Author’s response to reviews

Title: An interdisciplinary statement of scientific societies for the advancement of delirium care across Europe (EDA, EANS, EUGMS, COTEC, IPTOP/WCPT)

Authors:

Alessandro Morandi (morandi.alessandro@gmail.com)
Christian Pozzi (christian.pozzi@supsi.ch)
Koen Milisen (koen.milisen@kuleuven.be)
Hans Hobbelen (j.s.m.hobbelen@pl.hanze.nl)
Jennifer Bottomley (jbottoml@rcn.com)
Alessandro Lanzoni (alessandro.lanzoni.mo@gmail.com)
Verena Tatzer (verena.tatzer@fhwn.ac.at)
Maria Carpena (mgcarpena66@gmail.com)
Antonio Cherubini (a.cherubini@inrca.it)
Anette Ranhoff (ahranhoff@yahoo.no)
Alasdair MacLullich (A.MacLullich@ed.ac.uk)
Andrew Teodorczuk (a.teodorczuk@griffith.edu.au)
Giuseppe Bellelli (giuseppe.bellelli@unimib.it)

Version: 3 Date: 16 Aug 2019

Author’s response to reviews:

Dear Editor,

We thank the Editor and the Reviewers for the excellent critiques of our manuscript titled, “An international interdisciplinary consensus for the advancement of delirium care across Europe (EDA, EANS, EUGMS, COTEC, WCPT)” submitted to BMC Geriatrics. We have responded to each query from the Reviewers and included these in a point-by-point response below. For each
critique, we reproduce each Reviewers’ question in italics followed by our response in a normal font and the actual changes in the manuscript shown in bold and underline.

Sincerely,

Alessandro Morandi, M.D., MPH
Rehabilitation and Aged Care Unit, Ancelle Hospital (Cremona, Italy)
Geriatric Research Group (Brescia, Italy)
Center for Quality Aging, Vanderbilt University (Nashville, TN)

REVIEWER 2 (REVIEWER 3) promote

GENERAL COMMENTS: Two critical revisions were made and solved in an appropriate manner. The one on the continental and not international scope of the paper; and the one on the consensus. Authors, made clear that this is an endorsement of care for delirium in a specific region. That gives the reader a clear impression of what the paper is about and what to expect. I think that even though they are two apparently minor issues, changing them, gives the work consistency. In addition, a clear objective is now available from the abstract, and it is quite clear that this manuscript is an endorsement of a multi professional approach to delirium. Authors not only give a point by point response, but also include the additions on the response in order to have a quick look on the changes performed. This revised version is more clear and consistent than the previous one, it is a quite interesting work now.

1) The title may benefit from deleting 'Europe' at the end, since it is already stated that it is a European work, maybe substituting Europe with 'region' could be less redundant.

RESPONSE: We have modified the Title as suggested and now it reads as “An interdisciplinary statement of scientific societies for the advancement of delirium care across Europe (EDA, EANS, EUGMS, COTEC, IPTOP/WCPT)”
2) What other areas besides health care, could this approach could benefit from. For example, translation of knowledge, health promotion and education on the phenomenon.

RESPONSE: we have added this information in the conclusions for future directions as follows: “Delirium care should be based on an interdisciplinary, multi-dimensional diagnostic and therapeutic approach involving different health care professionals. However, there are still important gaps in the knowledge and management of this syndrome. In this paper we have strongly promoted and supported interdisciplinary collaboration underlying the necessity of increasing communication among scientific societies. We have also provided suggestions on how to fill the current gaps via improvements in undergraduate and postgraduate delirium education. The paper provides also a stimulus for researchers on the identification of possible ways on how to translate knowledge into practice, increase the education of health care providers on the topic of delirium and promote a more appropriate care for patients with delirium.”

3) Do authors think there must be a leader in the suggested approach? What has happened to initiatives managing delirium by solitary professionals? What role does communication plays in this suggested approach? Besides the leader, should there be specific roles for each professional? What about the economic aspects of this approach?

RESPONSE: we have included this additional information adding a new paragraph in the section of the manuscript “The future of delirium care in Europe”

4d) Key points for large-scale implementation of the interdisciplinary collaboration

It is know accepted that delirium programs are effective when a delirium champion is identified to promote the knowledge, education and implementation of delirium management.(87) The EDA is the leading scientific society on delirium in Europe. The EDA is a professional association providing a platform for practitioners, researchers, policy makers and other interested to network for the benefit of patients. The main goal of the EDA is to work on promoting delirium care with all those dedicated to delirium care and research, joining efforts to increase the disorder's visibility not only in the general public, but also in the medical professional setting. Therefore, we believe the EDA should be leading the effort to promote the interdisciplinary collaboration among the scientific societies involved to identify delirium champions within each society. The role of each society is not only to endorse delirium knowledge and education among health care providers but also to increase awareness in the community and the healthcare stakeholders. Finally, it will be informative to collect information
on the economic costs of such implementations since it has been shown that delirium programs can significantly reduce health care costs in patients with delirium.(88)

4) I still think the figure 1 is non-informative or could be improved.

RESPONSE: Following the Reviewer’s suggestions we have removed Figure 1 from the manuscript.