This paper represents a methodologically sound investigation of the Harmful Dysfunction Analysis (HDA) framework applied to problematic social media use. The authors have successfully executed their registered protocol, with the methods and analyses closely following their Stage 1 submission. The modifications made in response to Stage 1 reviews have strengthened the study's robustness.

The data quality is appropriate for testing the authors' hypotheses. The large sample sizes from both Switzerland (N=7,510) and Hungary (N=3,789) provide adequate statistical power, while the prevalence rates show good distribution without floor or ceiling effects. The validation measures examining physical and mental health indicators demonstrate appropriate variability, and the sensitivity analysis using Hungarian data provides valuable cross-validation of the findings.

One minor point is that while the team composition and expertise were detailed in the Stage 1 submission, this information could be restated in the final paper to provide readers with full context for the study's execution.

The authors have maintained transparency throughout, clearly identifying their single unregistered analysis comparing overlapping HDA and SUD-based cases. This exploratory analysis is both methodologically sound and adds valuable insight to the primary findings. The statistical approaches are appropriate and well-executed.

The conclusions drawn are measured and well-supported by the evidence presented. The authors acknowledge limitations appropriately, including the reliance on self-report data and the cross-sectional nature of the study. Their findings regarding HDA's utility in reducing false positives while maintaining validity are convincing, particularly the stronger validation results for HDA2.

While the varying prevalence rates (4.2% to 33.2%) across different criteria might raise questions about measurement consistency, this variation actually supports the authors' argument about the importance of careful diagnostic thresholds. The link between social media use and gaming disorder criteria could perhaps be strengthened, but this limitation does not significantly detract from the study's overall contribution to understanding behavioural addiction assessment.

In summary, this is a well-executed study that makes a valuable contribution to addressing over-pathologisation concerns in behavioural addiction research. The authors have adhered to their registered protocol while maintaining transparency about their methods and limitations.