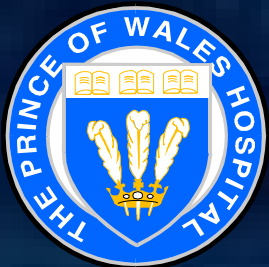


APATHY

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<http://www.med.unsw.edu.au/adfoap>



A university professor set an examination question in which he asked what is the difference between ignorance and apathy. The professor had to give an A to a student who answered:

I don't know and I don't care.

**Richard Pratt , *Pacific Computer Weekly*,
20 July 1990**

What is Apathy?

- **Decreased motivation must be the primary symptom**
- **Lost will to engage in new or social activities**
- **Difficulty with starting tasks or conversations**
- **Poor effort**
- **Decreased concern for self & others**
- **Lack of emotional intensity**
- **Looks like depression but without the sadness**



Many Older People Have Apathy

Illnesses associated with apathy include:

- **Depression**
- **Stroke**
- **The dementias & MCI**
- **Delirium**
- **Subcortical illnesses e.g. PD, HD & PSP**
- **Also TBI, schizophrenia, MS, Korsakoff's syndrome, thyroid disturbance & induced by typical neuroleptics**

Apathy is also a part of normal ageing.

Gerotranscendence

- **Theory that losing interest in some activities, not wanting to make new relationships and not wanting to go out as often may be a part of normal ageing.**
- **Reflects a greater inward focus, a natural increased comfort with being alone and having a slower pace of life, and a conservation of energy for prioritized, reliable relationships.**

Clinical Relevance

- Research has focused upon depression
- Is important for both the patients and their caregivers
- Apathy increases the burden on caregivers and they may misinterpret the pathological loss of drive as laziness or defiance



Recovery and Treatment

- Apathy is closely associated with longer hospital stay following stroke
- These patients are less likely to seek rehabilitation & have poorer rehabilitation outcomes
- Apathy score at admission can predict functional outcome at discharge (after stroke, fracture, amputation)
- Different treatments for depression and apathy



