Author’s response to reviews

Title: Between Being Healthy and Becoming Comatose: The Neuropsychiatric Landscape of Critical Illness With a Focus on Delirium, DSM-5 and ICD-11

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RESUBMISSION LETTER

To: Dr. Yaacov Bachner, Ph.D.

BMC Psychiatry

From: Dr. Jan NM Schieveld, MD Ph.D., Dr. Emma HCW van de Riet, MD, & Dr. Jacqueline JMH Strik, MD Ph.D.

Location: Maastricht University Medical Center+, Maastricht, the Netherlands

Date: June 8, 2019

Dear Dr. Bachner,

Thank you for considering our paper for publication. Please find attached the revised version of our original manuscript entitled “Between Being Healthy and Becoming Comatose: The Neuropsychiatric Landscape of Critical Illness” which we submitted to BMC Psychiatry.

With regard to the minor comment by reviewer 1, Dr. Igor Pantic, we would like to mention the discrepancies between the two classification systems and their weaknesses in relation to the neuropsychiatric disorders and symptoms of critical illness. Our response is as follows:
First of all, we believe you are right about the DSM-5 and ICD-11. We have therefore now added a few lines regarding these discrepancies in both the DSM-5 and the ICD-11 on page 4, lines 12-19, after “critically ill”:

“There are discrepancies between DSM-5 and the ICD-11 regarding delirium, especially regarding the existence of the three delirium motor types: hyper-“hypo” (acute apathy syndrome) and mixed. This clinically highly important distinction is made in the DSM-5 but not in the ICD-11. Moreover, the DSM-5 and the ICD 11 share the same major flaw: they appear to disregard the existence of the concept of critical illness entirely, and this is really concerning. The DSM-5 only mentions the existence of "intensive care" once, on page 600, and this is in relation to the very high prevalence of delirium there, while the ICD-11 does not contain the search terms "critical illness" at all”

We have not further expanded the text regarding both their weaknesses in relation to the neuropsychiatric disorders and symptoms of critical illness as we believe we have already set out our main points clearly and explicitly in the preceding lines. However, we are open to editorial advice.

In addition, we have made an addition in the title in order to improve visibility and recognition:

"Between Being Healthy and Becoming Comatose: The Neuropsychiatric Landscape of Critical Illness With a Focus on Delirium, DSM-5 and ICD-11".

Lastly, we have also consulted our regular, certified, translation service, which has performed a last screening and adaptation of the English language in our manuscript.

This manuscript has a word count of 851, ten references, and three authors.

Thank you again for your input. We await your further opinion.

Yours sincerely,

Dr. Jan NM Schieveld, MD Ph.D., Dr. Emma HCW van de Riet MD, and Dr. Jacqueline JMH Strik MD Ph.D.