

Prevalence, Impact, And Management Of Neuropsychiatric Symptoms In Dementia: A Systematic Review

Author Block: Kelechi Ngozi Eluigwe¹, Onyinyechukwu Uzoamaka Oka², Nelyn Akunna Okoye³, Olayinka Lukman Olatunji⁴. ¹Community Speaker, Alzheimer's Research UK, Surrey, United Kingdom, ²Community Medicine, : Alex Ekwueme Federal University Teaching Hospital, Abakaliki, Ebonyi State, Nigeria Alex Ekwueme, Abakiliki, Nigeria, ³Health Service Department, Rivers State University, Port Harcourt, Nigeria, Rivers State, Nigeria, ⁴Department of Research Studies, York Saint John University, London, United Kingdom.

Neuropsychiatric symptoms are a near-universal feature of dementia, and early identification combined with personalised non-pharmacological interventions offers the most effective approach to improving patient and carer outcomes.

INTRODUCTION	METHODS	RESULTS	CONCLUSIONS	REFERENCES
Introduction: Neuropsychiatric symptoms (NPS), including agitation, depression, anxiety, psychosis, apathy, and sleep disturbances, are highly prevalent in dementia and contribute to carer burden, accelerated cognitive decline, and increased healthcare utilisation. Despite their clinical relevance, NPS are often under-recognised and inconsistently managed. This review synthesizes evidence on the prevalence, impact, and management of NPS across dementia subtypes.	Method: A systematic search of PubMed, Embase, PsycINFO, and the Cochrane Library (2013-2025) identified observational and interventional studies reporting NPS prevalence, outcomes, or interventions. Data were independently extracted, quality-assessed, and synthesized narratively.	Results: Eighty-two studies (n = 67,945 individuals with dementia) were included. Across studies, NPS were highly prevalent, with apathy (39%), agitation (35%), and depression (32%) most commonly reported. Symptom patterns varied by dementia subtype (psychosis more common in Lewy body dementia; apathy more prevalent in frontotemporal dementia). NPS were associated with functional decline, increased institutionalisation risk (adjusted hazard ratio = 2.15), greater caregiver burden, and 38% higher healthcare costs. Multicomponent non-pharmacological interventions reduced symptom severity by 18-28%, while pharmacological treatments showed modest benefit but increased adverse events.	Conclusions: NPS are near-universal in dementia and substantially impact patients, carers, and healthcare systems. Individualised, multicomponent non-pharmacological interventions should be prioritised as first-line treatment, with medications reserved for severe or refractory cases. Early, systematic identification and intervention are essential to improve outcomes in Alzheimer’s disease and related dementias.	References: Alzheimer’s Association. (2019). 2019 Alzheimer’s disease facts and figures. <i>Alzheimer’s & Dementia</i>, 15(3), 321–387. https://doi.org/10.1016/j.jalz.2019.01.010 Ameri, F., Rahmani, H., Mirhosseini, S., Basirinezhad, M. H., Saeedi, M., & Ebrahimi, H. (2024). Exploring caregiver burden in Alzheimer’s disease: The predictive role of psychological distress. <i>Open Public Health Journal</i>, 17, Article 10.2174/0118749445327572240916091208. https://doi.org/10.2174/0118749445327572240916091208 DeTure, M. A., & Dickson, D. W. (2019). The neuropathological diagnosis of Alzheimer’s disease. <i>Molecular Neurodegeneration</i>, 14, 32. https://doi.org/10.1186/s13024-019-0333-5
CONTACT				
 Email: kellywilliamsoko ro@gmail.com 				