CENTRE HOSPITALIER
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5e Congrès

Société Francophone
de Psychogériatrie et de
Psychiatrie de la Personne Âgée

Jeudi 6 et vendredi 7 JUIN 2024 - MONTPELLIER

ASSOCIATION MONÉGASQUE
POUR LA RECHERCHE SUR LA
MALADIE D'ALZHEIMER
AMPA

Défis dans les stratégies de prises en charge des patients psychiatriques âgés

« Il devient dément ? »: de la maladie psychiatrique à la maladie neurodégénérative

Dr Kévin POLET

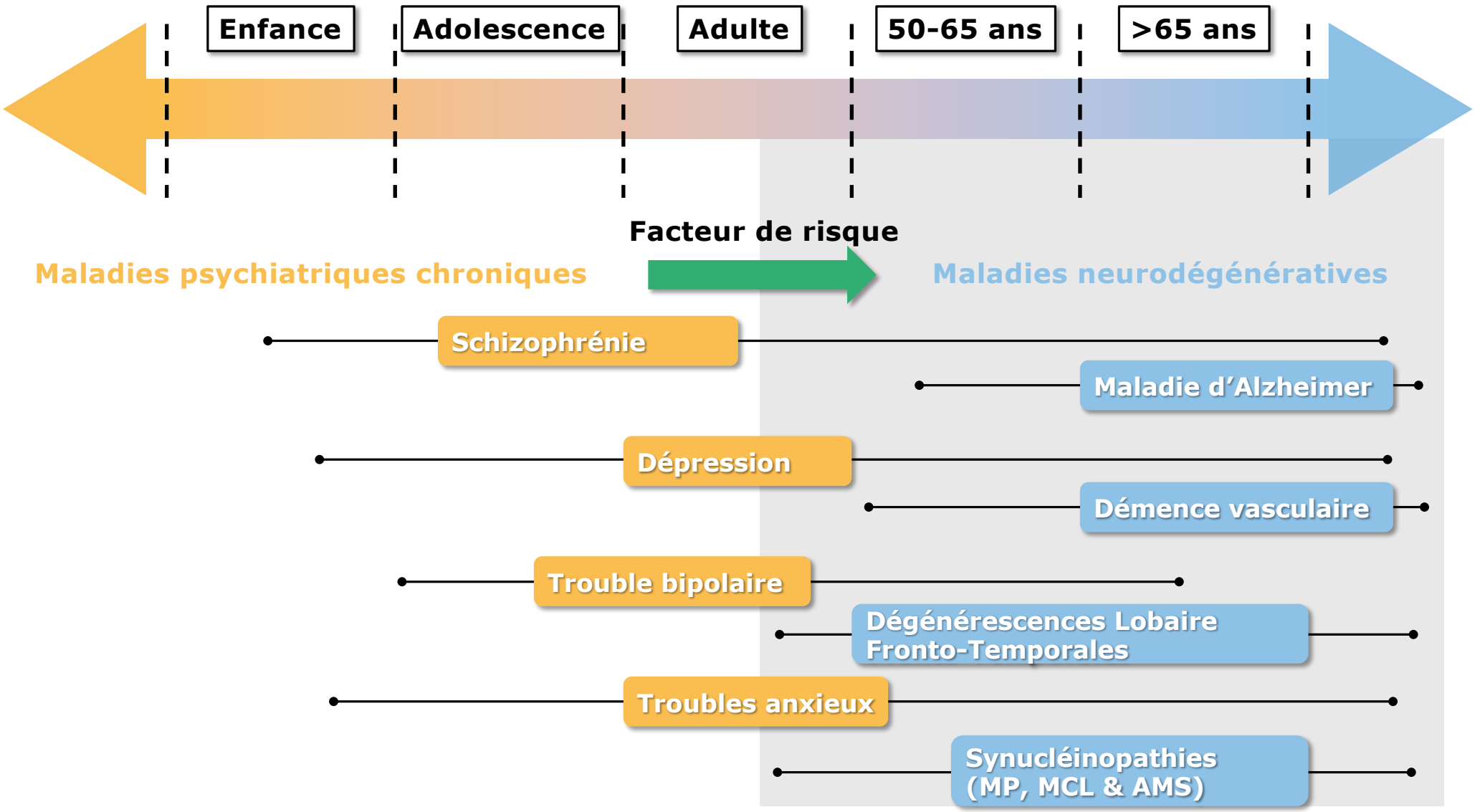
Neuropsychologue, Ph.D.

Unité de recherche clinique, Centre Mémoire,
Centre de Gérontologie Clinique RAINIER III,Centre Hospitalier Princesse Grace, Monaco

Déclaration des liens d'intérêts

Nom du conférencier : Dr Kévin POLET

☑ déclare n'avoir aucun conflit d'intérêt


Enfance
Adolescence
Adulte
50-65 ans
>65 ans
Facteur de risque
Maladies psychiatriques chroniques
Maladies neurodégénératives
Schizophrénie
Maladie d'Alzheimer
Dépression
Démence vasculaire
Trouble bipolaire
Dégénérescences Lobaire Fronto-Temporales
Troubles anxieux
Synucléinopathies (MP, MCL & AMS)

Facteur de risque

Maladies psychiatriques chroniques → Maladies neurodégénératives

- Schizophrénie
- Maladie d'Alzheimer
- Dépression
- Démence vasculaire
- Trouble bipolaire
- Dégénérescences Lobaire Fronto-Temporales
- Troubles anxieux
- Synucléinopathies (MP, MCL & AMS)

Il peut être difficile de distinguer une maladie neurodégénérative d'une maladie psychiatrique (overlaps de symptômes)

Un trouble psychiatrique peut être le prodrome d'une maladie neurodégénérative

On peut avoir une maladie psychiatrique ET une maladie neurodégénérative

Facteur de risque

Maladies psychiatriques chroniques → Maladies neurodégénératives

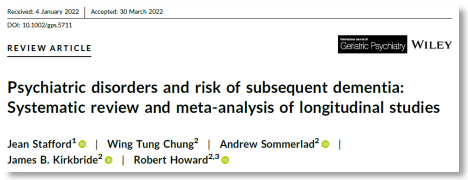
Trouble bipolaire → **Schizophrénie** → **Dépression** → **Troubles anxieux**

HR : X [2,13-2,26]

HR : X [1,7-2,92]

HR : X [1,59-2,41]

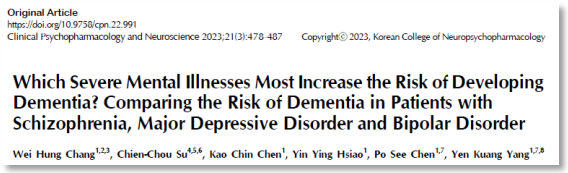
Résultats hétérogènes, à l'exception du PTSD


