study. We investigated prevalence of antidementia drug use, duration of treatment, concomitant use of AChEIs and memantine, and factors associated with discontinuation of AChEI therapy during 2006–2009. Data on prescriptions, comorbid diseases, hospital admissions and deaths was obtained from national registers. Continuity of AChEI and memantine use was modeled with a previously published method utilizing prescription register data. Mean age was 79 years and 65% were female. During the 4-year follow-up, 84% used AChEI and 47% used memantine. Altogether 22% of the sample used both drugs concomitantly. The median duration of first AChEI use period was 852 (interquartile range [IQR] 294–1457) days and 1104 (IQR 488–1487) days for the total duration of AChEI use during the follow-up. Although 20% of AChEI users discontinued the use during the first year over half of them restarted the use later. The risk of discontinuation was higher for rivastigmine (HR 1.35 [CI 1.29–1.49]), and galantamine users (HR 1.28 [CI 1.15–1.43]) compared to donepezil use in the model adjusted for age, sex and Charlson's comorbidity score. In conclusion, median time for AChEI use was over 3 years and every forth AD patient used concomitantly AChEI and memantine during the 4-year follow-up.

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## The effect of cognitive behavioral therapy in multimorbid geriatric patients with depression

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*Importance.*– Co-morbid depression is highly prevalent in geriatric patients and associated with frequent hospital re-admissions and a higher mortality rate. Multi-morbidity and functional loss are characteristic features. Cognitive behavioral psychotherapy (CBT) has been shown to be effective in older depressive patients living in community. To date CBT has not been applied to older patients with acute somatic illness.
*Objective.*– To evaluate the feasibility and effectiveness of CBT in depressed geriatric patients, hospitalized for acute somatic illness. Design: Randomized controlled trial with waiting list control group. *Setting.*– Recruitment of geriatric in-patients. Post-discharge intervention in a geriatric day clinic. Follow-up evaluations at patients' homes. Participants: 155 randomized patients, hospitalized for acute somatic illness, aged 82 ± 6 years and suffering from depression (HADS-scores > 7). Exclusion criteria: dementia (MMSE > 21), delirium, terminal state of medical illness. Intervention: Fifteen, weekly group sessions based on a CBT manual. Begin of psychotherapy immediately after discharge in the intervention group, four months waiting list interval with usual care in the control group. Main outcome measure: primary endpoint: HADS depression score after 4 months. Secondary endpoints: functional, cognitive, psychosocial and physical status, resource utilization, caregiver burden and amount of contact with physician.
*Results.*– The intervention group improved significantly in depression scores (HADS baseline 18.8 ± 7.0; 4 months 11.4 ± 6.7; $P < 0.001$, df 131.6) while the control group deteriorated (HADS baseline 18.1 ± 8.3; 4 months 21.6 ± 8.5; $P < 0.001$; df 85.5). Significant improvement in the intervention group, but not in the control group was observed for most secondary outcome parameters such as the Barthel and Karnofsky indexes. Intervention effects were less pronounced in patients with cognitive impairment (MMSE 21–26) or acute fractures.
*Conclusion and relevance.*– CBT is feasible and highly effective in geriatric patients. The benefits extend beyond effective recovery and include improvement in physical and functional parameters. Early diagnosis, good access to psychotherapy and early intervention could improve care for depressive older patients with depression.

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## A prospective study of the bi-directional association between visual impairment and depression in the elderly

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*Introduction.*– The increase of visual impairment (VI) with age could contribute to mental health problems but the question of temporal direction and reverse causality has not been addressed previously. Our objective was to prospectively examine the bi-directional association of VI and depressive symptoms.
*Methods.*– The cohort comprised 4216 participants (40.2% men) aged 65 and over with 10 years of follow-up. Usual-corrected binocular near visual acuity was measured with a reading chart while distance visual function was defined as recognizing a face at 4 m. Participants having a current major depressive episode or a Center for Epidemiologic Studies Depression Scale score ≥ 16 were classified as having depressive symptomatology. Longitudinal associations were analyzed using mixed logistic models for repeated evaluations.
*Results.*– After adjustment for demographic factors participants with moderate near VI at baseline had increased odds of developing depressive symptomatology (Odds Ratio [OR] = 1.60; 95% Confidence Interval [CI] = 1.08–2.38) but after multiple adjustments the association fell below the significance level. A 2-year decrease in distance visual function was associated with an increased odds of depressive symptomatology during follow-up after multiple adjustments (OR = 3.03; 95% CI = 1.75–5.23). Baseline depressive symptomatology was not associated with incident near VI but was associated with distance visual function after multivariate adjustment (OR = 1.62; 95% CI = 1.15–2.28).
*Conclusion.*– The relation of VI and onset of depressive symptomatology depends on whether the loss concerns near or distance vision and decline across time. A reverse strong association was found between baseline depression and incident distance visual function supporting a possible harmful downward spiral.

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## Alzheimer's disease ruled out by no errors in Pocket Smell Test

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*Background.*– Hyposmia may be an early symptom of Alzheimer's disease (AD). Tests of olfaction are cheap, fast and simple and may add valuable information in the work-up on patients with cognitive decline. Aims to assess Pocket Smell Test (PST) for discriminating patients with AD from healthy controls and to evaluate the contribution to the AD-diagnosis in patients referred for suspected dementia.
*Methods.*– Study I comprised 20 patients with mild to moderate AD compared to 20 healthy age- and gender-matched controls. Study II comprised 50 consecutive patients referred for cognitive impairment. We performed 2 different PSTs, mini mental state examination test and assessed Geriatric Depression Scale. The AD diagnosis was given according to the ICD-10 criteria.