Supplemental table 1 summary data and characteristics of all studies

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** | **Setting**  | **Study N**  | **n with DMC** | **Proportion (95 Cis)**  |  | **Lack of Insight** | **PANSS (Total (T), General (G), Positive (+VE). Negative (-VE)** | **BPRS**  | **Affective symptoms** | **Neurocognitive performance****(unless stated z score)** | **Socio-Demographics** | **Education (y)** |
|  | **DMC R or T** | **Tool Used** | **Nature of decision** |  |  | **T** | **G** | **+VE** | **-VE** |  |  |  |  |  |
| **Specific Issues and other results** | **Measure correlated against** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Weinstock 1984** | N/A | N=2 | n=2 | 1 (0.34-1) | P | - | - | - | - | - | - | - | - | - | - |
|  | DMC-T | C | Unrelated medical treatment |
| Specific features: Medically unwell in a physical health hospital referred for determination of DMC-T for medical treatment |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Veliz 1987** | Inpatients | N=35 | n=4 | 0.11 (0.05-0.26) | P | - | - | - | - | - | - | - | - | - | - |
|  | DMC-T | C | Related psychiatric treatment |  |
| Specific features: Referred to the Court for determination of lack of competency to refuse or consent to treatment forensic population |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Bean 1994** | Inpatients | N=32 | n=19 | 0.59 (0.42-0.75) | P | - | - | - | - | - | - | - | - | - | - |
|  | DMC-T | C | Related psychiatric treatment |  |
| Specific features: Inpatients requiring ECT |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Wong 2000** | Mixed | N=21 | n=19 | 0.90 (0.71-0.97) | P | - | - | - | - | - | - | - | - | - | - |
|  | DMC-T | C | Blood test - unclear degree related |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Bellhouse 2003** | Inpatients | N=9 | n=6 | 0.67 (0.35-0.88) | P | - | - | - | - | - | - | - | - | - | - |
|  | DMC-T | C | Related psychiatric treatment |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Moye 2008** | Outpatients | N=20 | n=4 | 0.2 (0.08-0.42) | P | - | - | - | - | - | - | - | - | - | - |
|  | DMC-T | ‘ACCT’ interview assessing four factor model with cut off | Unrelated medical treatment | U | - | - | - | - | - | - | - | - | - | - |  |
| Specific features: ≥ 60 years old.Other results: U 'rate of impairment' 35%, A 'rate of impairment' 55%, R rate of 'impairment' 45%, C 'rate of impairment' 40% | A | - | - | - | - | - | - | - | - | - | - |  |  |  |  |
| R | - | - | - | - | - | - | - | - | - | - |  |  |  |
| C | - | - | - | - | - | - | - | - | - | - |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Skipworth 2013** | Mixed | N=97 | n=63 | 0.65 (0.55-0.74) | P | - | - | - | - | - | - | - | - | - | - |
|  | DMC-T | C, M-T | Related psychiatric treatment | U | - | - | - | - | - | - | - | - | - | - |
| Specific features: Mixed inpatients and outpatients under forensic services | A | - | - | - | - | - | - | - | - | - | - |
| R | - | - | - | - | - | - | - | - | - | - |
| C | - | - | - | - | - | - | - | - | - | - |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Vollmann 2003** | Inpatients | N=43 | n=35 | 0.81 (0.67-0.90) | P | - | - | - | - | - | - | - | - | **0 age\*, 0 gender\*** | **0\*** |
|  | DMC-T | C, M-T | Related psychiatric treatment | U | - | - | - | - | - | - | - | - | - | - |
| Specific features: No detained patients.Other results: ‘Impairment standard’ requiring understanding D and T>4; reasoning >3; AD and AT >0. If not then meet ‘impairment standard’. In this sample n=23 had impairment using this standard.\*against 'impairment standard' | A | - | - | - | - | - | - | - | - | - | - |  |  |  |
| R | - | - | - | - | - | - | - | - | - | - |  |  |  |
| C | - | - | - | - | - | - | - | - | - | - |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Cairns 2005** | Inpatients | N=62 | n=30 | 0.48 (0.36-0.61) | P | - | - | - | - | - | - | - | - | - | - |
|  | DMC-T | C, M-T | Related psychiatric treatment | U | - | - | - | - | - | - | - | - | - | - |  |
