Author's response to reviews

Title: Experiences of undergoing cardiac surgery among older people diagnosed with postoperative delirium: one year follow-up

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Version: 3
Date: 17 February 2015

Author's response to reviews: see over
Dear Editor

As we understood the previous decision letter, received 2014-11-03, we had to submit the manuscript once more. It was not going to be seen as a revision as the Editor did not expect us to revise within the time frame. Hence we considered this as a new submission and therefore we have re-written some parts.

However, we appreciate your encouragement to re-submit our manuscript with the new title “Experiences of undergoing cardiac surgery among older people diagnosed with postoperative delirium: one year follow-up”.

We have done our best to revise the manuscript according to your comments and hope you will consider proceeding to the peer review process. Point-by-point responses of the changes are made below as requested, including both minor and major comments.

MS: 3933540161542491- point-by-point responses to general points raised by reviewers

Yours Sincerely

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Title: Older patients diagnosed with postoperative delirium - their experiences of cardiac surgery 1 year later.

Version: 2 Date: 19 August 2014
Reviewer: Helen C Goodman

Major Compulsory Revisions

1) The background section describing delirium is not very clear. Could the authors please clarify what they consider as risk factors for the condition

1) Thank you for these comments. We have now described some risk factors for delirium. See page 2 line 43. “Old age is one paramount risk factor for developing delirium, together with a number of risk factors such as diabetes, volume load during operation [13] and prolonged mechanical ventilation [14].”

2) In the methods section could the authors clarify what the main study involved that this sample was taken from and also why the diagnosis of delirium was not known at the time of their interviews

2) These are very good comments. The reason why the diagnosis of delirium was not known at the time of the interviews was that the experienced specialist in geriatric medicine had not yet set the diagnosis at the time of the follow ups. We have now provided more detailed information as followed.

See page 3 we have set up a new headline, line 66 “Participants and setting”.
See page 3 line 67 we have clarified information about the study: “The sample comprised 17 women and 32 men, a total of 49. The age of participants ranged from 71 to 91 years (median 78 years). They were all living independently, and all could speak and understand Swedish. Participants were recruited from a cohort study comprising patients who had undergone cardiac surgery (coronary bypass grafting, valve replacement or a combination thereof, n=142) [12]. Inclusion criterion in the present study was: a diagnosis of postoperative delirium according to the Diagnostic and Statistical Manual of Mental Disorders IV-TR (DSM-IV-TR) [9].”

3) In the analysis section, can the authors explain this sentence in line 131-132, ‘Text never has one single meaning and there is always some degree of interpretation when approaching a text’

3) Good comment. We have chosen to remove this sentence in the analysis and have decided to add it to the section Study strengths and limitations.

See page 22 line 523. “A text never has one single meaning and there is always some degree of interpretation when approaching a text [25, 50]. Our interpretation should therefore be considered one of many plausible understandings.”
4) The section, ‘Having a body under attack’ needs re-writing to make it clear what the patients thought and what is the authors’ interpretation. I.e. ‘Their whole bodies were marked by illness and memories and signs of surgical procedures’ - is this sentence what the patients said or the authors’ summary of the patients’ descriptions.

4) Qualitative content analysis is a systematic way to describe content in verbal or written communication. The themes and subthemes are the authors’ interpretation of the text. We have tried to clarify this section. See page 6 line 122. ‘Participants described how they felt their bodies were under attack. Their whole bodies were marked by illness and memories and signs of surgical procedures. For example, they experienced being tormented with needles everywhere and they could do nothing to prevent it. They described how they had experienced being defenseless when being suddenly assailed by illness. They thought they had had no choice but to put up with what was going on now, that their bodies were “useless”. Participants described bodily reactions such as visual changes, speaking difficulties, swollen legs, unsteady legs, fainting and constipation. They had even wished to die when their bodily attacks were severe.”

Minor Essential Revisions

1) Some poor use of the English language i.e line 73 ‘as a period of various feelings of discomfort and suffering after cardiac surgery and from other setting’. I do not know what this sentence means. Also the word bodily in relation to bodily reactions I think would be better translated as physical reactions.

1) Good comment. We have also sent the manuscript again for proofreading. The whole background-section has been rewritten according to your comments. See the text in this section, page 2 line 29-63.

2) These two sentences at line 100 onwards are repetitive
The present study has been conducted in order to gain knowledge and provide a contemporary description of older patients’ cardiac surgery experiences. Therefore the aim was to illuminate experiences of cardiac surgery as described 1 year post-surgery by participants diagnosed with postoperative delirium.

2) Also a very good comment. The whole background has been rewritten according to your comments. See the text in this section, page 2 line 29-63.

