Reviewer's report

Title: Clinical features of delirious mania: a series of five cases and a brief literature review

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Reviewer: William Bobo

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The authors present a further revised case series and selective literature review to describe the clinical features, course and treatment of delirious mania. Author responsiveness to reviewer comments are most appreciated. At this point, a clearer presentation of some of the key ideas is needed. Thus, only relatively minor but essential revisions remain. I hope that the suggestions below will be helpful.

Minor Essential Revisions:

1. Abstract:

(a) "Two patients had one more episodes of delirious mania." Unsure what this means. All 5 cases were of patients diagnosed with delirious mania.

(b) In the results, it is stated that "Electroconvulsive therapy is the most effective treatment for delirious mania." This seems more like a conclusion rather than a result. Does the author mean that, in their reviewed cases and clinical experience, ECT was (or has been) the most effective form of treatment for delirious mania?

(c) In the discussion, I agree that delirious mania and catatonia are closely related. I do not quite understand what is being communicated in the rest of the discussion. Is the author stating that: (a) underlying causes of delirium should be investigated and addressed before a diagnosis of delirious mania is given, and (b) the some specific features of delirious mania (delirium, mania, catatonia) may respond more slowly to treatment than others?

2. Introduction: In the 4th paragraph, the authors describe the confusing set of terms that have been used to describe delirious mania. Is it true that "mania" has been referred to in the past using terms such as "delirium" or "altered consciousness with/without catatonia symptoms" (or is this a typographical
error)? As written, it is unclear what this part adds. Perhaps it is best to simply state that delirious mania is not recognized as a stand-alone diagnosis in the current nosology, and provide some brief discussion about why this is likely so.

3. Methods: Criteria used for the selection of cases is presented, but it is still a bit unclear. Do the authors mean that they selected cases in which patients: (a) presented acutely with concurrent manic signs and symptoms and delirium, with or without catatonic signs; and (b) medical workup prior to psychiatric admission failed to uncover an organic cause for either mania or delirium (thus, it was assumed that a psychiatric disorder was the primary cause of the delirium)?

4. Discussion:

(a) In the first part of the discussion, the authors discuss the place of delirious mania within the current diagnostic nosology. They do this by presenting summaries of each case, but does not address the question presented in the section header--is delirious mania a severe form of mania, or is it something else? This discussion can be shortened and should be sharply focused on the question of whether or not delirious mania most likely represents a severe form of mania, or a separate syndrome, as the heading indicates.

(b) In the limitations section, it should be noted that non-uniform diagnostic workups and treatment selection may reflect the lack of universally accepted diagnostic criteria for delirious mania, and lack of widely adopted guidelines for its treatment. Delirious mania is not addressed in practice guidelines for treating delirium. Furthermore, there is only anecdotal level of evidence upon which to base diagnostic and treatment recommendations. On this basis, detailed case reports and case series continue to have value for improving case detection in clinical practice and for providing preliminary guidance in managing delirious mania. However, more rigorous and systematic investigation is needed.

What's next: This paper is improved, and the authors are to be commended for their diligence and effort. With attention to the revisions suggested above, I will have little additional feedback to provide.

Level of interest: An article whose findings are of interest to those with closely related research or clinical interests.

Quality of written English: Acceptable, though editing and language corrections will be needed.

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests: In the last five years, I have received research support from Cephalon, Inc., and served on speaker bureaus for Pfizer, Inc., and Janssen Pharmaceutica.

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Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

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