Received: 4 January 2022 | Accepted: 30 March 2022
DOI: 10.1002/gps.5711
REVIEW ARTICLE
International Journal of Geriatric Psychiatry WILEY
Psychiatric disorders and risk of subsequent dementia: Systematic review and meta-analysis of longitudinal studies
Jean Stafford[1] | Wing Tung Chung[2] | Andrew Sommerlad[2] | James B. Kirkbride[2] | Robert Howard[2,3]


REVIEW
OPEN
CURRENT OPINION
Older age bipolar disorder
2023
Alexandra J.M. Beunders[a,b,c,*], Melis Orhan[d,*] and Annemiek Dols[e]


Association of Early-, Middle-, and Late-Life Depression With Incident Dementia in a Danish Cohort
July 2023
DOI: 10.1001/jamaneurol.2023.2309
Holly Elser · Erzsébet Horváth-Puhó · Jaimie L Gradus · Show all 8 authors · Victor Henderson


Which Severe Mental Illnesses Most Increase the Risk of Developing Dementia? Comparing the Risk of Dementia in Patients with Schizophrenia, Major Depressive Disorder and Bipolar Disorder
August 2023 · Clinical Psychopharmacology and N... 21(3):478-487
DOI: 10.9758/cpn.22.991
Wei Hung Chang · Chien-Chou Su · Kao Chin · Show all 6 authors · Yen Kuang Yang


Original Article
https://doi.org/10.9758/cpn.22.991
Clinical Psychopharmacology and Neuroscience 2023;21(3):478-487
Copyright© 2023, Korean College of Neuropsychopharmacology
Which Severe Mental Illnesses Most Increase the Risk of Developing Dementia? Comparing the Risk of Dementia in Patients with Schizophrenia, Major Depressive Disorder and Bipolar Disorder
Wei Hung Chang[1,2,3], Chien-Chou Su[4,5,6], Kao Chin Chen[1], Yin Ying Hsiao[1], Po See Chen[1,7], Yen Kuang Yang[1,7,8]


Increased Risk of Dementia Among Veterans With Bipolar Disorder or Schizophrenia Receiving Care in the VA Health System
Eileen P. Ahearn, M.D., Ph.D., Benjamin R. Szymanski, Ph.D., M.P.H., Peijun Chen, M.D., Ph.D., Martha Sajatovic, M.D., Ira R. Katz, M.D., Ph.D., John F. McCarthy, Ph.D., M.P.H.


Synthèse
Geriatr Psychol Neuropsychiatr Vieil 2023 ; 21 (4) : 477-485.
Fonctionnement cognitif dans la schizophrénie : une perspective vie entière
Stephane Raffard

Facteur de risque

Maladies psychiatriques chroniques → Maladies neurodégénératives

Trouble bipolaire → Schizophrénie → Dépression → Troubles anxieux

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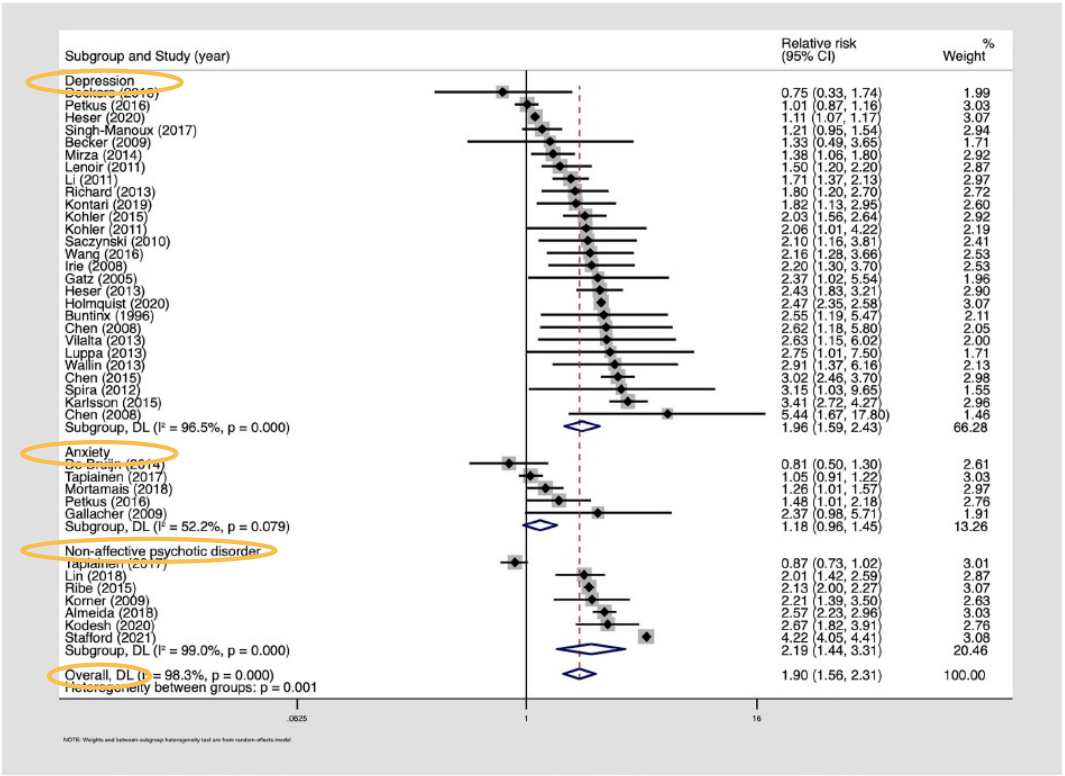

FIGURE 2 Forest plot—longitudinal associations between depression, anxiety, non-affective psychotic disorders and subsequent dementia

Facteur de risque

Maladies psychiatriques chroniques → Maladies neurodégénératives

Trouble bipolaire → Schizophrénie → Dépression → Troubles anxieux

Original Article
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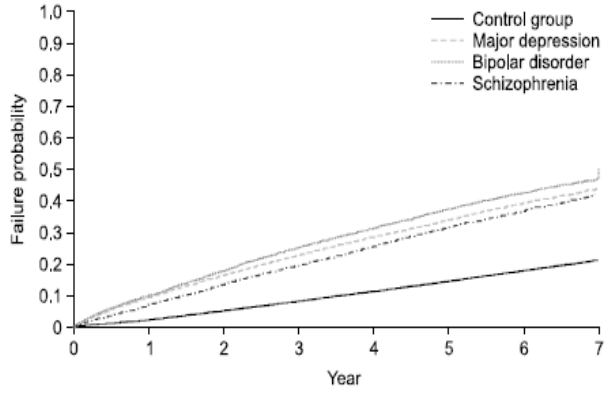


No. at risk								
Control group	108,077	105,749	102,568	99,316	95,931	92,449	88,809	1,261
Major depression	23,371	21,165	19,546	18,044	16,695	15,449	14,191	49
Bipolar disorder	4,883	4,394	4,011	3,652	3,356	3,057	2,810	17
Schizophrenia	7,775	7,235	6,714	6,256	5,789	5,325	4,908	120

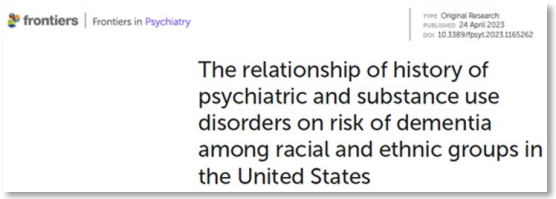
Fig. 2. The Kaplan-Meier curves for comparing the risk of dementia among patients with severe mental illnesses.
p value < 0.001. The difference was tested by log-rank test.