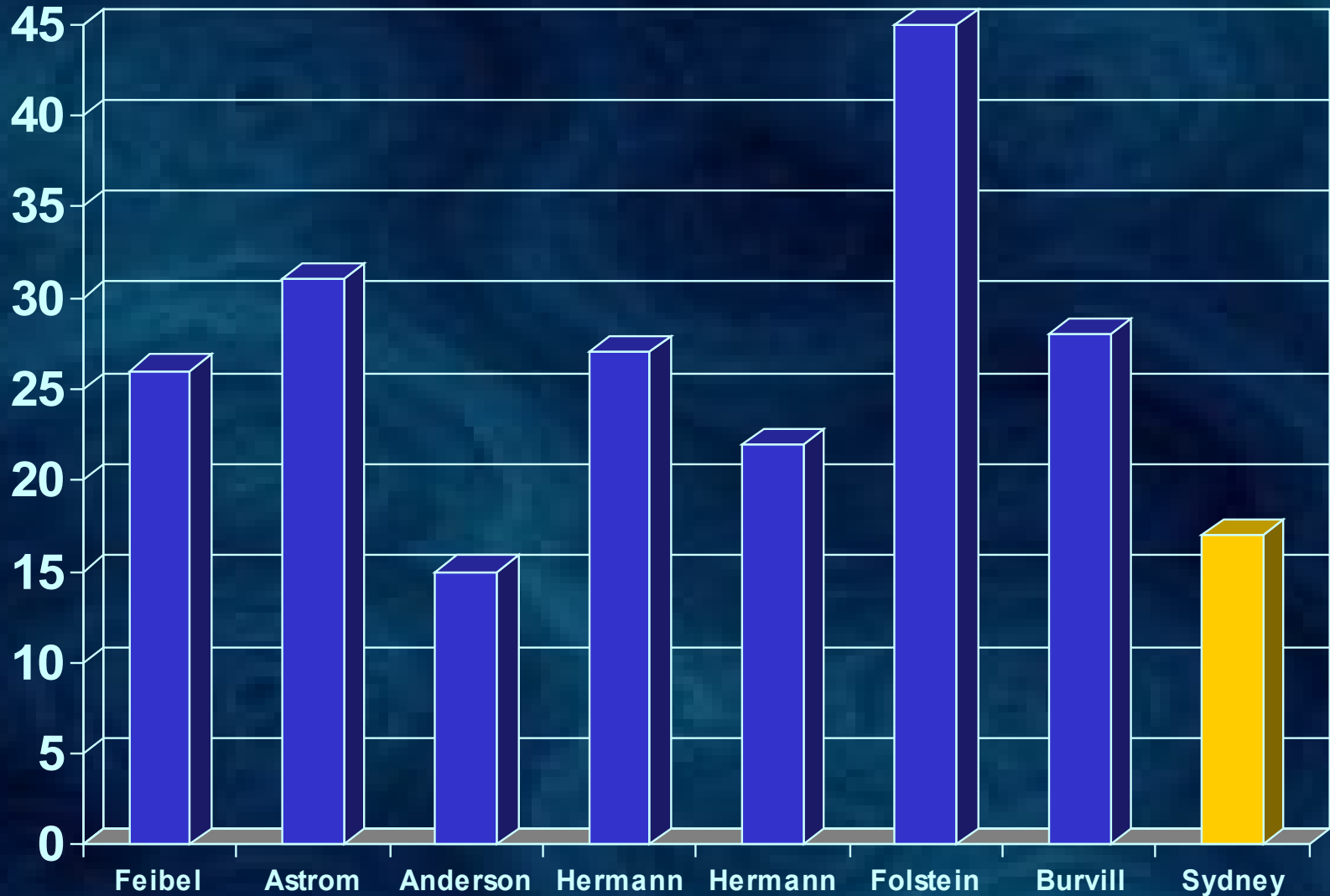
Sydney Stroke Study

Academic Department for Old Age Psychiatry

