Appendix D: Clinical evidence tables

Study	Baldwin 2004[10]
Study type	RCT (Patient randomised; Parallel)
Number of studies (number of participants)	(n=153)
Countries and setting	Conducted in United Kingdom; setting: 4 acute medical wards of Tameside General Hospital, Ashton-under-Lyne, a semi-rural area of Northern England.
Line of therapy	Not applicable
Duration of study	Intervention time: 6 weeks
Method of assessment of guideline condition	Adequate method of assessment/diagnosis: Admitted to acute medical wards
Stratum	Overall
Subgroup analysis within study	Not applicable
Inclusion criteria	Score of 2 or above on the GDS4 and/or above 10 on the OMC.
Exclusion criteria	Discharge within 3 days of admission, inability to complete the research schedules (due to either medical instability or profound sensory loss) or acute risk of self-harm.
Recruitment/selection of patients	Subjects were aged 65 years or over. Screening was at 3-5 days after admission and took place between June 2001 and September 2002. Comprised the 4-iten Geriatric Depression Scale (GDS4) and 6-item Orientation-Memory-Concentration test (OMC)
Age, gender and ethnicity	Age - Mean (range): 80.0-80.6 years. Gender (M:F): 64%/36%. Ethnicity: Not stated
Further population details	1. Dementia: Patients without dementia 2. Frail elderly: Frail elderly (65+ years and over). 3. Substance abuse: No substance abuse
Indirectness of population	No indirectness
Interventions	(n=77) Intervention 1: Liaison psychiatry consultation (psychiatric teams based in acute hospital) - Liaison psychiatry consultation. The intervention group received a multi-faceted intervention from a registered mental nurse with 3 years post-qualification experience. Three components to the intervention model: assessment (including risk), direct interventions and liaison support. Duration: 6 weeks. Concurrent medication/care: liaison support comprised encouragement of person-centred care, education about mental disorder, nutrition and safety issues, and sign-posting to relevant services. Interventions were tailored to the patient. (n=76) Intervention 2: No liaison psychiatry consultation. Usual care was defined as care and treatment delivered by

Study	Baldwin 2004[10]
	the acute ward staff. This could include referral to the local old age psychiatry team and/or psychiatrist. Duration: 6 weeks. Concurrent medication/care: no other information provided.
Funding	Academic or government funding (Grant from the North West Research and Development arm of the Department of Health, UK)
RESULTS (NUMBERS ANALYSED) AND RISK OF BIAS FOR COMPARISON: LIAISON PSYCHIATRY CONSULTATION versus USUAL CARE Protocol outcome 1: Quality of life - Actual outcome: Health of the Nation Outcome Scale for Older People (HoNOS65+) at 6-8 weeks; Group 1: mean 11.5 (SD 5.3); n=58, Group 2: mean 11.5 (SD 4.3); n=59; HoNOS65+ 0-48 (12-item scale, each score range: 0 = absent and 4 = very severe Top=High is poor outcome; Risk of bias: All domain - High, Selection - Low, Blinding - High, Incomplete outcome data - Low, Outcome reporting - Low, Measurement - Low, Crossover - Low, Comments - ; Indirectness of outcome: No indirectness ; Group 1 Number missing: 19, Reason: Lost to follow up; Group 2 Number missing: 17, Reason: Lost to follow up Protocol outcome 2: Length of stay - Actual outcome: Length of stay in hospital (days) at 6-8 weeks; Group 1: mean 27.8 (SD 27.1); n=77, Group 2: mean 29.5 (SD 31.4); n=76; Risk of bias: All domain - High, Selection - Low, Blinding - High, Incomplete outcome data - Low, Outcome reporting - Low, Measurement - Low, Crossover - Low, Comments - ; Indirectness of outcome: No indirectness Protocol outcome 3: Readmission - Actual outcome: Readmission at 3 months at 3 months; Group 1: 19/77, Group 2: 21/76; Risk of bias: All domain - High, Selection - Low, Blinding - High, Incomplete outcome data - Low, Outcome reporting - Low, Measurement - Low, Crossover - Low, Comments - ; Indirectness of outcome: No indirectness Protocol outcome 4: Mortality - Actual outcome: Mortality at 3 months at 3 months; Group 1: 17/77, Group 2: 13/76; Risk of bias: All domain - High, Selection - Low, Blinding - High, Incomplete outcome data - Low, Outcome reporting - Low, Measurement - Low, Crossover - Low, Comments - ; Indirectness of outcome: No indirectness	
Protocol outcomes not reported by the study	Discharge destination; Admission prevention; Avoidable adverse events; Staff satisfaction; Patients and/or carer satisfaction; Early diagnosis and treatment

