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)

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Author’s response to reviews:

August 19th, 2019

Dear Editor,

We have reviewed 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 Editor and included these in a point-by-point response below. For each critique, we reproduce each Editor’s question in italics followed by our response in a normal font and the actual changes in the manuscript shown in bold and underline.

Sincerely,

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Editor Comments:

1. As Koen Milisen and Giuseppe Bellelli are members of the editorial board (Section and Associate Editors, respectively) of this journal, in order to ensure transparency, please declare this in the Competing Interests section of the Declarations.

   RESPONSE: we have included this information of “Competing interests: Koen Milisen and Giuseppe Bellelli are members of the editorial board (section and associate editors, respectively). None of the other authors have any competing interests to declare.”

2. In accordance with our submission guidelines, please include all authors’ initials and individual contributions in the Authors’ contributions section.

   RESPONSE: we have further specified the contribution with the initials and now it reads as: “A.M, C.P., K. M., H. H., J.M.B., A.L., V.C.T., M.G.C., A.C., A.R., A.M.J.M., A.T., G.B. contributed to the manuscript drafting and final approval”
3. While assessing your manuscript in-house, we found several instances where the text displayed similarities to text found in other previously published sources. While we understand that you may wish to express some of the same ideas contained in these publications, please be aware that we cannot condone the use of text from previously published work, even your own. We would therefore be grateful if you could reformulate the sections listed below to resolve the overlap between your manuscript and other sources. Please ensure that, where relevant, these sources are also referenced as appropriate:


RESPONSE: we did not actually used the reference indicated above but the following and we have modified the journal title “Martinez-Velilla N, Cadore L, Casas-Herrero A, Idoate-Saralegui F, Izquierdo M. Physical Activity and Early Rehabilitation in Hospitalized Elderly Medical Patients: Systematic Review of Randomized Clinical Trials. Journal of Nutrition Health Aging. 2016;20(7):738-51.”


Among the most powerful interventions to reduce the risk for delirium are exercise and early mobilization guided by a physiotherapist. A recent systematic review of randomized clinical trials showed that it is feasible to provide exercise and early rehabilitation in hospitalized older adults. (45) Moreover a recent study in cardiac surgery patients suggests that preoperative exercise to enhance exercise capacity can prevent delirium after surgery. (46) However, it is challenging for health care providers and policy makers to change an approach based on the care of the disease to one focused on the person, with the main goals to optimize functional and cognitive recovery after hospitalization. The American Geriatric Society has provided the base to support a definition of person-centered care among with the essential element to realizing this approach including the following items “1) an individualized, goal-oriented care plan based on the person’s preferences; 2) ongoing review of the person’s goals and care plan; 3) care supported by interprofessional team; 4) a lead point to contact on the healthcare team; 5) active coordination among all healthcare providers; 6) continual information sharing and communication; 7) education and training for providers, the person and those important for the person; 8) performance measurement and quality improvement using feedback from the person and the caregivers.” (47)

This reported knowledge gap has implications not only for doctors but for all professionals involved in undergraduate and postgraduate educations of doctor, nurse, physiotherapists and occupational therapists. Indeed a recent Italian survey involving physiotherapists and nurses along with doctors found there was a small proportion of physiotherapists and nurses who actually used a specific tool to diagnose delirium and only half of them correctly defined it. (32) Given the importance of a collaborative multiprofessional approach, competence in diagnosing and managing delirium should not be limited to doctors, but we should strive to expand delirium recognition in nurses, physiotherapists and occupational therapists. Indeed, it has now been shown in different publications that there is an association between delirium and functional status. (65, 66) Specifically, a rapid change in functional status has been reported to be a prodromal sign of delirium in frail patients. Therefore, physiotherapists and occupational therapists would have a central role in delirium recognition and treatment.

In the last years supporting (e.g, use of reminders) and empowering (e.g., use of guidelines, or protocols) strategies have been shown to be efficient in improving the care of delirium, with direct effect on delirium outcomes.(73-75) However, the implementation and the ability to maintain the adherence to these educational initiatives is time consuming and labour intensive.(76) Educational activities should be repeated at regular intervals in healthcare settings.
where delirium prevention and management are implemented, due to the high turnover of staff, in particular but not exclusively nurses.

E-learning has been described as a novel approach to facilitate the possibility to provide education for large groups of people. Specifically, an e-learning program on delirium of 11 modules has been proven to be effective in improving the knowledge and recognition of delirium. (77) However, to improve uptake and effect on patient outcomes, further research is warranted to explore the efficacy of delirium e-learning programs along with educational initiatives including supporting and empowering strategies. (78)