Comments

Overall the current version of the manuscript reads much better than the previous one and the authors did an excellent job in addressing our concerns. I have few minor comments and suggestions that I would like the authors to implement in the revised version of their paper.

1. Providing information on the medication status of your participants is unrelated to your analyses per se. It is rather important for future studies and meta-analyses. It characterizes your sample and makes it easier to compare findings. I would therefore recommend that you provide additional information on medication and clinical status as available.
2. You mentioned that you checked for potential “denial effects” and performed analyses without including participants with high denial scores. Could you please include these analyses in your paper. It would add relevance and substance to your findings.
3. One of your replies states that “Based on the normative data published by Scher et al. in 2001, the mean CTQ total score of 46.2 falls between the 90th and the 95th percentile and hence suggests higher severity of childhood maltreatment in this clinical sample of people with bipolar disorder when compared to a community sample”. Please integrate/add this comment to your paper too.
4. Your analyses do not seem to be in line with the aim of your study, as stated in the last paragraph of your introduction. Indeed, the following sentence gives the reader the impression that a mediation analysis/equation modelling will be conducted: “Because comorbid anxiety disorders and history of childhood maltreatment in people with bipolar disorder are associated with each other (Agnew-Blais and Danese, 2016; Pavlova et al., 2016), their relative contribution to unfavourable outcomes is not clear.” However, the analyses/results examine the individual effects of childhood maltreatment and anxiety disorders, without clearly connected them. The authors should either reformulate their aims to match their analytical plan or consider adding analyses addressing their research question.
5. As the authors acknowledged, the present paper is based on the same sample as Pavlova et al. (2016) paper published in JAD. It becomes apparent that they both focus on the same topic and the current paper is based on secondary analyses, possibly triggered by previous findings. The abstract and text should explicitly and more clearly state that this is secondary analysis, it is based on Pavlova et al. (2016) and provide a rationale why these analyses are sufficient to warrant a second publication. The addition of analyses testing causality would be much needed and would indeed contribute to knowledge in this field.

**Editor**

We compared the present paper to the previous one published in JAD in 2016 (Pavlova et al., 2016). As the authors acknowledged in their revisions, they are based on the same sample. Both papers focused on childhood maltreatment and anxiety disorders in adults with bipolar disorder, but address this topic in a slightly different way (see the table below). Our major source of concern is that 1.the present paper is based on secondary analysis following up on Pavlova et al. (2016)’s results. The contribution to knowledge is minimal (one could wonder why they did not include all the findings in one paper) and current analyses do not really match the authors’ aim to “disentangle the link between CT, BD and anxiety. Additional analyses would be warranted for this. Alternatively the authors should be encouraged to be more precise in describing how the current publication adds to their previous work.

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|  | Pavlova et al., 2016 | Pavlova et al., 2017 |
| Aim / Hypothesis | “In the present study we aim to establish the relationship between childhood maltreatment and comorbid anxiety in bipolar disorder, using a valid and reliable measure of childhood mal- treatment and controlling for potential confounders. We hypothesised that increasing severity of maltreatment exposure in childhood would be associated with comorbid anxiety disorders in individuals with bipolar disorder.” | “However, none of the above-mentioned studies explored the relative contribution of comorbid anxiety disorders and childhood maltreatment to outcomes in bipolar disorder. Because comorbid anxiety disorders and history of childhood maltreatment in people with bipolar disorder are associated with each other (Agnew-Blais and Danese, 2016; Pavlova et al., 2016), their relative contribution to unfavourable outcomes is not clear. Disentangling this relationship would clarify whether both factors are equally important to assess in routine clinical practice and help appropriately target interventions to improve outcomes of people living with bipolar disorder. In the present study, we aim to answer the question whether we need to assess both factors to predict outcome of bipolar disorder. “ |
| Main findings | “We found that comorbid anxiety disorders and history of childhood maltreatment in people with bipolar disorder are not independent: childhood maltreatment was associated with life- time anxiety disorders in this population even when age, sex and bipolar disorder type were taken into account.” | We also found that anxiety disorders and childhood maltreatment each play a unique role in predicting unfavourable outcomes in people with bipolar disorder: While anxiety disorders are a more powerful predictor of the overall negative outcome, maltreatment in childhood is specifically associated with suicide attempts. |