

A descriptive analysis of behavioural and psychological symptoms in vascular parkinsonism with dementia

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Introduction: The clinical profile in vascular parkinsonism dementia (VPD) is not well described in the literature, especially with regard to behavioural and psychological symptoms (BPS). Our goal is to evaluate the frequency of BPS in VPD. Methods: This is a descriptive study that prospectively recorded data of 48 consecutive patients, who met vascular parkinsonism criteria proposed by Zijlmans plus dementia, in two outpatient neurological consultations in Salamanca, Spain. Mean age at onset was 74.3 ± 7.9 years, mean duration of dementia 4.3 ± 2.8 years, 45.8% were women, MMSE score 15.9 ± 6.3 . 85.4% exhibit hypertension, 41.7% diabetes, 66.7% dyslipemia, 41.7% cigarettes and 25% alcohol consumption as vascular risk factors. 17.1% reported previous transient ischemic attack, 75% ischemic stroke, 4.2% hemorrhagic stroke and 55.1% recurrent cerebrovascular events. The Neuropsychiatric Inventory (NPI) was used to assess BPS. Results: At least one BPS occurred in 97.9% of VPD participants; the median NPI score was 46 (range:0-132), with a median number of 5 symptoms per patient. The most frequent symptoms were depression (70.8%) apathy (70.8%), sleep disturbances (64.6%) and irritability (64.6%), followed by agitation (54.2%), anxiety (54.2%), delusions (52.1%), hallucinations (41.7%), appetite/eating abnormalities (33.3%), disinhibition (27.1%), aberrant motor behaviour (18.8%) and euphoria (8.3%). 52.1% received antidepressants, 43.8% antipsychotics, 35.4% anxiolytics and 25% hypnotics. It is remarkable that 8 of 16 patients with appetite/eating abnormalities showed hyperphagia. Conclusions: BPS are frequent in VPD. New investigations are required to better evaluate the relationship between neuroimaging evidence of cerebrovascular disease in VPD and different BPS profiles.