|  |  |  |  |  | A | - | - | - | - | - | - | - | - | - | - |
|  |  |  |  |  | R | - | - | - | - | - | - | - | - | - | - |
|  |  |  |  |  | C | - | - | - | - | - | - | - | - | - | - |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Owen 2009/11** | Inpatients | N=93 | n=24 | 0.26 (0.18-0.36) | P | **-L SAI** | - | - | - | - | **-M** | - | - | - | - |
|  | DMC-T | C, M-T | Related psychiatric treatment | U | - | - | - | - | - | - | - | - | - | - |
|  | A | - | - | - | - | - | - | - | - | - | - |  |  |  |
| R | - | - | - | - | - | - | - | - | - | - |  |  |  |
| C | - | - | - | - | - | - | - | - | - | - |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Di 2013** | Inpatients | N=192 | n=138 | 0.72 (0.65-0.78) | P | - | - | - | - | - | **\*** | - | - | **0 age, 0 gender** | **+L 7 - 9 years, +L 10-12, +M >12 (reference < 7 years)** |
|  | DMC-T | ‘SSICA’ interview assessing four factor model with cut off | Related psychiatric treatment | U | - | - | - | - | - | - | - | - | - | - |
| Specific features: Guardian also needed to agree in order to participate in study.\* Data reported uninterpretable. | A | - | - | - | - | - | - | - | - | - | - |  |  |  |
| R | - | - | - | - | - | - | - | - | - | - |  |  |  |
|  |  |  |  |  | C | - | - | - | - | - | - | - | - | - | - |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Grisso 1995/95** | Inpatients | N=75 | n/a | n/a | U | - | - | - | - | - | **-M\*** | - | **+M VCF\*** | **+M SES\*** | **\*\*** |
|  | DMC-T | M-T precursors | Related psychiatric treatment | A | - | - | - | - | - | **0\*** | - | **0 VCF\*** | **0 SES\*** | **\*\*** |
| Specific features: Clinicians requested severely unwell people to not be recruited Other results: 48.1% demonstrated adequate performance across measures of U, A, and R (C not included) judged by an arbitrary cut-off but the authors clearly state they do not consider this to equate to a lack of DMC-T. BPRS factor 3 (thought disorganisation) - M for U.\*Several individual tools were used to measure each domain of U, A, R, and C. The authors interpreted presence of at least one statistically significant association with a tool within a domain as sufficient to demonstrate association, strongest associations reported here.\*\*Included in SES | R | - | - | - | - | - | **0\*** | - | **+M VCF\*** | **+S SES\*** | **\*\*** |
| C | - | - | - | - | - | - | - | - | - | - |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Grisso 1997** | Inpatients | N=40 | n/a | n/a | U | - | - | - | - | - | **0** | - | - | **0 age, 0 gender, 0 race** | **0** |
|  | DMC-T | M-T | Related psychiatric treatment | A | - | - | - | - | - | **0** | - | - | **0 age, 0 gender, 0 race** | **0** |
|  | R | - | - | - | - | - | **0** | - | - | **0 age, 0 gender, 0 race** | **0** |
| C | - | - | - | - | - | **0** | - | - | **0 age, 0 gender, 0 race** | **0** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Palmer 2004** | Outpatients | N=59 | n/a | n/a | U | - | - | - | **0** | **0** | **0** | - | **+M DRS**  | **0 age, 0 gender, 0 race** | **0** |
|  | DMC-T | M-T | Related psychiatric treatment | A | - | - | - | **0** | **0** | **0** | - | **0 DRS** | **0 age, 0 gender, 0 race** | **0** |
| Specific features: Outpatients, although most living at community assisted living facilities, age ≥ 40. | R | - | - | - | **0** | **0** | **0** | - | **+M DRS** | **0 age, 0 gender, 0 race** | **0** |
|  |  |  |  |  | C | - | - | - | **0** | **0** | **0** | - | **+M DRS** | **0 age, 0 gender, 0 race** | **0** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Koren 2005** | Inpatients | N=21 | n/a | n/a | U | - | - | - | - | - | - | - | - | - | - |
|  | DMC-T | M-T | Related psychiatric treatment | A | - | - | - | - | - | - | - | - | - | - |  |
| Specific features: Within two weeks of admission when clinician has determined them able to cooperate.(data only presented as individual cognitive sub-scale scores) | R | - | - | - | - | - | - | - | - | - | - |  |  |  |  |
