

## *Appendix E: Methodological quality*

### *Epidemiology review*

General Medicine					
Study	Sample Size	Age (Mean, SD)	All participants assessed for delirium within 24 hours of admission	Frequency of assessment	Study Quality (P=prevalent data, I = incident data, O = occurrence rate)
Pitkala (64)	230	Not given	Yes	At admission	Moderate (P)
Edund (21)	400	Not given	Yes	At admission	Moderate (P)
Holden (34)	216	Not given	Yes	Every 2 days	Moderate (P) Moderate (O)
McCusker (51)	1552	83.6 (7.4)	Yes	At admission & once again during first week	High (P) Low (O)
Rockwood (69)	247	79	Yes	At admission	Moderate (P)
Cole (16)	484	Not given	Yes	At admission	Moderate (P)
Martin (49)	156	76.4 (6.5)	Yes	Daily until d14, discharge or death	Moderate (I)
Leslie (45)	919	80 (6.5)	Yes	Daily until discharge	High (I)
O'Keefe (58)	225	Not given	No	At least every 24 hours	Moderate (O)
Naughton (57)	374	81 (6.2)	No	Once on day 4 of admission	Low (O)
Adamis (7)	94	82.1 (6.2)	No	Every 3+/-1 day until d18 & again 10d later	Low (O)
Faezah (25)	400	Not given	Yes	Daily until discharge	High (O)
Inouye (36)	107	Not given	Yes	Daily until discharge	Moderate (O)
Jones (39)	491	79 (6)	Yes	Alternate days & at discharge	Moderate (O)

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Inouye (37)	196	Not given	Yes	Daily until discharge	High (O)
Inouye (38)	727	78.9 (6.9)	No	Within 48 hours of admission & at discharge	Low (O)
Inouye (36)	174	Not given	Yes	Daily until discharge	Moderate (O)

Stroke Medicine					
Study	Sample Size	Age (Mean, SD)	All participants assessed for delirium within 24 hours of admission	Frequency of assessment	Study quality
Caeiro (15)	190	63.6 (12.8)	No	Once at admission	Moderate (P)
Henon (33)	202	75	Yes	Daily until discharge/death	Moderate (O)

HIV/AIDS Medicine					
Study	Sample Size	Age (Mean, SD)	All participants assessed for delirium within 24 hours of admission	Frequency of assessment	Study quality
Uldall (78)	110	42	No	Examined ever 24-48 hours until discharge	Low (O)
Breitbart (14)	244	39.2 (8.8)	Yes	Daily until discharge	Moderate (O)

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<b>Medical ICU</b>					
<b>Study</b>	<b>Sample Size</b>	<b>Age (Mean, SD)</b>	<b>All participants assessed for delirium within 24 hours of admission</b>	<b>Frequency of assessment</b>	<b>Study quality</b>
Ely (24)	111	55.3 (17.4)	Yes	Daily until discharge	Moderate (O)
Milbrandt (53)	224	56 (17)	Yes	Daily until discharge	Moderate (O)
Pisani (63)	178	74.2 (8.3)	No	Daily Monday to Friday until discharge	Moderate (O)
McNicoll (52)	118	76	No	Daily for 6 days of the week until discharge	Moderate (O)
Peterson (62)	614	52.5 (17.5)	Yes	At least once daily until discharge	High (P) High (I)
Thomason (77)	261	56 (18)	Yes	At least twice daily until discharge	Moderate (O)
Lin (47)	102	73.9 (3.5)	Yes	Daily for the first 5 days of admission	Low (O)
<b>Surgical ICU</b>					
Pandharipande (60)	100	Not given	Yes	Daily, maximum 10 days or discharge	Moderate (O)
Robinson (68)	144	64 (9)	Yes	Daily until discharge	Moderate (O)
Robinson (67)	49	64 (7)	Yes	Daily until discharge	Low (O)
Balas (10)	114	75	Yes	Daily until discharge	Moderate (O)
<b>Trauma ICU</b>					
Angles (9)	69	44 (2)	Yes	Daily until discharge	Low (O)
<b>General ICU</b>					
Roberts (66)	185	61	Yes	Twice daily until discharge	Moderate (O)
Ouimet (59)	820	Not given	Yes	Daily until discharge	High (O)
Van Rompaey (80)	523	64	Unclear	Unclear	Potential for bias (O)
Dubois (18)	216	Not given	Yes	Daily until d5	Moderate (O)