Study	Cole 1991[18]
Study type	RCT (Patient randomised; Parallel)
Number of studies (number of participants)	(n=80)

Study	Cole 1991[18]
Countries and setting	Conducted in USA; setting: conducted at St. Mary's Hospital, Montreal, a 400-bed university-affiliated primary acute care hospital.
Line of therapy	Not applicable
Duration of study	Intervention time: 8 weeks
Method of assessment of guideline condition	Unclear method of assessment/diagnosis
Stratum	Overall
Subgroup analysis within study	Not applicable
Inclusion criteria	Patients were enrolled in the study if they met at least 1 of the following inclusion criteria: score of 3 or more on the Short Portable Mental Status Questionnaire, score of 52 or more on the Geriatric Depression Scale, or score of 50 or more on the Anxiety Status Inventory.
Exclusion criteria	Does not speak English or French, admitted to the ICU, or has received a psychiatric consultation within the month prior to referral.
Recruitment/selection of patients	Hospitalised patients aged 65 and over referred to the Multidisciplinary Geriatric Team (MGT) for consultation.
Age, gender and ethnicity	Age - Mean (SD): 83 years old. Gender (M:F): 27.8%/72.2%. Ethnicity: Not stated
Further population details	1. Dementia: 58% of patients had dementia 2. Frail elderly: Frail elderly 3. Substance abuse: No substance abuse
Indirectness of population	No indirectness
Interventions	(n=41) Intervention 1: Liaison psychiatry consultation (psychiatric teams based in acute hospital) - Liaison psychiatry consultation. Patients in the treatment group received a psychiatric consultation, and when appropriate, follow-up at least once per week for 8 weeks. The MGT included a consultant geriatric psychiatrist, geriatrician, nurse, social worker and physiotherapist. Duration: 8 weeks. Concurrent medication/care: geriatric psychiatry consultation was completed within 2 days of referral and involved interviews with the patient, family, and staff to determine medical history, mental status, all leading to a DSM III diagnosis and treatment recommendations. When appropriate, patients were reassessed at least once per week for at least 8 weeks, and additional findings or recommendations were recorded in progress notes. (n=39) Intervention 2: No liaison psychiatry consultation. Patients in the control group did not receive a geriatric psychiatry consultation. Duration: 8 weeks. Concurrent medication/care: no other information provided.
Funding	Funding not stated
RESULTS (NUMBERS ANALYSED) AND RISK OF BIAS FOR COMPARISON: LIAISON PSYCHIATRY CONSULTATION versus NO LIAISON PSYCHIATRY CONSULTATION (CONTROL GROUP)	

Study	Cole 1991[18]
Protocol outcome 1: Length of stay - Actual outcome: Length of stay at 8 weeks– 39.9 days (No SD); control- 35 days (No SD); Risk of bias; NR (narrative result only); Indirectness of outcome: No indirectness	
Protocol outcomes not reported by the study	Quality of life; Discharge destination; Admission prevention; Readmission; Mortality; Avoidable adverse events; Staff satisfaction; Patients and/or carer satisfaction; Early diagnosis and treatment

