Utah State University DigitalCommons@USU

Psychology Student Research

Psychology Student Works

Spring 2017

Specific Cognitive/Behavioral Domains Predict Neuropsychiatric Symptoms in Severe Dementia

William Rozum Utah State University, wjrozum@gmail.com

Bryce Cooley Utah State University

Alexandria Richens Utah State University

Joshua Matyi Utah State University

Elizabeth Vernon Utah State University

JoAnn Tschanz Utah State University

Follow this and additional works at: https://digitalcommons.usu.edu/psych_stures

Recommended Citation

Rozum, William; Cooley, Bryce; Richens, Alexandria; Matyi, Joshua; Vernon, Elizabeth; and Tschanz, JoAnn, "Specific Cognitive/Behavioral Domains Predict Neuropsychiatric Symptoms in Severe Dementia" (2017). *Psychology Student Research.* Paper 3. https://digitalcommons.usu.edu/psych_stures/3

This Conference Poster is brought to you for free and open access by the Psychology Student Works at DigitalCommons@USU. It has been accepted for inclusion in Psychology Student Research by an authorized administrator of DigitalCommons@USU. For more information, please contact digitalcommons@usu.edu.





Background

 Neuropsychiatric symptoms (NPS) occur frequently over t course of Alzheimer's disease and related disorders (ADRE Occurrence of NPS is highly variable and fluctuates in severity,¹ but generally increases over time².

•Risk factors for NPS in ADRD have been studied ^(3,4); however greater understanding of triggers is needed to inform care management strategies⁵.

•Few studies have examined NPS in severe dementia.

Present Study

•We investigated the cognitive correlates of NPS in patients with severe dementia in a community-based sample.

•We determined whether impairments in specific cognitive or behavioral domains were more predictive of specific NPS.

• We hypothesized that poorer cognitive abilities would be associated with more severe NPS (e.g., agitation) and higher cognitive scores with affective symptoms in severe dementia.

Methods

Participants:

•Eighty-nine participants from the Cache County Dementia Progression Study met the criteria for severe dementia with a Mini-Mental State Exam score of ≤ 10 or Clinical Dementia Rating of 3 (severe).

•Forty-eight (54%) of these individuals completed the Severe Cognitive Impairment Profile (SCIP).

Procedure:

•SCIP assesses Comportment, Attention, Language, Memory, Motor, Conceptualization, Arithmetic, and Visuospatial abilities. •Neuropsychiatric Inventory (NPI) assesses delusions,

hallucinations, depression, anxiety, irritability, apathy, agitation/ aggression, judgment, aberrant motor behaviors, euphoria, sleep, and appetite.

•NPI severity scores were summed across domains for a total NPI-12 score. Cluster scores were defined below.

•Demographic information, overall health, place of residence (private, assisted living and nursing home), and dementia duration were also assessed.

NPI Clusters							
PsychoticDelusionsHallucinations	Apathy • Apathy	Affective • Depression • Anxiety • Irritability	Agitati Aggres				
SCIP Domains							
Comportment	Attention	Language	Mer				
-Social Behavior	-Digit and Visual Span	-Naming, Comprehension	-Remote Re				
Motor	Conceptualization	Arithmetic	Visuospa				
-Peg Stand	-Sorting by Color	-Counting, Calculations	-Figure Trac				

SPECIFIC COGNITIVE/BEHAVIORAL DOMAINS PREDICT NEUROPSYCHIATRIC SYMPTOMS IN SEVERE DEMENTIA

William Rozum, Bryce Cooley, Elizabeth Vernon, Alexandria Richens, Joshua Matyi, & JoAnn Tschanz

the		
D).		
veritv	1	

tion/ ession

emory ecall, Learning

patial Abil.

acing, Drawing

Demographics (N=48)						
Age in years, Mean (SD)	86.23 (6.12)					
Female n (%)	30 (62.5)					
Education Mean (SD)	13.13 (3.13)					
Age of onset in years Mean (SD)	80.18 (0.91)					
Dementia Duration in years Mean (SD)	6.05 (1.97)					
Living at home n (%)	18 (37)					
Residential/Assisted Living n (%)	10 (20.8)					
Residential/Assisted Living (locked unit) n (%)	5 (10.4)					
Skilled Nursing Facility n (%)	15 (31.3)					

Statistical Analyses

•Bivariate correlations were calculated between SCIP domain scores and Total NPI-12 and domain clusters. •SCIP domain scores that were significantly correlated with NPI scores in bivariate analyses were entered into multiple regression models to predict NPI. •Covariates tested included the age, the duration of dementia from, gender, place of residence, overall health and years of education.

