

"Apathy is not being lazy"

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Although neurological symptoms such as involuntary movements or chorea often are the most striking features of Huntington's disease, it is the behavioural symptoms which are more distressing for families. Individuals with behavioural symptoms often get labelled as being lazy and/or just bad tempered. These symptoms are not well understood; however, they are quite debilitating for the patients and can cause the most significant burden for the patient as well as for the caregivers.

In this article we discuss 'Apathy' which is a well-recognised symptom of Huntington's disease. Apathy occurs in at least 50% or more of individuals affected with Huntington's disease. It can be difficult to diagnose Apathy as there are no set diagnostic criteria and symptoms of Apathy have a significant overlap with symptoms of depression. However, apathy and depression are separable and independent behavioural dimensions in Huntington's disease.

What is apathy?

Apathy is a disorder of diminished motivation and is defined as deficiency in overt behavioural, emotional and cognitive components of goal directed behaviour. Apathy is not an uncommon neuropsychiatric symptom, and is known to occur in progressive neurodegenerative conditions such as Huntington's disease. Normally, thoughts of initiating an activity are invested with a greater or lesser degree of motivation to carry out the plan. These activities are important in our day to day life. These can include thinking a problem through, getting dressed, going to a movie, planning an outing and organising a get together with family or friends. Individuals with Apathy lack sufficient motivation to impel the ideas and thoughts into action.

Therefore, patients with Apathy, may lapse into inactivity, and appear detached and indifferent. It is not surprising that Sometimes, the term apathetic has been used pejoratively to imply laziness or contempt for worldly concerns.

Apathy increases with the stage of the Huntington's disease. Apathy is characterised by impaired initiation, activity and diminished concern, generally with intact communication. Apathy can have deleterious consequences on interpersonal relationships, occupational functioning, and general health. Apathy has the potential to impair activities of daily living, diminish the quality of life and increase caregiver burden.

Symptoms of depression can be similar to symptoms of apathy and therefore it needs to be carefully assessed and evaluated. Despair and demoralisation can lead to lack of motivation as well. Psychotropic drugs which are often prescribed can lead to side effects such as drowsiness and impaired motivation. A lack of structure to day may lead to people feeling bored and unmotivated as well. Therefore, it is important to see your specialist who should be able to rule out any other cause which might be affecting the quality of life.

What Causes Apathy

Apathy is now generally regarded as a disorder of motivation and diminished goal oriented behaviour. It is now believed that frontal-subcortical system dysfunction contributes to the appearance of apathy. There are neural connections between frontal lobes and the basal ganglia and the disruption of these circuits due to degenerative process seems to lead to Apathy.

Diagnosing Apathy

It is suggested that apathy should be diagnosed only after a comprehensive neuropsychiatric evaluation, including the assessment of the individual's social and physical environment. The importance of taking into consideration the great variability in each individual's goals, interest, emotional displays and activities, all of which are strongly influenced by general experience, education, social class, age and a host of other cultural factors should be explicitly considered for any clinical assessment of apathy. There are no diagnostic criteria for apathy that are endorsed by psychiatric nomenclature or scientific societies, however there are now various assessment scales such as apathy evaluation scale which can be used by clinicians to help establish a diagnosis.

Treatment

There are no licenced drugs which can be used for the treatment of apathy. It is; however, now well known that various neurochemicals are involved in the causation of apathy and drugs which have an effect on these chemicals can be used. Some of these drugs involve modulation of dopamine in the brain and dopamine agonists and psychostimulants have a role to play. The evidence in support of using the above medications is not very robust so careful consideration to other factors need to be given before prescribing the above medications. Psychological interventions generally incorporate behavioural strategies.

Conclusion

Apathy is a well-recognised symptom of Huntington's disease. It is difficult to diagnose because of lack of any set diagnostic criteria and can easily be dismissed by labelling person as lazy. If not recognised and treated, it can have significant consequences for the patient and caregivers. Its detection using current assessment scales, and prompt treatment with currently available pharmacological and non-pharmacological techniques is vital for reducing the burden of care and enhancing the quality of life.