DISTINGUISHING APATHY FROM DEPRESSION
IN NEUROCOGNITIVE DISORDERS

APATHY and **DEPRESSION** are both common across neurocognitive disorders. It can be difficult to differentiate them. These syndromes often **occur simultaneously** and have overlapping symptoms.

Recognizing **APATHY** as a dementia-related syndrome is critical for people living with neurocognitive disorders, their families and care partners.

What is APATHY in neurocognitive disorders?

In patients with a neurocognitive disorder *(mild cognitive disorder or dementia)* those with **APATHY** exhibit symptoms in at least two of these categories:

- **diminished initiative -** less likely to start activities on their own or initiate socializing
- **diminished interest -** less enthusiastic about usual or new activities, a tendency toward passive behaviour
- **diminished emotional expression or responsiveness -** express less emotion in response to positive or negative events

It is important to confirm that these symptoms are present for at least 4 weeks, and to rule out other explanations for these symptoms, for example, intellectual, physical, or motor disability; changes in level of consciousness; or the direct effect of substance use.

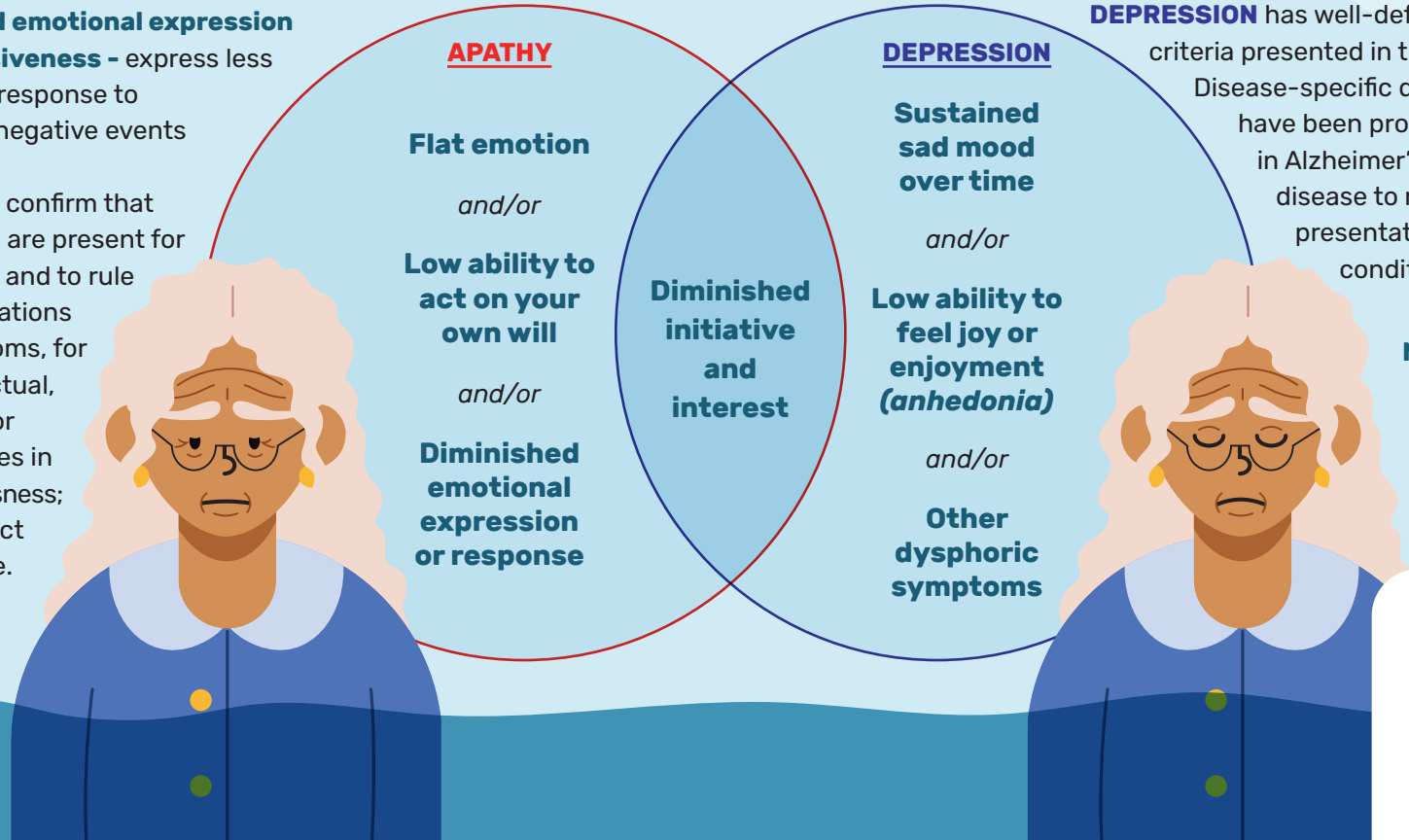
Apathy symptoms must be severe enough to impair personal, social, occupational, and/or other domains of function.

Apathy in neurocognitive disorders is less likely to include:

- Suicidal ideation, anxiety, rumination, vegetative symptoms, sad mood or other dysphoric symptoms

What is DEPRESSION in neurocognitive disorders?

DEPRESSION has well-defined diagnostic criteria presented in the DSM-5. Disease-specific diagnostic criteria have been proposed for depression in Alzheimer's and Parkinson's disease to reflect its unique presentation in these conditions.



Note: APATHY and **DEPRESSION** can occur simultaneously in neurocognitive disorders.

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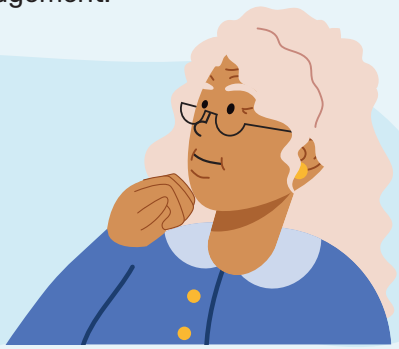
APATHY and **DEPRESSION** are linked to different brain circuits.

Pharmacological treatments for **DEPRESSION** are largely ineffective for **APATHY,** suggesting the two conditions are distinct.

Fluid biomarkers, like blood or spinal fluid tests, are not helpful in distinguishing **APATHY** from **DEPRESSION.**

Clinical Assessment

Currently, the best way to distinguish apathy and depression in neurocognitive disorders is through careful clinical assessment. Accurate diagnosis is necessary for appropriate patient management.



Consult the **guidelines on apathy in neurocognitive disorders** to ensure accurate diagnosis of neuropsychiatric symptom.

Treatment

- There are no approved pharmacological treatments for apathy yet. Cholinesterase inhibitors may **help,** and clinical trials support **methylphenidate.**
- Both apathy and depression in neurocognitive disorders can benefit from behavioural treatment approaches and brain stimulation approaches.

This infographic is based on Lanctôt et al. (2023). Distinguishing apathy from depression: A review differentiating the behavioral, neuroanatomic, and treatment-related aspects of apathy from depression in neurocognitive disorders. Int J Geriatric Psychiatry.

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