## DELIRIUM APPENDX E: METHODOLOGICAL QUALITY

Emergency Department					
Study	Sample Size	Age (Mean, SD)	All participants assessed for delirium within 24 hours of admission	Frequency of assessment	Study quality
Han (32)	341	Not given	Yes	At admission	Moderate (P)
Lewis (46)	385	Not given	Yes	At admission	Moderate (P)
Naughton (56)	188	79.7 (6.5)	Yes	At admission	Moderate (P)
Elie (23)	447	Not given	Yes	At admission	Moderate (P)

General Surgery					
Study	Sample Size	Age (Mean, SD)	All participants assessed for delirium preop (post admission)	Frequency of assessment	Study quality
Koebrugge (43)	73	Not given	No	3 x Daily until discharge	Low (O)
Greene (30)	100	64.7 (7.7)	No	Daily post op until d3/discharge	Low (O)
Franco (26)	500	Not given	No	Daily post op until d4	Moderate (O)
Rudolph (73)	1161	68.9 (5.9)	Yes	Daily until d7 or discharge	Moderate (O)
Marcantonio (48)	1341	68 (9)	Yes	Daily from d2 post op to d5 post op	Moderate (O)

## DELIRIUM APPENDX E: METHODOLOGICAL QUALITY

Orthopaedic surgery					
Study	Sample Size	Age (Mean, SD)	All participants assessed for delirium preop (post admission)	Frequency of assessment	Study quality
<b>Orthopaedics (Acute Hip Fracture)</b>					
Edlund (20)	101	79.5 (7.7)	Yes	d1, d3 & d7 postoperatively	Moderate (P) Low (O)
Furlaneto (27)	103	Not given	Yes	Daily until discharge	Moderate (P) Moderate (I)
Goldenberg (29)	77	81.9 (7.5)	Yes	Daily until discharge	Low (P) Low (I)
Santana (75)	34	Not given	Yes	Twice daily until d5 post op	Potential for bias (O)
Bickel (12)	200	73.8 (9)	Yes	Daily post op (duration not stated)	Moderate (O)
Galanakis (28)	105	74.9	Yes	Daily post-op d1 to d7	Moderate (O)
Edlund (22)	54	77	Yes	Post op d1 and d7 only	Potential for bias (O)
Milisen (54)	60	80	No	d1, d3, d5, d8 & d12 post op	Low (O)
Morrison (55)	541	Not given	yes	daily post op, 5 days per week	Moderate (O)
Holmes (35)	731	82.1	No	Once between d2 & d5 post op	Low (O)
Kagansky (40)	137	82.5 (5.3)	Yes	At admission & d7 post op	Low (O)
Brauer (13)	571	Not given	No	Daily for 5 days of the week	Moderate (O)
<b>Orthopaedics (Elective)</b>					
Contin (17)	236	Not given	Yes	d2 and d7 post op	Low (O)
Galanakis (28)	105	74.9	No	daily d1 to d7 post op	Moderate (O)
Bickel (12)	200	73.8 (9)	Yes	Daily pre-op & post op	Moderate (O)
<b>Orthopaedics (Spinal Surgery)</b>					
Kawaguchi (42)	341	59.2	No	Daily assessment & CAM if change in mental status	Moderate (O)

## DELIRIUM APPENDX E: METHODOLOGICAL QUALITY

Study	Sample Size	Age (Mean, SD)	All participants assessed for delirium preop (post admission)	Frequency of assessment	Study quality
<b>Cardiac Surgery</b>					
Rudolph (72)	80	Not given	Yes	Daily to discharge	Low (O)
Rudolph (71)	36	68.9	Yes	Preop & postop d2 & d5	Potential for bias (O)
Santana (74)	220	Not given	No	Daily evaluation post op until d5	Moderate (O)
Rolfson (70)	71	Not given	Yes	Twice daily post op until d4	Low (O)
Koster (44)	112	70 (7.3)	Yes	Daily d1-d5 post op	Moderate (O)
Van der Mast (79)	296	63 (11)	No	Daily from d2-d5 post op	Moderate (O)
<b>Vascular Surgery</b>					
Benoit (11)	102	Not given	No	Postop until d6 (frequency unclear)	Low (O)
Sasajima (76)	110	71.6 (6.6)	No	Daily postop d2-d7	Moderate (O)
<b>Neurosurgery</b>					
Ramirez (65)	202	Not given	Yes	Daily until discharge	High (O)
<b>Hepatobiliary Surgery</b>					
Yoshimura (81)	100	Not given	Yes	Daily for 2 weeks	Moderate (O)
<b>Urology</b>					
Hamann (31)	100	71.9	Yes	daily post op until d7	Moderate (O)
<b>Gynaecology</b>					
McAlpine (50)	103	Not given	No	Post op d1 & subsequently if confusion noted	Low (O)

