and reviewed evidence concerning whether patients with borderline personality disorder are being misdiagnosed as bipolar. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Zimmerman [154] | 2016 | Narrative Review | Main focus of narrative review | The author reviewed a series of studies on evidence from a community-based outpatient clinic and reported that overdiagnosis of bipolar disorder was common and that patients who would be more accurately diagnosed with other disorders based on a semi-structured clinical interview were sometimes diagnosed with bipolar disorder in community settings. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| Zimmerman [155] | 2009 | Primary Research | Main focus of primary study | The authors found that 202 of 488 study participants diagnosed with major depressive disorder had subthreshold bipolar disorder and concluded that major depressive disorder might be overdiagnosed at the expense of bipolar disorder. | ----------- | ----------- | ----------- | X | ----------- | ----------- |
| **Total Number in Each Category** | **20** | **1** | **74** | **65** | **5** | **18** |

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