

ANHEDONIA IS ASSOCIATED WITH THE RISK OF ALZHEIMER'S DISEASE IN THE ELDERS WITH MILD COGNITIVE IMPAIRMENT: RESULTS FROM THE KOREAN LONGITUDINAL STUDY ON HEALTH AND AGING (KLOSHA)

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OBJECTIVE: We investigated the impact of depressed mood and anhedonia on the risk of Alzheimer's disease (AD) in the elders with mild cognitive impairment (MCI) **METHODS:** We investigated the outcomes of 92 elderly individuals with amnesic MCI (77.4±8.1 years old) who participated in the baseline study of the Korean Longitudinal Study on Health and Aging (KLoSHA) and completed 18-month follow-up evaluation. Diagnosis of MCI was made according to the revised diagnostic criteria for MCI proposed by the International Working Group on MCI. Presence of depressed mood and anhedonia was ascertained by geriatric neuropsychiatrist using the first and seventh item of Hamilton Depression Rating Scale (HDRS). Dementia and AD were diagnosed according to the DSM-IV criteria and NINCDS-ADRDA criteria, respectively. Risks of AD conferred to depressed mood and anhedonia were analyzed using logistic regression analysis adjusting age, gender and education. **RESULTS:** At the baseline, 26 (28.3%) and 27 (29.3%) subjects with MCI had depressed mood and anhedonia, respectively. At the follow-up evaluation, 14 (15.2%) subjects converted to dementia (AD 10, VD 3, FTD 1). Anhedonia was associated with the risk of AD (OR = 6.7; 1.07–41.75) but depressed mood was not (OR = 1.5; 0.26–8.62). **CONCLUSION:** MCI patients with anhedonic depression may be more likely to progress to AD in the future.