

SYMPTOM DIMENSIONS OF DEPRESSION AND APATHY AND THEIR RELATIONSHIP WITH COGNITION IN PARKINSON'S DISEASE

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INTRODUCTION

- Parkinson's disease (PD) is neurodegenerative disorder characterized by both motor and non-motor symptoms.
- Both depression and apathy, alone and in combination, have been shown to negatively affect cognition in patients with PD.
- However, the influence of specific symptom dimensions of depression and apathy on cognition is not well understood.
- The current study investigated the relationship between symptom dimensions of depression and apathy, based on factors identified by factor analysis in Kirsch-Darrow et al. (2011), and memory and executive function in PD.

PARTICIPANTS

- Sample: 138 non-demented individuals with idiopathic PD
- Age: $M = 64.51 \pm 7.43$ years
- Sex: 70% male
- **Education**: $M = 14.76 \pm 2.86$ years
- Mini-Mental Status Examination (MMSE) Total: M = 28.37 ± 1.58
- Beck Depression Inventory 2^{nd} Edition (BDI-II) Total: M = 10.30 ± 6.63
- Apathy Scale (AS) Total: $M = 11.45 \pm 6.07$

METHODS

- Individuals underwent comprehensive neuropsychological testing and completed the BDI-II and AS.
- Separate hierarchical regression models examined the relationship between symptom dimensions of depression and apathy (pure depression, pure apathy, anhedonia (loss of interest/pleasure), and somatic symptoms) and three cognitive domain composites: immediate verbal memory, delayed verbal memory, and executive function.
- Exploratory post-hoc analyses investigating individual cognitive measures were conducted for any significant composite results.

Item content of the BDI-II and AS subscales used in the current study

Pure depression

<u>BDI-II:</u> Sadness, Pessimism, Past failure, Guilty feelings, Punishment feelings, Self-dislike, Self-criticalness, Suicidal thoughts/wishes, Crying, Agitation, Worthlessness, Irritability **Pure apathy**

AS: Put effort into things, Looking for something to do, Plans/goals for future, Motivation, Someone tells you what to do, Indifferent to things, Unconcerned about many things, Need a push to get started, Neither happy nor sad, Consider self apathetic Anhedonia

BDI-II: Loss of pleasure, Loss of interest, Indecisiveness

AS: Interested in learning new things, Push to get started

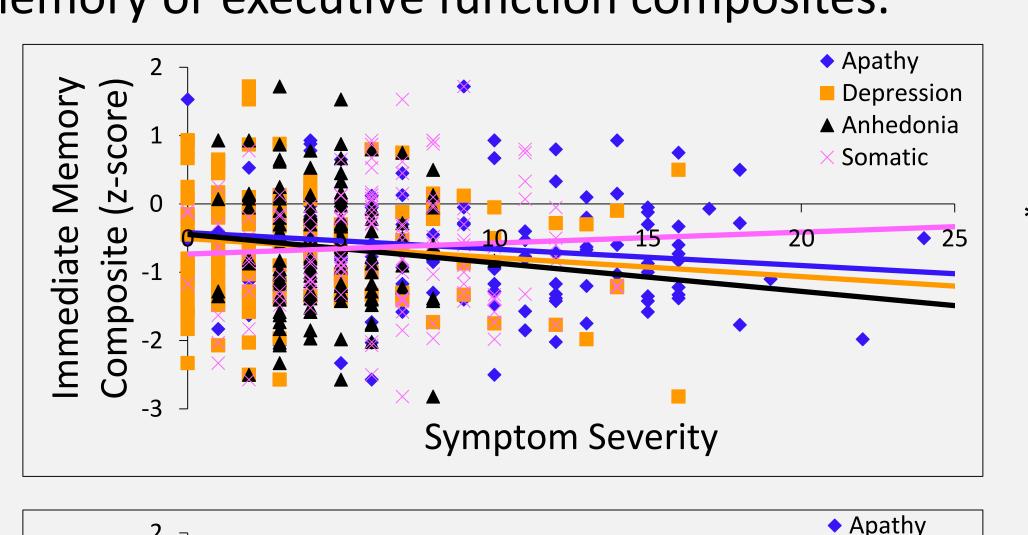
Somatic

BDI-II: Loss of energy, Changes in sleep, Changes in appetite, Concentration difficulty, Tiredness/fatigue, Loss of interest in sex

