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Neuropsychiatric symptoms in Alzheimer's disease: Contradictory interpretations between caregiver report and clinician impression

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Introduction: A crucial point regarding neuropsychiatric symptoms in Alzheimer's disease (AD) concerns the reliability of information about the patient's behavior that the caregiver provides to the clinician. Caregivers frequently suffer emotional distress, depression, anxiety, sleep disorders, and eventually, cognitive decline when he is older, causing important biases which interfere with his interpretation of patient's behavior.

Aims: Study aimed to compare the caregiver report with the clinician impression of neuropsychiatric symptoms in the same patients with mild, moderate or severe AD.

Methods: 156 Patients with AD and their 156 respective caregivers were investigated in order to detect disagreements between caregiver report and clinician impression regarding neuropsychiatric symptoms in the same patient. We used the Neuropsychiatric Inventory-Clinician Rating Scale to investigate psychopathological manifestations as this instrument allows a confrontation of informant report and clinician judgement. We divided patients into dementia severity levels: CDR 1=60, CDR 2=53, and CDR 3=43 (N=156) in order to identify disagreements between caregiver and clinician according to severity dementia in the same patient. Statistical analyses were based mainly on the likelihood ratio test.

Results: Disagreements between caregiver report and clinician impression were very common and high. More higher percentages of discordances were detected in specific domains: Apathy/Indifference (78.8%), Agitation (74.4%), Anxiety (72.4%), and Depression (68.6%) among patients with severe dementia. Lower percentages were observed in: Hallucinations (17.9%), Delusions (30.8%), and Aberrant Motor Vocalizations (33.3%) among patients with mild dementia. In the majority of domains, disagreements between caregiver report and clinician impression were increased according to dementia severity. In general, disagreement percentages were classified as higher among patients with CDR 3.

Conclusion: The accuracy of symptoms basically depends on clinician impression for behavioural disturbances of AD patients, and his impression frequently is in disagreement with caregiver report. Emotional distress and daily burden of the caregiver seem to be relevant conditions associated to misidentification of patient's symptoms.

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