Apathy in neuropsychiatric disorders: clinical manifestations, diagnosis, assessment and pathophysiology

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Apathy is increasingly recognized as a very disabling behavioral disorder, concomitant of a large range of central nervous system disorders. It corresponds to a lack of motivation and refers to a set of behavioral, emotional and cognitive features, such as reduced interest and participation in the main activities of daily living, a lack of initiative, a trend towards early withdrawal from initiated activities, indifference and flattening of affect. Apathy is not just a symptom of depression or dementia but can exist as a syndrome per se. Due to a lack of consensus in methods for detecting it, apathy is often under-recognized. Recently, clinical diagnosis criteria have been validated in several neuropsychiatric disorders (Alzheimer's disease, Parkinson's disease, fronto-temporal dementia, depression and schizophrenia). Moreover, several validated scales allow either to detect apathy or to assess the symptoms severity. The limbic system has been repeatedly involved in motivated behavior and converging data suggest that apathy is related to lesion or dysfunction of the fronto-striatal circuits, namely that linking the ventral striatum to the ventromedial part of the frontal cortex. The dopamine pathways seem also to be involved. However, other networks may play a role as well. Further investigations are needed to enhance our knowledge of the mechanisms involved in apathy and help finding treatments.

As apathy has a strong impact on the level of functioning and quality of life of patients and their caregivers, clinicians need to be careful and have to detect and manage it as early as possible.

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