Study	Cole 2002[19]
Study type	RCT (Patient randomised; Parallel)
Number of studies (number of participants)	(n=299)
Countries and setting	Conducted in USA; setting: St. Mary's Hospital, Montreal; a 400-bed university-affiliated primary acute care facility.
Line of therapy	Not applicable
Duration of study	Intervention time: 8 weeks
Method of assessment of guideline condition	Adequate method of assessment/diagnosis: General medical units admissions
Stratum	Overall
Subgroup analysis within study	Not applicable
Inclusion criteria	Patients aged 65 or more admitted to the 5 general medical units between, March 15, 1996, and 31st January, 1999.
Exclusion criteria	Patients who met 1 or more of the following exclusion criteria: primary diagnosis of stroke, duration of stay on the intensive care unit or cardiac monitoring unit of more than 48 hours, admission to geriatric or oncology service, inability to speak English or French, or residence other than on the island of Montreal.
Recruitment/selection of patients	Eligible patients were screened within 24 hours after admission by the study nurse using the Short Portable Mental Status Questionnaire. Those who scored 3 to 9 errors on this instrument or had symptoms of delirium recording in the nursing notes were assessed by means of the Confusion Assessment Method.
Age, gender and ethnicity	Age - Mean (range): 82.0-82.7 years old. Gender (M:F): 59%/41%. Ethnicity: Not stated
Further population details	1. Dementia: Patients without dementia 2. Frail elderly: Frail elderly 3. Substance abuse: No substance abuse
Indirectness of population	No indirectness
Interventions	(n=113) Intervention 1: Liaison psychiatry consultation (psychiatric teams based in acute hospital) - Liaison psychiatry consultation. Intervention consisted of 2 parts: consultation and follow-up by the geriatric internist or psychiatrist, and follow-up in hospital by the study nurse. The consultation (within 24 hours after enrolment) determined the

Study	Cole 2002[19]
	probable factors of delirium and resulted in management that was recorded on a regular hospital consultation form. Follow-up by the study nurse involved daily visits to conduct a brief structured mental status exam and monitor consultant's reports. Duration: 8 weeks. Concurrent medication/care: consultation not only assessed but also followed the patients as required. The study nurse visited the patients 5 days per week. The intervention team (comprising 2 geriatric psychiatrists, 2 geriatric internists and the study nurse) met after every 8-10 patients were enrolled in the intervention group to discuss delirium management problems. Finally, the primary investigator met weekly with the study nurse to discuss problems of diagnosis, enrolment and interventions. (n=114) Intervention 2: No liaison psychiatry consultation. Standard hospital services. Referrals (by attending physicians) for geriatric or psychiatric consultation were honoured consistent with usual practice, but patients in the usual care group did not receive systematic consultation by the geriatric specialists, follow-up by the study nurse or the nursing intervention protocol. Duration: 8 weeks. Concurrent medication/care: no other information provided.
Funding	Academic or government funding (Grant from the National Health Research Development Program of Health Canada)
RESULTS (NUMBERS ANALYSED) AND RISK OF BIAS FOR COMPARISON: LIAISON PSYCHIATRY CONSULTATION versus USUAL CARE Protocol outcome 1: Length of stay - Actual outcome: Length of stay at 8 weeks; Group 1: mean 19.7 (SD 17.1); n=106, Group 2: mean 19.1 (SD 16.8); n=112; Risk of bias: All domain - Very high, Selection - High, Blinding - High, Incomplete outcome data - Low, Outcome reporting - Low, Measurement - Low, Crossover - Low; Indirectness of outcome: No indirectness ; Group 1 Number missing: 7, Reason: Patients withdrew from study; Group 2 Number missing: 2, Reason: Patients withdrew from study Protocol outcome 2: Mortality - Actual outcome: Mortality at 8 weeks; Group 1: 25/106, Group 2: 22/112; Risk of bias: All domain - Very high, Selection - High, Blinding - High, Incomplete outcome data - Low, Outcome reporting - Low, Measurement - Low, Crossover - Low; Indirectness of outcome: No indirectness ; Group 1 Number missing: 7, Reason: Patients withdrew from study; Group 2 Number missing: 2, Reason: Patients withdrew from study	
Protocol outcomes not reported by the study	Quality of life; Discharge destination; Admission prevention; Readmission; Avoidable adverse events; Staff satisfaction; Patients and/or carer satisfaction; Early diagnosis and treatment

Study	Cullum 2007[21]
Study type	RCT (Patient randomised; Parallel)
Number of studies (number of participants)	(n=121)
Countries and setting	Conducted in United Kingdom; setting: UK district general hospital in rural East Anglia
Line of therapy	Not applicable