## DELIRIUM APPENDX E: METHODOLOGICAL QUALITY

Psychiatry					
Study	Sample Size	Age (Mean, SD)	All participants assessed for delirium within 24 hours of admission	Frequency of assessment	Study quality
Patten (61)	401	35.5	Yes	Daily chart review & DSI/CAM repeated if change noted	Moderate (O)

Long term care					
Study	Sample Size	Age (Mean, SD)	All participants assessed for delirium within 24 hours of admission	Frequency of assessment	Study quality
ala (64)	195	Not given	No	Once (point prevalence)	Low

## DELIRIUM APPENDX E: METHODOLOGICAL QUALITY

### *Information for Patients*

Author (year)	Theoretical approach		Study design	Data Collection	Validity			Ethics
	<i>Qualitative approach</i>	<i>Study purpose</i>	<i>Defensible/rigorous research design/methodology</i>	<i>Data collection methods</i>	<i>Role of researcher described</i>	<i>Context clearly described</i>	<i>Methods reliable</i>	<i>Reporting of ethical considerations</i>
Duppils (2007)	Appropriate	Clear	Defensible	Appropriate	Clear	Clear	Reliable	Clear
		To describe patients' experience of being delirious post hip surgery. In this study there were 6 'sundowners' and 9 post op delirium patients.	To explore experience in depth requires qualitative study approach.	Semi-structured interviews were conducted with a question guide. All interviews were tape recorded except one.	Researcher/ interviewer had met patients during delirium episode.	Setting was in hospital except two patients. There was no discussion of context bias.	Only one method was used – interview with tape recording	Study had Ethics Committee approval
<b>Analysis</b>								
	<i>Sufficiently rigorous</i>	<i>Are the data 'rich'?</i>	<i>Reliable analysis</i>	<i>Convincing findings</i>	<i>Findings relevant</i>	<i>Adequate conclusions</i>		
	Rigorous	Not sure/not reported	Reliable	Convincing	Relevant	Adequate		
	Qualitative content analysis with use of metaphor	There was variety in depth of interviews due to cognitive ability and communication.	Two researchers undertook the analysis. There was no participant feedback due to older age.	Well supported themes with quotations presented.	Findings are descriptive of the experience.	See narrative		

## DELIRIUM APPENDX E: METHODOLOGICAL QUALITY

Author (year)	Theoretical approach		Study design	Data collection	Validity			Ethics
Gagnon (2002)	<i>Qualitative Approach</i>	<i>Study purpose</i>	<i>Defensible/rigorous research design/methodology</i>	<i>Data collection methods</i>	<i>Role of researcher described</i>	<i>Context clearly described</i>	<i>Methods reliable</i>	<i>Reporting of ethical considerations</i>
	Appropriate	Clear	Defensible	Appropriate	Unclear	Clear	Not sure	Not sure/not reported
	This study describes the development and implementation of a psychoeducational intervention based upon focus group consultations, peer review and user interviews.	Phase 1 aimed to develop the framework of an optimal psychoeducational intervention about delirium; phase 2 was the development of a brochure to be used as part of the psychoeducational intervention and phase 3 included the implementation and evaluation of the intervention.	The design is appropriate to the research aims and sampling is justified on the basis of the size of the hospice (15 bed facility)	Data collection methods were well described.	The researcher's role was to train and observe staff in the implementation of the intervention. It is unclear whether the families involved in receiving or not receiving the information understood that a study was being conducted.	The context was a 15 bed hospice and context bias was discussed and includes the implications of the setting, i.e. terminal care.	Data for Phase 3 was evidently collected by telephone about two weeks after the death of the patient.	Ethics approval not discussed. Issues about disclosure of information were discussed.
Analysis								
	<i>Sufficiently rigorous</i>	<i>Are the data 'rich'?</i>	<i>Reliable analysis</i>	<i>Convincing findings</i>	<i>Findings relevant</i>	<i>Adequate conclusions</i>		
	Not sure/not reported	Rich	Reliable	Convincing	Relevant	Adequate		
	Analytic methods are described. Some non-validated scales used.	A Comparison of groups, the usual care group and the intervention group was made.	The responses of caregivers were statistically analysed.	Statistical tables are presented. Comments from carers are well summarised.	Although delirium in end of life settings is excluded from this review, these findings represent the only informational tool described in the literature reviewed fro this question. It appeared to be generalisable to the larger population of delirium patients and their carers and was therefore included.	The conclusions are plausible and this research led to the implementation of a psychoeducational tool as part of routine care in research setting.		