Facteur de risque

Maladies psychiatriques chroniques → Maladies neurodégénératives

Trouble bipolaire → Schizophrénie → Dépression → Troubles anxieux

Oui, mais laquelle ou lesquelles ??!!



frontiers | Frontiers in Psychiatry

TYPE Original Research
PUBLISHED 24 April 2023
DOI 10.3389/fpsyt.2023.1165262

The relationship of history of psychiatric and substance use disorders on risk of dementia among racial and ethnic groups in the United States

TABLE 2 Cox proportional hazard models for risk of AD (Alzheimer's disease) onset.

	Model 1.1	Model 1.2	Model 1.3	Model 1.4	Model 1.5	Model 1.6
	HR (95% CI)	HR (95% CI)	HR (95% CI)	HR (95% CI)	HR (95% CI)	HR (95% CI)
History of any psychiatric or substance use disorders	1.45 (1.33, 1.57)***					
Depression		1.51 (1.39, 1.64)***				
Other psychiatric disorders[a]			1.25 (1.12, 1.40)***			
Traumatic brain injury (TBI)				1.32 (1.13, 1.55)**		
Alcohol abuse					1.22 (1.02, 1.47)*	
Other substance abuse						1.27 (0.90, 1.79)

Augmentation du risque de maladie d'Alzheimer et de Démence Vasculaire

TABLE 3 Cox proportional hazard models for risk of VaD (Vascular Dementia) onset.

	Model 2.1	Model 2.2	Model 2.3	Model 2.4	Model 2.5	Model 2.6
	HR (95% CI)	HR (95% CI)	HR (95% CI)	HR (95% CI)	HR (95% CI)	HR (95% CI)
History of any psychiatric or substance use disorders	1.46 (1.35, 1.58)***					
Depression		1.53 (1.41, 1.66)***				
Other psychiatric disorders[a]			1.24 (1.11, 1.38)***			
Traumatic brain injury (TBI)				1.33 (1.14, 1.56)***		
Alcohol abuse					1.22 (1.02, 1.46)*	
Other substance abuse						1.19 (0.84, 1.67)

Facteur de risque

Maladies psychiatriques chroniques → Maladies neurodégénératives

Dépression

Oui, mais laquelle ou lesquelles ??!!

Received: 4 January 2022 | Accepted: 30 March 2022
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REVIEW ARTICLE

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Psychiatric disorders and risk of subsequent dementia: Systematic review and meta-analysis of longitudinal studies

Jean Stafford[1] | Wing Tung Chung[2] | Andrew Sommerlad[2] | James B. Kirkbride[2] | Robert Howard[2,3]

TABLE 2 Association between depression and all-cause dementia: stratified analyses and meta-regression

Analysis	N estimates	Pooled RR (95% CI)	Heterogeneity (I2)	Meta-regression RR (95% CI)
All-cause dementia	27	1.96 (1.59–2.43)	96.5%	-
Dementia subtype				
AD	13	1.9 (1.52–2.38)	85.5%	-
VaD	6	2.71 (2.48–2.97)	0%	-

J Alzheimers Dis. 2023;93(2):779-789. doi: 10.3233/JAD-230091.

Depression in Mid- and Later-Life and Risk of Dementia in Women: A Prospective Study within the Danish Nurses Cohort

Martha Hickey [1], Trine K Hueg [2 3], Lærke Priskorn [2 3], Cecilie S Uldbjerg [2 3], Astrid L Beck [2 3], Kaarin J Anstey [4 5], Youn-Hee Lim [6 7], Elvira V Bräuner [2 3]

>25.000 femmes, >45 ans, suivi moyen de 23 ans.

➔ Risque de démence x5.23 comparativement aux femme qui n'ont pas eu d'épisode dépressif.

➔ **démence vasculaire x7.96** / Maladie d'Alzheimer x4.64

➔ 3 facteurs associés à la dépression élèvent le risque de démence : dépression après 60 ans ; le nombre d'épisode dépressifs; la sévérité des épisodes dépressifs

Facteur de risque

Maladies psychiatriques chroniques → Maladies neurodégénératives

Schizophrénie

Oui, mais laquelle ou lesquelles ??!!

The American Journal of Geriatric Psychiatry
Volume 24, Issue 10, October 2016, Pages 923-939

B-Amyloid Burden is Not Associated with Cognitive Impairment in Schizophrenia: A Systematic Review

Pas de lien entre statut Amyloïde et déclin cognitif des sujets schizophrènes âgés

Schizophrenia Bulletin vol. 49 no. 2 pp. 464–473, 2023
https://doi.org/10.1093/schbul/sbac135
Advance Access publication October 6, 2022

Neurodegeneration Markers in the Cerebrospinal Fluid of 100 Patients with Schizophrenia Spectrum Disorder

Kimon Runge[1,*], Agnes Balla[1], Bernd L. Fiebich[1], Simon J. Maier[1], Katharina von Zedtwitz[1], Kathrin Nickel[1,2], Rick Dersch[2], Katharina Domschke[1,3], Ludger Tebartz van Elst[1,4], and Dominique Endres[*,1,4]

Table 3. Neurodegenerative Markers in CSF of Patients With Schizophrenia Spectrum Disorders and Controls

	Patients With Schizophrenia Spectrum Disorders ($n = 100$)	Controls ($n = 39$)	Statistics[b]
Total-tau [pg/ml]	138.33 ± 61.04	151.14 ± 73.27	$F_{(1,136)} = 0.004$, $P = .949$
Phospho-tau [pg/ml]	18.03 ± 8.01	27.59 ± 11.74	$F_{(1,136)} = 7.495$, **$P = .018$**
Beta-amyloid-quotient (Aβ1-42/Aβ1-40)	0.131 ± 0.039	0.142 ± 0.035	$F_{(1,136)} = 2.092$, $P = .251$
Neurofilament light chain [pg/ml]	389.26 ± 220.92	819.51 ± 1607.84	$F_{(1,136)} = 0.057$, $P = .949$
Neurofilament medium chain[a] [ng/ml]	5.27 ± 2.50 ($n = 98$)	3.53 ± 0.52 ($n = 38$)	$F_{(1,133)} = 10.234$, **$P = .009$**

Note: Values ± standard deviation. Significant *P*-Values are indicated in bold.
[a]Not measurable in three subjects.
[b]*P*-value adjusted for multiple testing.

