A commentary on “Real-world implications of apathy among older adults: Independent associations with activities of daily living and quality of life”.

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Real-world implications of apathy among older adults: Independent associations with activities of daily living and quality of life

by Tierney, S. M., Woods, S. P., Weinborn, M., & Bucks, R. S. (2018). *Journal of Clinical and Experimental Neuropsychology*, 1-9. doi: 10.1080/13803395.2018.1444736. Epub 2018 Mar 13.

Apathy refers to a set of behavioral characteristics, emotional and cognitive such as reduced interest and participation in activities of daily living, lack of initiative, indifference and the flattening of affect. In particular Tierney et al. (2018) studied how and if apathy contributes to problems in daily activities and quality management. Their study involved a total of 83 participants between 55 and 84 years of age, recruited from a residence. Exclusion criteria included: a score <24 on Mini-Mental State Examination (Minimental state. A practical method for grading the cognitive state of patients for the clinician, Folstein, Folstein and McHugh, 1975) seizure disorder, stroke, brain injury and severe psychiatric disorders. MMSE scores were confirmed by the RBANS neuropsychological battery (The Repeatable Battery for the Assessment of Neuropsychological Status: Preliminary Clinical Validity, Randolph, Tierney, Mohr, Chase, 1998). To measure apathy we used the scale of self-evaluation and family assessment (Confirmatory Factor Analysis of the Frontal Systems Behavior Scale, Carvalho, Ready, Malloy, Grace 2013); everyday skills were evaluated by administering a modified version of the questionnaire on daily activities (The Activities of Daily Living Questionnaire: A Validation Study in Patients with Dementia, Johnson, Barion, Rademaker, Rehkemper and Weintraub, 2004); quality of life was measured using EUROHIS-QOL which provides physical, psychological, environmental and social evaluation. The present study, therefore, examined the relationship between apathy and problems related to the quality and daily activities. Results are consistent with the negative impact that apathy can have, both on business and the quality of life activities. The study aging and uses a sample with an age of 55 to 84 years. However, in literature, the sample used in the various scientific studies considered an age ≥ 65 years of reference. Also neuropsychology RBANS battery has been used not only to assess the overall cognitive functioning and as a confirmation of the MMSE data, but also to evaluate anxiety disorders, depression, cognition and medical condition. In this regard, the RBANS is composed of two forms (A and B) of identical difficulties, each divided into 12 sub-tests to be administered individually to evaluate 5 different cognitive domains: attention, language, skill visuo-spatial and visuo-constructive, immediate and delayed memory. It allows a neuropsychological assessment, however, patients aged between 20 and 80 years, considering the age of the sample used in this study, could be practical to administer the Brief Neuropsychological Test 2 (Esame Neuropsicologico Breve-2, Giorgio Arcara, Patrizia Silvia Bisiacchi, Daniela Mapelli, Sara Mondini, Alec Vestri, 2011) as it not only consists of 16 sub-tests, but it is a neuropsychological screening battery for individuals aged between 16 and 96 years. Finally the Tierney et al. (2018) study also identifies the relationship between apathy and depression. In this regard it would be ideal to enter the Lille Apathy Rating Scale (The Lille apathy rating scale LARS, a new instrument for detecting and quantifying apathy: validation in Parkinson's disease LARS, Sockeel P, K Dujardin, D Devos, C Dene`ve, Deste'e A, L Defebvre, 2006) as it is an excellent tool that can distinguish 'apathy from depression and determines the severity of apathy within a classification into 4 categories. It consists of 9 domains of which 8 are the main clinical manifestations of apathy (daily productivity, interests, taking initiative, Motivation - Voluntary actions, search for novelty, emotional responses, Concern, Social Life). It is important, therefore, to emphasize the difference between apathy and depression in order to identify interventions aimed at reducing apathy and increasing motivation. As shown by the study of Di Domenico et al. (2016), it is aimed at studying a behavioral technique, in this case the conditioning, which can be used to develop new interventions, to address specific aspects of apathy

and to increase the motivation (Fighting apathy in Alzheimer's dementia: A brief emotional-based intervention, A. Di Domenico, R. Palumbo, B. Fairfield, N. Mammarella, 2016). In conclusion, as demonstrated by Tierney et al (2018), individuals with high apathy have the greatest difficulties in daily life activities and confirms the negative impact that apathy has on these activities. Thanks, probably, to a functional evaluation that allows to identify the presence of apathy, differentiating it from depression, it may be possible to apply an intervention to reduce apathy.

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