3) Although this is a qualitative study it would be helpful to know if these experiences were typical of the whole sample or whether some patients had no memory of any unpleasant or odd experiences

3) This comment is correct, some patients had memories and some did not. This is described on page 10, line 234: “There were participants who stated that they were confused but who were unable to describe it. However, there were also participants who did not experience anything unusual or weird during cardiac surgery”.
4) In the discussion section line 553 there is a sentence which need further explanation, “This problem is addressed in various studies [46-48]

4) This is also a good comment. This has been changed on page 22 line 503 “Delirium is a multifactorial syndrome with severe consequences for patients. Therefore all health care professionals need increased knowledge on how to prevent and treat postoperative delirium in high-risk patients in order to provide good nursing care. It has been recommended that interdisciplinary teams, formal education, various interventions e.g. non pharmacological interventions, environmental adjustments and specialized units could provide better options for care of older people at risk for delirium [49]. Solid research on effective preventions as well as interventions is needed to improve nursing care for older people undergoing cardiac surgery.”

Discretionary Revisions

1) There are hospitals which follow up patients who have had long critical care stays and help them understand what has happened and provide counselling if appropriate. It would be interesting to discuss this in the future recommendations

1). Thank you for that comment. We have now discussed this in “Implications for practice and research “-section, on page 21 line 499.

“By being persistent asking questions and, most important, listening to patients and their relatives, nurses can gain understanding of their experiences. Patients should also be offered follow up contacts post-hospital to help them understand what has happened and offered counselling if appropriate. “

2) This article is of interest to people working with older patients undergoing cardiac surgery but the poor use of English makes it difficult to follow. I suggest it is proof read by someone with a good understanding of English before it is re-submitted. The analysis provides very rich data and so I think it is worth persevering to create a more readable manuscript

2) Thank you very much for letting us re-submit the paper. It seems like we have done some language errors. We have once again sent the manuscript for proofreading and language corrections and hope that it keeps the standard for BMC Nursing.
Reviewer's report
Title: Older patients diagnosed with postoperative delirium - their experiences of cardiac surgery 1 year later.
Version: 2
Date: 22 October 2014
Reviewer: Di Giulio Paola
Reviewer's report:

The article should be rejected and can be resubmitted after major revisions.
The choice of the population (and the aim of the study) should be better supported as one wonders why this specific subpopulation was chosen since the aim of the article is not to describe the delirium experience but the experience of cardiac surgery in people with delirium.

Thank you very much for letting us re-submit the paper and thank you for your valuable comments. We have changed the title to “Experiences of undergoing cardiac surgery among older people diagnosed with postoperative delirium: one year follow-up” to better describe the aim of our study.

More information should be provided on the clinical situation (which kinds of cardiac surgery?) and clinical course of the patients (i.e. complications?) and on the delirium itself: how long it lasted (few hours, days…? These situations may strongly impact on patients perceptions and feelings.

This is a valuable comment. We have now tried to explain this more clearly. The Methods section is now re-written. To meet the comment on which kinds of cardiac surgery, see page 3 line 67: “The sample comprised 17 women and 32 men, a total of 49. The age of participants ranged from 71 to 91 years (median 78 years). They were all living independently, and all could speak and understand Swedish. Participants were recruited from a cohort study comprising patients who had undergone cardiac surgery (coronary bypass grafting, valve replacement or a combination thereof, n=142) [12]. Inclusion criterion in the present study was: a diagnosis of postoperative delirium according to the Diagnostic and Statistical Manual of Mental Disorders IV-TR (DSM-IV-TR) [9].”

Further to meet the comment on clinical course of the patients (i.e complications?) this is interesting, however we concluded that our focus was on patients’ experiences. The participants (they are not in hospital any more) described their experiences from cardiac surgery as a big challenge, that they had swollen legs, difficult to breathe, cardiac arrest, infections, that they fainted, had visual changes as well as speaking difficulties. This is described in the theme “feeling drained of viability”, page 5, line 114.

Lastly, the comment of how long delirium itself lasted is not of interest according to the aim. We interviewed the participants at a one-year follow-up and they described their experiences and memories.

If this is the aim, I would expect at least some comparisons of the experience in people without delirium, to understand how the delirium impacts on patients perception of symptoms, course and other variables. Losing strenghts and feeling drained are possible common perceptions also in populations without delirium. I would focus the article on delirium and expand patients perceptions: most contents reported are possibly common to populations without delirium.
This is not appropriate, since our aim was not to investigate the differences between those with and without delirium. However, we agree that it would be interesting to look at those who are not diagnosed with delirium. We have changed the title to “Experiences of undergoing cardiac surgery among older people diagnosed with postoperative delirium: one year follow-up” to better describe the aim of our study.