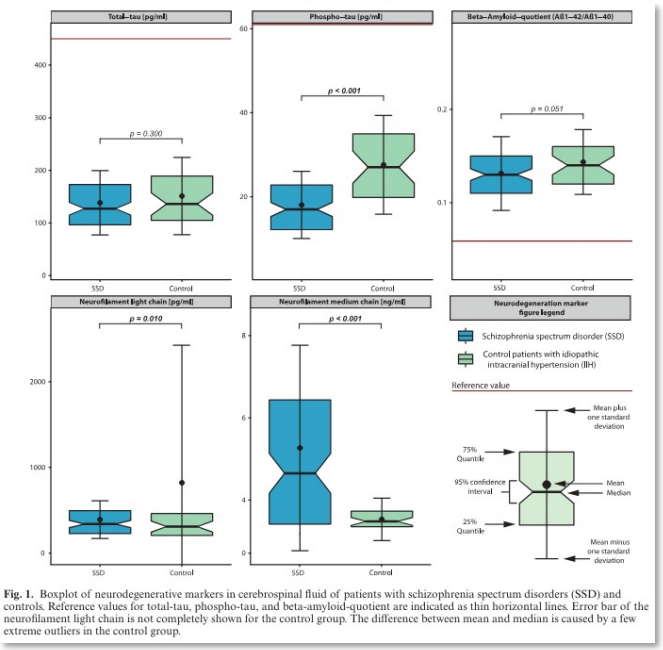

Fig. 1. Boxplot of neurodegenerative markers in cerebrospinal fluid of patients with schizophrenia spectrum disorders (SSD) and controls. Reference values for total-tau, phospho-tau, and beta-amyloid-quotient are indicated as thin horizontal lines. Error bar of the neurofilament light chain is not completely shown for the control group. The difference between mean and median is caused by a few extreme outliers in the control group.

...ni avec une Tauopathie

Facteur de risque

Maladies psychiatriques chroniques → Maladies neurodégénératives

Dépression | Trouble bipolaire | Schizophrénie → SYMPTÔMES PSYCHOTIQUES

Psychosis and dementia: risk factor, prodrome, or cause?

Published online by Cambridge University Press: **31 May 2017**

Corinne E. Fischer and Luis Agüera-Ortiz — Show author details

Risk of dementia associated with psychotic disorders in later life: the health in men study (HIMS)

Published online by Cambridge University Press: **22 March 2018**

Osvaldo P. Almeida, Andrew H. Ford, Graeme J. Hankey, Bu B. Yeap, Jonathan Golledge and Leon Flicker — Show author details

- ➔ **Risque de développer une démence x2,67**
- ➔ **Evolution clinique plus défavorable**
- ➔ **Liens troubles psychotiques / démence encore flous, mais semblent indépendants des mécanismes impliqués dans la maladie d'Alzheimer et les syndromes apparentés**

Facteur de risque

Maladies psychiatriques chroniques → Maladies neurodégénératives

Trouble bipolaire

Oui, mais laquelle ou lesquelles ??!!

NEUROPATHOLOGY

Neuropathology 2015; **35**, 245–253 doi:10.1111/neup.12191

Original Article

Neurodegenerative changes in patients with clinical history of bipolar disorders

Ayako Shioya,[1,5] Yuko Saito,[1] Kunimasa Arima,[2*] Yukio Kakuta,[6] Takefumi Yuzuriha,[7] Noriko Tanaka,[3] Shigeo Murayama[4] and Akira Tamaoka[5]

Table 2 Summary of neuropathological findings

Case	Age at death (left)/duration of disease (right) (years)	Neuropathologic diagnosis	Brain weight (g)	Argyrophilic grain stage[17]	NFT stage[21]	Lewy body stage[22]	Senile plaque stage[21]	Amyloid angiopathy stage[23]
1	52 / 30	Hypoxia	652	II	I	None	None	None
2	52 / 18	Argyrophilic grain disease	1,430	III	I	None	A	None
3	58 / 30	Lewy body disease	1,470	0.5	I	Limbic	None	1A
4	67 / 34	Unremarkable	1,325	II	II	None	None	None
5	68 / 23	Dementia with grains	1,116	III	I	None	A	None
6	69 / 13	Unremarkable	ND	II	II	None	None	None
7	71 / 33	Unremarkable	1,360	0.5	I	Incidental	A	1C
8	79 / 29	Corticobasal degeneration, argyrophilic grain disease	1,266	III	II	None	None	None
9	83 / –	Acute cerebral infarction	1,458	I	I	None	None	1A
10	84 / 28	Argyrophilic grain disease	1,300	III	II	None	A	1A
11	90 / 34	Dementia with grains	1,160	III	II	None	A	None

ND, not described.

Facteur de risque

Maladies psychiatriques chroniques → Maladies neurodégénératives

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Open Access Article

Characteristics of Bipolar Patients with Cognitive Impairment of Suspected Neurodegenerative Origin: A Multicenter Cohort

by Esteban Munoz Musat [1], Emeline Marlinge [2], Mélanie Leroy [3,4,5,6], Emilie Olié [7,8], Eloi Magnin [9,10], Florence Lebert [11], Audrey Gabelle [12], Djamila Bennabi [10,13], Fréderic Blanc [14,15], Claire Paquet [1,16] and Emmanuel Cognat [1,16,*]

Table 4. Imaging and biomarkers.

	Number (*n*)	Proportion (%)
CSF AD biomarkers		
"A+T+" profile	8	10.3
"A+" profile	23	29.5
"T+" profile	21	26.9
Normal	26	33.3
Hippocampal atrophy		
Scheltens 0	16	40
Scheltens 1	4	10
Scheltens 2	14	35
Scheltens 3	6	15
Scheltens 4	0	0
Unknown	38	
Dopamine deficiency on DAT-CT		
Present	12	35.3
Absent	22	64.7
Unknown	44	
Cortical hypometabolism on TEP-CT 18-FDG		
Present	20	86.9
Absent	3	13.1
Unknown	55	

10,3% de MA biologique et 33% ont une PL normale

➔ **hypothèse multifactorielle au déclin cognitif de ces patients**

Et 56% ont un syndrome parkinsonien

38% des patients ont une évolution clinique fluctuante et 49% ont des fluctuations cognitives

Facteur de risque

Maladies psychiatriques chroniques → Maladies neurodégénératives

Trouble bipolaire

Oui, mais laquelle ou lesquelles ??!!

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BIPOLAR DISORDERS
AN INTERNATIONAL JOURNAL OF PSYCHIATRY AND NEUROSCIENCES

ORIGINAL ARTICLE

Incidence of Parkinson's disease, dementia, cerebrovascular disease and stroke in bipolar disorder compared to other psychiatric disorders: An electronic health records network study of 66 million people

Paul J. Harrison, Sierra Luciano

First published: 19 October 2020 | https://doi.org/10.1111/bdi.13022 | Citations: 8

700.000 bipolaires !

