

interesting and unusual features. (1) There is an exceptionally long interval of 26 years between the original presentation and recurrence. We have found one reference to a late recurrence of 27 years but there are no details of that case published.<sup>3</sup> Ninety per cent of all incompletely removed craniopharyngiomas recur within 10 years, most in the first postoperative year.<sup>3</sup> In a review of 245 cases the average time between first and second operation was three years.<sup>4</sup> A recent series performed since the advent of microsurgery and better imaging techniques stressed the increased likelihood of recurrence in the adamantinomatous type of craniopharyngioma<sup>5</sup>; the longest interval between surgery and recurrence was eight years in adults and five in children (follow up period 13 years).

(2) This patient presented as a cerebello-pontine angle tumour. Of five published accounts of craniopharyngioma shown to extend to the cerebellopontine angle by CT, only three actually presented with clinical symptoms of a cerebellopontine angle tumour. Our case had fifth nerve compression only, and had excellent recovery after operation. Trigeminal nerve palsy has not, to our knowledge, been reported before as the presenting sign in craniopharyngioma. The overwhelming majority are suprasellar but extension into the anterior, middle, or posterior fossa may sometimes occur. Only 4% of Petito's series extended into the posterior fossa.<sup>4</sup>

(3) The relatively normal endocrine and sexual function in our patient is unusual. Endocrine deficiency may be due to the tumour itself damaging the hypothalamic-pituitary pathways, or to treatment including surgery, irradiation, and chemotherapy. Endocrine deficiency is the most common of the potential hazards of radiotherapy after craniopharyngioma. The hypothalamic-growth hormone axis seems to be the most vulnerable, then the gonadotrophins and ACTH and TSH.<sup>2</sup> This patient is obese and of short stature so she is probably growth hormone deficient. Testing for growth hormone was not performed as replacement was not considered. Our patient has normal gonadotrophin activity, as evidenced by normal menstruation and pregnancy, despite the large field of radiation she received. Many women with craniopharyngioma have primary amenorrhoea and require ovarian stimulation to achieve pregnancy. The pituitary gland itself is relatively protected, however, in irradiation for craniopharyngioma. We believe that in this patient, because the mass subsequently extended into the posterior fossa, the hypothalamic-pituitary axis was spared from local destructive effects.

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## MATTERS ARISING

### Dementia and door-to-door studies in Spain

Coria *et al*<sup>1</sup> have recently published a very original and interesting paper on prevalence of dementia in a rural population in Spain (Turégano). The authors claim that this study is the first door-to-door survey performed in a definite community in Spain. This statement could lead to some misunderstanding because, in fact, there are more data on prevalence of dementia in Spain obtained from door-to-door surveys. In the past five years, several door-to-door surveys on prevalence of dementia have been performed in Spain. The first reported in English was carried out by Lopez-Pousa *et al*<sup>2</sup> in a random sample of eight towns in Gerona in 1991. The second described in English is the Zaragoza-Liverpool study (a study based on a random sample of old people in an urban city).<sup>3</sup> Another door-to-door survey reported in May 1993 in English was carried out by Bermejo *et al* as a random sample of old people from four districts of Madrid.<sup>4</sup> The preliminary data of these three studies have been reported previously in Spanish.<sup>5</sup> More studies have been carried out (Toledo; Pamplona; Baix de Camp, Tarragona) but as yet these studies are unpublished, apart from some preliminary data.<sup>5</sup>

It is noteworthy that all published studies have been performed with standardised neuropsychological protocols (CAMDEX, GMS), and international diagnostic criteria (DSM-III or DSM-III-R) and all these studies are door-to-door surveys. The most outstanding fact is that the data of prevalence of dementia (people over 60 or 65 years) are quite different and range between 14.2% in Gerona to 5.2% in Turégano (10% in Madrid, 6.7% in Zaragoza).<sup>1-5</sup> But there is a uniform finding: Alzheimer's disease is the most frequent cause of dementia in these Spanish surveys, as it is in others done in Western countries.

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- 1 Coria F, Gómez del Caso L, Minguez L, Rodríguez-Artalejo F, Clavería LE. Prevalence of age-associated memory impairment and dementia in a rural community. *J Neurol Neurosurg Psychiatry*, 1993;56:973-6.
- 2 López-Pousa S, Vilalta S, Llinás J, et al. Prevalence of dementia in the general population: pilot study in Girona (Spain). *Neuroepidemiology*, 1991;10:99.