Study	Cullum 2007[21]
Duration of study	Intervention time: 16 weeks
Method of assessment of guideline condition	Adequate method of assessment/diagnosis
Stratum	Overall
Subgroup analysis within study	Not applicable
Inclusion criteria	Aged 65+, current residence within the area covered by the PCT and in hospital 3 to 6 days at time of screening. Participants were eligible for trial entry if they scored ≥8 (positive) on the 15-item geriatric depression scale (GDS-15).
Exclusion criteria	Patients had severe dysphasia, severe deafness, current alcohol dependency or were too physically unwell or confused to participate.
Recruitment/selection of patients	Over a period of 15 months consecutive acute medical admissions were screened by the first author for eligibility (inclusion criteria). A 50% random sample was examined.
Age, gender and ethnicity	Age - Mean (range): 79.7-80.1 years old. Gender (M:F): 41%/59%. Ethnicity: Not stated
Further population details	1. Dementia: Patients without dementia 2. Frail elderly: Frail elderly (65+ patients). 3. Substance abuse: No substance abuse
Indirectness of population	No indirectness
Interventions	(n=62) Intervention 1: Liaison psychiatry consultation (psychiatric teams based in acute hospital) - Liaison psychiatry consultation. Management by a liaison psychiatric nurse (LPN) supervised in the local Community Mental Health Team for Older People (CMHTOP) plus usual medical care. The LPN assessed patients within 5 days of allocation to intervention arm and formulated a care/treatment plan. The plan addressed psychological and social needs of the patient, and need for antidepressant medication. The LPN monitored the participant's mood, mental state and response to treatment every 2-3 weeks for up to 12 weeks, after which the patient was either discharged back to sole care of their GP or to the CMHTOP. Duration: 12 weeks. Concurrent medication/care: LPN role was not to provide all treatments herself, but to liaise with the medical team, primary care, social services and other agencies as well as informal carers to ensure implementation of appropriate management of the patient in hospital and in the community after discharge. (n=59) Intervention 2: No liaison psychiatry consultation. Participants in the control arm of the trial received usual care. If the medical team recognised that a patient had depressive disorder possible courses of action would include commencement of antidepressants and/or referral to the mental health service or GP for further assessment and monitoring. Duration: 12 weeks. Concurrent medication/care: no other information.
Funding	Academic or government funding (MRC Health Services Research Training Fellowship and a NHS Executive Eastern Research and Development Project Grant)

Study	Cullum 2007[21]
RESULTS (NUMBERS ANALYSED) AND RISK OF BIAS FOR COMPARISON: LIAISON PSYCHIATRY CONSULTATION versus NO LIAISON PSYCHIATRY CONSULTATION (CONTROL GROUP) Protocol outcome 1: Quality of life - Actual outcome: Quality-adjusted life weeks (QALWs) at 12 weeks; Group 1: mean 9.9 (SD 3.96); n=41, Group 2: mean 8.4 (SD 5.47); n=45; Risk of bias: All domain - Very high, Selection - High, Blinding - High, Incomplete outcome data - High, Outcome reporting - Low, Measurement - Low, Crossover - Low, Comments - Treatment was allocated by block randomisation, stratified by cognitive function and whether or not the patient was already known to the local old age psychiatry service, as these factors may influence outcome.; Indirectness of outcome: No indirectness ; Group 1 Number missing: 21, Reason: 20 patients died and 1 refused; Group 2 Number missing: 14, Reason: 12 died, 1 refused, 1 lost to follow-up Protocol outcome 2: Mortality Actual outcome: Mortality at 12 weeks; Group 1: 20/62, Group 2: 12/59; Risk of bias: All domain - Very high, Selection - High, Blinding - High, Incomplete outcome data - Low, Outcome reporting - Low, Measurement - Low, Crossover - Low, Comments - Treatment was allocated by block randomisation, stratified by cognitive function and whether or not the patient was already known to the local old age psychiatry service, as these factors may influence outcome.; Indirectness of outcome: No indirectness Protocol outcome 3: Patients and/or carer satisfaction - Actual outcome: Patient satisfaction at 12 weeks; Group 1: 38/41, Group 2: 29/43; Risk of bias: All domain - Very high, Selection - High, Blinding - High, Incomplete outcome data - Low, Outcome reporting - Low, Measurement - Low, Crossover - Low, Comments - Treatment was allocated by block randomisation, stratified by cognitive function and whether or not the patient was already known to the local old age psychiatry service, as these factors may influence outcome.; Indirectness of outcome: No indirectness ; Group 1 Number missing: 21, Reason: 20 patients died and 1 refused; Group 2 Number missing: 16, Reason: 12 died, 1 refused, 1 lost to follow-up, partial completion of follow-up interview	
Protocol outcomes not reported by the study	Early diagnosis and treatment; Discharge destination; Admission prevention; Readmission; Avoidable adverse events; Staff satisfaction; Length of stay