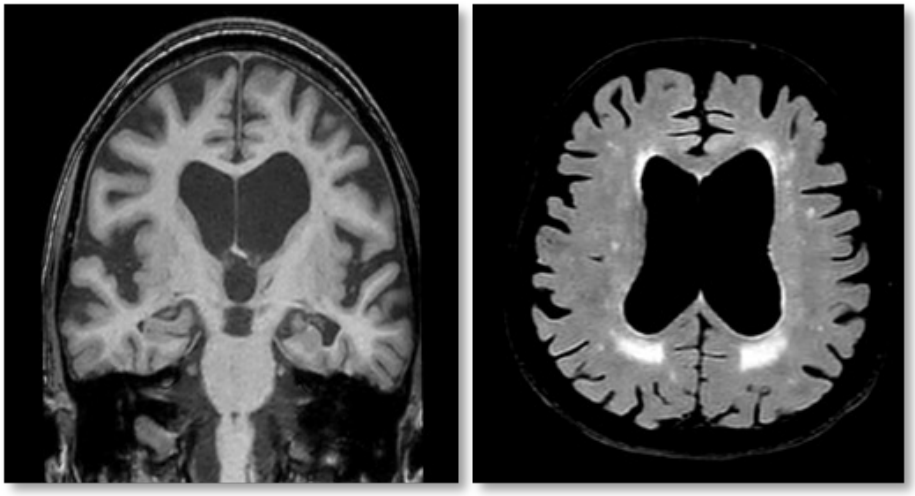
➔ **Incidence démence : Trouble bipolaire = Schizophrénie > Dépression**

➔ **Incidence Parkinson : Trouble bipolaire > Schizophrénie = Dépression**

➔ **Troubles neurovasculaires : Trouble bipolaire = Dépression > Schizophrénie**

➔ **Hypothèse multifactorielle**

➔ Patient de 81 ans, troubles bipolaire (1999)
➔ **Dégradation cognitive progressive** : MMSE 23/30; troubles diffus (mnésiques, exécutifs, attentionnels, visuo-spatiaux)
➔ **Apparition d'un syndrome de Capgras avec hallucinations visuelles**
➔ **Syndrome extrapyramidal asymétrique** (mais Risperidone)



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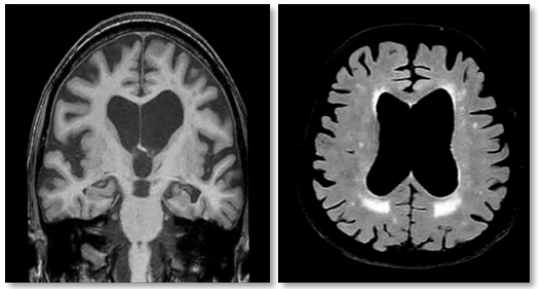

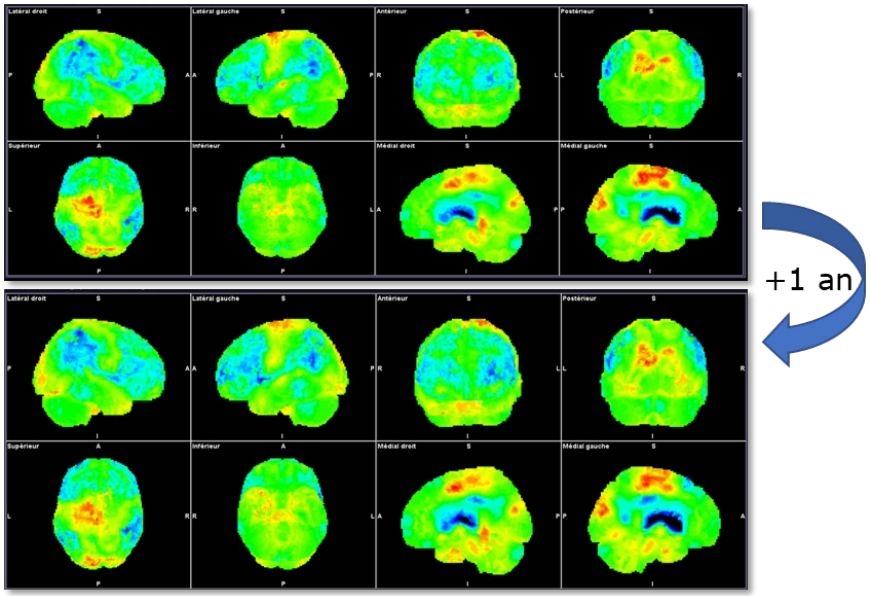

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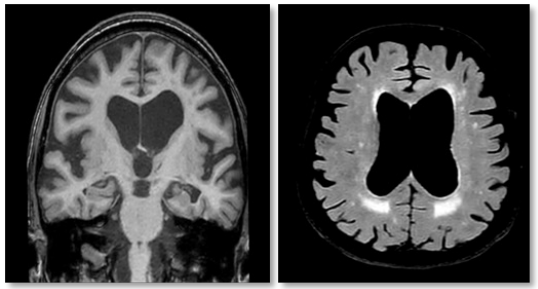
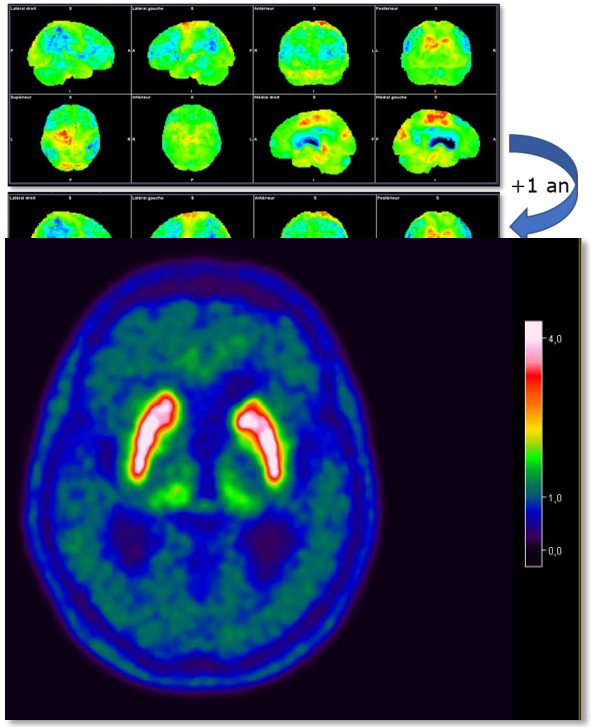
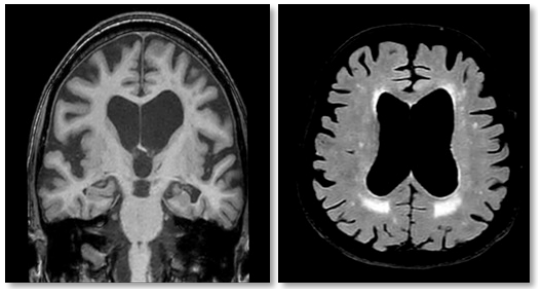
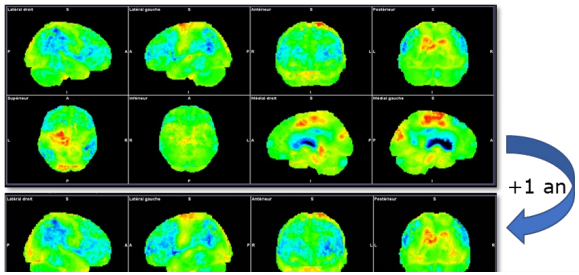
➔ **Syndrome extrapyramidal asymétrique** (mais Risperidone)

