

Quality of Life in Community-Dwelling Older Persons with Apathy

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Objective: To investigate the relationship between apathy and perceived quality of life in groups both with and without depressive symptoms or cognitive impairment.

Methods: We conducted a cross-sectional study comparing quality of life in older persons with and without apathy in 19 Dutch general practices. Participants were 1,118 older persons aged at least 75 years without current treatment for depression and a Mini-Mental State Examination score of at least 19. Perceived quality of life was determined using Cantril's Ladder for overall quality of life, EuroQol (EQ)-5D thermometer for subjective health quality, and De Jong-Gierveld Loneliness questionnaire for perceived loneliness. Apathy was assessed with the Apathy Scale.

Results: Of the 1,118 older persons, apathy was present in 122 (11%) of them. Overall, apathy was associated with having no work, lower level of education, presence of depressive symptoms, cognitive impairment, and decreased scores on all quality of life measures. Among the 979 (88%) older persons without depressive symptoms and cognitive impairment, apathy was present in 73 (7.5%) of them, showing similar associations as in the total population. In the 77 (7%) persons with cognitive impairment only, apathy was correlated to a lower score on the EQ-5D thermometer. However, in the 51 (5%) depressed persons without cognitive impairment, presence of apathy did not contribute to their decreased quality of life.

Conclusion: Apathy frequently occurred in community-dwelling older persons, also in the absence of depressive symptoms and cognitive impairment. In them, apathy contributed to the perception of a diminished quality of life in various aspects of daily life. (Am J Geriatr Psychiatry 2014; 22:186–194)

Key Words: Apathy, quality of life, cognition, elderly, general population

Apathy is an important behavioral syndrome of several neuropsychiatric diseases, including depression and dementia, and is associated with reduced daily functioning,^{1–5} caregiver distress,^{6,7}

and poor functional outcome.^{3,4,8–14} Consensus diagnostic criteria for apathy have been proposed¹⁵ and tested in clinical populations suffering from different neuropsychiatric diseases.¹⁶ Apathy is

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defined as a disorder of motivation that persists over time and is characterized by impairment of goal-directed behavior, goal-directed cognitive activity, and/or emotions leading to functional impairments.^{2,15–19}

Of the few studies investigating apathy in community-based older populations,^{20–26} the prevalence of apathy ranged from 6% to 51%. The various risk factors for apathy include increasing age,^{20,23,26} although not consistently,²¹ having no partner and/or living alone,²¹ male gender,²⁶ cognitive impairment,^{21,27,28} depressive symptoms,^{21,22,26} and cardiovascular disease, including stroke and/or risk factors for cardiovascular disease.^{22,29} Apathy has also been associated with decreased daily functioning^{20,21} and increased caregiver distress.²¹

It is often proposed that, in particular, caregivers of patients with apathy suffer more than the patients themselves due to the frequent presence of a lack of insight into apathy. However, few studies have investigated quality of life among older patients with apathy. One study found that among community-dwelling older persons who lived alone, apathy was not related to diminished quality of life,³⁰ which is in contrast to findings among clinical populations with dementia^{31,32} and Parkinson disease.³³

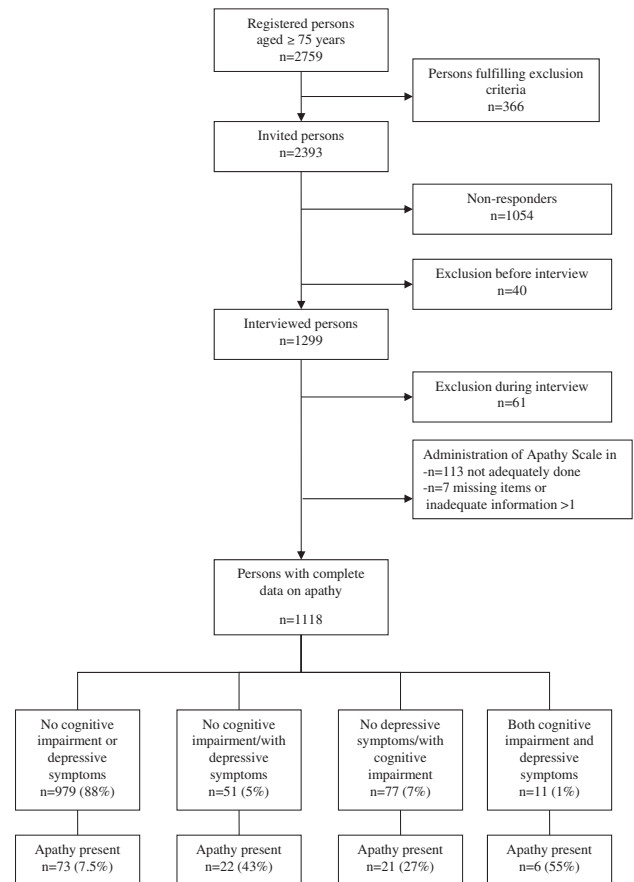
In the present cross-sectional study, we investigated whether apathy is associated with different aspects of perceived quality of life among community-dwelling older persons aged at least 75 years, both with and without comorbid depressive symptoms and cognitive impairment. Since depression and impaired cognition are well-known risk factors for both apathy and diminished quality of life, we were also interested in the additional effect of apathy on quality of life in this age group.

METHODS

Subjects

This substudy was part of the PROMODE (PROactive Management Of Depression in the Elderly) study. The primary aim of this randomized controlled trial was to investigate the (cost-) effectiveness of a combined screening and treatment program for older persons aged at least 75 years with

FIGURE 1. Flow chart for PROMODE.



depressive symptoms, in general practices in the Leiden region (the Netherlands).³⁴

The original study population consisted of 2,759 registered persons aged at least 75 years from 19 general practices (Fig. 1). A total of 366 persons fulfilled the following exclusion criteria: a life expectancy of no more than 3 months (N = 22), current treatment for depression (N = 141), loss of partner no more than 3 months ago (N = 21), a diagnosis of dementia (N = 114), and various other reasons (N = 68). Of the remaining 2,393 persons who were invited to participate, 1,054 were nonresponders (response rate 56%) and another 101 persons were excluded before/during the baseline interview due to current treatment for depression (N = 37), decreased cognition (N = 30), and other reasons (N = 34). An additional 120 persons were excluded because of inadequate or missing data (Fig. 1). This resulted in

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