Results

•SCIP sub scores of comportment (r = -0.36, p = 0.017) and memory (r = -0.31, p = -0.31) 0.047) were associated with total NPI-12. •Comportment was correlated with Apathy (r = -0.38, p = 0.010) while conceptualization (r = -0.41, p = 0.007), language (r = -0.36, p = 0.017), memory (r = -0.26) -0.48, p = 0.001), and visuospatial ability (r = -0.31, p = 0.045) were each correlated with agitation/aggression.

•In multiple regression models (with inclusion of significant covariates),

- Comportment predicted total NPI-12 score ($\beta = -1.32$, SE = 0.56, p = 0.02)
- and apathy (β = -0.01, SE = 0.02, p = 0.003)
- Memory predicted agitation/aggression ($\beta = -0.43$, SE = 0.12, p = 0.001).

Table 2. Multiple Regression						
NPI Total and Comportment						
Beta	Standard Error	Standard Beta	Significance			
-1.32	0.56	-0.34	p=0.02			
Apathy Cluster and Comportment						
Beta	Standard Error	Standard Beta	Significance			
-0.08	0.02	p=0.003				
Agitation/Aggression and Memory						
Beta	Standard Erorr	Standard Beta	Significance			
-0.43	0.12	-0.48	p=0.001			

Figure 1. Bivariate Correlations of NPI and **SCIP Domains**



* Significant (p < .05) correlations are indicated by values in color with red representing negative correlations and blue positive correlations.

Conclusions

•Several cognitive or behavioral domains were associated with Neuropsychiatric symptoms in severe dementia. Associations may suggest vulnerability to display specific NPS, for example:

Poorer abilities in conceptualization, language, memory, and visuospatial abilities were predictive of agitation/aggression. Poor comportment was predictive of worse apathy.

•Environmental manipulations to reduce cognitive demands for persons with poor abilities in the above domains may reduce occurrence of some neuropsychiatric symptoms.

References & Acknowledgement doi.org/10.1371/journal.pone.0161092



e	n										
	14	þ									
	0.66	A	ç								
I	0.54	0.66	co	60							
	0.52	0.39	0.41	No	5						
	0.43	0.55	0.68	0.51	20	⁶ 9					
	0.5		0.66			P					
2	- <mark>0.02</mark>	- <mark>0.05</mark>	0.03	0.17	0.22	0.25	R	4			
						- <mark>0.05</mark>		1	ć	AGG	
;	-0.31	-0.38	-0.41	- <mark>0.26</mark>	-0.36	- <mark>0.28</mark>	- <mark>0.1</mark> 3	0.01	PC		
	- <mark>0.1</mark> 7	- <mark>0.08</mark>	- <mark>0.1</mark> 8	0.02	-0.13	-0.13	- <mark>0.1</mark>	0.09	0.42	25	
	- <mark>0.27</mark>	- <mark>0.24</mark>	- <mark>0.1</mark> 8	0.15	0	- <mark>0.1</mark> 5	0.5	0.5	0.33	0.6	
	-0.6	-0.4	-0.2	2 ()	0.2	0.4	0.6	0.8	1	

1. Tschanz, J. T., Corcoran, C. D., Schwartz, S., et al. (2012). Progression of cognitive, functional and neuropsychiatric symptom domains in a population cohort with Alzheimer's Dementia The Cache County Dementia Progression Study. Am J Geriat Psychiat19(6), 532–542.

2. Kazui, H., Yoshiyama, K., Kanemoto, H., et al. (2016). Differences of behavioral and psychological symptoms of dementia in disease severity in four major dementias. *PLoS ONE*, 11(8), 1–16. http://

3. Steinberg, M., Hess, K., Corcoran, C., et al. (2014). Vascular risk factors and neuropsychiatric symptoms in Alzheimer's disease: The ache County Study. Int J Geriat Psychiat, 29(2), 153–159.

4. Treiber, K. A., Lyketsos, C. G., Corcoran, C., et al. (2008). Vascular Factors and Risk for Neuropsychiatric Symptoms in Alzheimer's Disease: The Cache County Study. Int Psychogeriat, 20(3), 538–553.

5. Gauthier, S., Cummings, J., Ballard, C., et al. (2010). Management of behavioral problems in Alzheimer's disease. International Psychogeriatrics, 22(3), 346–372.

Supported by NIA grant R01AG21136