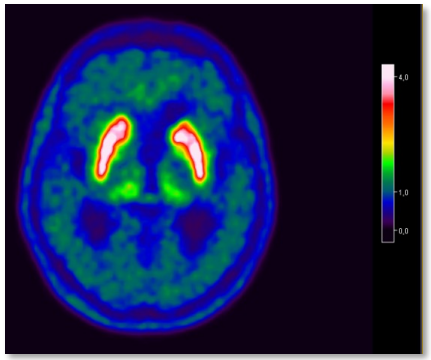




- ➔ Patient de 81 ans, troubles bipolaire (1999)
- ➔ **Dégradation cognitive progressive** : MMSE 23/30; troubles diffus (mnésiques, exécutifs, attentionnels, visuo-spatiaux)
- ➔ **Apparition d'un syndrome de Capgras avec hallucinations visuelles**
- ➔ **Syndrome extrapyramidal asymétrique** (mais Risperidone)







Marqueurs des maladies d'Alzheimer et apparentées

Bilan première intention

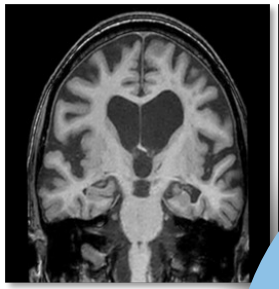
Protéine Tau totale *CLEIA Fujirebio Lumipulse****	315 Seuil pour une maladie d'Alzheimer > 400	ng/L	<400
Protéine Tau phosphorylée en 181 *CLEIA Fujirebio Lumipulse****	50 Seuil pour une maladie d'Alzheimer > 60	ng/L	<60
Ratio TAU-t / Tau-181	6.30 Compris entre 5.4 et 9 dans la maladie d'Alzheimer		5.4-9
Peptide amyloïde beta 1-42 *CLEIA Fujirebio Lumipulse****	405 Seuil pour une maladie d'Alzheimer < 550	ng/L	>550

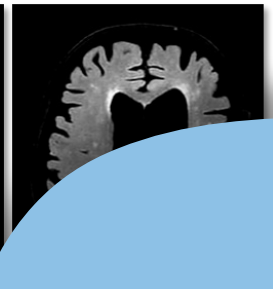
Complément : bilan amyloïde

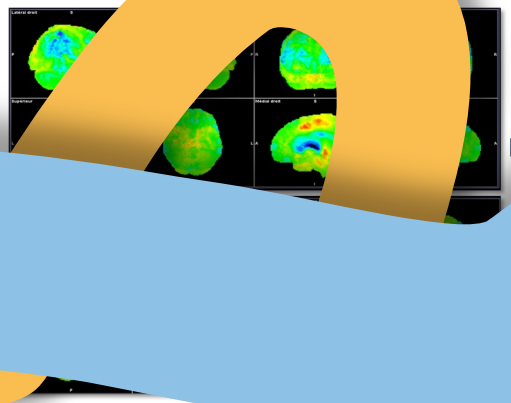
Peptide amyloïde beta 1-40 *CLEIA Fujirebio Lumipulse*	7405 Seuil pour une maladie d'Alzheimer > 9900	ng/L	4540-8480
Ratio ABeta 1-42 / ABeta 1-40	0.055 Seuil pour une maladie d'Alzheimer < 0.055		

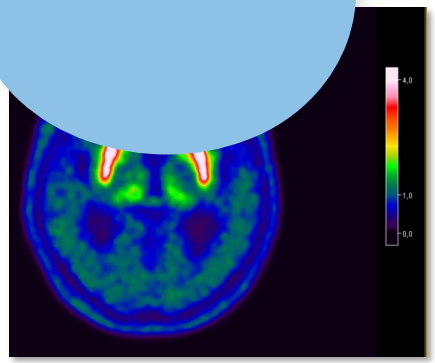
Les deux biomarqueurs TAU sont normaux, mais le peptide Ab42 est diminué. Le ratio Abeta42/Abeta40 est donc réalisé et il est juste au seuil.
Au total, ce bilan montre une perturbation amyloïde sans perturbation des biomarqueurs TAU. Il n'est donc pas en faveur d'une maladie d'Alzheimer biologique.

➔ Patient de 81 ans, troubles bipolaire (1999)
➔ **Dégradation cognitive progressive** : MMSE 23/30; troubles diffus (mnésiques, exécutifs, att… …natiaux)
➔ **Apparition d'un syndrome de Capgras avec hallucinat… …isuelles**
➔ **Syndrome extrapyramidal asymétrique** (mais Ris…









…heimer et apparentées

Bilan première intention		
Protéine Tau totale CLEIA Fujirebio Lumipulse***		<400
Protéine Tau phosphorylée en 181 CLEIA Fujirebio Lumipulse***		<60
Ratio TAU-t / Tau-181		
Peptide amyloïde beta 1-42 CLEIA Fujirebio Lumipulse***	* 405 Seuil pour …	
Complément : bilan amyloïde		
Peptide amyloïde beta 1-40 CLEIA Fujirebio Lumipulse	7405 Seuil pour une maladie d'Alzheim…	
Ratio ABeta 1-42 / ABeta 1-40	0.055 Seuil pour une maladie d'Alzheimer < 0.055	

Les deux biomarqueurs TAU sont normaux, mais le peptide Ab42 est diminué. Le ratio Abeta42/… est juste au seuil.
Au total, ce bilan montre une perturbation amyloïde sans perturbation des biomarqueurs TAU. Il n'est donc p… maladie d'Alzheimer biologique.

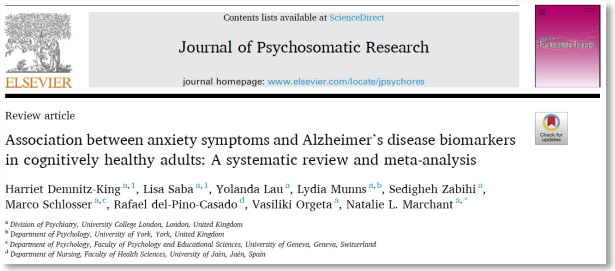
RT-QuIC alpha-synucléine : négative

Facteur de risque

Maladies psychiatriques chroniques → Maladies neurodégénératives

Troubles anxieux

Oui, mais laquelle ou lesquelles ??!!



