

Linguistic markers in narrative discourse for the differential diagnosis of Primary Progressive Aphasia and Alzheimer's Disease Dementia



P3-09

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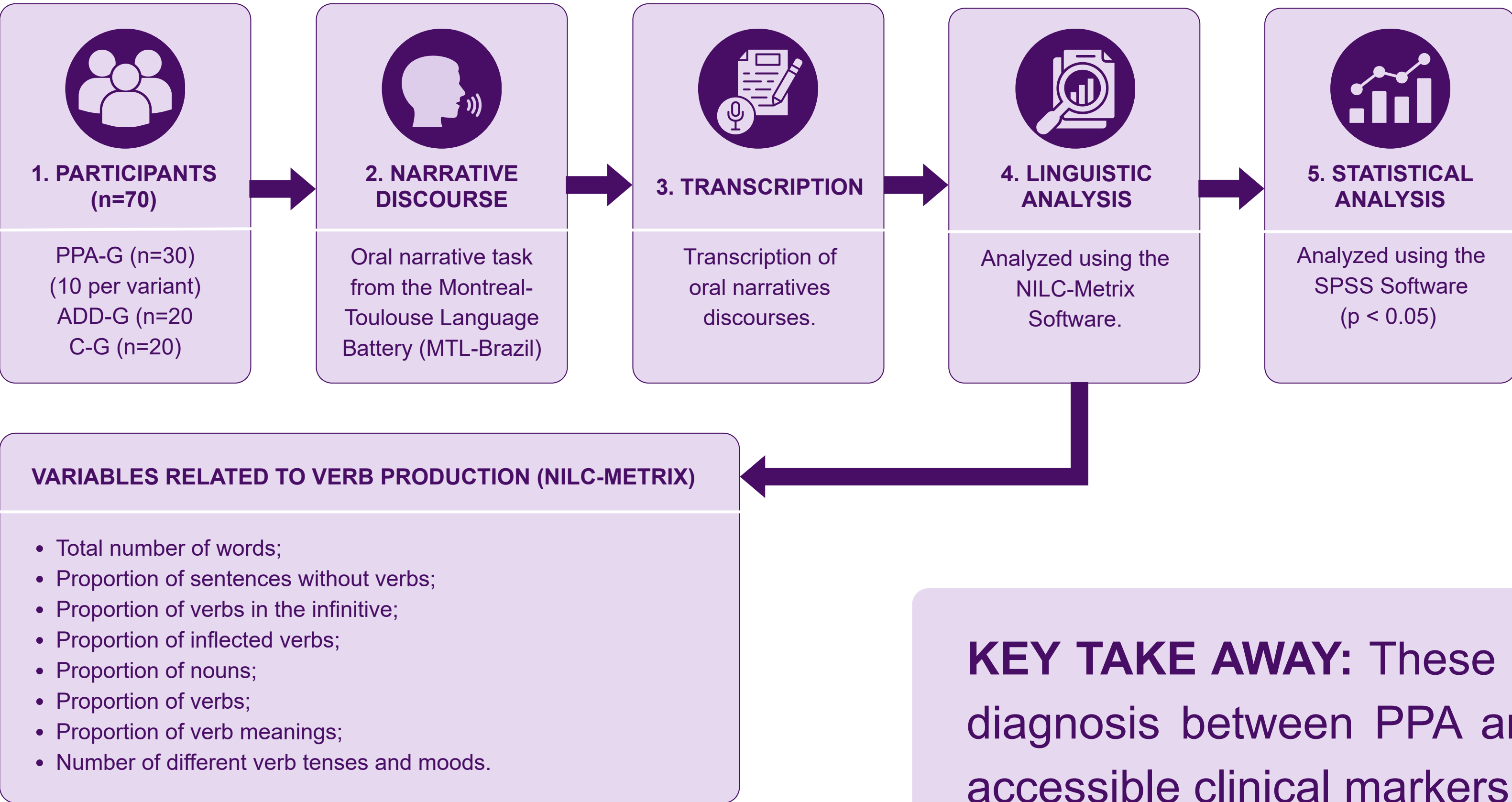


