is being considered. Some guidelines recommend giving parenteral thiamine during unplanned emergency department or hospital admissions for all patients with heavy alcohol use or malnutrition. 2, 3 Thiamine replacement should be incorporated into institutional alcohol withdrawal treatment protocols and also into clinical guidelines for management of alcohol withdrawal. 5 While we are not aware of any validated risk scores to predict WE, a structured risk assessment may increase rates of thiamine prescribing. 6

The patient described in our article 1 had a history of heavy alcohol use and experienced acute onset of confusion shortly after bowel resection, which could be consistent with a diagnosis of WE. Fortunately, his risk for WE was recognized by a hospital dietician and he was provided parenteral thiamine after his first anastomotic leak. Parenteral thiamine treatment was then continued as part of the institutional alcohol withdrawal treatment protocol. His delirium lasted a few weeks, but he eventually recovered and returned to independent function and cognition. While we believe his delirium was largely attributable to his postoperative infection, WE is also a possibility. It is therefore important that the patient was treated up front with both antibiotics and parenteral thiamine.

In writing our Teachable Moment, 1 we aimed to encourage clinicians to keep a broad differential diagnosis for delirium in patients with a history of heavy alcohol use. We thank Sechi and Sechi for emphasizing the importance of considering WE in this differential and for highlighting the low risk associated with giving parenteral thiamine without delay.

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CORRECTION

Error in Funding/Support Section of End Matter: In the Original Investigation titled “Incidence of Hip Fracture Over 4 Decades in the Framingham Heart Study,” 1 there was an error in the Funding/Support section of the end matter. The Funding/Support section should have included information about grant organizations and numbers as well as source of research materials. This article was corrected online.