medication to real-world memory clinic patients. It is correct, for example, that vascular pathology and other key comorbidities were excluded but their presence in many instances may point to a different diagnostic pathway. As such, many of these excluded patients would not require a ^{123}I-FP-CIT scan to confirm a diagnosis.

We feel that the result of the study is particularly relevant to clinicians in everyday practice. It was not intended as a measure of sensitivity and specificity but rather as a tool of clinical utility in the absence of a recognised gold standard for the diagnosis of DLB. Hence, it is more about the impact on diagnosis than on diagnostic accuracy.

We agree with Mukaetova-Ladinska & Scully that comorbidities which are prevalent in older people presenting with cognitive impairment add to the diagnostic difficulties. But it is also correct that in these patients specifically, additional information obtained through the ^{123}I-FP-CIT scan could prove to be very helpful. For example, the presence of depression and a positive ^{123}I-FP-CIT scan may raise the possibility of an emerging DLB picture when other symptoms start to point in this direction. But certainly the ^{123}I-FP-CIT scan is not intended as a stand-alone test. First, vascular pathology and structural abnormalities will need to be excluded by magnetic resonance imaging or computed tomography. The ^{123}I-FP-CIT scan thereafter can be considered as an adjunct and in no way replaces a full history, cognitive assessment and physical examination. Hence, it is a supporting imaging technique which is considered in the consensus criteria as a suggestive feature. We also agree with Mukaetova-Ladinska & Scully that frontal lobe symptoms present a further set of diagnostic challenges. However, such symptoms when present could raise the possibility of a frontotemporal dementia and then more appropriate metabolic or perfusion scans may be needed.

It is true that some drugs do alter the overall dopamine transporter uptake, but in practice, few of these will have an impact on visual analysis of ^{123}I-FP-CIT scan images and in reality only a few drugs need to be withdrawn. Of the drugs mentioned for example, haloperidol does block postsynaptic D_2 receptors but not the dopamine transporter and therefore should not affect uptake. We do believe, however, that more studies are still needed to clarify this issue. Likewise, more data are still needed to support further the clinical utility of the ^{123}I-FP-CIT scan investigation and outcomes.

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Correction

Reciprocal associations between smoking cessation and depression in older smokers: findings from the English Longitudinal Study of Ageing. *BJPsych*, **207**, 243–249. The following funding acknowledgement was omitted:

The study was in part funded by Greenwich University, Cancer Research UK and the Economic and Social Research Council. The funders had no role in the study design; in the collection, analysis and interpretation of data; in writing of the report; or in the decision to submit the paper for publication.

The online version of this paper has been corrected post-publication, in deviation from print and in accordance with this correction.

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