Study	Levenson 1992[38]
Study type	RCT (Ward randomised; Parallel)
Number of studies (number of participants)	(n=508)
Countries and setting	Conducted in USA; setting: a large urban academic medical centre
Line of therapy	Not applicable
Duration of study	Intervention time: 15 months
Method of assessment of guideline condition	Adequate method of assessment/diagnosis: Admitted to general medical teams

Study	**Levenson 1992[38]**
Stratum	Overall
Subgroup analysis within study	Not applicable
Inclusion criteria	Patients with a high Medical Inpatient Screening Test score (high levels of psychopathology or pain)
Exclusion criteria	Unavailable because of early discharge, transfer or death. Did not speak English, too physically ill to undergo a brief interview, unable to give informed consent.
Recruitment/selection of patients	Potential subjects were all patients consecutively admitted between July 1, 1987 and April 30, 1989 to general medical teams. Patients were approached during the first 24-48 hours after admission and asked to participate in a study of the psychological effects of physical illness. After agreeing to participate, subjects were given the Medical Inpatient Screening Test. Anxiety and depression was measured with the 23 questions from the Hopkins Symptom Checklist (SCL-90-R).
Age, gender and ethnicity	Age - Mean (range): 47.8-49.9 years. Gender (M:F): 50%/50%. Ethnicity: Not stated
Further population details	1. Dementia: Patients without dementia 2. Frail elderly: Not frail elderly 3. Substance abuse: No substance abuse
Indirectness of population	No indirectness
Interventions	(n=256) Intervention 1: Liaison psychiatry consultation (psychiatric teams based in acute hospital) - Liaison psychiatry consultation. All high-scoring patients on the intervention teams were assigned to receive a psychiatric consultation which usually occurred with 24 hours. Experimental consultations were provided by 6 different psychiatrists. The consultations were not highly structured but followed a standard clinical format that included chart review, patient interview, and contact with physicians, nurses, and family as appropriate. A standard consultation note was placed in each patient's chart including DSM-III diagnosis. Duration: 15 months. Concurrent medication/care: consulting psychiatrists were not part of the research team and were not informed about the hypotheses of the study. Regular (naturalistic) psychiatric consultation remained available to patients' physicians. If the patient's physician requested a regular consultation and the Medical Inpatient Screening Test triggered an experimental consultation, the patient was seen by the consultant who arrived first. (n=253) Intervention 2: No liaison psychiatry consultation. No liaison psychiatric consultation. Duration: 15 months. Concurrent medication/care: 2 control groups: baseline (high MIST score) and contemporaneous control group. Patients who had high test scores from the intervention and were randomised not to receive consultation were in the contemporaneous control group.
Funding	Academic or government funding (NIMH grant MH-41567)
RESULTS (NUMBERS ANALYSED) AND RISK OF BIAS FOR COMPARISON: LIAISON PSYCHIATRY CONSULTATION versus CONTROL GROUP (CONTEMPORANEOUS)	