| C | - | - | - | - | - | - | - | - | - | - |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Wong 2005** | Inpatients | N=81 | n/a | n/a | U | **-M G12 PANSS** | **-L** | **-** | **-M** | **-M** | - | **0****MADRS** | - | **0 age** | **+L** |
|  | DMC-T | M-T | Related psychiatric treatment | A | **-M G12 PANSS** | **-M** | **-** | **0** | **0** | - | **0****MADRS** | - | **0 age** | **0** |
| Specific features: Before discharge from hospitalOther results: 0 on side effect measures and U,A,R; with U drug attitude 0; with drug attitude inventory 0; with R drug attitude inventory +S (greater score on drug attitude = more complaint with medication) | R | **-M G12 PANSS** | **-M** | **-** | **0** | **0** | - | **0****MADRS** | - | **0 age** | **+S** |
| C | - | - | - | - | - | - | - | - | - | - |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Capdevielle 2009** | Outpatients | N=60 | n/a | n/a | U | **0 SUMD\*** | **-M** | **0** | **0** | **-M** | - | **0 BDI** | - | **0 age** | **+M** |
|  | DMC-T | M-T | Related psychiatric treatment | A | **-L SUMD\*** | **0** | **0** | **0** | **0** | - | **0 BDI** | - | **0 age** | **0** |
| Specific features: Treatment not changed for past monthOther results: All 0 for anxiety scores (state and trait) and U,A,R,C\*Summary SUMD score was not provided, rather a breakdown of the five components of the SUMD and their correlations. The authors interpreted presence of at least one statistically significant association as sufficient to demonstrate association (for A and R there were associations with all 5 components, with C only 2). | R | **-L SUMD\*** | **0** | **0** | **0** | **0** | - | **0 BDI** | - | **0 age** | **0** |
| C | **-M SUMD\*** | **0** | **0** | **0** | **0** | - | **0 BDI** | - | **0 age** | **0** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Raffard 2013** | Outpatients | N=60 | n/a | n/a | U | - | **-L** | **-L** | **0** | **-L** | - | **0 BDI** | - | **0 age** | **+M** |
|  | DMC-T | M-T | Related psychiatric treatment | A | - | **0** | **0** | **0** | **0** | - | **0 BDI** | - | **0 age** | **0** |
| Specific features: Treatment not changed for past monthOther results: All 0 for anxiety scores (state and trait) and U,A,R,C; BCIS 'self reflectiveness) + M with R, all other BCIS and U,A,R,C correlations 0 | R | - | **0** | **0** | **0** | **0** | - | **0 BDI** | - | **0 age** | **0** |
| C | - | **0** | **0** | **0** | **0** | - | **0 BDI** | - | **0 age** | **0** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Norko 1990** | Inpatients | N=22 | n/a | n/a | Minimum | - | - | - | - | - | - | - | - | - | - |
|  | DMC-T | Tool assessing 4 factor model | Related psychiatric treatment  | Broad | - | - | - | - | - | - | - | - | - | - |  |
| Specific features: No detained patientsOther results: Proportion meeting standards: minimum, 80%, Broad 75%, Legal 45%, Combined 63% | Legal | - | - | - | - | - | - | - | - | - | - |  |  |  |  |
| Combined | - | - | - | - | - | - | - | - | - | - |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Chiu 2014** | Inpatients | N=17 | n/a | n/a | Not relevant. |
|  | DMC-T | C | Related psychiatric treatment |  |  |  |  |  |  |  |  |  |  |  |
| Specific features: People having ECT without consentOther results: n=13 0.76 (0.53-0.90) of those having ECT without consent lacked DMC-T |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Jeste 2009** | Outpatients | N=66 |  | 0.47 (only a sub-portion had the clinical scores) | P | - | - | - | - | - | - | - | - | - | - |
|  | DMC-R | M-CR, C assessment involving review of M-CR records\* | Hypothetical decision about an unclearly related RCT (cognition enhancing drug) | U | - | **0** | **0** | **0** | **0** |  | **0 HAM-D** | **+L RBANS** | **0 age, 0 gender** | - |  |
| Specific features: Outpatients aged >40\*The UBACC (University of California San Diego Brief Assessment for Capacity to Consent) tool was also used but data not extracted to prevent repetition of data presented from the same sample. | A | - | - | - | - | - | - | - | - | - | - |  |  |  |  |
