The CAGE and the Michigan Alcoholism Screening Test-Geriatric Version (MAST-G) are screening instruments for alcohol dependence. They have been validated in an older population in the United States. The CAGE, the MAST-G and an abnormally high MCV are screening instruments for excess alcohol intake and dependence in elderly patients in the UK.

Patients of 65 and over were randomly selected from those admitted as an emergency to the medical, surgical, elderly care, orthopaedic and psychiatric wards of two district general hospitals. Patients were excluded if they were too unwell, too confused or unwilling to consent. They were assessed by a doctor who documented whether they drank excessive amounts of alcohol (>21 units per week in men and >14 units per week in women), whether they suffered alcohol dependence (DSMIII-R) and their MCV. They were screened independently using the CAGE and MAST-G. 210 patients consented to the study. 48 patients failed to complete the assessment because they became too unwell or too cognitively impaired, were discharged or withdrew consent. In those patients who completed the assessments the prevalence of excess alcohol intake and alcohol dependence were 8% and 5% respectively. The CAGE, the MAST-G and an abnormally high MCV had high specificity for excess alcohol intake (0.99, 0.90, 0.83) and alcohol dependence (0.98, 0.93, 0.82). However, all had low sensitivities, (0.15, 0.54, 0.15) and (0.13, 0.5, 0.13) respectively.

Thus, the CAGE, MAST-G and an abnormally high MCV are insensitive screening instruments for in-patients aged 65 and over. By using regression analysis we have developed a modified 4 question screening instrument, comprising questions 2,7,10 and 23 of the MAST-G, which now needs validation.

**The Influence of Depression on Mini-Mental State Exam Scores in Elderly In-Patients**

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The Mini Mental State Exam (MMSE) (Folstein et al 1975, J Psychiat Res 12:189-198) is commonly used to screen elderly patients for cognitive impairment. Depression is associated with impaired cognitive function, and antidepressant drug treatment may result in improved cognitive function (Sadavoy et al. 1990, Int J Geri Psychiat 5:187-192; Robinson et al. 1986, Br J Psychiat 148:541-547). Whether improvement in cognitive function as measured by the MMSE is drug or mood dependent can only be determined in a placebo-controlled antidepressant trial.

Forty-two elderly in-patients (mean age 80) with GMS-AGECAT (Copeland et al. 1986, Psychol Med 16:89-99) case level diagnosis of depression taking part in a placebo-controlled trial with fluoxetine were assessed using the MMSE (median 23) and the Hamilton Depression Rating Scale (HDS) (Hamilton 1967, Br J Soc Clin Psychiat 6:278-296) at baseline, and at 8 weeks. Recovery from depression was defined a priori as a final HDS score of 10 or less, or a reduction of at least 50%.

Analysis of variance with change in MMSE score as the dependent variable, and treatment group (placebo v fluoxetine) and depression outcome as dependent variables showed a significant main effect between depression outcome and MMSE score change (F=6.08, p=0.02). There was no significant interactive effect between change in MMSE scores and treatment group/depression outcome (p=0.25), or significant main effect for treatment group (p=0.25).

The evidence from this study is in favour of improved affect resulting in significantly better performance on the MMSE. Depression may detrimentally affect MMSE scores, and potential for improvement in cognitive function through treatment of possible depression should be considered before decisions regarding placement in residential care are taken.

**Diagnosis of Dementia by General Practitioners: a Meta-Analysis**

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**Background:** General practitioners (GPs) are frequently confronted with patients suffering from dementia. It is not clear whether GPs are capable of diagnosing dementia adequately. Aim: To gain insight into the ability of GPs to diagnose dementia.

**Data sources:** A MEDLINE and PSYCHLIT search for meta-analysis of 28 studies on the diagnosis of dementia by general practitioners (period 1980-1995).

**Results:** In 7 high quality studies the GP’s clinical diagnosis of dementia was compared with psychometric tests or geriatric assessments. The median sensitivity of the GP’s diagnosis was 76% (range 52% to 91%). The median specificity was 85% (range 65% to 99%). In 14 other studies the GP’s knowledge, diagnostic routines and attitudes were investigated. GP’s reproduction of knowledge of dementia was poor. Nevertheless, they were able to correctly recognize dementia symptoms from a list. GPs rarely used diagnostic criteria such as DSM-III-R. There was a wide variety in the type and number of diagnostic procedures used.

**Conclusion:** The ability of GPs to diagnose dementia is fairly good. This is remarkable given their limited knowledge of symptoms and criteria. Better use of the diagnostic possibilities might further improve their diagnostic ability.