**Author’s response to reviews**

**Title:** Delirium Risk Screening and Prophylaxis Program in hip fracture patients is a helpful tool in identifying high-risk patients, but does not reduce the incidence of delirium

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**Author’s response to reviews:**

August 2, 2011

Dear editor and reviewers of BMC Geriatrics,

Thank you very much for your further considerations of our paper “Delirium Risk Screening and Haloperidol Prophylaxis Program in hip fracture patients is a helpful tool in identifying high-risk patients, but does not reduce the incidence of delirium”.

We trust that our answer and improvements will be to your full approval and will lead to publication in your journal.

Comments and answers point by point:

Editorial Requirements:

“Figures: …, using Arabic numerals.”

We deleted figures 1 and 2 from the main file and will upload them separately.

Reviewer’s report

Reviewer: Laurent Michaud

Dear dr Michaud,

Again, thank you very much for your time to review our study.
We are very pleased to hear that we answered all your remarks and questions fully. Most important, we would like to thank you for the recommendation to publish the paper. To answer your final thoughts, we asked the opinion of our epidemiologist/statistician Wim Tuinebreijer.

“Nevertheless I would advise the editors to seek for advice of a statistician on my first major compulsory revision and authors’ answer to it. I keep thinking that it is difficult to draw sound statistical conclusions with this design.

Considering this limitation, I would recommend the publication.”

As we wrote in our previous response, this is an important issue. In addition to our previous answer we would like to say the following. We have given it a lot of thought during the analysis and writing phase of the article. In our research team we have a very intense and close contact with epidemiologists and statisticians. For this article, our epidemiologist/statistician Wim Tuinebreijer performed the analysis and was the main advisor on the design of the analysis. Therefore we asked him to address to this specific point;

“In design of this study, the delirium incidence in a prospective group is compared with a similar historical group from the same hospital. The historical control group can be used, because the historical population is large enough and has been followed over sufficiently long periods of time. The historical group can also be used because the endpoint of delirium is objective (DSM IV) and the impact of baseline variables, i.e. sex and age, are comparable in the prospective and historical group. Moreover a Cochrane literature review showed no effect of the treatment variable (haloperidol) on the incidence of delirium, which supports the use of the historical comparison group.

Finally, the potential for bias of the use of this historical group is described in the discussion.”

As final words of this cover letter, we would like to thank again both reviewers, dr. Michaud and dr. Ouimet for their highly appreciated questions and suggestions. We strongly believe that their remarks improved the article substantially.

Yours sincerely,

On behave of all authors,

Anne JH Vochteloo

Orthopaedic surgeon