Contents lists available at ScienceDirect

Journal of Psychosomatic Research

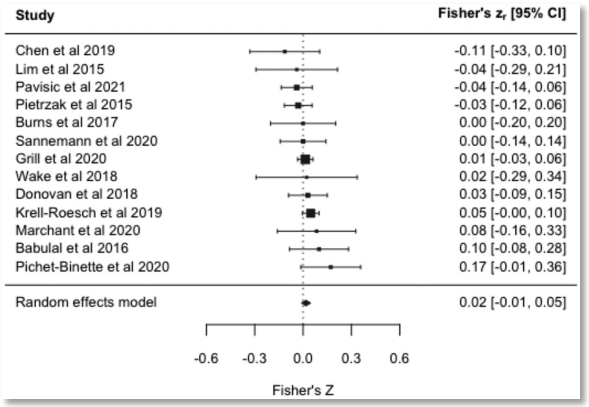
journal homepage: www.elsevier.com/locate/jpsychores

Review article

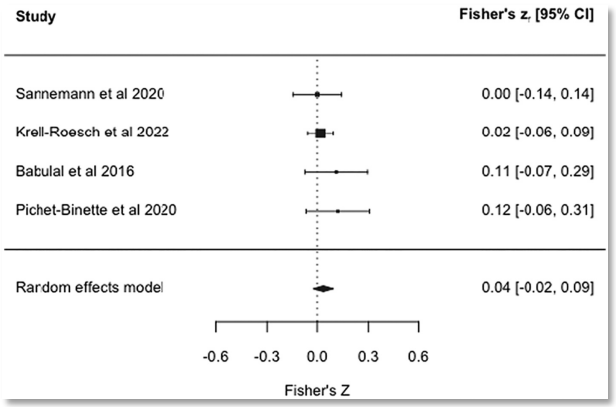
Association between anxiety symptoms and Alzheimer's disease biomarkers in cognitively healthy adults: A systematic review and meta-analysis

Harriet Demnitz-King [a,1], Lisa Saba [a,1], Yolanda Lau [a], Lydia Munns [a,b], Sedigheh Zabihi [a], Marco Schlosser [a,c], Rafael del-Pino-Casado [d], Vasiliki Orgeta [a], Natalie L. Marchant [a,*]

[a] Division of Psychiatry, University College London, London, United Kingdom
[b] Department of Psychology, University of York, York, United Kingdom
[c] Department of Psychology, Faculty of Psychology and Educational Sciences, University of Geneva, Geneva, Switzerland
[d] Department of Nursing, Faculty of Health Sciences, University of Jaén, Jaén, Spain



Pas de liens entre symptômes anxieux et Aβ



Pas de liens entre symptômes anxieux et Tau

Facteur de risque

Maladies psychiatriques chroniques → Maladies neurodégénératives

~~Troubles anxieux~~

Stress Post-Traumatique

Oui, mais laquelle ou lesquelles ??!!

J Alzheimers Dis. 2024;98(4):1427-1441. doi: 10.3233/JAD-231183.

Traumatic Brain Injury and Post-Traumatic Stress Disorder and Their Influence on Development and Pattern of Alzheimer's Disease Pathology in Later Life

Susanne G Mueller [1]

Am J of Geriatric Psychiatry 31:11 (2023) 978–990

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.ajgponline.org

ELSEVIER

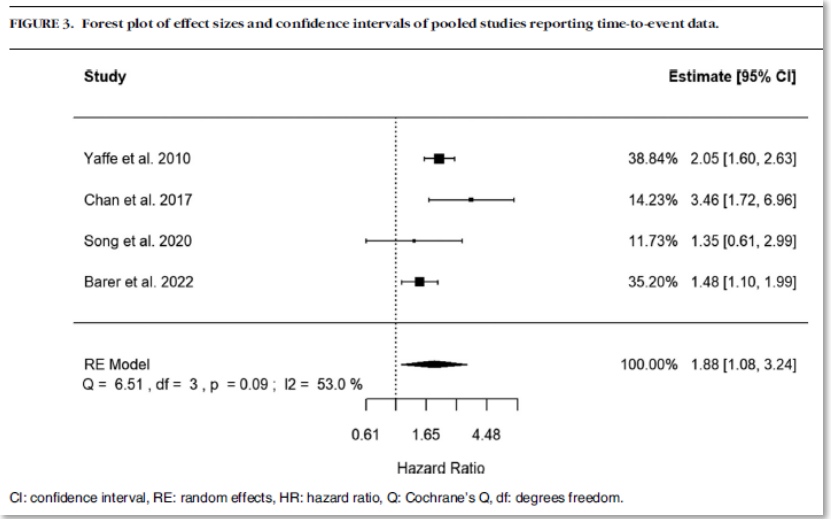
Regular Research Article

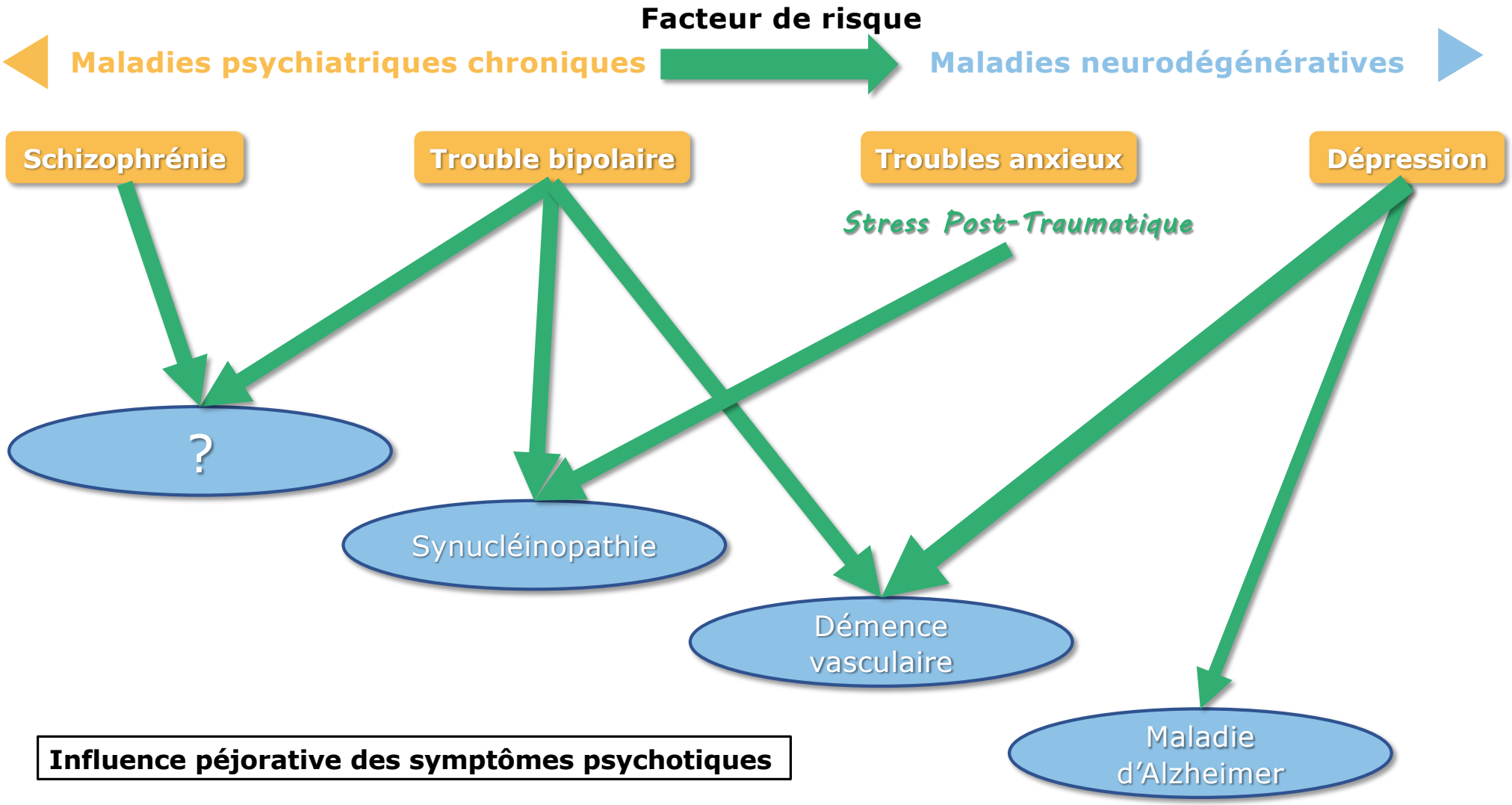
Post-Traumatic Stress Disorder and Risk of Degenerative Synucleinopathies: Systematic Review and Meta-Analysis