## DELIRIUM APPENDX E: METHODOLOGICAL QUALITY

Author (year)	Theoretical approach		Study design	Data collection	Validity			Ethics
Granberg (1998)	<i>Qualitative Approach</i>	<i>Study purpose</i>	<i>Defensible/rigorous research design/methodology</i>	<i>Data collection methods</i>	<i>Role of researcher described</i>	<i>Context clearly described</i>	<i>Methods reliable</i>	<i>Reporting of ethical considerations</i>
	Appropriate	Clear	Defensible	Appropriate	Clear	Clear	Reliable	Clear
	Qualitative study appropriate for focus on the patient perspective of the ICU syndrome.	Aim: To gain insight and to describe and analyse the patient experience in order to gain knowledge and understanding of the ICU syndrome and the development of this syndrome.	Method: Hermeneutic approach – to attain a deeper understanding of the text of the interviews through the researcher’s preconceptions and reasoning.	Semi-structured interviews were conducted with a question guide. All interviews were tape recorded except one.	Research explained more than once to the patient.	Settings described in context. Bias not discussed.	Methods appropriate to investigation.	Study had Ethics Committee approval.
Analysis								
	<i>Sufficiently rigorous</i>	<i>Are the data ‘rich’?</i>	<i>Reliable analysis</i>	<i>Convincing findings</i>	<i>Findings relevant</i>	<i>Adequate conclusions</i>		
	Rigorous	Rich	Reliable	Convincing	Relevant	Adequate		
	Two authors reviewed all texts in a systematic manner.	Diversity maintained with good detail and depth. Comparisons made across groups.	Two researchers resolved difference in a continuous process until a common understanding was reached while still maintaining incompatibilities.	Clearly presented findings with reference to data.	See narrative.		See narrative.	

## DELIRIUM APPENDX E: METHODOLOGICAL QUALITY

Author (year)	Theoretical approach		Study design	Data collection	Validity			Ethics
Granberg (1998)	<i>Qualitative Approach</i>	<i>Study purpose</i>	<i>Defensible/rigorous research design/methodology</i>	<i>Data collection methods</i>	<i>Role of researcher described</i>	<i>Context clearly described</i>	<i>Methods reliable</i>	<i>Reporting of ethical considerations</i>
	Appropriate	Clear	Defensible	Appropriate	Clear	Clear	Reliable	Clear
	Descriptive study of patient experiences requires qualitative approach.	Aim: To describe patients' experience of being delirious post hip surgery. In this study there were 6 'sundowners' and 9 post op delirium patients.	To explore experience in depth requires qualitative study approach.	Semi-structured interviews were conducted with a question guide. All interviews were tape recorded except one.	Researcher/interviewer had met patients during delirium episode.	Setting was in hospital except two patients. There was no discussion of context bias.	Only one method was used – interview with tape recording.	Study had Ethics Committee approval.
Analysis								
	<i>Sufficiently rigorous</i>	<i>Are the data 'rich'?</i>	<i>Reliable analysis</i>	<i>Convincing findings</i>	<i>Findings relevant</i>	<i>Adequate conclusions</i>		
	Rigorous	Not sure/not reported	Reliable	Convincing	Relevant	Adequate		
	Qualitative content analysis with use of metaphor.	There was variety in depth of interviews due to cognitive ability and communication.	Two researchers undertook the analysis. There was no participant feedback due to older age.	Well supported themes with quotations presented.	Findings are descriptive of the experience.	See narrative.		