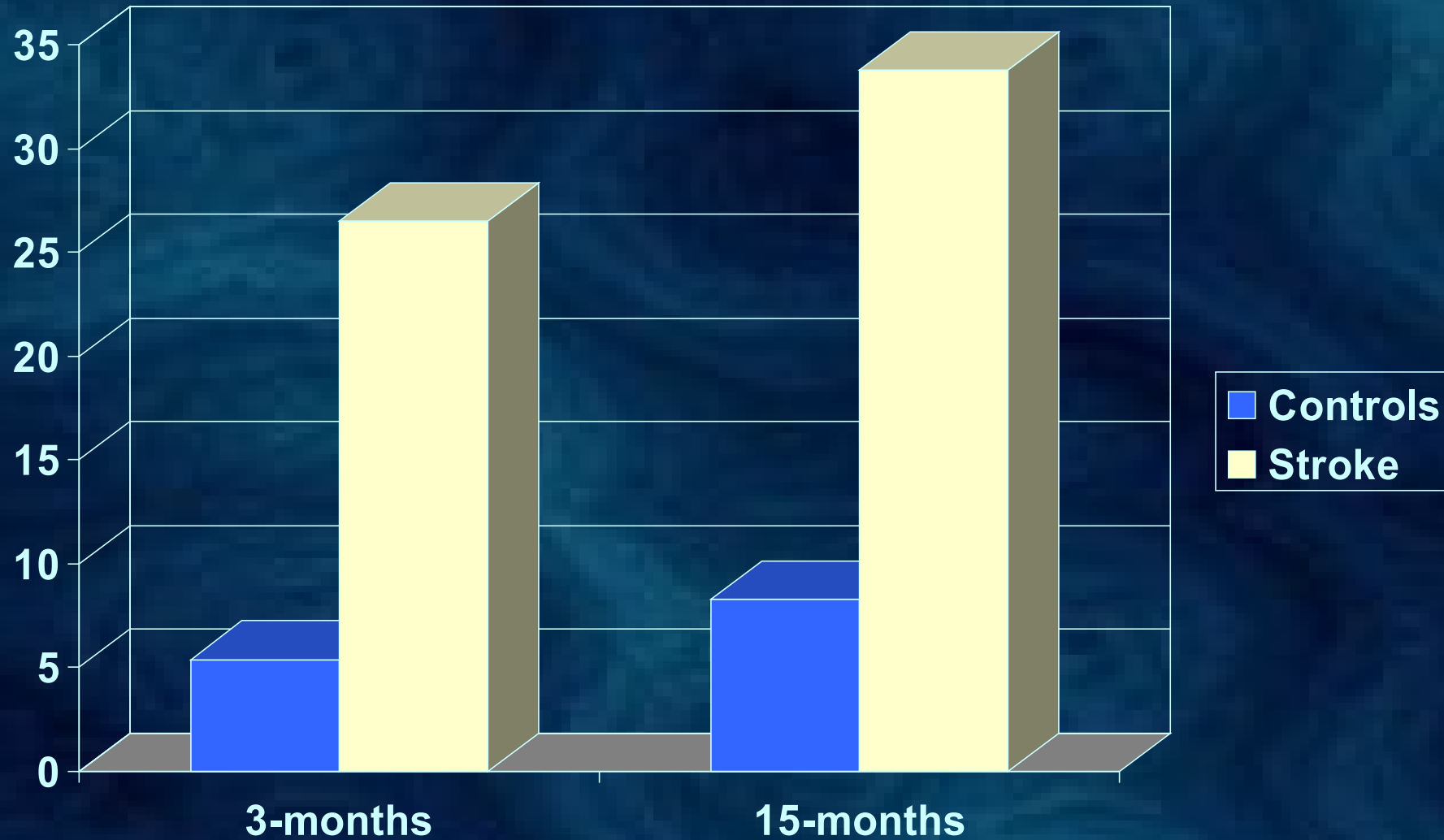


Neuropsychiatric Institute

Depression Rates at 3mths (%)



Prevalence of Apathy (%)