BACKGROUND

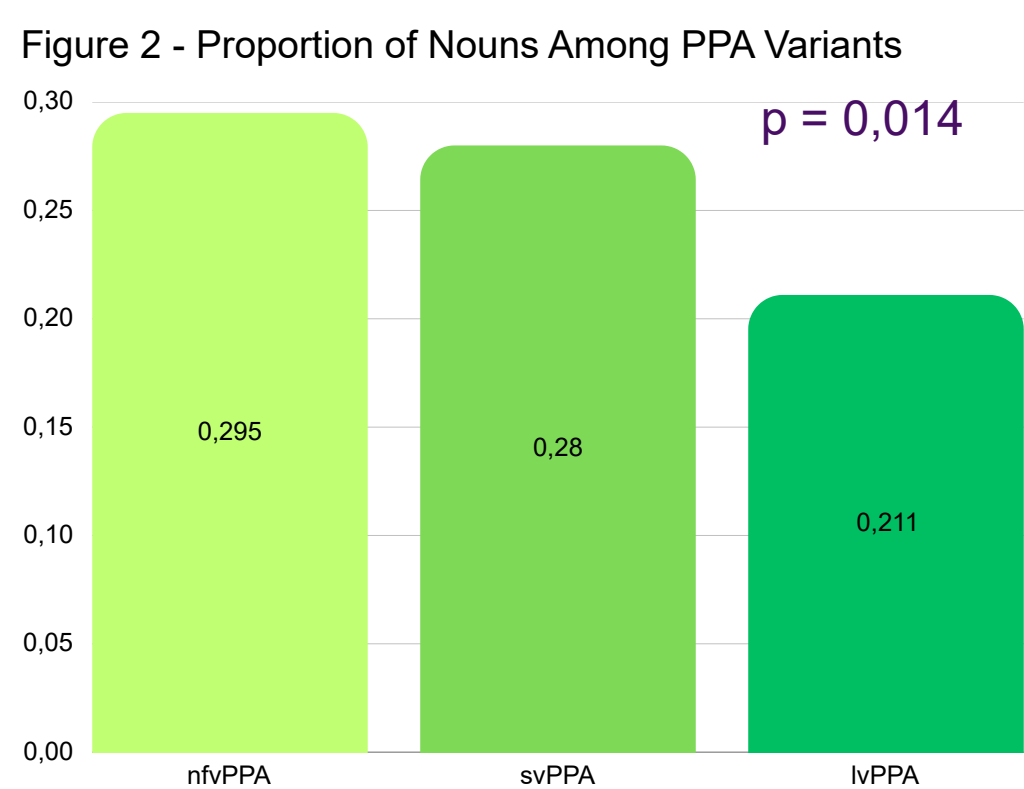
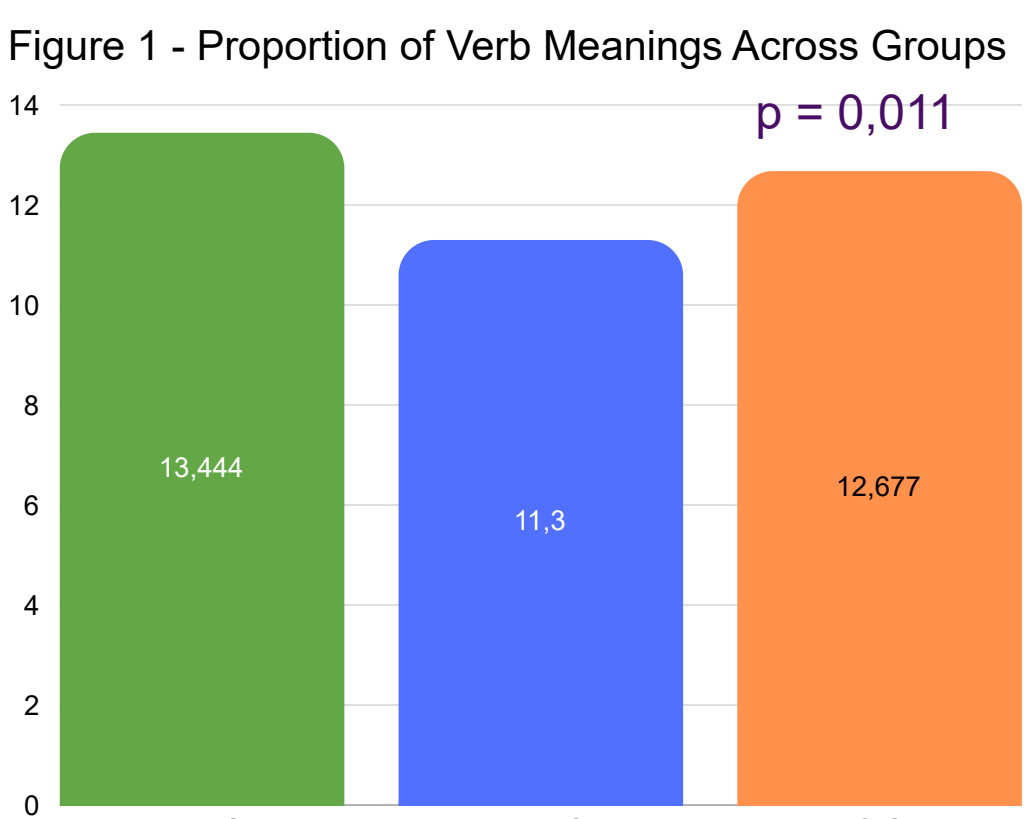
- **PPA** is a neurodegenerative syndrome characterized by a progressive and predominant impairment of language;
- Its diagnosis is often confused with other dementias, particularly **ADD**;
- Identifying clinical aspects and linguistic features that support the differential diagnosis between PPA and ADD is clinically relevant;
- **AIM:** to investigate verb production in the narrative discourse of individuals with PPA in comparison with those with ADD and neurologically healthy controls within the Brazilian population.

METHODS

This is a comparative cross-sectional study conducted using convenience sampling and integrated into a larger project.



RESULTS



Figures legend: PPA-G = Primary Progressive Aphasia Group; ADD-G = Alzheimer's Disease Dementia Group; C-G = Control Group; nfvPPA = nonfluent/agrammatic variant; svPPA = semantic variant; lvPPA = logopenic variant.

Figure 1 - Variables related to verb production in oral narrative discourse indicated a statistically significant difference in the proportion of verb meanings between the PPA-G and the ADD-G ($p = 0.009$).

Figure 2 - When comparing the variables among the PPA variants, a statistically significant difference was observed in the proportion of nouns between the agrammatic/nonfluent and the semantic variants ($p = 0.034$), as well as between the agrammatic/nonfluent and the logopenic variants ($p = 0.033$).

No other linguistic variables differed significantly between groups.

CONCLUSION

Individuals with PPA tend to simplify oral discourse by using more ambiguous verbs. Among these individuals, those with the agrammatic/nonfluent variant tend to produce discourse with lower linguistic complexity, as evidenced by a higher proportion of nouns.

KEY TAKE AWAY: These findings identify potential linguistic markers that may support earlier differential diagnosis between PPA and ADD, particularly in low-resource settings. It demonstrates the promise of accessible clinical markers to improve diagnostic accuracy and equity in neurodegenerative care.