

Development of Diagnostic Criteria for Apathy in Neurocognitive Disorders

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SUBMISSION DETAILS

What is the Methodological Question Being Addressed? Can the development of formal criteria provide a framework for identifying apathy as an important construct in neurocognitive disorders?

Introduction Apathy is common in neurocognitive disorders (NCDs) but specific diagnostic criteria required strengthening. Apathy is associated with negative outcomes across NCDs, including more rapid cognitive decline, more impaired activities of daily living, greater caregiver burden, and increased mortality. A lack of consistent definition in apathy has hampered both research and the development of targeted interventions for apathy. A consistent diagnosis of apathy has also been hampered by overlapping symptoms with other neuropsychiatric symptoms (NPS), such as depression.

Methods The International Society for CNS Clinical Trials Methodology Apathy Work Group (ISCTM-AWG) convened an expert group and sought input from academia, healthcare, industry and regulatory bodies. As the purpose of this undertaking was not to develop diagnostic criteria de novo, a modified Delphi methodology was followed. An extensive literature review was conducted to determine what needed to be addressed in the existing diagnostic criteria to tailor them to NCDs. Two iterative surveys were developed by the ISCTM-AWG core members, and hosted on SurveyMonkey. The preliminary survey was sent to members of the ISCTM-AWG, while the consensus survey was sent to the ISCTM-AWG, the International Psychogeriatrics Association (IPA), and the International Society to Advance Alzheimer's Research and Treatment NPS Professional Interest Area (ISTAART NPS-PIA) group. The final consensus meeting was held in July 2019, and included representatives from the ISCTM-AWG, IPA, ISTAART NPS-PIA, and regulatory bodies. The wording of each criterion was discussed and a vote taken.

Results The final criteria included: limited to people with NCDs; symptoms (one of the following: diminished initiative, diminished interest, or diminished emotional expression/responsiveness) persistent or frequently recurrent over at least 4 weeks, a change from the patient's usual behaviour; causing significant functional impairment and not exclusively explained by other etiologies.

Conclusion These criteria provide a framework for defining apathy as a unique clinical construct in NCDs for diagnosis and further research.

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Guidelines I have read and understand the Poster Guidelines

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