

### **Response to Reviewer-1**

This is an interesting randomized controlled trial comparing haloperidol and quetiapine in delirium not related to substance withdrawal. The study has been adequately performed and is well presented. A few suggestions: a) In table 1 it is redundant to present the data of the whole group. b) Table 2 may be redundant altogether. c) it is not designated whether the study was intended to show superiority or non-inferiority c) There is no calculation of power and no discussion of power issues. Actually an  $n < 50$  (depending on the type of hypothesis) per study arm may result in insufficient power to detect differences with a medium effect size. d) The study does not report and discuss side effects e) Since the dose of the respective substance was clinically chosen the relationship between main effect and side effects may be an important outcome.

**Response:** We have deleted the data of the whole group from Table-1. We have retained the table-2, as this provides information at a glance in terms of significance of reduction in the scores. However, if the editorial board feels that this needs to be removed, than we have no issues. We have added the word equivalence trial rather than non-inferiority or superiority trial. No power calculation was done. However the sample size of the study is comparable to most of the trials which have evaluated various antipsychotics in patients with delirium. We have acknowledged the same in the limitations of the study. Side effects were not evaluated, as this was a very short term trial. As side effects were not evaluated, relationship between main effect and side effects cannot be commented.

### **Response to Reviewer-2**

Authors compared the efficacy of haloperidol against quetiapine in a small sample of patients suffering from delirium. Authors used a blind, randomized experimental design, and conclude that there are not significant differences between treatments. This is a very nice-negative study. The manuscript is very well written, the ethical items well covered, the selection of the sample attended very well the criteria of inclusion and exclusion of patients, the statistical analysis is correct, results are clearly expressed and discussed. Results support similar experiences and may be useful for clinical approaches in the management of delirium

**Response:** We are thankful to the reviewer for their kind words.