| R | - | - | - | - | - | - | - | - | - | - |
| C | - | - | - | - | - | - | - | - | - | - |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Carpenter 2000** | Mixed | N=30 | n/a | n/a | U | - | - | - | - | - | **0** | - | **+L RBANS** | - | - |
|  | DMC-R | M-CR | Hypothetical RCT of antipsychotic medication related to disorder | A | - | - | - | - | - | **0** | - | **0 RBANS** | - | - |
| Other results: with U and BPRS Factor 1 ‘psychosis factor’ –M; with A and BPRS Factor 1 –M; with R and BPRS Factor 1 –L; with C and BPRS Factor 1 0  | R | - | - | - | - | - | **-M** | - | **+L RBANS** | - | - |
| C | - | - | - | - | - | **0** | - | **0 RBANS** | - | - |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Moser 2002** | Mixed | N=25 | n/a | n/a | U | - | - | - | - | - | **\*** | - | **+L RBANS** | - | - |
|  | DMC-R | M-CR, ESC | Hypothetical decision about an unclearly related RCT (cognition enhancing drug) | A | - | - | - | - | - | **\*** | - | **+L RBANS** | - | - |
| Specific features: Mixed outpatients and inpatients, some recruited from a mental health research centre.Other results: With U SANS/SAPS –VE -L, disorganized -M, psychotic 0; With A SANS/SAPS –VE 0, disorganized -L, psychotic 0; with R SANS/SAPS –VE -L, disorganized -M, psychotic 0; \* reported in regression analysis but not as individual bivariate correlations | R | - | - | - | - | - | **\*** | - | **0 RBANS** | - | - |
| C | - | - | - | - | - | - | - | - | - | - |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Kovnick 2003** | Inpatients | N=27 | n/a | n/a | U | - | - | - | - | - | **-L** | - | **+L VCF** | - | - |
|  | DMC-R | M-CR | Hypothetical RCT of antipsychotic medication related to disorder | A | - | - | - | - | - | **-L** | - | **+L VCF** | - | - |
| Specific features: Long stay patients on a research ward with schizophreniaOther results: With U BPRS Subscales Psychoticism -M, withdrawal -L; depression and hostility 0; With A BPRS Subscales Depression -M, withdrawal -L; hostility and psychoticism 0; With R BPRS Subscales, psychoticism , depression, withdrawal, hostility all 0 | R | - | - | - | - | - | **0** | - | **0 VCF** | - | - |
| C | - | - | - | - | - | - | - | - | - | - |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Cohen 2004** | Inpatients | N=6 | n/a | n/a | U | - | - | - | - | - | - | - | - | - | - |
|  | DMC-R | M-CR | Hypothetical decision about involvement in research, one study treatment related to disorder, the other is an imaging study using ketamine  | A | - | - | - | - | - | - | - | - | - | - |  |
| Specific features: Results of the study dichotmised by willingness to participate. Only presented proportion data on MacCAT-CR scores for willing and unwilling people by studyOther results: Scores on the MacCAT-CR were not associated with a willingness to participate. | R | - | - | - | - | - | - | - | - | - | - |  |  |  |  |
| C | - | - | - | - | - | - | - | - | - | - |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Palmer 2005** | Outpatients | N=35 | n/a | n/a | U | - | - | - | **0** | **0** | - | - | **+M MMSE** | **0 age** | **0** |
|  | DMC-R | M-CR\*  | Hypothetical decision about an unclearly related RCT (cognition enhancing drug) | A | - | - | - | **0** | **0** | - | - | **0 MMSE** | **0 age** | **+L** |
| Specific features: All clinically stable outpatients recruited through clinical research programmes at the university. Aged ≥60\* The three item questionnaire tool was also used but data not extracted to prevent repetition of data presented from the same sample. | R | - | - | - | **0** | **0** | - | - | **0 MMSE** | **0 age** | **0** |
| C | - | - | - | **0** | **0** | - | - | **0 MMSE** | **0 age** | **0** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Stroup 2005** | Mixed | N=1447 | n/a | n/a | U | - | - | **-S** | **0** | **-S** | - | - | **+S**  | **0 age, 0 gender, 0 ‘non-white’** | **+S** |