## DELIRIUM APPENDX E: METHODOLOGICAL QUALITY

Author (year)	Theoretical approach		Study design	Data collection	Validity			Ethics
	<i>Qualitative Approach</i>	<i>Study purpose</i>	<i>Defensible/rigorous research design/methodology</i>	<i>Data collection methods</i>	<i>Role of researcher described</i>	<i>Context clearly described</i>	<i>Methods reliable</i>	<i>Reporting of ethical considerations</i>
Harding (2008)	Appropriate	Clear	Defensible	Appropriate	Not described	Clear	Reliable	Not sure/not reported
	Purpose of study: to better understand the experience of delirium in the population under review	To understand the experience of older patients with delirium after reparative hip surgery.	Interpretative Phenomenological analysis	Semi structured interview schedule which covered 'unusual experiences' explanations for these experiences and discussing unusual experiences.	Role of researcher was not described in detail.	The context specifically chosen to address the needs of older people after reparative hip fracture	Methods as described appear to be reliable.	Ethics Committee approval not reported.
	Analysis							
	<i>Sufficiently rigorous</i>	<i>Are the data 'rich'?</i>	<i>Reliable analysis</i>	<i>Convincing findings</i>	<i>Findings relevant</i>	<i>Adequate conclusions</i>		
Not sure/not reported	Not sure/not reported	Not sure/not reported	Convincing	Relevant	Adequate			
Analysis methods named but not described in detail	In depth contextual elements not described	Details of data analysis not described.	Well supported themes.	See narrative.	Conclusions and interpretation are linked to data and limitations were discussed. The results are consistent with other studies in this field.			

## DELIRIUM APPENDX E: METHODOLOGICAL QUALITY

Author (year)	Theoretical approach		Study design	Data collection	Validity			Ethics
Laitinen (1996)	<i>Qualitative Approach</i>	<i>Study purpose</i>	<i>Defensible/rigorous research design/methodology</i>	<i>Data collection methods</i>	<i>Role of researcher described</i>	<i>Context clearly described</i>	<i>Methods reliable</i>	<i>Reporting of ethical considerations</i>
	Appropriate	Clear	Defensible	Appropriate	Clear	Clear	Reliable	Not Sure/Not Reported
	Patient descriptions aide in deeper understanding of the phenomenon.	Aim: To describe and reflect on patients' experience of confusion ('post pump delirium')	Method: Phenomenological – hermeneutic approach which was well described and justified.	Tape recorded unstructured dialogue.	Hermeneutic approach was well described.	Discussion of the setting was adequate and taken into account (ICU)	Only one method was used – open dialogue as a part of the process of the research method.	Not reported.
Analysis								
	<i>Sufficiently rigorous</i>	<i>Are the data 'rich'?</i>	<i>Reliable analysis</i>	<i>Convincing findings</i>	<i>Findings relevant</i>	<i>Adequate conclusions</i>		
	Not sure/not reported	Not sure/not reported	Not sure/not reported	Convincing	Relevant	Adequate		
	Themes were not listed and thematic analysis was not well described. Five areas were discussed but it is not clear if these represent all themes.	ICU was well described but diversity of perspective and comparisons were not presented.	Not reported	See narrative.	See narrative.	See narrative.		

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Author (year)	Theoretical approach		Study design	Data collection	Validity			Ethics
Margery (2005)	<i>Qualitative Approach</i>	<i>Study purpose</i>	<i>Defensible/rigorous research design/methodology</i>	<i>Data collection methods</i>	<i>Role of researcher described</i>	<i>Context clearly described</i>	<i>Methods reliable</i>	<i>Reporting of ethical considerations</i>
	Appropriate	Clear	Defensible	Appropriate	Clear	Clear	Reliable	Clear
	Descriptive study aiming to provide rich detailed description requires qualitative methods.	Describes ICU memories in context of other memories	Method: Questionnaire to guide case selection followed by interview.	Clear description of methods of collection of data.	Research clearly explained to patient.	Settings and inclusion criteria was defined. Bias not discussed.	Interviews were taped. Questionnaires were used initially.	Ethical approval given.
Analysis								
	<i>Sufficiently rigorous</i>	<i>Are the data 'rich'?</i>	<i>Reliable analysis</i>	<i>Convincing findings</i>	<i>Findings relevant</i>	<i>Adequate conclusions</i>		
	Rigorous	Rich	Not Sure/not reported	Convincing	Relevant	Adequate		
	Analysis used Morse and Field(1996) method of thematic analysis	Data well described and compared.	Not stated if more than one researcher analysed the data or participants gave feedback.					

