

BPSD burden increase is associated with cognitive worsening in frail older adults with moderate to severe cognitive decline

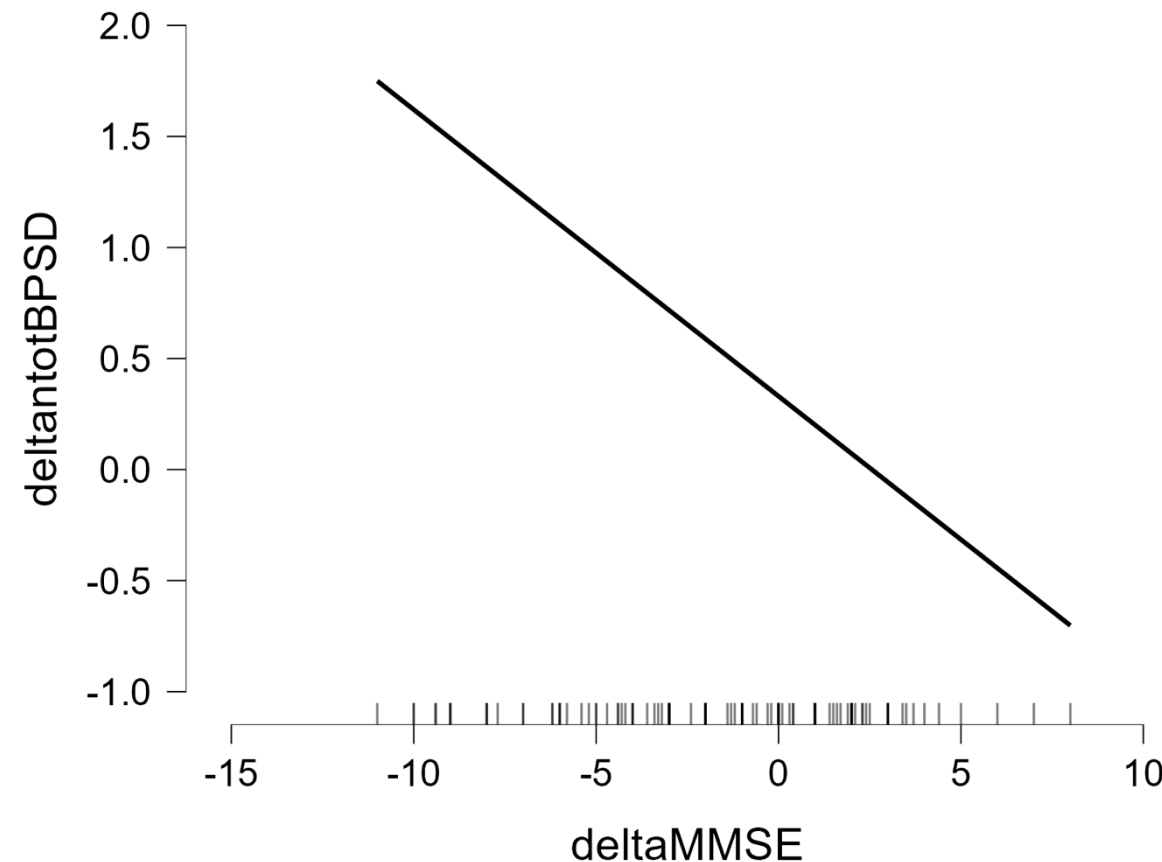
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INTRODUCTION	METHODS	RESULTS	CONCLUSIONS	REFERENCES
BPSD (Behavioural Psychiatric Symptoms of Dementia) are extremely widespread in dementia, with fluctuating course over time. Their prevalence increases with dementia severity and they accelerate functional impairment. We aimed to characterize their relationship with spontaneous cognitive decline.	In this retrospective study we evaluated frail patients with dementia at baseline and after 10-18 months. The patient underwent comprehensive geriatric assessment (CGA) and cognitive and neuropsychiatric evaluation. Frailty was assessed with Clinical frailty scale (CFS) and BPSD were grouped in clusters: mood apathy, psychosis and hyperactivity. We split the population according to severity of frailty (CFS 5, 6 and 7 as mild, moderate and severe). Chi-Squared Test was used to explore the association with BPSD clusters. Student's t-test and Mann-Whitney-U-test were used to explore the association between the variation of MMSE score and BPSD burden between baseline and follow-up. Multiple regression models were used to explore the associations between variables.	220 outpatient subjects with MMSE $\leq$ 24 and CFS $\geq$ 5 were enrolled; 61.8% were female; mean age 83.8$\pm$5. The cohort showed partial functional impairment (BADL 3.7$\pm$2 and IADL 1.8$\pm$1.9), moderate frailty (CFS 6$\pm$0.7), and moderate cognitive decline (MMSE 17.7$\pm$4.4). BPSD were present in 88% of patients: 65% of the mood apathy, 42% of the hyperactivity and 44% of the psychosis clusters. The prevalence of mood apathy symptoms and hyperactivity symptoms was significantly higher in most frail subjects (both p<0.01), while psychotic symptoms prevalence did not differ. 117 patients underwent a follow-up visit at 10-18 months. MMSE declined over time (p < 0.001) and BPSD burden increased (p=0.007), with a significant negative association (p<0.01), even after adjustment for CFS and age. The significant variation in the BPSD burden seems driven by mood apathy and hyperactivity cluster symptoms (both p<0.01).	In frail older subjects with dementia, total BPSD burden increases over time, driven by mood/apathy and hyperactivity cluster symptoms, is associated with further cognitive decline. Therefore, for better management of patients with dementia, it might be decisive to prevent new mood/apathy or hyperactivity symptoms onset. 	Cummings J, Lancot K, Grossberg G, Ballard C. Progress in Pharmacologic Management of Neuropsychiatric Syndromes in Neurodegenerative Disorders: A Review. JAMA Neurol. 2024 Jun 1;81(6):645-653. doi: 10.1001/jamaneurol.2024.0586. PMID: 38558015; PMCID: PMC11164642. 243 CONTACT  Mail address: noemi.pardini.np@gmail.com  ALZHEIMER'S ASSOCIATION AAIC 26