Declaration of interest

L.P. is Medical Director and J.C. is Director of Policy and Development at the CHI.

Burns, T. (2002) The Commission for Health Improvement (CHI) review of North Birmingham Mental Health Trust: what can we hope for from the CHI? *British Journal of Psychiatry*, **180**, 6–7.

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Author's reply: I am delighted that the CHI has identified similar improvements through its internal monitoring as I suggested in my editorial. I was trying to be helpful.

I did not question the assessment and training of CHI reviewers but their *experience as reviewers*. Obviously, CHI is new and so its current reviewers are new. A useful exercise at 2 years or so would be to report the average number of reviews conducted by members and to check the number where the seconded members are all first-timers. How comparable and consistent the reports are is also a judgement of outcome, not just of process. Stakeholders will make their own judgements – probably in the same way I did by reading a couple side by side and trying to compare and contrast. Time will tell but shorter reports will certainly help.

Linda Patterson's and Jocelyn Cornwall's comments on my 'unhelpful comparisons' with homicide inquiries do, however, warrant a reply. Homicide inquiry panels would also consider their aim to be 'to help encourage improvement where improvement can be made'. The point I was trying to make is that there can be a gulf between this wholly admirable ambition and the impact of such reports (and that this impact is both direct and indirect through the media).

This point is being made infinitely more eloquently by the Cambridge University philosopher Onora O'Neill in the BBC Reith Lectures entitled 'A question of trust' (O'Neill, 2002). In these she analyses with devastating precision how a pursuit of accountability and transparency at all costs can, and does, lead to the erosion of trust and, paradoxically, a reduction in disclosure and honest communication.

Having started my psychiatric training at a time when consultants really did seem free to do exactly what they wanted, I warmly welcome review and the establishment of consistent standards of clinical care. However, the age of innocence is surely passed. Professor O'Neill's analysis is a call to more careful thought on how accountability and transparency can be achieved without damaging the process they are meant to foster. Hopefully, now it will be accepted that we can have a debate on these issues without it being seen simply as protectionism. I wish the CHI well.

O'Neill, O. (2002) *A Question of Trust*. Cambridge: Cambridge University Press.

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Estimating cognitive deterioration in schizophrenia

Two recent studies failed to establish a relationship between the duration of untreated psychosis (DUP) and cognitive deterioration in first-episode patients (Barnes *et al*, 2000; Norman *et al*, 2001). Both studies used the premorbid IQ (estimated using the National Adult Reading Test (NART)) minus the current full-scale IQ (measured using the Wechsler Adult Intelligence Scale (WAIS)) to measure cognitive deterioration. The validity of this approach to assessing cognitive deficit is open to question.

We examined DUP and cognitive deterioration in 42 individuals (mean age 22.3 years; s.d.=4.1) with first-episode schizophrenia (Amminger *et al*, 2002). The revised version of the NART and WAIS (WAIS–R) were administered at clinical stabilisation and we have since taken the opportunity to apply the NART IQ minus WAIS–R full-scale IQ approach. Current IQ was higher than the estimated premorbid IQ in 38.1% of cases, suggesting an IQ increase.

The NART has been validated in older samples. We were therefore interested in the relationship between age at admission and IQ measures. NART IQ, but not WAIS–R full-scale IQ, was positively correlated with age at admission in our sample, (r=0.331, P=0.032). The WAIS–R 'vocabulary' sub-test, suggested to be a better estimate of premorbid IQ than the NART (Russell *et al*, 2000), had also no relationship with age. It is possible that the NART underestimates premorbid IQ in young people with schizophrenia.

Age-standardised WAIS sub-tests are another method to estimate cognitive deterioration (Bilder *et al*, 1992). Performance on 'information' and 'vocabulary' sub-tests are relatively stable, whereas the 'digit symbol' sub-test is sensitive to brain insult. Bilder *et al*'s (1992) deterioration index (DI),

$$\mathrm{DI} = \frac{[(\text{Information} + \text{Vocabulary})/2 - \text{Digit Symbol}]}{[(\text{Information} + \text{Vocabulary})/2]}$$

is based on the principle that a larger discrepancy between an individual's best and poorest performance on cognitive functions suggests cognitive loss. We found longer DUP, male gender, higher NART IQ and younger age at depression to be independent significant predictors of the DI (Amminger *et al*, 2002).

A cross-sectional test score (e.g. low-average full-scale IQ) cannot indicate deterioration on its own. In the absence of longitudinal data, indices reflecting decline from premorbid levels of functioning are required. Limitations of proxy methods need to be considered and studies which aim to validate measures of cognitive deterioration should be pursued.

Amminger, G. P., Edwards, J., Brewer, W. J., *et al* (2002) Duration of untreated psychosis and cognitive deterioration in first-episode schizophrenia. *Schizophrenia Research*, **54**, 223–230.

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