## DELIRIUM APPENDX E: METHODOLOGICAL QUALITY

Author (year)	Theoretical approach		Study design	Data collection	Validity			Ethics
Mc Curren (2003)	<i>Qualitative Approach</i>	<i>Study purpose</i>	<i>Defensible/rigorous research design/methodology</i>	<i>Data collection methods</i>	<i>Role of researcher described</i>	<i>Context clearly described</i>	<i>Methods reliable</i>	<i>Reporting of ethical considerations</i>
	Appropriate	Clear	Defensible	Appropriate	Clear	Clear	Reliable	Clear
	A phenomenologic approach to elicit patient experiences is appropriate	Aim: To describe delirium based on the lived experience of hospitalised elders and to investigate how patients give meaning to the experience.	Method: See 1.1	Tape recorded interviews (14) were conducted.	As per phenomenological method.	Target population was older adults in hospital or recently discharged.	One method was used – reliable open interview technique.	Ethics Committee approval given.
Analysis								
	<i>Sufficiently rigorous</i>	<i>Are the data 'rich'?</i>	<i>Reliable analysis</i>	<i>Convincing findings</i>	<i>Findings relevant</i>	<i>Adequate conclusions</i>		
	Rigorous	Rich	Reliable	Convincing	Relevant	Adequate		
	Data analysis was by two reviewers who analysed the tapes and elicited clear themes.	Data was reported as 'rich' although there was no comparative analysis across sites or groups of patients.	Yes. Two authors analysed the data and there was 'peer de-briefing' as well.	Themes are clearly presented with adequate discussion.	See narrative.	See narrative.		

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Author (year)	Theoretical approach		Study design	Data collection	Validity			Ethics
Stenwall (2008)	<i>Qualitative Approach</i>	<i>Study purpose</i>	<i>Defensible/rigorous research design/methodology</i>	<i>Data collection methods</i>	<i>Role of researcher described</i>	<i>Context clearly described</i>	<i>Methods reliable</i>	<i>Reporting of ethical considerations</i>
	Appropriate	Clear	Defensible	Appropriate	Clear	Clear	Not Sure	Clear
	Purpose of study: to explore encounters.	Aim: To understand the experience of older patients with delirium when encountering professional carers and close relatives.	Method: latent content analysis.	Comments: Open interviews specifically addressed research question.	Questions provided.	The context specifically chosen to address the needs of older people.	One interview lasting 25-65 minutes. Five were conducted in hospital and two at home.	Study had Ethics Committee approval.
Analysis								
	<i>Sufficiently rigorous</i>	<i>Are the data 'rich'?</i>	<i>Reliable analysis</i>	<i>Convincing findings</i>	<i>Findings relevant</i>	<i>Adequate conclusions</i>		
	Rigorous	Not sure/not reported	Reliable	Convincing	Relevant	Adequate		
	Seven steps (Graneheim & Lundman) in procedure. Analysis by two authors. Comments by two more authors. Consensus methods used.	In depth contextual elements no described.	See above.	Well supported themes.	See narrative.	Conclusions and interpretation are linked.		

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Author (year)	Theoretical approach		Study design	Data collection	Validity			Ethics
Stenwall (2008)	<i>Qualitative Approach</i>	<i>Study purpose</i>	<i>Defensible/rigorous research design/methodology</i>	<i>Data collection methods</i>	<i>Role of researcher described</i>	<i>Context clearly described</i>	<i>Methods reliable</i>	<i>Reporting of ethical considerations</i>
	Appropriate	Clear	Defensible	Appropriate	Clear	Clear	Reliable	Clear
	In order to elucidate an experience, qualitative methods are appropriate.	Aim: To elucidate and understand the lived experience of close relatives encountering an older person with acute confusional syndrome.	Method: A phenomenological methodology was used to abstract the experiences of relatives of patients with acute confusional syndrome.	Single interviews with 10 relatives between 35 – 90 minutes each were tape recorded.	A description of the phenomenological reduction was provided.	Participants, settings and potential biases were well described.	Methodology was adequate for the purposes of this research. Only one method was used.	Ethics Committee approval given.
Analysis								
	<i>Sufficiently rigorous</i>	<i>Are the data 'rich'?</i>	<i>Reliable analysis</i>	<i>Convincing findings</i>	<i>Findings relevant</i>	<i>Adequate conclusions</i>		
	Rigorous	Rich	Reliable	Convincing	Relevant	Adequate		
	Data analysis was by two authors.	Data was reported as 'rich' although contract across groups was lacking (ethnicity in particular).	Yes. Two authors analysed the data and discrepancies were settled by consensus.	Data is referenced and clearly presented.	See narrative.	See narrative.		