Reviewer's report

Title: A pilot study of rivastigmine in the treatment of delirium after stroke; a safe alternative

Version: 1 Date: 18 July 2008

Reviewer: paul p dautzenberg

Reviewer's report:

This study addresses an important issue in post-stroke patients: a delirium. The question is well defined. The methods are appropriate for a pilot. However, as this is a pilot, not all data are available or questions will be answered. Still, in relation to rivastigmine, some data can make this manuscript more useful.

1. As the mean age is 77 years, in 15% a pre-existent dementia will be available. Theoretical, the positive effect of rivastigmine in these patients is on the dementia. A relevant standard result is missing: An indication of the cognitive functions of the patients at discharge, par example using a MMSE score, can make this point more clear.

2. As only one patient seems to be a non-responder, please describe patient 11 more in detail.

Some data are necessary before publication:

- How long after CVA and how long after debut delirium is rivastigmine started.
- For further research, the novel titration scheme for rivastigmine has to be more specific.
- The roles of other psychofarmaca as adjuvans need to be cleared out.

If above data are available, abstract needs to be reviewed. Writing is acceptable.

Page 5: Accept for the start day, the novel titration scheme for rivastigmine is not described in detail. Is rivastigmine given only b.i.d. or more frequent? How is the increased doses divided?

Is antipsychotic medication allowed as adjuvans therapy of rivastigmine?

Page 6: Which other psychofarmaca treatment were allowed and also given (for insomnia)?

Page 11: Is possible to describe patient 11 (nor-responder) more in detail?

How long after CVA and how long after debut delirium is rivastigmine started?

Is possible to indicate the cognitive functions of the patients, par example using a MMSE score?
Is possible to indicate the rate of Alzheimer’s disease in these patients?