

Competing interests: None declared.

Contributors: Both authors contributed substantially to drafting and revising the article, and each gave final approval for the article to be published.

References

1. Department of Health. *A national service framework for mental health*. London (UK): National Health Service; 1999.
2. Department of Health. *The NHS plan*. London (UK): National Health Service; 2000.
3. Department of Health. *Mental health policy implementation guide*. London (UK): National Health Service; 2001. Available: www.dh.gov.uk/assetRoot/04/05/89/60/04058960.pdf (accessed 2005 Aug 2).
4. Norman RM, Malla AK. Duration of untreated psychosis: a critical examination of the concept and its importance. *Psychol Med* 2001;31:381-400.
5. Harrison G, Hopper K, Craig T, Laska E, Siegel C, Wanderling J, et al. Recovery from psychotic illness: a 15-and 25-year international follow-up study. *Br J Psychiatry* 2001;178:506-17.
6. Birchwood M, McGorry P, Jackson H. Early intervention in schizophrenia. *Br J Psychiatry* 1997;170:2-5.
7. Marshall M, Lockwood A. Early intervention for psychosis [Cochrane review]. In: The Cochrane Library; Issue 2, 2005. Oxford: Update Software.
8. McGorry PD, Yung AR, Phillips LJ, Yuen HP, Francey S, Cosgrave EM, et al. Randomized controlled trial of interventions designed to reduce the risk of progression to first episode psychosis in a clinical sample with subthreshold symptoms. *Arch Gen Psychiatry* 2002;59:921-28.
9. Morrison AP, French P, Walford L, Lewis SW, Kilcommons A, Green J, et al. Cognitive therapy for the prevention of psychosis in people at ultra-high risk: randomised controlled trial. *Br J Psychiatry* 2004;185:291-7.
10. Melle I, Larsen TK, Haar U, Friis S, Johannessen JO, Opjordsmoen S, et al. Reducing the duration of untreated first-episode psychosis: effects of clinical presentation. *Arch Gen Psychiatry* 2004;61:143-50.
11. Nordentoft M, Jeppesen P, Kassow P, Abel M, Petersen L, Thorup A, et al. OPUS project: a randomized controlled trial of integrated psychiatric treatment in first episode psychosis — clinical outcome improved. *Schizophr Res* 2002;53(3 Suppl 1):51.
12. Craig TKJ, Garety P, Power P, Rahman N, Colbert S, Fornells-Ambrojo M, et al. The Lambeth Early Onset (LEO) Team: randomised controlled trial of the effectiveness of specialised care for early psychosis. *BMJ* 2004;329:1067-70.
13. Harrison G, Croudca T. Predicting the long-term outcome of schizophrenia. *Psychol Med* 1996;26:697-705.
14. Birchwood M. Early intervention in psychosis: A waste of valuable resources? *Br J Psychiatry* 2003;182:196-8.

Neuropsychiatric manifestations of HIV infection and AIDS: correction

In the print version of the July 2005 issue of *JPN*, Box 1 of an article by Benoit Dubé et al¹ was inadvertently printed twice on page 239, and Box 2 was omitted. Box 2 appears here. This problem did not affect electronic versions of the article.

Reference

1. Dubé B, Benton T, Cruess DG, Evans DL. Neuropsychiatric manifestations of HIV infection and AIDS. *J Psychiatry Neurosci* 2005;30:237-46.

Box 2: Diagnostic criteria for HIV-associated dementia*

- I. Acquired abnormality in at least 2 of the following cognitive abilities, present for at least 1 month and causing impairment in work or activities of daily living:
 - (1) Attention or concentration
 - (2) Speed of information processing
 - (3) Abstraction or reasoning
 - (4) Visuospatial skills
 - (5) Memory or learning
 - (6) Speech or language
- II. At least 1 of the following:
 - (1) Acquired abnormality in motor functioning
 - (2) Decline in motivation or emotional control or change in social behaviour
- III. Absence of clouding of consciousness during a period long enough to establish presence of I, above
- IV. Absence of another cause of the above cognitive, motor or behavioural symptoms or signs (active CNS opportunistic infection or malignancy, psychiatric disorders, substance abuse)

*Source: Working Group of the American Academy of Neurology AIDS Task Force.⁴⁵