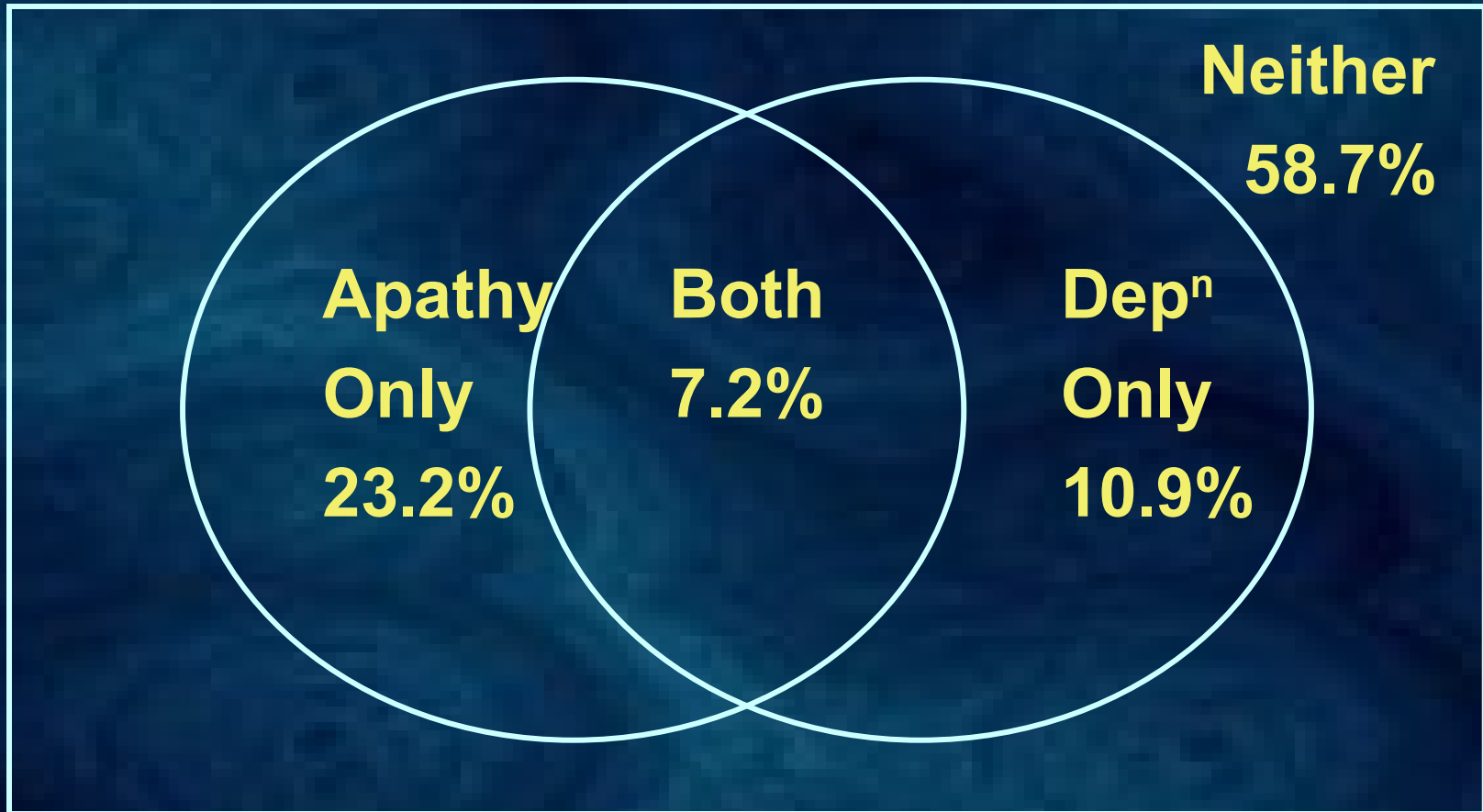
Who is More Likely to be Apathetic After a Stroke?

Apathetic people tended to:

- **Be older**
- **Be more functionally dependent**
- **Show greater cognitive decline prior to the stroke**
- **Have slowed information processing speed and poorer attention**

NOT associated with stroke severity or size of stroke or prior strokes

Prevalence of Apathy & Depression



Prevalence at 3-months post-stroke

Apathy vs Depression

APATHY ONLY	COMMON TO BOTH	DEPRESSION ONLY
Loss of motivation	Lack of interest in events & activities	Sad mood & pessimism
Loss of initiation	Decreased energy	Hopelessness
Emotional indifference	Psychomotor slowing	Guilt & self-criticism
Decreased social engagement	Decreased insight	Suicidal ideation
		Vegetative symptoms e.g. changes in sleep & appetite

Treatment Issues

- **Help staff to better ID and manage apathy**
- **Prognostic use for ID of those at risk for:**
 - not participating in rehab
 - making slow progress, or
 - not achieving their highest possible level of functioning



Medication Options

- **Acetylcholinesterase inhibitors (as for AD)**
- **Psychostimulants (dopaminergic drugs) e.g. Modafinil (Provigil)**
- **Antidepressants with dopamine reuptake activity e.g. Bupropion (Zyban)**



Other Interventions

- The person needs help to start & 'get going' on a task e.g. leave necessary items for making a cup of tea out on the bench
- Provide structure for tasks & break large tasks into small ones
- Set some priorities
- Encourage the person to do what they can, as they can



Other Interventions

- **Participate in activities that make the person feel good e.g. a little exercise, going to a movie, or participating in a social group**
- **Keep activities “short & sweet”**
- **Verbal encouragement & rewards**
- **Patients need to learn to accept help**



W W W . D E S P A I R . C O M



INDIFFERENCE

IT TAKES 43 MUSCLES TO FROWN AND 17 TO SMILE,
BUT IT DOESN'T TAKE ANY TO JUST SIT THERE WITH A DUMB LOOK ON YOUR FACE.