RELATIONSHIP BETWEEN DEMENTED PATIENTS' NEUROPSYCHIATRIC SYMPTOMS AND THEIR CAREGIVERS' DISTRESS: PRELIMINARY FINDINGS

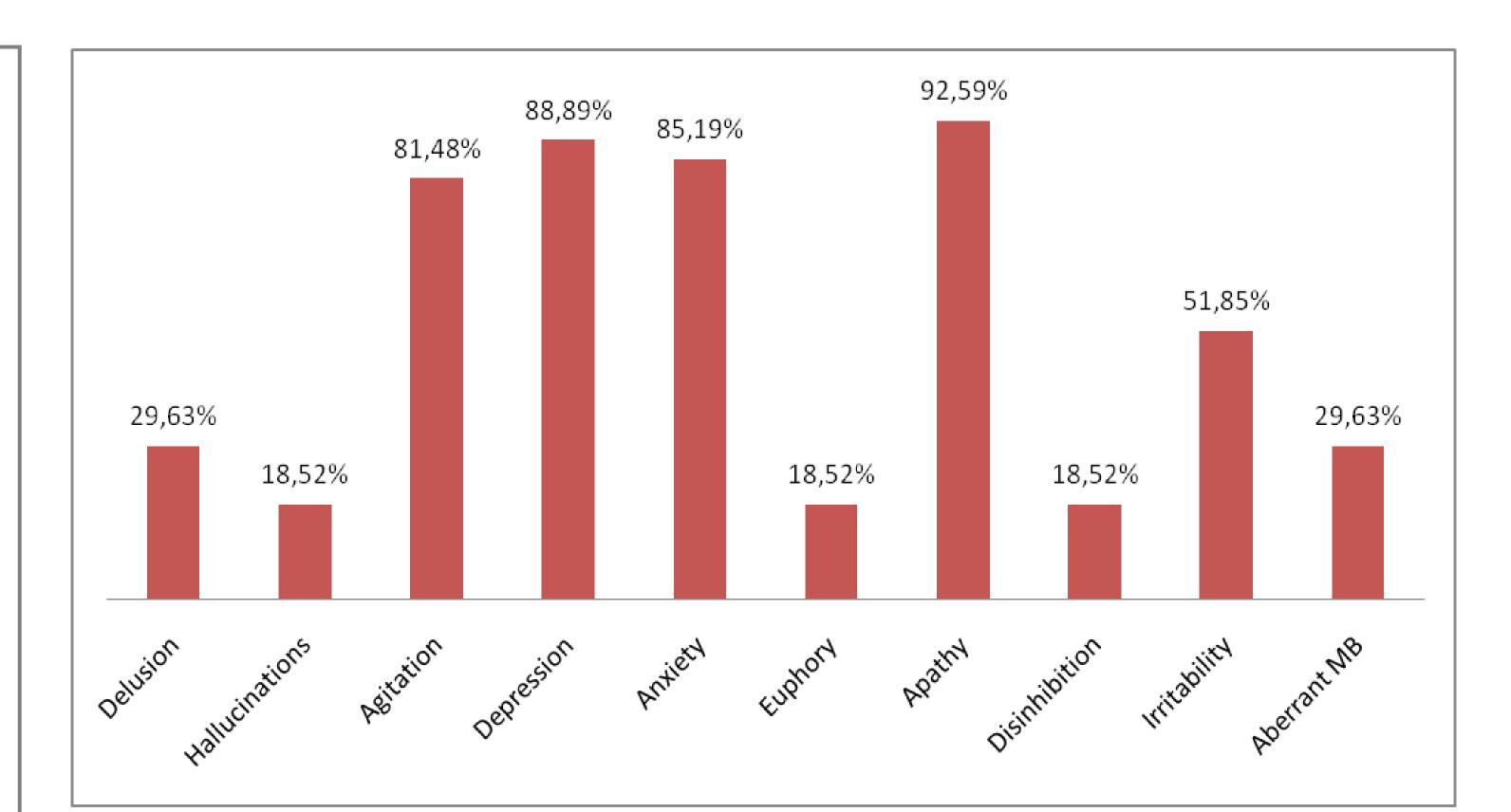
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Obyectives: Behavioral and psychological symptoms of dementia (BPSD) affects 90% of patients and concerns all sub-type of dementia. ¹ BPSD comprise a group of neuropsychiatric manifestations as hallucinations, delusions, irritability, aggressive behavior, apathy, depression, anxiety, aberrant motor behavior, euphoria and disinhibition. Generally, patients may show two or more BPSD during the course of disease. These symptoms are as clinically relevant as cognitive dysfunctions and represent a strong cause of distress among family members.² The purpose of this study was to investigate the potential association between neuropsychiatric symptoms and levels of caregivers' distress

Materials and methods: Twenty-seven patients affected by moderate to severe dementia (mean age 76.2 A± 7.1) years with a mean MMSE score of 16.2 ű 7.2) were evaluated by means of the Neuropsychiatric Inventory (NPI) that investigates frequency and seriousness of neuropsychiatric symptoms interviewing patients' caregivers. The level of caregivers' distress was evaluated by means of the Caregiver Burden Inventory questionnaire (CBI) in 27 individuals.

Results: We found a significant correlation between the CBI and NPI scores (r = 0.67; p < 0.001), as well as between the CBI and 5 out of 10 items of the NPI, including irritability (r = 0.67; p < 0.001), hallucinations (r = 0.5; p < 0.01), aggression (r = 0.41; p < 0.01)0.05), depression and aberrant motor behavior (r = 0.45; p < 0.05). However, the most recurring symptoms were apathy, depression, anxiety and agitation, which was founded in the 80-90% of the patients, followed by irritability (52%), delusion and (29.6%), aberrant behavior motor



hallucinations, euphoria and disinhibition (18.5%), as showed in Figure 1.

Figure 1. Frequency of symptoms occurrence on each NPI subscale by the dementia patients. Aberrant MB means aberrant motor behavior.

Conclusions: From our findings we can argue that neuropsychiatric symptoms of dementia represent a strong cause of distress among caregivers. Behavioral and psychotic symptoms seem to be more burdensome than emotive-affective symptoms as depression and anxiety, despite the last one are more frequent. The results remind the importance of correct BPSD management, which implies either pharmacological or non-pharmacological interventions, and may help in reducing patients' istituzionalization, also improving caregivers' quality of life.

References:

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