Apathy is a common disorder, but can be easily overlooked. Treatment requires multidisciplinary approaches based on the understanding of apathy from the biomedical, psychological, and socio environmental aspects. This session reviews the definition of apathy, its effects, physiological implications, and approaches used to detect, treat, and manage elderly patients experiencing apathy in LTC facilities. The goal of this session is to increase the recognition of apathy and enhance the role and functions of the interdisciplinary team caring for patients dealing with apathy in LTC facilities.

**Learning Objectives**
- Define, and discuss the diagnostic criteria and effects of Apathy on patients in LTC facilities.
- Describe the physiological implications of Apathy: Differential Diagnosis, Frontotemporal Dementia and Apathy.
- Discuss approaches and demonstrate the use of screening tools used to detect, treat and manage patients experiencing apathy in LTC facilities.
- Demonstrate strategies to foster effective communication, role and functions of the interdisciplinary team, patients, families and caregivers.

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**Presenter(s) Disclosures:** All speakers have reported they have no relevant financial relationships to disclose.
Apathy

**MOTIVATION IS ESSENTIAL FOR HUMAN ADAPTATION**

**Apathy**

**MOTIVATION IS ESSENTIAL FOR HUMAN ADAPTATION**

**Dementia: Symptom Progression**

- Apathy is the 1st symptom in all types of dementia
- Note: Social Withdrawal (apathy symptom) may be seen 1–2 years before other signs of Alzheimer's

**Apathy and Dementia Spectrum**

- Motivation & Initiative
- Energy & Enthusiasm
- Emotional Range & Personal Affection

**Apathy - Diagnostic Criteria**

A) Motivation Decline Compared to Previous
B) ONE symptom in THREE domains:

**ONE**

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<th>Goal Directed Behavior</th>
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**TWO**

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**THREE**

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<th>Goal Directed Emotion &amp; Affection</th>
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Diminished Goal Directed Behavior:
- Lack of Effort – social engagement and maintaining the home
- Depend on others to structure activity

Diminished Goal Directed Cognition:
- Disinterest in learning new things
- Lack of concern for personal problems

Diminished Goal Directed Emotion and Affection:
- Affect not reactive
- No emotional response
- Impaired function
- Symptoms persist without outside factors

Differential Diagnosis of Apathy
- Apathy is a common symptom of both depression and frontal lobe dementias
- Key co-morbid symptoms definitely differentiate depression apathy from dementia apathy

Apathy Versus Depression in Dementia Patients

Symptom Differences & Overlap of Apathy and Depression

Symptoms of Apathy
- Blunted emotions
- Indifference
- Low social engagement
- Diminished initiative
- Poor persistence

Symptoms of Apathy & Depression
- Diminished interest
- Psychomotor retardation
- Fatigue
- Poor insight

Symptoms of Depression
- Dysphoria
- Suicidal ideation
- Hopelessness
- Guilt
- Self-critical
Frontotemporal Dementia and Pick’s Disease

Apathy

Frontal Lobe Damage

Personality Change

Apathy

Disinhibition

Awareness

What Does Apathy Look Like?

Ex. Goal Apathy
- Patient stops taking care of house or lawn

Ex. Cognitive Apathy
- Patient loses interest in favorite hobby

Ex. Emotional Apathy
- Patient does not smile when hearing good news

TREATING APATHY REQUIRES RECOGNIZING APATHY

Recognize
Evaluate
Diagnose

What Does Apathy Look Like?

Is there any reliable way to identify which patients with dementia are most likely to develop symptoms of apathy?

Two validated scales exist to identify and stage apathy:
- The Apathy Evaluation Scale (developed by Marin)
- The Starkstein Apathy Scale developed by Starkstein

Time constraints during office visits often limit practical use of these instruments.

Apathy Evaluation Scale (AES)“If You Can Measure it, You Can Manage It”

AES-S
Self

AES-I
Informant (caregiver)

AES-C
Clinician

Highest
AES
Validity

Staff Professionals must use rating scales to monitor course of dementia and determine best intervention.
Treatment of Apathy:

No Defined Guidelines

Pharmacologic Treatment:
- Target 3 neurotransmitters:
  - Acetylcholine
  - Dopamine +/- Norepinephrine
  - Serotonin
- Only one study found evidence that non-pharmacologic intervention was beneficial
- Some evidence for:
  - Occupational Therapy
  - Therapeutic Activities i.e., Cooking and artistic stimulation
  - Reminiscence Group Therapy

Non-Pharmacologic Treatment:
- Only one study found evidence that non-pharmacologic intervention was beneficial
- Some evidence for:
  - Occupational Therapy
  - Therapeutic Activities i.e., Cooking and artistic stimulation
  - Reminiscence Group Therapy

How To Determine What Apathy Treatment To Use

Rule Out Depression Apathy
- AD Apathy responds best to AChE inhibitors
- AChE inhibitors → improved Goal Directed Behavior
- Alzheimer’s Dementia (AD) Apathy
- AChE inhibitors → improved motor & executive function
- Modafinil → More Dopamine
- Adderall → More Dopamine & Norepinephrine

Diagnose Apathy with Dementia

Apathy in all types of Dementia

When is it appropriate to use stimulants to treat apathy?

Stimulants: Safety Guidelines

- Stimulant risk is highest in patients with:
  - Uncontrolled hypertension
  - Structural cardiac problems
  - Myocardial infarction in the previous 6-12 months.
- Recommended Stimulant Treatment Dosing: Start at low doses such as immediate-release methylphenidate 5mg every day or twice a day, increasing every 1 to 2 weeks until a maximum dose of 10 mg twice a day is reached.

References

References


