

Vascular Dementia and Dementia &

Neurological Disorders and Stroke

March 14-16, 2019 | London, UK

Neuropsychiatric symptoms in AD, VaD, MCI and VCI Thai cohort at the Memory Clinic at Siriraj Hospital, Thailand

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Neuropsychiatric syndromes (NPs) play an important role in recognizing and diagnosing specific neurocognitive disorders (NCD). They assist in differential diagnosis among the NCD. Specific diagnostic criteria have been developed for psychosis in AD, depression in AD, apathy in AD and other NDD, and agitation in cognitive disorders. Vascular cognitive impairment (VCI) requires onset of the clinical syndrome to be related to a cerebrovascular event and evidence of decline in frontal executive functioning, plus one of the following: gait disturbance, urinary symptoms, or personality and mood changes. There must also be evidence on neuroimaging of cerebrovascular disease (CVD).

Objectives: We explored NPs in the memory clinic cohort at Siriraj Hospital, Thailand. Five hundreds and two individuals with Alzheimer disease dementia (AD), 185 with vascular dementia (VaD), 175 with mild cognitive impairment, and 30 with vascular cognitive impairment (VCI) were screened for NPS by using neuropsychiatric inventory (NPI). Factor analyses were utilized to weigh neuropsychiatric domains of NPs.

Results: The prevalence of delusion, hallucination, agitation, apathy, irritability and aberrant motor activity were statistically differed among AD, VaD, and MCI groups. Only the prevalence of apathy and agitation were significantly differed between AD and VaD. When comparing MCI and VCI, the prevalence of night time behavior was the only NPs that significantly differed between these 2 CI groups. Factor analysis in AD Thai cohort


found that NPs were divided into psychotic factors, mood factors, frontal factors (euphoria and disinhibition) and miscellaneous factors (apathy, aberrant motor activity, night time behavior, and appetite change). While among VaD Thai cohort, NPs were divided into frontal factors (agitation, disinhibition and irritability), psychotic & mood factors, psychomotor factors (euphoria, aberrant motor activity and night time behavior), and miscellaneous factors (apathy and appetite change).

Discussion: Asian population is known to have more neurovascular burden than Caucasian population. In Thai cohort, psychotic and mood factors were shown as in Caucasian cohort. The frontal factor and psychomotor factors are prominent in our study. It was shown in previous Asian study as well. The NPs in VCI was lower than those in MCI Thai cohort. The NPs in VCI and MCI was different in a night time behavior incidence. However, the NIA-AA criteria for MCI due to AD do not include reference to behavioral changes.

Speaker Biography

Vorapun Senanarong heads and is the Director of the Memory Clinic, the Ageing and Dementia Program at Division of Neurology, Department of Medicine at Mahidol University and promoted to Associate professorship in 2001. She also sits in the subcommittee of the undergraduate training program and is a member of hospital assurance of outpatient clinics of the Department of Medicine at Mahidol University. She has published more than 40 papers in both national and international journals, and had written chapters in books on dementia. She is actively participates in both national and international societies.

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