### Coria replies:

Many different groups in Spain are conducting epidemiological studies on dementia, as claimed by Bermejo and Morales above. Nevertheless, ours is still the first to address the prevalence of age-associated memory impairment, using validated instruments.<sup>1,2</sup> The only available definitive data on the prevalence of dementia in Spain were included in the EURODEM study, and the results of this study were referenced (see ref. 19 in ref. 1). The high prevalence of dementia found in one study<sup>3</sup> is probably caused by the inclusion of cases with mild dementia and age-associated memory impairment. Subtraction of these cases gives prevalence rates of overt dementia similar to those found in Segovia (Lopez-Pousa, personal communication).

In any case, analysis and meta-analysis of the extensive data on the subject now available in Spain would provide a good opportunity to address several controversial issues related to the methodological problems associated with epidemiological studies on dementia and other related disorders. In addition, these studies should provide large numbers of well studied cases for molecular and genetic analysis of the early stages of Alzheimer's disease.<sup>4</sup>

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- 1 Coria F, Gomez de Caso JA, Minguez L, Rodriguez-Artalejo F, Claveria LE. Prevalence of age-associated memory impairment and dementia in a rural community. *J Neurol Neurosurg Psychiatry* 1993;56:973-6.
- 2 Gómez de Caso JA, Rodríguez-Artalejo F, Clavería LE, Coria F. The value of the Hodgkinson's test for detecting dementia and mild cognitive impairment in epidemiological surveys. *Neuroepidemiology* 1994 (in press).
- 3 López-Pousa S, Vilalta S, Llinás J, et al. Prevalence of dementia in the general population: pilot study in Girona (Spain). *Neuroepidemiology* 1991;10:99.
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## NOTICE

The second joint meeting of the **British Neuropsychiatric Association** and the **American Neuropsychiatry Association** will take place in New Port, RI, USA on 21-24 July 1994. For further information, contact Professor M A Ron, Department of Neuropsychiatry, The National Hospital, Queen Square, London WC1N 3BG. Tel: + 44 71 837 3611; fax: +44 71 829 8720.

## SHORT NOTICES

**Quantitative EEG Analysis—Clinical Utility and New Methods.** Edited by M ROTHER AND U ZWIENER. (Pp 365 Illustrated; Price: DM 64.00.) 1993. Jena, Universitätsverlag. ISBN 3-86007-074-6.

This is a congress in honour of Hans Berger, to focus on new methods in quantitative and topological analysis of electroencephalography (EEG), evoked potentials (EP) and magnetoencephalography (MEG).

**Journal of Neural Transmission/Supplementum 40 Psychobiology of Parkinson's Disease.** Edited by K F TIPTON, V GLOVER, G STERN AND M B H YUODIM. (Pp 115; Price: DM 90.00. Reduced price DM 81.00 for subscribers to "Journal of Neural Transmission"). 1993. Wien, Springer-Verlag. ISBN 3-211-82483-9.

A Festschrift for Merton Sandler in December 1991, bringing together recent advances in neural function, diagnosis, mechanisms and therapy.

**Progress in Electrodermal Research: NATO ASI Series (Series A: Life Sciences Vol. 249).** Edited by J-C ROY, W BOUCSEIN, D C FOWLES AND J H GRUZELIER. (Pp 350; Price: \$95.00) 1993. New York, Plenum Press. ISBN 0-306-44536-0.

## 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 British Forces Overseas, but overseas customers should add £2 per item for postage and packing. Payment can be made by cheque in sterling drawn on a United Kingdom bank, or by credit card (Mastercard, Visa or American Express) stating card number, expiry date, and your full name.

**Quantitative Assessment in Epilepsy Care.** (NATO ASI Series): Series A: Life Sciences Vol. 255. Edited by H MEINARDI, J A CRAMER, G A BAKER AND A MARTINS DA SILVA. (Pp 214; Price: \$69.50). 1993. New York, Plenum Publishing Corp. ISBN 0-306-44620-0.

Traditionally, the only outcome measure in the treatment of epilepsy has been seizure frequency, particularly in trials of novel antiepileptic drugs. If a patient's seizure frequency decreases significantly then the treatment is supposed to be working. Some antiepileptic drugs may, however, change the severity of seizures. For instance, a patient who experiences four secondarily generalised convulsions every month may

feel that the quality of life has dramatically improved if the seizures become brief simple partial attacks, even if the frequency does not change at all. It has only recently been recognised that it is not satisfactory to rely entirely on the number of seizures, either as a measure of treatment or when the severity of a seizure disorder is being quantified.

