Sensitivities, specificities, predictive values, and gain of apoE genotyping for the detection of an E4 allele in 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>apoE 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>1.00</td>
<td>0.85</td>
<td>1.00</td>
<td>0.15</td>
</tr>
<tr>
<td>Peru</td>
<td>66</td>
<td>Prob AD</td>
<td>0.48</td>
<td>1.00</td>
<td>0.79</td>
<td>1.00</td>
<td>0.21</td>
</tr>
<tr>
<td>OPTIMA</td>
<td>37</td>
<td>Prob AD</td>
<td>0.78</td>
<td>1.00</td>
<td>0.97</td>
<td>1.00</td>
<td>0.00</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 same sources as Roses and Saunders' table 1.

disease, and (b) what is the increase of prob-
ability provided by apoE genotyping? The table shows that in the series indicated by
Roses and Saunders (see their table 1), the
prior probability of patients with probable
Alzheimer’s disease ranges from 79 to
100%, and that the gain of apoE genotyping
is between 0 and 21%. Furthermore, the
gain of apoE genotyping in the group of
patients in which additional information
might be more useful—that is, possible
Alzheimer’s disease is not higher (12%).
Therefore, the higher the accuracy of the
clinical diagnosis of probable Alzheimer’s
disease, the lower the gain from apoE geno-
typing.

Another situation in which apoE might
give additional diagnostic information is that
of epidemiological studies (for example,
prevalence studies or secondary prevention
interventions on Alzheimer’s disease in the
community). In this case, apoE genotyping
might increase the specific information of
targeting tools—that is, decrease the proportion
of false positives. We have recently estimated
that the false positive rate of the mini
state examination (MMSE) as a screening
test for Alzheimer’s disease in the com-

munity would decrease from 13 to 7% by
adding information on apoE genotype.4
This, in a hypothetical study carried out in a
community of 1 000 000 with 7500 patients
with Alzheimer’s disease, with a sensitivity
set at 99% translates into a decrease of false
positive from 19 000 to 9500. The conse-
quently cost savings might be relevant.

We think that the issue of the

diagnostic gain is the central one in the cost/benefit
analysis that must precede any diagnostic
procedure. As for any medical service, the
task of researchers is to accurately estimate
costs and benefits. The individual physician
of the service or society as a whole will then
be able to judge whether or not the benefits
are worth the cost.

GIOVANNI B FRISONI ANGELO BIANCHETTI MARCO TRABUCCHI Alzheimer’s Disease Unit, Istituto S. Cuore-IRCCS and Genetic Research Centre, via Romano, 125122, Brescia, Italy

1 Frisoni GB, Bianchetti A, Govoni S, Trabucchi M. Diagnostic usefulness ofapolipoprotein E e4 in the diagnosis of the
2 Roses AD. Apolipoprotein E genotyping in the
differential diagnosis, not prediction, of
4 Frisoni GB, Geroldi C, Bianchetti A, Binetti G, Trabucchi M. The gain of apolipoprotein E genotyping to separate Alzheimer's disease from normal individuals: relevance to commu-


Clinical epilepsy

We are very grateful to Professor David
Chadwick for his complimentary and enthuzia-

stic 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 tem-
poral lobe epilepsy. This is discussed in detail
in section 2.4.1 (pp 44-45).

DAVID DUNCAN SIMON SHORVON DAVID FISH Epilepsy Research Group, The National Hospital for Neurology and Neurosurgery, 100 Queen Square, London WC1N 3BG, UK

NOTICES

The 4th Asian-Pacific International congress of Skull Base Surgery, Hotel
Marriott, Islamabad, Pakistan, 8-10 November 1997

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8th International Symposium on ALS/
MND, 3-5 November 1997, Glasgow,
Scotland

Scientific meeting: From molecules to
to medicines

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.alsmndalliance.org

Announcement from the British
Neuropsychiatry Association: 1997 summer meeting

The 1997 summer meeting of the BNPA 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

short scientific papers, posters, and single case
videos by members. The winner of the 1997 BNPA 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 BNPA 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
wright@compuserve.com.

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

BOOK REVIEWS

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by cheque in sterling drawn on a United
Kingdom bank, or by credit card (Visa, Mastercard, Visa or American Express)
stating card number, expiry date, and your
full name.

Edited by C P WARLOW et al. (Pp 664;
£99-50). Published by Blackwell Science,

There was a time when it was de rigueur to
start the reading 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 triumphant arrival
of Cinderella’s slipper by the Prince, so far
as stroke teaching in the United Kingdom
is concerned. Clinical medicine should
always involve the application of scientific
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 "evi-
dence-based medicine" explained in the
chapter "Evidence-based medicine". Warlow and
values in care management.

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wright@compuserve.com.

Dr Jonathan Bird, Secretary BNPA, Burden
Neurological Hospital, Stoke Lane, Stapleton,
Bristol BS16 1QT.
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