(1990) in April 1993 and compare this group with those discharged to nursing home care.

Methods
A retrospective casestudy review of all patients (n=163) discharged from the geriatric medical service at Glasgow Royal Infirmary between 1/1/95 and 31/3/96. Demographic data were recorded, with modified Barthel and Douglas scores. A telephone survey of the week of 14/7/97 recorded if the patients were alive or dead. Mortality at six months, median length of stay, Barthel and Douglas scores were compared between groups.

Results
Females predominated: 76.1% in continuing care and 69.8% in the nursing home group and median ages were similar 82.9yrs Vs 84.8yrs. Six-month mortality was 44.8% in the long stay group and 11.5% in those discharged to nursing home. During the follow up period 42 (62.7%) patients in the continuing care group had died; median stay 61 days, compared to 41 (42.7%) discharged to nursing home; median stay 443 days. Median Barthel (3 Vs 10, p < 0.0001) and Douglas scores (15 Vs 18, p < 0.0003) (Mann-Whitney U test) were different between the continuing care and nursing home discharges. There was no difference in median Barthel scores between those alive or dead in continuing care (2 Vs 3, p < 0.13) or nursing home (10 Vs 9, p < 0.28).

Conclusion
Higher mortality and shorter survival is demonstrated among the continuing care group. Continuing care patients are more dependent. Dependency on admission however does not predict mortality in either care environment. Factors differentiating duration of survival are not clear.

Neurology/psychiatry

PSYCHIATRIC MORBIDITY IN COHABITANTS OF COMMUNITY DWELLING ELDERLY DEPRESSIVES
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Introduction
Depression is the most common mental disorder in the community dwelling elderly and impacts significantly on the quality of life and function of the depressed individual. However, little is known about the effect of living with a depressed individual on the mental health status of the cohabitant. The aim of this study was to determine whether psychiatric morbidity was more common in cohabitants of elderly depressives compared with cohabitants of well elderly controls.

Methodology
The psychiatric morbidity in 44 cohabitants of elderly depressives was compared to that in 44 cohabitants of 'well' elderly. Cohabitants were matched for age, gender and physical health status. All individuals were over 65 years and psychiatric morbidity was measured using 'case' and 'subcase' criteria according to AGECAT, a standardised computerised diagnostic system for mental disorders in the elderly.

Conclusion
This study reveals high levels of psychiatric morbidity, primarily depressive and anxiety symptoms, in the cohabitants of depressed community dwelling elderly. This suggests that living with a depressed elderly person may have an adverse effect on the mental health of the cohabitant. Increased recognition of the potential psychiatric morbidity in this group is needed.

The Effectiveness of Very Short Scales for Depression Screening in Elderly Medical Patients
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Introduction
Depression is common in elderly medical inpatients and is often missed. This study compares two widely used versions of the Geriatric Depression Scale (GDS: 30 item (GDS30) and 15 item (GDS15)) with two very short scales the 4 item GDS (GDS4) and one of the five items from the Mental Health Screening Test (MHI1). It aimed to investigate the effectiveness of very short scales which would encourage universal screening.

Method
Of the 196 patients over 60 in medical rehabilitation facilities over the study period, 87 were eligible and consented. Inability to communicate, illness or a score of less than 6 on the Abbreviated Mental Test (AMT), led to exclusion. Excluded subjects were similar in age and sex. Psychiatric assessment for depression was using Diagnostic Criteria for Research of ICD10, then the GDS30, GDS4, MHI1, and AMT were administered. Cut off scores were as designed for the GDS30 (10/11) and GDS4 (0/1). A cut off of 2/3 for the MHI1 gave optimal sensitivity and specificity. The GDS15 scores were extracted from the GDS30.

Results

<table>
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<tr>
<th></th>
<th>GDS30</th>
<th>GDS15</th>
<th>GDS4</th>
<th>MHI1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensitivity (%)</td>
<td>100</td>
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<td>82.4</td>
<td>88.2</td>
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<tr>
<td>Specificity (%)</td>
<td>63.0</td>
<td>60.0</td>
<td>67.1</td>
<td>71.4</td>
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<tr>
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<td>39.5%</td>
<td>33.3%</td>
<td>37.8%</td>
<td>42.9%</td>
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<tr>
<td>Area under Receiver Operator Curve</td>
<td>0.85</td>
<td>0.82</td>
<td>0.80</td>
<td>0.88</td>
</tr>
</tbody>
</table>

Conclusion
Very short scales appear to be just as effective as longer scales in screening for depression in this population.