
Apathy in Dementia: Diagnosis and Treatment

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Introduction

- Apathy is the most common behavioral disturbance in dementia, impacting up to 36% of patients with dementia (Lyketsos CG et al, JAMA 2002 288;12:1475-1483) and 12% to 40% of people with mild cognitive impairment (MCI) (Burgon C et al, Dement Geriatr Cogn Disord 2021;50(2):111–123).
- Apathy is almost universally present in patients with severe dementia but may also be the first sign of dementia in some individuals. It's associated with increased conversion from MCI to dementia and worsened disease progression.
- Apathy's been linked with impaired everyday functioning, increased carer burden, worse adherence to interventions, and worse quality of life (Burgon C et al., Dement Geriatr Cogn Disord 2021;50(2):111–123).

Diagnosis

- *Definition:* Apathy is characterized by a lack of interest, enthusiasm, or concern. In older adults (OAs), apathy may manifest as diminished motivation to perform daily activities, a lack of emotional response to situations that would typically elicit feelings, or a general sense of indifference.
- *Clinical interview Tips:* Ask the patient and their family about specific examples of changes in behavior, such as reduced participation in previously enjoyed hobbies or decreased social interactions. Explore how apathy affects the patient's daily functioning, including self-care, social relationships, and overall quality of life.
- *Differentiation from Depression*
 - Both apathy and depression can involve a loss of interest in activities and a decrease in motivation. This overlap can make it challenging to distinguish between the two.
 - People who are depressed have symptoms like persistent sadness, feelings of worthlessness or excessive guilt, significant changes in sleep and appetite, and thoughts of death or suicide.
 - People who are apathetic are indifferent or have a lack of emotional responsiveness, rather than the emotional pain and suffering that accompany depression.
 - It's important to distinguish between the two because they have different treatment strategies.
- *Scales:*
 - The Neuropsychiatric Inventory–Questionnaire (NPI-Q) has one, easy to remember, question for apathy: *Does the patient seem less interested in their usual activities or in the activities and plans of others?* (Kaufer DI et al, J Neuropsychiatry Clin Neurosci. 2000;12(2):233-239).

Treatment

- Educate caregivers:
 - Apathy is one of the most common features of dementia.
 - Use gentle commands to motivate, instead of soliciting. Patients will often decline requests, e.g., say “it's time for lunch” instead of asking “do you want lunch?”
 - Choose battles wisely, e.g., if there is resistance to bathing, rather than insisting on daily baths, switch to every other day or try again at a later time.

- Engage patients in stimulating activities like watching a favorite movie, listening to music, or looking at pictures of friends or family together.
- Consider enrolling patients in an adult day program or senior center for further stimulation and to add structure to their day.
- Emphasize the importance of a regular daily routine to manage apathy.
 - Medications:
- There are no FDA-approved treatments for apathy.
- Cholinesterase inhibitors and memantine should be started as indicated. They may indirectly affect apathy by improving cognitive function.
- Bupropion XL can be used at 150 mg to 300 mg qAM.
- Amantadine has been helpful in some studies at 300 mg to 900 mg daily in divided doses (van Reekum R et al, *J Neuropsychiatry Clin Neurosci* 2005;17(1):7-19)
- Methylphenidate probably has the best data. It can be started at 5 mg twice daily (morning and noon); after 2 weeks, it can be titrated to 10 mg twice daily (morning and noon). Monitor for agitation, restlessness, irritability, QTc prolongation, and weight loss (Mintzer J et al, *JAMA Neurol* 2021;78(11):1324–1332)
- Pramipexole and ropinirole are useful in treating apathy occurring patient’s with Parkinson’s disease dementia.
 - For pramipexole, start 0.125 mg three times daily and titrate up based on the response and tolerance. The max dose is 4.5 mg per day.
 - For ropinirole, start 0.25 mg three times daily and titrate up to a max of 3 mg/day.
 - With dopamine agonists, monitor for hallucinations, delusions, increased confusion, impulse control disorders, orthostatic hypotension, sleep disturbances, and dyskinesias.