

Development of Diagnostic Criteria for Apathy in Neurocognitive Disorders

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Neurocognitive Disorders (NCD)

Major NCDs: Alzheimer's disease (AD), vascular dementia (VaD), frontotemporal lobar degeneration (FTD), dementia with Lewy bodies (DLB), and Parkinson's disease dementia (PDD)

Mild NCDs: mild cognitive impairment (MCI) and vascular MCI (vMCI)

Characterized by decline in ≥ 1 cognitive domain and frequently accompanied by neuropsychiatric symptoms, such as apathy

Apathy in NCDs

- One of the most common neuropsychiatric symptoms
- Associated with negative implications for patients and their caregivers
 - Faster cognitive decline
 - Poorer activities of daily living
 - Greater caregiver burden
- However, a lack of specific diagnostic criteria has hampered research delineating neurobiological correlates of apathy and progress in discovering effective treatments

Diagnostic Criteria for Apathy

- Originally developed in 2008 by the European Psychiatric Association (EPA)
- Updated in 2018, to cover brain disorders, not limited to NCDs
- These criteria, however, do not necessarily take into account difficulties that arise in NCDs, e.g. memory difficulties

Goal

International Society for CNS Clinical Trials and Methodology (ISCTM) and the EPA recognized the need to update the diagnostic criteria with a specific focus on NCDs.

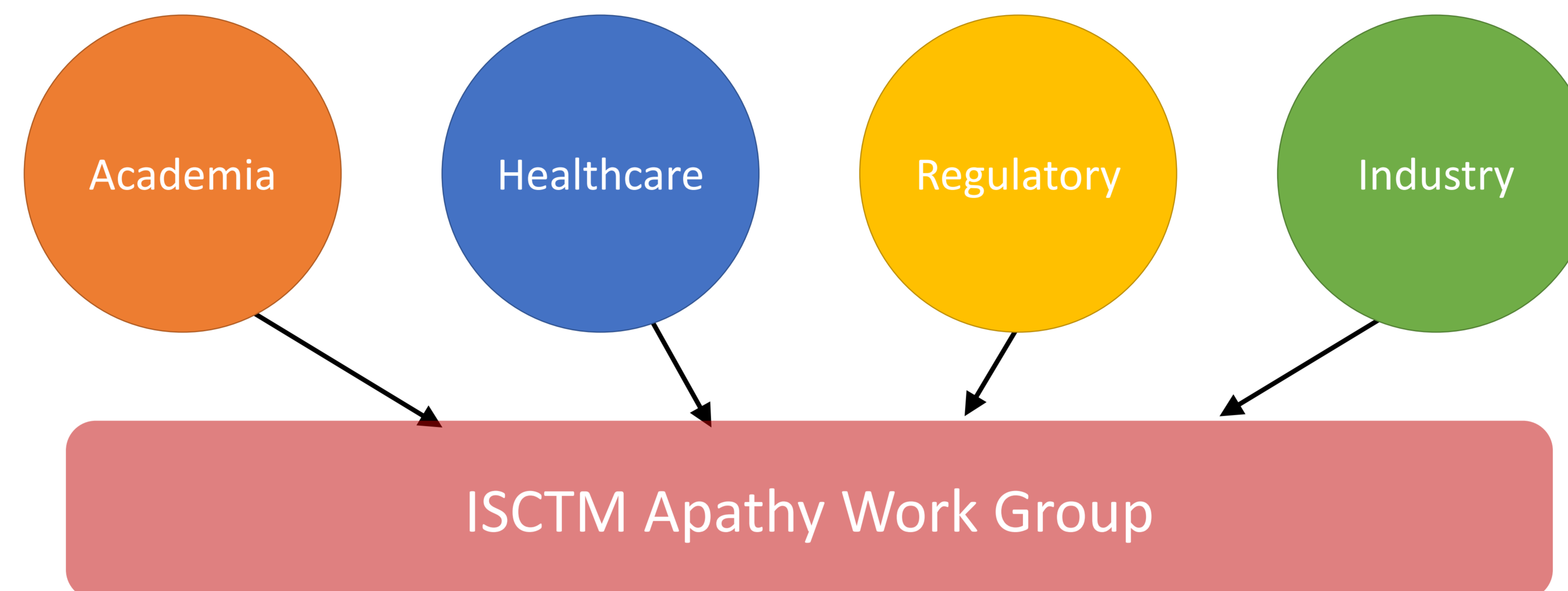
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Methodological Question

Can the development of formal criteria provide a framework for identifying apathy as an important construct in neurocognitive disorders?

Methods



Modified Delphi process

Because the purpose was not to develop criteria de novo, we used a modified Delphi methodology.



- To determine what needed to be addressed in existing diagnostic criteria to tailor them to NCDs
- Sent to ISCTM-AWG
- Questions regarding importance of diagnostic criteria, target audience, agreement with questions associated with criteria, suggestions as to how to revise existing criteria
- Sent to ISCTM-AWG, IPA, ISTAART NPS-PIA
- Agreement on each item of the criteria, plus additional comments
- Held in July 2019
- Included representatives from ISCTM-AWG, IPA, ISTAART NPS-PIA, and regulatory bodies
- Wording for each criterion was discussed and a vote taken

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For a diagnosis of apathy, the patient needs to meet criteria A, B, C, and D

Criterion A	The patient meets criteria for a syndrome of cognitive impairment or dementia (as defined by either ICD or DSM-5 criteria; e.g.: AD, vascular dementia, FTD, DLB, PDD, a pre-dementia cognitive impairment syndrome such as mild cognitive impairment, prodromal AD, mild vascular cognitive impairment, or other cognitive disorder).
Criterion B	The patient exhibits at least one symptom in at least two of the following three dimensions (B1 to B3). These symptoms have been persistent or frequently recurrent for a minimum of four weeks and represent a change from the patient's usual behaviour. These changes may be reported by the patient themselves or by observation of others.
Dimension B1	Diminished Initiative: Less spontaneous and/or active than usual self; <ul style="list-style-type: none"> - Less likely to initiate usual activities such as hobbies, chores, self-care, conversation, work-related or social activities
Dimension B2	Diminished interest: Less enthusiastic about usual activities; <ul style="list-style-type: none"> - Less interested in, or less curious about events in their environment - Less interested in activities and plans made by others - Less interested in friends and family - Reduced participation in activities even when stimulated - Less persistence in maintaining or completing tasks or activities
Dimension B3	Diminished emotional expression/responsiveness: <ul style="list-style-type: none"> - Less spontaneous emotions - Less affectionate compared to their usual self - Expresses less emotion in response to positive or negative events - Less concerned about the impact of their actions on other people - Less empathy
Criterion C	These symptoms are not exclusively explained by psychiatric illnesses, physical disabilities, motor disabilities, change in level of consciousness, or the direct physiological effects of a substance.
Criterion D	These symptoms cause clinically significant impairment in personal, social, occupational, and/or other important areas of functioning. This impairment must be a change from their usual behaviour.