|  | DMC-R | M-CR | Real decision about involvement in a naturalistic treatment trial related to their disorder. | A | - | - | **-S** | **0** | **-S** | - | - | **+S** | **0 age, 0 gender, -S ‘non-white’** | **+S** |
| Specific features: Mixed inpatients and outpatients already recruited to the CATIE study (having suboptimal antipsychotic treatment) and passing a MacCAT-CR based DMC-R threshold (U ≥ 16).  | R | - | - | **0** | **0** | **-S** | - | - | **+S** | **-S age, 0 gender, -S ‘non-white’** | **+S** |
| C | - | - | - | - | - | - | - | - | - | - |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Candilis 2006/08** | Mixed | N=52 | n/a | n/a | U | - | **-M** | **-L** | **0** | **-L** | - | - | **+L MMSE** | **0 age, 0 gender, 0 race** | **+M** |
|  | DMC-R | M-CR | Hypothetical decision about an RCT using antibiotics for sore throats, unrelated to their disorder. | A | - | **0** | **-L** | **-M** | **-L** | - | - | **+L MMSE** | **0 age, 0 gender, 0 race** | **+M** |
| Other results: With U SF36 physical functioning +M; With A SF36 physical functioning +L; With R SF36 physical functioning +M; with C SF36 physical functioning 0 | R | - | **0** | **-L** | **-M** | **0** | - | - | **+L MMSE** | **0 age, 0 gender, 0 race** | **+S** |
| C | - | **0** | **-M** | **0** | **0** | - | - | **0 MMSE** | **0 age, 0 gender, 0 race** | **0** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Palmer 2006** | Mixed | N=70 | n/a | n/a | U | **0 BIQ** | - | **-S** | **0** | **-M** | - | **0 HAM-D** | **+M** | **0 age** | **0** |
|  | DMC-R | M-CR | Real decision about observational study of side effects related to their treatment with antipsychotics related to their disorder | A | **0 BIQ** | - | **0** | **0** | **0** | - | **0 HAM-D** | **+M** | **0 age** | **0** |
| Specific features: Mixed inpatients and outpatients, some in board and care homes. Aged ≥40 | R | **0 BIQ** | - | **0** | **0** | **0** | - | **0 HAM-D** | **0** | **0 age** | **0** |
| C | **0 BIQ** | - | **-S** | **0** | **0** | - | **0 HAM-D** | **0** | **0 age** | **0** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Dunn 2007** | Mixed | N=91 | n/a | n/a | 1 | **-M BIQ** | - | **0** | **0** | **-S** | - | **0 HAM-D** | **0, 0 DRS**  | **0 age** | **0** |
|  | DMC-R | M-CR | Hypothetical RCT of antipsychotic medication related to disorder | 2 | **-S BIQ** | - | **-M** | **0** | **-M** | - | **0 HAM-D** | **+M, +M DRS** | **0 age** | **+S** |
| Specific features: Mixed outpatient and inpatients, including board and care homes, aged ≥50. Data analysed by standards of thresholds on sub-scale scores.Other results: Standard 1:Least U>15, proportion=0.923; Standard 2:Intermediate U≥20, proportion =0.813; Standard 3:Most U≥18, A≥5, R≥6, proportion=0.429 | 3 | **-M BIQ** | - | **0** | **0** | **0** | - | **0 HAM-D** | **+M, 0 DRS** | **0 age** | **0** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Eyler 2007** | Outpatients | N=14 | n/a | n/a | U | - | - | **0** | **0** | **0** | - | - | - | **0 age** | **0** |
|  | DMC-R | M-CR | Real decision about recruitment into an fMRI observational study that is not clear if relevant to that disorder. | A | - | - | - | - | - | - | - | - | - | - |
| Specific features: Outpatient study recruiting from board and care homes | R | - | - | - | - | - | - | - | - | - | - |  |  |  |
| C | - | - | - | - | - | - | - | - | - | - |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Linder 2012** | Inpatients | N=21 | Not reported |  | P | - | - | - | - | - | - | - | **+M FAB, 0 ACE** | - | - |
|  | DMC-R | C, M-CR | Hypothetical ‘clinical trial’ no further information. |  | U | - | - | - | - | - | - | - | - | - | - |
| Specific features: Voluntary inpatients admitted for > 6 monthsOther results: MacCAT-CR total and FAB +L; MacCAT-CR total and ACE +L | A | - | - | - | - | - | - | - | - | - | - |  |
|  | R | - | - | - | - | - | - | - | - | - | - |  |  |  |  |
