action"- regardless of the diagnosis or delusion type.

Conclusions: The stability of the dimensional structure of delusions across diagnoses and delusion types suggests that even seemingly diverse delusions are more like than unlike each other; this is consistent with common etiological mechanisms. The utility of a dimensional approach is indicated, in addition, by the ability to characterize delusions of different types and diagnoses so as to highlight therapeutic and other implications.

Can Involuntary Outpatient Commitment Reduce Hospital Recidivism?: Findings from a Randomized Trial With severely Mentally Ill individuals By: Marvin S. Swartz, Jeffrey W. Swanson, H. Ryan Wagner, Barbara J. Burns, Virginia A. Hiday, and Randy Borum, *American Journal of Psychiatry* (1999), 156: 1968-1975

Objective: The goal of this study was to evaluate the effectiveness of involuntary outpatient commitment in reducing rehospitalizations among individuals with severe mental illnesses.

Method: Subjects who were hospitalized involuntarily were randomly assigned to be released (N=135) or to continue under outpatient commitment (N=129) after hospital discharge and followed for 1 year. Each subject received case management services plus additional outpatient treatment. Outpatient treatment and hospital use data were collected.

Results: In bivariate analyses, the control and outpatient commitment groups did not differ significantly in hospital outcomes. However, subjects who underwent sustained periods of outpatient commitment beyond that of the initial court order had approximately 57% fewer readmissions and 20 fewer hospital days than control subjects. Sustained outpatient commitment was shown to be particularly effective for individuals with noneffective psychotic disorders, reducing hospital readmissions by approximately 72% and requiring 28 fewer hospital days. In repeated measures multivariable analyses, the outpatient commitment group had significantly better hospital outcomes, However, in subsequent repeated measures analyses examining the role of outpatient treatment among psychically disordered individuals, it was also found that sustained outpatient commitment reduced hospital readmissions only when combined whit a higher intensity of outpatient treatment.

Conclusions: Outpatient commitment can work to reduce hospital readmissions and total hospital days when court orders are sustained and combined with intensive treatment, particularly for individuals with psychotic disorders. This use of outpatient commitment is not a substitute for intensive treatment; it requires a substantial commitment of treatment resources to be effective.

Association Among Visual Hallucinations, Visual Acuity, and Specific Eye Pathologists in Alzheimer's Disease: Treatment Implications By:Fiona M. Chapman, Ophth., Jane Dickinson, Ian Mckeith, and Clive Ballard, *American Journal of Psychiatry* (1999), 156: 1983-1985

Objective: Studies suggest a link between visual acuity and visual hallucinations in dementia, but links with specific eye pathologists have not been evaluated.

Method: Fifty patients (20 with visual hallucinations, 30 without) with probable Alzheimer's disease had an

evaluation of psychotic symptoms. Visual acuity was measured before and after refractions, and ophthalmological examinations included standardized assessments for cataracts and macular degeneration.

Results: Impaired visual acuity and the severity of cognitive impairments were significantly associated with visual hallucination. No patients with normal acuity (6/5 or 6=6 on the Snellen chart) experienced these symptoms. Impaired acuity improved with refraction in 60% (N=12) of the patients with visual hallucinations. Of specific eye pathologists, only cataracts were significantly associated with visual hallucinations. Descriptive follow-up information suggests that an optician's assessment for glasses improves outcome.

Conclusions: Glasses and cataract surgery need evaluation as prophylactic or adjunctive treatments for visual hallucinations in patients with probable alzhemier's disease.

Why Does Postpsychotic IQ Decline in childhood-Onset Schizophrenia? By: Jeffrey S. Bedwell, B.S., Barbara Keller, Amy K. Smith, B.A., Susan Hamburger, Sanjiv Kumra, and Judith L. Rappoport, *American Journal of Psychiatry* (1999), **156**: 1996-1997

Objective: The author's goal was to examine whether the postpsychotic decline in full -scale IQ during adolescence for patients with childhood-onset schizophrenia is due to a dementing process or simply failure to acquire new information and skills.

Method: Linear regression was used to determine the rate of change for scaled and raw scores on subsets of 31 patients with childhood-onset schizophrenia. The resulting slopes were examined and related to changes in the patients brains determined by magnetic resonace imaging.

Results: Three postpsychotic subtest scaled scores declined significantly: picture arrangement, information, and block design. In contrast, there was no decline in the non-age -corrected (raw) scores for any subset. A significant correlation was found between decrease in hippocampal volume and a smaller increase in raw score on the information subtest.

Conclusions: The decline during adolescence in the full-scale IQ of patients with child-information and abilities.

Health of the Nation Outcome Scales Results of the Victorian field trial By : T. Trauer, T. Callaly, P. Hantz, J. Little, R. Shields and J. Smith, *British Journal of Psychiatry* (1999), **174**: 380-388

Background: In Victoria, Australia, systematic assessment of outcomes in mental health services are being instituted.

Aims: To carry out a large-scale field trial of the health of the nation outcome scales (HoNOS)

Method: 2137 clients were rated by mental health workers on the HoNOS, and about half were rated again within a few months .

