

Outcomes of Suspected Autoimmune Encephalitis in Geriatric Psychiatry

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This retrospective study highlights that while diagnosing autoimmune encephalitis (AE) in older adults is **challenging** due to symptom overlap with dementia and delirium, targeted workups are highly valuable. Notably, all patients who were confirmed and treated for AE demonstrated clinical improvement, emphasizing the **critical importance of screening** for it, particularly in cases of **early-onset or rapidly progressive dementia**.

INTRODUCTION	METHODS	RESULTS	RESULTS	CONCLUSION																																																																																																														
Autoimmune encephalitis (AE) is a potentially reversible cause of neuropsychiatric symptoms. Recognition in older adults is challenging because presentations frequently overlap with dementia, delirium, and primary psychiatric disorders. Evidence regarding the diagnostic yield & outcomes of AE workups in geriatric psychiatry settings is limited, particularly from low- and middle-income countries.	Study Design: Retrospective chart review Setting: Geriatric Psychiatry Outpatient Department, India Study Period: January 1 – April 30, 2024 Participants: Aged ≥50 years, Screened in Geriatric Psychiatry OPD, Underwent autoimmune and/or paraneoplastic workup due to clinical suspicion (n = 101) Data Collected: Demographics, Clinical features, MRI findings, CSF investigations, Final diagnosis	<table><tr><th colspan="2">Demographics</th></tr><tr><td>Mean Age</td><td>66.6yr</td></tr><tr><td>M:F</td><td>62:39</td></tr><tr><th colspan="2">Mode of Onset</th></tr><tr><td>Acute</td><td>35 (34.7%)</td></tr><tr><td>Subacute</td><td>19 (18%)</td></tr><tr><td>Insidious</td><td>46 (45.5%)</td></tr><tr><th colspan="2">Indications for panel</th></tr><tr><td>Early onset dementia</td><td>19 (18.8%)</td></tr><tr><td>Early onset rapidly progressive dementia</td><td>7 (6.9%)</td></tr><tr><td>Rapidly progressive dementia</td><td>8 (7.9%)</td></tr><tr><td>Delirium / encephalopathy</td><td>5 (5.0%)</td></tr><tr><td>Vascular</td><td>3 (3.0%)</td></tr><tr><td>Late / new-onset mania</td><td>4 (4.0%)</td></tr><tr><td>Parkinsonism</td><td>3 (3.0%)</td></tr><tr><td>Others</td><td>52 (51.5%)</td></tr><tr><th colspan="2">Clinical features at presentation</th></tr><tr><td>Delirium</td><td>26 (25.7%)</td></tr><tr><td>Movement disorder</td><td>16 (15.8%)</td></tr><tr><td>Autonomic dysfunction</td><td>16 (15.8%)</td></tr><tr><td>Seizures</td><td>10 (9.9%)</td></tr></table>	Demographics		Mean Age	66.6yr	M:F	62:39	Mode of Onset		Acute	35 (34.7%)	Subacute	19 (18%)	Insidious	46 (45.5%)	Indications for panel		Early onset dementia	19 (18.8%)	Early onset rapidly progressive dementia	7 (6.9%)	Rapidly progressive dementia	8 (7.9%)	Delirium / encephalopathy	5 (5.0%)	Vascular	3 (3.0%)	Late / new-onset mania	4 (4.0%)	Parkinsonism	3 (3.0%)	Others	52 (51.5%)	Clinical features at presentation		Delirium	26 (25.7%)	Movement disorder	16 (15.8%)	Autonomic dysfunction	16 (15.8%)	Seizures	10 (9.9%)	<table><tr><th colspan="4">Diagnostic criteria-Graus et.al. 2016</th></tr><tr><td colspan="2">Clinical criteria</td><td colspan="2">32 (31.7%)</td></tr><tr><td colspan="2">Paraclinical criteria</td><td colspan="2">7(6.9%)</td></tr><tr><td colspan="4">6 patients met both clinical + paraclinical criteria</td></tr><tr><th colspan="4">Outcome</th></tr><tr><td colspan="2">Improved</td><td colspan="2">25.2%</td></tr><tr><td colspan="2">Unchanged</td><td colspan="2">33.7%</td></tr><tr><td colspan="2">Worsened</td><td colspan="2">7.9%</td></tr><tr><td colspan="2">Lost to F/U</td><td colspan="2">33.7%</td></tr><tr><td colspan="4">Mortality: 0</td></tr><tr><th>Pt</th><th>Key finding</th><th>Treatment</th><th>Outcome</th></tr><tr><td>1</td><td>Anti-Yo 1+ (PN)</td><td>IVPP, IVMP, Rituximab, Acyclovir</td><td>Partially improved</td></tr><tr><td>2</td><td>LGI-1 strongly+</td><td>IV MP, LVPP, Rituximab</td><td>Improved</td></tr><tr><td>3</td><td>AMPA1&2 weak+; Anti-Recoverin+</td><td>IVIG</td><td>Improved</td></tr><tr><td>4</td><td>Anti-To 1+ (PN)</td><td>Steroids</td><td>Slightly improved</td></tr><tr><td>5</td><td>Seroneg AE (MRI+EEG)</td><td>IVMP (IVIG advised)</td><td>Pending F/U</td></tr><tr><td>6</td><td>Post-encephalitis (CSF)</td><td>—</td><td>Lost to F/U</td></tr></table>	Diagnostic criteria-Graus et.al. 2016				Clinical criteria		32 (31.7%)		Paraclinical criteria		7(6.9%)		6 patients met both clinical + paraclinical criteria				Outcome				Improved		25.2%		Unchanged		33.7%		Worsened		7.9%		Lost to F/U		33.7%		Mortality: 0				Pt	Key finding	Treatment	Outcome	1	Anti-Yo 1+ (PN)	IVPP, IVMP, Rituximab, Acyclovir	Partially improved	2	LGI-1 strongly+	IV MP, LVPP, Rituximab	Improved	3	AMPA1&2 weak+; Anti-Recoverin+	IVIG	Improved	4	Anti-To 1+ (PN)	Steroids	Slightly improved	5	Seroneg AE (MRI+EEG)	IVMP (IVIG advised)	Pending F/U	6	Post-encephalitis (CSF)	—	Lost to F/U	6 patients met both clinical + paraclinical criteria Leading indications: early onset dementia (18.8%) and rapidly progressive dementia (7.9%) All treated AE/PE patients showed clinical improvement Larger prospective studies are warranted
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