- 21 World Health Organization. Composite International Diagnostic Interview (version 2.1 Auto). WHO, 1997.
- 22 Kikkert MJ, Dekker JJM, Koeter MWJ, Schene AH. The Inventory of Medication Intake (IMI): validation of an instrument for assessing adherence to antipsychotic medication. In *Medication Adherence in Patients with Schizophrenia* (ed MJ Kikkert): 113–32. Dissertation at the University of Amsterdam, 2010.
- 23 Wing JK, Beevor AS, Curtis RH, Park SB, Hadden S, Burns A. Health of the Nation Outcome Scales (HoNOS). Research and development. *Br J Psychiatry* 1998; **172**: 11–8.
- 24 Kikkert MJ, Barbui C, Koeter MWJ, David AS, Leese M, Tansella M, et al. Assessment of medication adherence in patients with schizophrenia. The achilles heel of adherence research. J Nerv Men Dis 2008; 196: 274–81.
- 25 Kay SR, Fiszbein A, Opler LA. The positive and negative syndrome scale (PANSS) for schizophrenia. Schizophr Bull 1987; 13: 261–76.
- 26 Staring ABP, Mulder CL, Duivenvoorden HJ, De Haan L, Van der Gaag M. Fewer symptoms vs. more side-effects in schizophrenia? Opposing pathways between entipsychotic medication compliance and quality of life. *Schizophr Res* 2009; 113: 27–33.
- 27 Prieto L, Sacristán JA, Hormaechea JA, Casado A, Badía X, Gómez JC. Psychometric validation of a generic health-related quality of life measure (EQ-5D) in a sample of schizophrenic patients. *Curr Med Res Opin* 2003; 20: 827–35.
- 28 Lamers LM, Stalmeier PFM, McDonnell J, Krabbe PFM, Van Busschbach JJ. Measuring the quality of life in cost-utility analyses: the Dutch EQ-5D tariff. Ned Tijdschr Geneeskd 2005; 149: 1574–8.
- 29 Birchwood M, Smith J, Drury V, Healy J, Macmillan F, Slade M. A self-report insight scale for psychosis: reliability, validity, and sensitivity to change. Acta Psychiatr Scand 1994; 89: 62–7.
- **30** Drayton M, Birchwood M, Trower P. Early attachment experience and recovery from psychosis. *Br J Psychol* 1998; **37**: 269–84.

- **31** Link B, Struening EL, Neese-Todd S, Asmussen S, Phelan JC. On describing and seeking to change the experience of stigma. *Psychiatr Rehabil Skills* 2002; **6**: 201–31.
- 32 Horvath AO, Greenberg LS. Development and validation of the working alliance inventory. J Consult Psychol 1989; 36: 223–33.
- **33** Cohen J. *Statistical Power Analysis for the Behavioral Sciences (2nd edn).* Lawrence Erlbaum Associates, 1988.
- 34 O'Donoghue B, Lyne J, Hill M, Larkin C, Feeney L, O'Callaghan E. Involuntary admission from the patient's perspective. Soc Psychiatry Psychiatr Epidemiol 2010; 45: 631–8.
- **35** Valenstein M, Kavanagh J, Lee T, Reilly P, Dalack GW, Grabowski J, et al. Using a pharmacy-based intervention to improve antipsychotic adherence among patients with serious mental illness. *Schizophr Bull* 2009; Nov 21 (Epub ahead of print).
- 36 Hewitt J, Coffey M. Therapeutic working relationship with people with schizophrenia: literature review. J Adv Nurs 2005; 52: 561–70.
- 37 Staring ABP, Van der Gaag M, Van den Berge M, Duivenvoorden HJ, Mulder CL. Stigma moderates the associations of insight with depressed mood, low self-esteem, and low quality of life in patients with schizophrenia spectrum disorders. *Schizophr Res* 2009; 115: 363–9.
- 38 Rathod S, Kingdon D, Smith P, Turkington D. Insight into schizophrenia: the effects of cognitive behavioural therapy on the components of insight and association with sociodemographics data on a previously published randomised controlled trial. *Schizophr Res* 2005; 74: 211–9.
- 39 Claassen D, Fakhoury WK, Ford R, Priebe S. Money for medication: financial incentives to improve medication adherence in assertive outreach. *Psychiatr Bull* 2007; 31: 4–7.
- 40 Patel MX, David AS. Medication adherence: predictive factors and enhancement strategies. *Psychiatry* 2007; 6: 357–61.



## Delirium

## **David Meagher**

*De–Lira*: to be displaced from one's furrow. Acute cognitive impairment complicates one in five hospitalisations, like a cognitive superbug penetrating healthcare environments. The kaleidoscopic symptom profile comprises generalised cognitive and neuropsychiatric disturbances. Contrasting hyperactive and hypoactive presentations complicate detection, but clinical variants share core cognitive disruptions – inattention and diminished comprehension that creates the clouded consciousness we call confusion. Half of cases occur in the context of underlying dementia with growing recognition of delirium as an accelerating and possibly causal factor in dementia. Historically understudied, recently established European and American associations can finally bring this Cinderella to the neuroscientific ball.

> The British Journal of Psychiatry (2010) 197, 455. doi: 10.1192/bjp.197.6.455