Results: While interrater reliability of the total score was satisfactory, that of some individual items was unacceptable. Significant associations with age and gender were found, and clients with non-psychotic disorders obtained higher (i.e. worse) ratings than those with psychotic disorders. There were relationships between service use and HoNOS total score. For the group as a whole, total scores had not changed at the second rating, but admissions and discharges were associated with increases and de-

crease in total score. Among clients in the community, there was no relationship between change in HoNOS total score and frequency of contacts.

Conclusions: Certain items, notably 11 and 12, were unreliable. The absence of evidence of sensitivity to change may be due to the short re-rating interval, little real change in the clients, or the characteristics of the scale itself.

Evaluating the Health of the Nation Outcome Scales. Reliability and validity in a three - year follow - up of first - onset psychosis. By: S. Amin, S.P. singh, T. Croudace, P. Jones, I. Medley and G. Harrison. *British Journal of Psychiatry* (1999), **174**: 399-403

Background : The HoNOS has been developed as a routine measure of outcomes in metal health.

Aims : To explore the validity and interrater reliability of HoNOS in a first-onset Psychosis follow-up study.

Method: Between 1992 and 1994 we ascertained a cohort of all persons with first -onset psychosis. We re-assessed these people at 3 years (n=166) with several outcome scales, including HoNOS. Patient's keyworkers also completed the HoNOS. We estimated concurrent validity by calculating correlations between HONOS and other scales, and interrater reliability.

Results: Researcher HONOS correlated highly with other scales ($0.46<P<0.86$;$P<0.001$). Keyworker HoNOS correlation were lower ($0.41<P<0.51$; $P<0.05$), but still significant for all scores except the HoNOS-social subscale ($0.12<P<0.28$). Agreements between researcher and keyworker HoNOS were modest ($0.47<ICC<0.85$).

Conclusions In this research cohort HoNoS correlates well with established outcome scales. Key worker ratings show similar, but weaker, relationships; its use in routine settings may require further training for calibration of severity.

Brief scale for measuring the outcomes of emotional and behavioral disorders in children Health of the Nation Outcome Scales for children and Adolescents (HoNOSCA) By: S.G. Gowers, R.C. Harrington, A. Whitton, P. Lelliott, A. Beevor, J. Wing and R. Jezzard, *British Journal of Psychiatry* (1999), **174**: 413-416

Background: Following the development of a child and adolescent version of the Health of the nation outcome scales (HoNOSCA), field trials were conducted to assess their feasibility and acceptability in routine outcome measurement.

Aims: to evaluate the reliability, validity and acceptability of HoNOSCA in routine outcome measurement.

Method: Following training, 36 field sites provided ratings on 1276 cases at one time point and outcome data on 906. Acceptability was assessed by way of written feedback and at a debriefing meeting.

Results: HoNOSCA demonstrated satisfactory reliability and validity characteristics. It was sensitive to change and its ability to measure change accorded with the clinican's independent rating. HoNOSCA was reasonably acceptable and services.

Conclusions: Provided that training needs can be met, HoNOSCA represents a satisfactory brief outcome measure which could be used routinely in child and adolescent mental health services.

Paddington Complexity Scale and Health of the Nation Outcome Scales for Children and Adolescents By: P.Yates, M.E. Garralda and I. Higginson, *British Journal of Psychiatry* (1999), **174**: 417-423

Background: There is an increasing interest in measuring health care outcomes in mental health services for children as well as adults.

Aims: We examined the sensitivity of the Paddington complexity scale (PCS) and the Health of the Nation outcome scales for children and adolescents (HoNOSCA) in describing the intakes of child and adolescent mental health clinics.

Method: We carried out a prospective study of two out-patient units and one day patient unit, by means of questionnaires administered to clinicians, parents and children.

Results: Clinician-rated PCS and HoNOSCAs were obtained for 248 new attainders. Both proved sensitive to intake differences between clinics. There were correlations of moderate intensity (r=0.6) behaviour (r=0.4) and 0.3), quality of life and self -esteem (r=0.3 or less).

Conclusions: Both PCS and HONOSCA are useful for describing clinical profiles of children and adolescents receiving mental health services.

Declaration of interest: The study was fended by the north thames regional health authority.

Health of the Nation Outcome Scales for Elderly People (HoNOS 65+) By: A. Burns, A. Beevor, P. Lelliott, J. Wing, A. Blakey, M. Orrell, J. Mulinga and S. Hadden, *British Journal of Psychiatry* (1999), **174**: 424-427

Background: Health of the nation outcome scales (HoNOS) have been developed to measure outcomes in people with mental health problem.

Aims: The particular physical and cognitive problems affecting older people requires a specific scale for their measurement. We describe the development of such a scale, named HoNOS 65+.

Method: Pilot, validity and reliability studies were carried out on an amended scale. Validity was assessed by comparison with existing scales reflecting depression, cognitive function, psychiatric symptomatology, activities of daily living and functional abilities. Reliability was measured in two centres.

Results: HoNOS 65+ was successfully amended to include specific aspects of mental health problems in older people depression, delusions occurring in the presence of dementia, incontinence and agitation/restlessness. HoNOS 65+was able to discriminate between people illnesses. Correlations with other scales indicated reasonable validity. Reliability was satisfactory.

Conclusions: Aversion of HoNOS 65+ is presented (see pp. 435-438, this issue) which is appropriate for use in elderly people with mental health problems.