ISCTM Behavioral and Psychiatric Symptoms in Dementia (BPSD) Working Group
18 Feb 2026 Meeting Minutes from the ISCTM Annual Meeting

In this meeting, we discussed current issues for apathy and agitation.

For apathy, we reviewed recent literature on apathy, with a focus on its associations with biomarkers, functional outcomes, and treatment response. We also reviewed recent agitation trials and needs in the area. Since our last meeting, Drs. Lanctôt, Miller, and the Workgroup published "Mapping of validated apathy scales onto the diagnostic criteria for apathy in neurocognitive disorders," led by PhD candidate Krushnaa Sankhe in the International Psychogeriatrics journal. We also discussed the Diagnostic Criteria for Apathy (DCA) checklist, which was developed by our apathy expert panel based on the NPI-C apathy domain and is currently being validated in our ongoing study, "Validation of a Brief Assessment Tool for Apathy in Neurocognitive Disorders." Recruitment and data collection are progressing across multiple international sites. Sunnybrook Research Institute (Canada) has completed recruitment (n = 60). The New York site, led by Dr. Soleimani, has completed retrospective data collection. The France site, led by Dr. Valeria Manera, is nearing completion, and the Mexico site, led by Dr. Alonso Morales, is currently underway.

For agitation, Dr. Rosenberg reviewed current trials including the results of THC-AD and brexpiprazole as well as trials in the field including xanomeline/trospium chloride, CALMA (Cannabinoid antagonist), and a FAAH inhibitor. The group had a lively discussion about challenges for agitation trials particularly the observation that for many patients and families, agitation is a crisis and thus that screening/baseline procedures need to be streamlined as much as possible. There was general agreement that treatment duration could be limited to 9-12 weeks to adapt to this sense of crisis and thus keep patients on placebo for as short a time as practical. There is an interest in comparator trials but they are logistically difficult to do.

Future directions include broadening our focus to encompass a wider range of neuropsychiatric symptoms (NPS). Next steps will be guided by the needs of our members and we received input from the ISCTM workgroup as we determine our next steps.