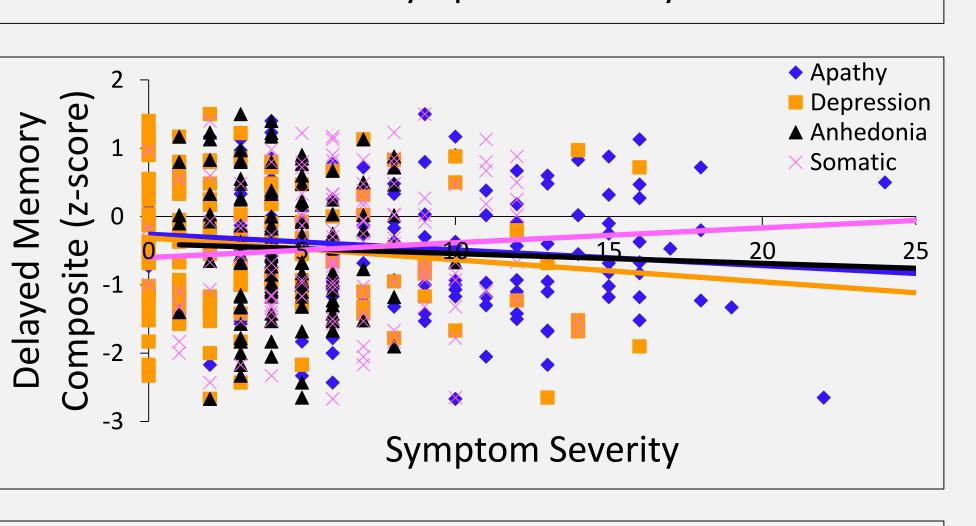
AS: Energy for daily activities

RESULTS

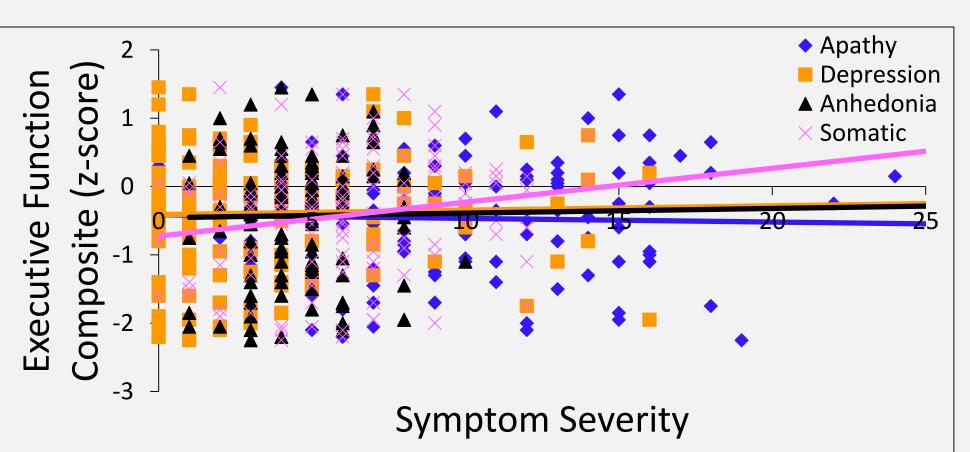
- After adjusting for general cognitive status, disease variables, and the influence of the other symptom dimensions, pure depression predicted delayed verbal memory performance (p = 0.028), such that higher pure depressive symptoms were associated with worse delayed verbal memory performance.
- No symptom dimension was associated with the immediate verbal memory or executive function composites.



*All nonsignificant



*Depression: p = 0.028



*All nonsignificant

Follow-up analyses on the delayed verbal memory composite indicated that pure depression was significantly related to worse HVLT-R delayed recall performance (p = 0.020), but not Logical Memory delayed recall.

DISCUSSION

- Findings from the current study suggest that pure depression symptoms, rather than other symptom dimensions of depression or apathy, influence specific domains of cognitive functioning in patients with PD.
- Further research is needed to better understand possible mechanisms through which specific symptom dimensions of depression and apathy are associated with cognition in PD.

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ACKNOWLEDGMENTS: The present study was supported by the University of Florida, National Parkinson Foundation, and the National Institute of Neurologic Disease and Stroke (R21NS079767). SMS is supported by a grant from the National Institute of Mental Health (R03MH109336-02). JDJ is supported by grant from the National Institute of Mental Health (T32MH19535).