Study	Levenson 1992[38]
Protocol outcome 1: Length of stay - Actual outcome: Length of hospital stay (days) at 15 months; Group 1: mean 14.7 (SD 27.6); n=256, Group 2: mean 16.6 (SD 29.8); n=253; Risk of bias: All domain - Very high, Selection - High, Blinding - High, Incomplete outcome data - Low, Outcome reporting - Low, Measurement - Low, Crossover - Low; Indirectness of outcome: No indirectness Protocol outcome 2: Readmission - Actual outcome: Number of re-hospitalisations at 6-21 months; Group 1: mean 1.24 (SD 2.07); n=256, Group 2: mean 1.43 (SD 2.3); n=253; Risk of bias: All domain - Very high, Selection - High, Blinding - High, Incomplete outcome data - Low, Outcome reporting - Low, Measurement - Low, Crossover - Low; Indirectness of outcome: No indirectness - Actual outcome: Time to next hospitalisation (days) at 15 months; Group 1: mean 146.9 (SD 131.4); n=256, Group 2: mean 176.8 (SD 153.7); n=253; Risk of bias: All domain - Very high, Selection - High, Blinding - High, Incomplete outcome data - Low, Outcome reporting - Low, Measurement - Low, Crossover - Low; Indirectness of outcome: No indirectness	
Protocol outcomes not reported by the study	Quality of life; Discharge destination; Admission prevention; Mortality; Avoidable adverse events; Staff satisfaction; Patients and/or carer satisfaction; Early diagnosis and treatment

Study	Slaets 1997[52]
Study type	RCT (Patient randomised; Parallel)
Number of studies (number of participants)	(n=237)
Countries and setting	Conducted in Netherlands; setting: Leyenburg Hospital in The Hague, a teaching hospital with 600 beds. The department of general medicine consisted of 4 similar units each with 40 beds. The study was done on 2 units located on different floors in the hospital
Line of therapy	Not applicable
Duration of study	Intervention time: 12 months
Method of assessment of guideline condition	Adequate method of assessment/diagnosis: General medical wards
Stratum	Overall
Subgroup analysis within study	Not applicable
Inclusion criteria	Patient must be 75 years old or older and have been referred to the department of general medicine.
Exclusion criteria	Patients admitted for day treatments
Recruitment/selection of patients	From October 1989 to October 1990
Age, gender and ethnicity	Age - Range: 75-96. Gender (M:F): 29.5%/70.5%. Ethnicity: Not stated

Study	Slaets 1997[52]
Further population details	1. Dementia: Patients without dementia 2. Frail elderly: Frail elderly (75 years and over). 3. Substance abuse: No substance abuse
Indirectness of population	No indirectness
Interventions	(n=140) Intervention 1: Liaison psychiatry consultation (psychiatric teams based in acute hospital) - Liaison psychiatry consultation. Multidisciplinary joint treatment by a geriatric team in addition to the usual care. A team of experts including a geriatrician trained in geriatric psychiatry and a specialised geriatric liaison nurse. The main task of the team was assessment of admission, generating and implementing the treatment plans, and planning and management of discharge. Duration: 12 months. Concurrent medication/care: staff-to-patient ration was increased by 3 nurses in the intervention unit. A weekly multidisciplinary meeting was held, attended by the geriatric team, the nurses, social worker, dietician, psychiatrist, and other occasionally invited consultants. In addition, the geriatric team had their own ward rounds every week. (n=97) Intervention 2: No liaison psychiatry consultation. Usual care consisted of services provided by physicians and nurses in another general medical unit in the same hospital but on a different floor. The staff of the usual care unit (including the attending physicians and resident physicians) were not involved in the care of the patients in the intervention. Duration: 12 months. Concurrent medication/care: due to financial restrictions the collection of data in the usual care unit was limited to 100 consecutive admissions.
Funding	Funding not stated
RESULTS (NUMBERS ANALYSED) AND RISK OF BIAS FOR COMPARISON: LIAISON PSYCHIATRY CONSULTATION versus NO LIAISON PSYCHIATRY CONSULTATION (USUAL CARE) Protocol outcome 1: Length of stay - Actual outcome: Length of stay (days) at 12 months; Group 1: mean 19.7 (SD 14.2); n=140, Group 2: mean 24.8 (SD 23.6); n=97; Risk of bias: All domain - Very high, Selection - High, Blinding - High, Incomplete outcome data - Low, Outcome reporting - Low, Measurement - Low, Crossover - Low; Indirectness of outcome: No indirectness	
Protocol outcomes not reported by the study	Quality of life; Discharge destination; Admission prevention; Readmission; Mortality; Avoidable adverse events; Staff satisfaction; Patients and/or carer satisfaction; Early diagnosis and treatment

