

Book of Abstracts



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Background: Patients with three PPA variants: logopenic (LPA), non-fluent/agrammatic (PNFA) and semantic (SemD) were enrolled in the DESCRIBE-FTD-study, a clinical multicenter registry study at the German Center for Neurodegenerative Diseases.

Methods: Anamnestic, neurological and neuropsychological (CERAD-plus Neuropsychological Assessment Battery (CERAD-plus-NAB)) data from 117 patients with three PPA variants and 61 healthy controls were analyzed.

For the neuropsychological variables, corrected norm values were calculated for age, education and sex. Statistical analysis included single factor variance analyses and the Bonferroni and Tukey tests.

Results: 30 patients with SemD (16 females (F) and 14 males (M)), 59 with PNFA (30 F, 29 M) and 28 with LPA (13 F, 15 M) were compared with 61 healthy subjects (31 F, 30 M). The mean age at inclusion in the study was 62 ± 14 years in the controls, 68 ± 7 years in SemD, 69 ± 9 years in PNFA, and 69 ± 8 years in LPA. The disease duration was approximately 3 years in all three PPA subgroups. PNFA was the least cognitively impaired. Compared to SemD, it scored better in semantic fluency, confrontational naming and verbal memory. PNFA was also better in confrontational naming and verbal learning compared to LPA. Visual constructive skills were impaired only in LPA. SemD showed the most marked cognitive impairments. The results of the Mini Mental Status Examination (MMSE) did not differ between the three PPA variants.

Conclusions: PNFA is the most frequent PPA variant in this study.

PPA is mainly seen in patients older than 65 years and affects equally men and women.

CERAD-plus-NAB is a suitable tool to evaluate neuropsychological impairments of PPA patients compared to controls.

In CERAD-plus-NAB the most marked cognitive deficits were seen in SemD, whereas PNFA showed the least severe cognitive impairments.

Only LPA revealed visuo-spatial deficits.

MMSE is not appropriate to differentiate the PPA variants.

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Distinctive course characteristics of depression and anxiety disorders in Parkinson's disease

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Background: Depression is considered the most important variant of affective disorders and is included in the non-motor disorders of Parkinson's disease (PD).

The purpose of the study. Analysis of levels of depressive disorders in the course of PD.

Methods: 56 patients with PD (30 men and 26 women) were enrolled for the study. The average age of patients is 32-67, 44.5 ± 3.6 years. The duration of the disease is 4-9 years, on average 6.5 ± 2.8 years. The control group consisted of 20 age- and sex-matched patients without PD. Diagnosis was based on the UK PD Association brain bank criteria. Stages of the disease were determined according to the Ho and Yar criteria. Levels of depressive and anxiety disorders were assessed using the HADS scale.

Results: The results of the examination show that 36 patients (64%) had various levels of depression and anxiety, and the average HADS score was 12.6 ± 3.4 points. In the patients of the control group, this indicator was 4.5 ± 2.9 points. When examined according to the duration of the disease, the depression and anxiety levels were higher than 13 points in long-term patients and amounted to 15.4 ± 3.7 points. When comparing the clinical forms of the disease, subclinical depression and anxiety predominated in the akinetic-rigid and tremor forms (11.8 ± 4.4), and depression and anxiety were clearly expressed in the mixed form of the disease. When analyzing the stages of the disease, subclinical and moderately expressed depression (11.1 ± 3.8) predominated in stages I and II, while moderate and high levels of depression and anxiety were observed in stage III of the disease.

Conclusions: Depression and anxiety disorders in PK have a specific course and are inextricably linked to the duration of the disease, clinical forms and stages of the disease.

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