Methodology
179 acute elderly medical in-patients (median age 82 yr, 73 male 106 female) were screened, with written consent. One person using the GDS15 (which contains the GDS4 screening questions) and those found to have significant depressive symptoms (GDS15 >4) were re-screened one month after discharge by the same person.

Results
Of 179 patients 55 (30.7%) had GDS15 >4. Only 19 were found to have persistent scores in this range at follow-up, 3 more, who were admitted to psychiatric care with depression, were included in this group for analysis. 3 others declined follow-up. There were 21 deaths in all groups.

<table>
<thead>
<tr>
<th>Initial GDS4</th>
<th>Persistent Depressives</th>
<th>No Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;=2</td>
<td>18</td>
<td>11</td>
</tr>
<tr>
<td>&lt;2</td>
<td>4</td>
<td>122</td>
</tr>
</tbody>
</table>

Sensitivity 81.8%, Specificity 91.8%, False Positive rate 37.9%, False Negative rate 3.2%. Predictive value of GDS4 62.1%.

Conclusions
Self limiting depression is common in elderly medical in-patients. The GDS4 >=2 can be used as a quick screening tool in elderly in-patients to predict those liable to persistent depressive symptoms who may need further clinical assessment and possible psychiatric referral.

EFFECT OF GENDER AND APOLIPOPROTEIN E GENOTYPE ON RESPONSE TO ANTICHOLINESTERASE THERAPY IN ALZHEIMER’S DISEASE

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Introduction
Anticholinesterase therapies offer modest benefit to sub-groups of Alzheimer’s disease sufferers. However, there has previously been no way of predicting which patients will respond to any of the drugs. Our objective was to discover if gender and/or Apolipoprotein E (ApoE) genotype could be used as predictors of response in the clinical setting.

Methodology
107 patients from the Bristol Memory Disorders Clinic took part in a double-blinded or open label trial of tacrine therapy for between 3 and 12 months or an open label trial of galanthamine therapy for 3 months. The outcome measure used was the Mini-Mental State Examination.

Results
After 3 months of therapy, gender was found to be the only significant influence on the number of responders to anticholinesterase therapy. Men had a 73% greater chance of responding than women (p=0.012; relative risk = 1.7267; 95% confidence interval = 1.13 - 2.64). Whilst ApoE genotype did not modify response to therapy in the short-term there are indications that it may effect response over the longer-term (up to 12 months) but lack of patients continuing on therapy prevented full statistical analysis.

Conclusion
Gender is likely to be a more powerful determinant of outcome of anticholinesterase therapy than ApoE status at least in the short-term.