Study	Talley 1990[57]
Study type	RCT (Patient randomised; Parallel)
Number of studies (number of participants)	(n=107)

Study	Talley 1990[57]
Countries and setting	Conducted in USA; setting: conducted at a large, north eastern, urban university hospital where psychiatric liaison nursing had been established for over 14 years.
Line of therapy	Not applicable
Duration of study	Intervention time: 3 months
Method of assessment of guideline condition	Adequate method of assessment/diagnosis: Admission to an adult medical, surgical, obstetrical or gynaecological unit
Stratum	Overall
Subgroup analysis within study	Not applicable
Inclusion criteria	Assignment of a sitter for at least 1 shift on 2 consecutive days, and admission to an adult medical, surgical, obstetrical or gynaecological unit.
Exclusion criteria	Not stated (assumption: if they did not meet the inclusion criteria)
Age, gender and ethnicity	Age - Mean (range): 20-90+years old. Gender (M:F): 60%/40%. Ethnicity: 77% White, 15% Black, 8% Hispanic
Further population details	1. Dementia: Patients without dementia 2. Frail elderly: Frail elderly (60-90+ years - 60% of patient sample group). 3. Substance abuse: 42% patients suffered with substance abuse
Extra comments	61% of patients admitted was because of an acute medical/surgical event
Indirectness of population	No indirectness
Interventions	(n=47) Intervention 1: Liaison psychiatry consultation (psychiatric teams based in acute hospital) - Liaison psychiatry consultation. Patients assigned to the intervention/experimental group were seen by the psychiatric liaison nurse specialist for the duration of the sitter order. The consultation was individualised to the particular patient situation, and typically began with the reason for sitter request, a review of the chart, and exploration of the staff nurse's view of the patient problem. The patient was then seen for an assessment of: mental status, suicidality, behaviour that harmed others, self or was generally unpredictable. Duration: 3 months. Concurrent medication/care: patients were allocated according to suicidal state: suicidal and non-suicidal. (n=60) Intervention 2: No liaison psychiatry consultation. No PLNS consultation. Duration: 3 months. Concurrent medication/care: patients were allocated according to suicidal state: suicidal and non-suicidal. If PLNS consultation was ordered for a control subject, she or he was dropped from the study in order to receive consultation.
Funding	Study funded by industry (Part funded by Sigma Theta Tau, Melta Mu Chapter)
RESULTS (NUMBERS ANALYSED) AND RISK OF BIAS FOR COMPARISON: LIAISON PSYCHIATRY CONSULTATION (NON-SUICIDAL) versus NO LIAISON PSYCHIATRY CONSULTATION (NON-SUICIDAL)	

Study	Talley 1990[57]
Protocol outcome 1: Length of stay - Actual outcome: Length of stay (days) – narratively at 3 months; Risk of bias: Narrative data only; Indirectness of outcome: No indirectness Length of stay according to the patient groups investigated (non-suicidal and suicidal). Non-suicidal patients who received the intervention (psychiatric liaison nurse specialist consultation) had a mean length of stay of 21.44 days compared to 25.33 days for non-suicidal patients in the control group. Suicidal patients who received the intervention had a mean length of stay of 16.0 days compared to 9.7 days for suicidal patients in the control group. Protocol outcome 2: Discharge destination - Actual outcome: Discharge to home at 3 months; Group 1: 27/47, Group 2: 36/60; Risk of bias: All domain - Very high, Selection - High, Blinding - High, Incomplete outcome data - Low, Outcome reporting - Low, Measurement - Low, Crossover - Low; Indirectness of outcome: No indirectness Protocol outcome 3: Mortality - Actual outcome: Mortality at 3 months; Group 1: 6/47, Group 2: 6/60; Risk of bias: All domain - Very high, Selection - High, Blinding - High, Incomplete outcome data - Low, Outcome reporting - Low, Measurement - Low, Crossover - Low; Indirectness of outcome: No indirectness	
Protocol outcomes not reported by the study	Quality of life; Admission prevention; Readmission; Avoidable adverse events; Staff satisfaction; Patients and/or carer satisfaction; Early diagnosis and treatment