This book contains the proceedings of the first workshop on the Quantitative assessment of epilepsy care held in April 1992 in Oporto, Portugal under the auspices of NATO. It contains 21 contributions from different groups on the subject. Some of these contribution are very good and relevant to the subject whilst some others are weaker. The highlight is a chapter by Cramer and Mattson which reviews the 3 different approaches to the measurement of severity of seizures that were in existence at the time. The discussions that followed each presentation are also in the book and make interesting reading. The confusion between the issues of the impact of epilepsy in one's life and that of the severity of seizure itself which permeate throughout many of the contributions can also be clearly seen in the discussions.

Clinimetrics i.e. the quantitative assessment of care, is still in its infancy in epilepsy. This book is a good beginning but it is not the end of the story; much more remains to be done in this area.

JWAS SANDER

**Clinical Magnetic Resonance Angiography.** By CM ANDERSON, R E EDELMAN AND P A TURSKI. (Pp 512 Illustrated; Price: \$170.00). 1993. New York, Raven Press. ISBN 0-7817-0094-9.

Magnetic Resonance Angiography is now being accepted as an imaging technique, but only a few books which are dedicated to this subject are available.

This book is divided into sections on Principles and Clinical Applications of MRA. Following the introduction to MRA in the first chapter, the next three chapters deal with methods of MRA. The two main methods (Phase Contrast and Time of Flight Angiography) are discussed in detail. Those interested in this technique will enjoy reading the principles behind the different methods and the use of various parameters to enhance image contrast. Techniques of MRA are susceptible to artefacts. The correct interpretation of pathology depends on the understanding of the artefacts and flow phenomena related to MRA. I was therefore pleased to see a whole well illustrated chapter devoted to this subject. A chapter on clinical diffusion and perfusion imaging, although well written, somehow appears rather artificial in the context of MR Angiography.

Clinical applications of MRA in a variety of cerebrovascular diseases are discussed in the second section. Each chapter has a useful discussion on clinical and radiological aspects of the diseases as well as technical aspects of MRA. The limitations and future role of MRA is also discussed. The book includes two chapters on venography/arteriography of the body. There are also very useful chapters on normal variants and common anomalies.

This is a well written and well illustrated book. It has become available at the correct time when a standard text dedicated to MRA is necessary. Most of the images in

this book are of high quality. I would recommend this book to every MRI Department where Radiologists, Clinicians and Technicians will all find it extremely useful.

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**Ageing & Dementia: A Methodological Approach.** (Research Studies in Gerontology). Edited by ALISTAIR BURNS. (Pp 292; Price: £35.00). 1993. Sevenoaks, Edward Arnold. ISBN 0-340-56838-0.

Books on dementia are now becoming quite a minor industry and it is easy to approach another edited collection with a rather jaundiced eye. What makes this book different is the second part of the title with the majority of contributors having taken some notice of the need to provide "a methodological approach". Apart from presenting generally succinct and often clear reviews on epidemiology, genetics, pharmacology, and psychological aspects, the chapters have, for the most part, included some discussion of the methodological problems which impinge on the issues being described.

The occasional contributor also tries to set the particular topic within the overall context of research into dementia. The one major exception of this is de Leon's chapter on hippocampal formation atrophy which emphasises the work carried out by the author's own research group with little attention to the methodological issues.

The coverage of material is wide if not comprehensive with the topics reviewed ranging from the biological aspects of dementia to the more social aspects. There is therefore something of interest for nearly everyone with many of the chapters being written in such a way as to give those interested in dementia from one point of view some perspective on the work being carried out by those dealing with other aspects. This book is certainly a useful acquisition for hospital libraries and for those starting to take a serious interest in the problem of dementia.

E MILLER

**The Psychology of Dementia (Wiley Series in Clinical Psychology).** By EDGAR MILLER AND ROBIN MORRIS. (Pp 204; Price: £24.95). J Wiley and Sons Ltd, Chichester. ISBN 0-471-92776-7.

This is an addition to the Wiley Series in Clinical Psychology and by the list provided, appears to be number 15. It is surprising it has taken the series so long to tap into a disorder which could be considered a part of neuropsychology, a point made by the authors in the Preface. Aimed primarily at Clinical Psychologists but also (inevitably) at the ubiquitous "other health care professionals" whom we all wish would buy our books. This volume has a refreshingly psychological outlook on the disorder. Memory, language and other psychological impairments figure early in the chapters which was a help to this medically biased reader since these are the core impairments in the dementia syndrome. The text is backed up by a manageable number of current references. After this background, the authors switch to chapters on assessment, management and psychosocial aspects which are both theoretically based but also of practical importance. One minor disappointment was a lack of a shopping list of how neuropsychologists assess dementia. Perhaps this would only have been of use to