| C | - | - | - | - | - | - | - | - | - | - |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Lan 2013** | Inpatients | N=139 | n/a | n/a | U | **-S G12 PANSS** | **-M** | **-M** | **-S** | **-S** | - | - | **+M MMSE** | - | - |
|  | DMC-R | C\*, M-CR | Hypothetical decision about an unclearly related RCT (cognition enhancing drug) | A | **-S G12 PANSS** | **-M** | **-M** | **-S** | **-M** | - | - | **+M MMSE** | - | - |
| Specific features: Members of a hospital based therapeutic community. Stable patients.Other results: With U CGI 0; With A CGI –S; With R CGI – S; With C CGI 0. \*’Brief judgement score’ of clinicians assessment of audio-interviews also used but no absolute scores reported or tested for correlations of variables of interest. | R | **-S G12 PANSS** | **-S** | **-S** | **0** | **-M** | - | - | **+S MMSE** | - | - |
| C | **0 G12 PANSS** | **0** | **0** | **0** | **-S** | - | - | **0 MMSE** | - | - |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Fischer 2013** | Outpatients | N=59 | n/a | n/a | mESC | - | - | - | - | - | **0** | - | **0** | - | - |
|  | DMC-R | mESC | Real decision about involvement in an RCT related to their disorder |
| Specific features: Already recruited to the parent study, all data is for baselineOther results: BPRS negative 0, BPRS psychosis 0 (both at baseline testing); compared research experience group with non-research experience and no significant difference between scores |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Eyler 2005** | Outpatients | N=44 | n/a | n/a | Only presents % score data and correlations with interventions |
|  | DMC-R | M-CR | Decision about involvement in an fMRI study on DMC-R in Schizophrenia (related) |
| Specific features: Outpatient study recruiting from board and care homes |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Moser 2005** | Outpatients | N=10 | n/a | n/a | Only data on correlations is effect of interventions (medication free period) |
|  | DMC-R | M-CR | Hypothetical decision about an unclearly related RCT (cognition enhancing drug) |
| Specific features: People admitted for monitoring during the course of a medication free period during a study. |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Moser 2006** | Outpatients | N=30 | n/a | n/a | Only data on correlations is effect of interventions (educational) |
|  | DMC-R | M-CR | Hypothetical decision about an unclearly related RCT (cognition enhancing drug) |
| Specific features: Mixed inpatients and outpatients involved in research programmes |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Key**

|  |  |  |  |
| --- | --- | --- | --- |
| **Tool Used:** |  | **Other:** |  |
| ACCT | Assessment of Capacity to Consent to Treatment Interview (Factor scores) | ACE  | Addenbrooke’s Cognitive Exam |
| C | Clinical Assessment (Judgement standard) | AD  | Appreciation Disorder |
| ESC | Evaluation to Sign Consent (Cut off standard) | AT  | Appreciation Treatment |
| M-CR | MacCAT-CR (Factor scores) | BDI  | Beck Depression Inventory |
| M-T  | MacCAT-T (Factor scores) | BIQ  | Birchwood Insight Questionnaire |
|  |  | BPRS  | Brief Psychiatric Rating Scale |
| **Measure of DMC** |  | CGI  | Clinical Global Impression |
|  | DRS | Mattis Dementia Rating Scale |
| P  | Proportion with DMC | FAB  | Frontal Assessment Battery |
| U  | Understanding | HAM-D  | Hamilton Depression Rating Scale |
| A  | Appreciation | MADRS  | Montgomery-Åsberg Depression Rating Scale |
| R  | Reasoning | MMSE  | Mini-Mental State Exam, |
| C | Expressing a Choice | PANSS  | Positive and Negative Syndrome Scale |
|  |  | RBANS  | Repeatable Battery for the Assessment of Neuropsychological Status |
| **Measures of association** |  | SAI  | Schedule for the Assessment of Insight |
|  | SES  | Socio-Economic Status |
| S | Small effect size | SUMD | Scale to assess Unawareness of Mental Disorder  |
| M | Medium effect size | VCF  | Verbal Cognitive Functioning |
| L | Large effect size |  |  |
| 0 | No association found/not significant |  |  |
| - | Not measured |  |  |