Alzheimer's disease is a progressive neurological disorder characterized by the gradual degeneration of brain tissue, leading to memory loss, changes in personality, and other cognitive and physical impairments. The disease, thought to affect more than 5 million Americans, is expected to rise to 13 million by 2050 due to an aging population. The prevalence of Alzheimer's disease increases with age, and its clinical diagnosis can be challenging. While there is no cure for the disease, early detection and intervention can improve quality of life and delay progression.

### Sensitivities, specificities, predictive values, and gain of apoE genotyping for the detection of an E4 allele in a different series of patients with probable Alzheimer's disease with neuropathological confirmation

<table>
<thead>
<tr>
<th>Source</th>
<th>n</th>
<th>Patients</th>
<th>Sensitivity</th>
<th>Specificity</th>
<th>Prior probability</th>
<th>Positive predictive value</th>
<th>apolipoprotein gain</th>
</tr>
</thead>
<tbody>
<tr>
<td>CERAD</td>
<td>134</td>
<td>Prob AD</td>
<td>0.76</td>
<td>0.94</td>
<td>0.87</td>
<td>0.99</td>
<td>0.12</td>
</tr>
<tr>
<td>Duke</td>
<td>67</td>
<td>Prob AD</td>
<td>0.75</td>
<td>0.94</td>
<td>0.87</td>
<td>0.99</td>
<td>0.15</td>
</tr>
<tr>
<td>Perls</td>
<td>66</td>
<td>Prob AD</td>
<td>0.48</td>
<td>0.79</td>
<td>0.79</td>
<td>0.99</td>
<td>0.21</td>
</tr>
<tr>
<td>OPTIMA</td>
<td>37</td>
<td>Prob AD</td>
<td>0.77</td>
<td>1.00</td>
<td>1.00</td>
<td>0.99</td>
<td>0.10</td>
</tr>
<tr>
<td>OPTIMA</td>
<td>52</td>
<td>Poss AD</td>
<td>0.70</td>
<td>0.60</td>
<td>0.69</td>
<td>0.81</td>
<td>0.12</td>
</tr>
</tbody>
</table>

Data are taken from the sources as indicated in Table 1.

### Clinical epilepsy

We are very grateful to Professor David Chadwick for his complimentary and enthusiastic review of our book Clinical epilepsy in this journal (J. Neurol. Neurosurg. Psychiatry 1996;61:557). We must, however, correct one error. The review suggests that we omit a discussion of the syndrome of mesial temporal lobe epilepsy. This is discussed in detail in section 2.4.1 (pp 44–45).

### BOOK REVIEWS

All titles reviewed here are available from the BMJ Bookshop, PO Box 295, London WC1H 9TE. Prices include postage in the United Kingdom and for members of the BMJ and American Neurological Association, overseas customers should add £2 per item for postage and packing. Payment can be made by cheque in sterling drawn on a UK bank, or by credit card (Visa, American Express, or JCB). Please state card number, expiry date, and your full name.

### Stroke: A Practical Guide to Management


There was a time when it was de rigueur to start the review of a book on stroke with a preamble regretting the Cinderella status of stroke in the interests of neurologists. This was always a peculiarly British phenomenon and this book marks the triumphal journey of Cinderella's slipper by the Prince, so far as stroke doctors in the United Kingdom are concerned. Clinical medicine should always involve the application of scientific principles to the management of disease, science being a system of knowledge based on the evidence of observation and experiment, hence the tautological nature of the expression "evidence-based medicine." It is always a treatise that is also of practical value to the patient care. There is no statement whose evidential status is not carefully documented. The regrettable tradition of ex-cathedra clinical dictates based on a mixture of guess work and blind tradition which is still so prevalent is nowhere to be seen in this book. Even the first chapter on the history of our knowledge of stroke displays an intellectual maturity (I suspect from van Gijn) not often seen in doctors writing about history. This is a chapter properly discussing short scientific papers, posters, and single case videos by members. The winner of the 1997 BPNA Prize will be announced. Two prizes of £200 each will be given to the best paper/poster presentations by junior members. The AGM of the BPNA will be held on 21 July.

For further details of this meeting please contact Suzanne Miller, 44 Roan Street, London SE10 9JT. Telephone 0181 858 2699; fax 0181 853 4416; e-mail wight@compuserve.com.

For details of membership of the BPNA, which is open to psychiatrists, psychologists, neurologists, and those in related fields, please contact Dr Jonathan Bird, Secretary BPNA, Burden Neurological Hospital, Stoke Lane, Stapleton, Bristol BS16 1QT.

### NOTICES

The 4th Asian-Oceanian International Congress of Skull Base Surgery, Hotel Marrriott, Islamabad, Pakistan, 8–10 November 1997

For further information please contact Professor Ifthikhar Ali Rajj, Congress President, 4-Gulberg Complex, 2-Gulberg Road, Gulberg V, Lahore-54660, Pakistan. Telephone: 92-42-575 4400; Fax: 92-42-575 9271; e-mail aliraja@aster.com.pk

6th International Symposium on ALS/ MND, 3–5 November 1997, Glasgow, Scotland

For further information please contact Margaret Hall, conference organiser, MND Association UK, PO Box 246, Northampton NN1 2PR, UK. Telephone: 01604 250505; Fax: 01604 24726; Website http://www.almsmellfiance.org

### Announcements from the British Neuropsychiatry Association: 1997 summer meeting

The 1997 summer meeting of the BPNA will be held jointly with the American Neuropsychiatry Association on 20–22 July at Robinson College, Cambridge, UK. It will include half day meetings on frontosubcortical circuits and emotion/reward/violence, and the presentation of further information on the website.
MATTERS ARISING: Clinical epilepsy

John Duncan, Simon Shorvon and David Fish

*J Neurol Neurosurg Psychiatry* 1997 62: 678
doi: 10.1136/jnnp.62.6.678

Updated information and services can be found at:
http://jnnp.bmj.com/content/62/6/678.1.citation

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