

PSEUDODEMENTIA

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DIAGNOSIS OF DEMENTIA

DSM-IV CRITERIA

A. The development of **multiple cognitive deficits** manifested by both :

1. **Memory impairment**

2. One or more of the following cognitive disturbances :

a. **aphasia**

b. **apraxia**

c. **agnosia**

d. **disturbance in executive functioning**

DIAGNOSIS OF DEMENTIA

DSM-IV CRITERIA

- B. The cognitive deficits in criteria A1 and A2 each cause **significant impairment in social or occupational functioning** and represent a **significant decline from a previous level of functioning**

SEVERAL CLASSIFICATIONS

WHAT IS PSEUDODEMENTIA ?

PSEUDODEMENTIA

Authors	Initial Dementia Patients	Years of Follow up	Confirmed Dementia	Pseudo Dementia
Kendell. 1974	99	5 years	75%	25%
Nott & Fleminger. 1975	35	1-33 Years	43%	57%
Ron et al. 1979;	55	5 -15 Years	66%	34%

DEFINITION

- The term “Pseudodementia” is used to describe those disorders which present with the features of dementia but which on closer study or, because of their subsequent course, turn out to be of different origin-and in old people the underlying disorder is most often depression.

DEFINITION ?

- No clear or standardized definition
- Pseudodementia is **reversible** dementia
 - Organic reversible dementia
 - **No organic (psychiatric) reversible dementia**

**PSEUDODEMENTIA
AS AN ORGANIC REVERSIBLE
DEMENTIA**

PSEUDODEMENTIA

- **Infectious**

- Chronic bacterial meningitis or partially treated meningitis
- **Neurosyphilis**
- **Chronic infections (tuberculous meningitis)**
- Herpes encephalitis
- **AIDS dementia complex**

- **Structural and neoplastic**

- **Hydrocephalus** obstructive or **normal pressure hydrocephalus**
- **Subdural hematomas** especially **chronic**
- Brain tumors (Gliomas)
- Meningeal carcinomatosis.

PSEUDODEMENTIA

- **Intoxications**

- Alfamethyldopa, digitalis, lithium, beta blockers, alprazolam, clonazepam, opiates, and antihistamines
- Substance abuse including alcohol
- Heavy metals (lead, mercury and arsenic)

- **Metabolic / Nutritional**

- Hypo/hyperthyroidism
- Hypo/ hyperglycemia
- Parathyroid disease
- Hypopituitarism
- Calcium abnormalities
- Cushing's disease
- Porphyria
- Uremia
- Wilson's disease
- Vitamin B1, B12 deficiencies
- Folate deficiency

**PSEUDODEMENTIA
AS A NO ORGANIC
REVERSIBLE DEMENTIA**

HISTORY

- **19th: Wernicke** : “chronic hysterical state mimicking mental weakness”
- **1952 :Madden** : “reversible dementia after treatment of psychotic illness”
- **1961: Kiloh**: Endogenous depression :principle cause
- **1979: Wells**: Cognitive disturbance with psychiatric disorders
- **1981: Caines**: Diagnosis Criteria for pseudementia

CRITERIA (Caines; 1981)

- Intellectual impairment + primary psychiatric disorder
- Impairment similar to CNS disorders
- Reversible cognitive deficits
- No known neurological condition to account for the presentation

AETIOLOGIES

- Depression+++
- Conversion
- Factitious disorders
- Malingering

PSEUDODEMENTIA

ASSOCIATED WITH DEPRESSION

- **Prevalence**

- Ranging from 10% to over 20% (*Garcia & al., 1981; Jeste & al., 1990*)
- Most reports about 10%.
- Africa : ?

- **Onset conditions**

- Age; Depression; Stress.

PSEUDODEMENTIA

ASSOCIATED WITH DEPRESSION

- **Symptoms** (in the context of depressed mood)
 - Memory impairment
 - Bradyphrenia
 - Bradykinesia
 - Distractibility
 - Inattention
 - Reduced concentration
 - Confusion
 - Diminished conceptual abilities

PSEUDODEMENTIA ASSOCIATED WITH DEPRESSION

- **Diagnosis**
 - Inconstancy of cognitive impairments during equivalent tasks
 - Regression of impairment following
 - No confabulation
- **Treatment**
 - Antidepressant

PSEUDODEMENTIA

ASSOCIATED WITH DEPRESSION

- **Evolution and prognosis**
 - Inconstancy of cognitive impairments during equivalent tasks
 - Regression of impairment following treatment
 - 43% develop irreversible dementia over 34 months (*Alexopoulos & al., 1993*)

PSEUDODEMENTIA

ASSOCIATED WITH CONVERSION

- **Symptoms** (Some of them mimicking dementia)
 - Mnestic impairments + Language disorders
 - Psychiatric symptoms (behaviour disorders, false or illusions of memory, psychomotor agitation)
- **Onset conditions**
 - Unresolved conflict, Antecedent similar episodes
 - Rapid onset , progress in 20 days (*V. Peritogiannis & al., 2006*)

PSEUDODEMENTIA

ASSOCIATED WITH CONVERSION

- **Diagnosis**
 - Inconstancy of cognitive impairments during equivalent tasks
 - Low intellectual development
 - Easily influenced (\neq Malingering)

PSEUDODEMENTIA ASSOCIATED WITH CONVERSION

- **Treatment**
 - Psychoanalysis, anxiolytic
- **Evolution, Prognosis**
 - Guarded prognosis

PSEUDODEMENTIA

ASSOCIATED WITH « FACTITIOUS DISORDER »

- **Diagnosis Criteria (DSM IV)**
 - Intentional production or feigning of physical or psychological signs or symptoms,
 - Motivation :assume the sick role
 - Absence of external incentives for the behavior (≠ malingering).

PSEUDODEMENTIA

ASSOCIATED WITH « FACTITIOUS DISORDER »

- **Onset conditions**

- Age, Sex : (Krahn LE & al, 2003)

- Women : 20-40 yrs,

- Chronic factitious disorder : Middle-aged men

- Personality disorders

- Borderline, Narcissistic,

- Histrionic, Antisocial

PSEUDODEMENTIA

ASSOCIATED WITH « FACTITIOUS DISORDER »

- **Treatment**
 - Psychotherapy
 - Medical treatment if Personality disorders, anxiety and depression
- **Evolution, Prognosis**
 - Usually Recovery

PSEUDODEMENTIA

ASSOCIATED WITH « MALINGERING »

- **Diagnosis Criteria (DSM IV)**
 - **Intentional** production of false or exaggerated symptoms motivated by external incentives, (such as obtaining compensation or drugs, avoiding work or military duty, or evading criminal prosecution)
 - **Malingering is not considered as a mental illness.**

CONCLUSION

- Concept of pseudodementia ?
- Mimicking organic dementia but:
 - reversible
 - associated with psychiatric conditions
- Misdiagnosed
- Treatment