Melissa B. Jones, M.D., Rachel Gates, M.P.A.S., Lakeshia Gibson, M.D., Dakota Broadway, M.A., Gursimrat Bhatti, M.B.B.S., Juliann Tea, M.D., Ana Guerra, M.P.A.S., Ruosha Li, Ph.D., Beatriz Varman, M.L.I.S., A.H.I.P., Mohamed Elammari, M.B.B.S., Ricardo E. Jorge, M.D., Laura Marsh, M.D.

➔ Pas d'association Stress Post-Traumatique / MA

➔ Association Stress Post-Traumatique / Synucléinopathies (Maladie de Parkinson et Maladie à Corps de Lewy)





Influence péjorative des symptômes psychotiques

Facteur de risque

Maladies psychiatriques chroniques → Maladies neurodégénératives

Pourquoi ?

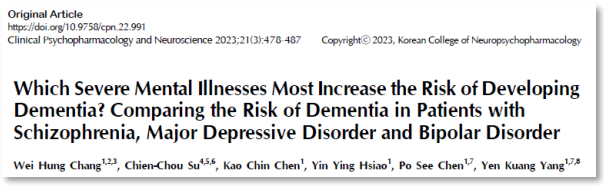
Santé cardio-vasculaire

Un effet des traitements psychotropes ?

Which Severe Mental Illnesses Most Increase the Risk of Developing Dementia? Comparing the Risk of Dementia in Patients with Schizophrenia, Major Depressive Disorder and Bipolar Disorder

August 2023 · Clinical Psychopharmacology and N... 21(3):478-487
DOI: 10.9758/cpn.22.991

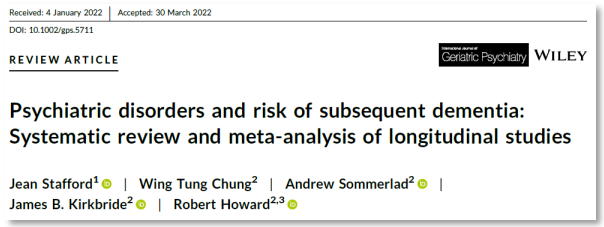
Wei Hung Chang · Chien-Chou Su · Kao Chin · Show all 6 authors · Yen Kuang Yang



Original Article
https://doi.org/10.9758/cpn.22.991
Clinical Psychopharmacology and Neuroscience 2023;21(3):478-487 Copyright© 2023, Korean College of Neuropsychopharmacology

Which Severe Mental Illnesses Most Increase the Risk of Developing Dementia? Comparing the Risk of Dementia in Patients with Schizophrenia, Major Depressive Disorder and Bipolar Disorder

Wei Hung Chang[1,2,3], Chien-Chou Su[4,5,6], Kao Chin Chen[1], Yin Ying Hsiao[1], Po See Chen[1,7], Yen Kuang Yang[1,7,8]



Received: 4 January 2022 | Accepted: 30 March 2022
DOI: 10.1002/gps.5711

REVIEW ARTICLE

International Journal of Geriatric Psychiatry WILEY

Psychiatric disorders and risk of subsequent dementia: Systematic review and meta-analysis of longitudinal studies

Jean Stafford[1] | Wing Tung Chung[2] | Andrew Sommerlad[2] | James B. Kirkbride[2] | Robert Howard[2,3]

➔ Pas d'effet de l'usage des anxiolytiques sur le risque de démence
➔ Mais ces traitements augmentent les risques cardio-vasculaires
➔ Les patients psychiatriques ont une plus mauvaise santé cardio-vasculaire

Facteur de risque

Maladies psychiatriques chroniques → Maladies neurodégénératives

Pourquoi ?

Santé cardio-vasculaire | **Réserve cognitive**

Une réserve cognitive insuffisante ?

Acta Psychiatrica Scandinavica

Original Article

The impact of chronic psychiatric disorders on cognitive decline

R. Villeneuve ✉, C. Blanchard, L. Rullier, N. Raoux, V. Bergua, J.-F. Dartigues, K. Pérès, H. Amieva

First published: 22 July 2017 | https://doi.org/10.1111/acps.12773 | Citations: 1

Received: 4 January 2022 | Accepted: 30 March 2022

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Jean Stafford[1] | Wing Tung Chung[2] | Andrew Sommerlad[2] | James B. Kirkbride[2] | Robert Howard[2,3]

REVIEW

OPEN

CURRENT OPINION **Older age bipolar disorder**

Alexandra J.M. Beunders[a,b,c,*], Melis Orhan[d,*] and Annemiek Dols[e]

BIPOLAR DISORDERS

Bipolar Disorders 2016: 18: 148–154

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BIPOLAR DISORDERS

Original Article

Five-year follow-up of cognitive impairment in older adults with bipolar disorder

- ➔ Troubles cognitifs présents en baseline, mais évolution similaire aux contrôles (pente de déclin similaire)
- ➔ Augmente la probabilité de développement d'une démence (système plus fragile, développement de troubles plus précocement)
- ➔ Vieillissement accéléré ?

Facteur de risque

Maladies psychiatriques chroniques → Maladies neurodégénératives

Pourquoi ?

Santé cardio-vasculaire | **Réserve cognitive**

Une réserve cognitive insuffisante ?

Synthèse

Geriatr Psychol Neuropsychiatr Vieil 2023 ; 21 (4) : 477-486.

Fonctionnement cognitif dans la schizophrénie : une perspective vie entière

Exemple de la Schizophrénie

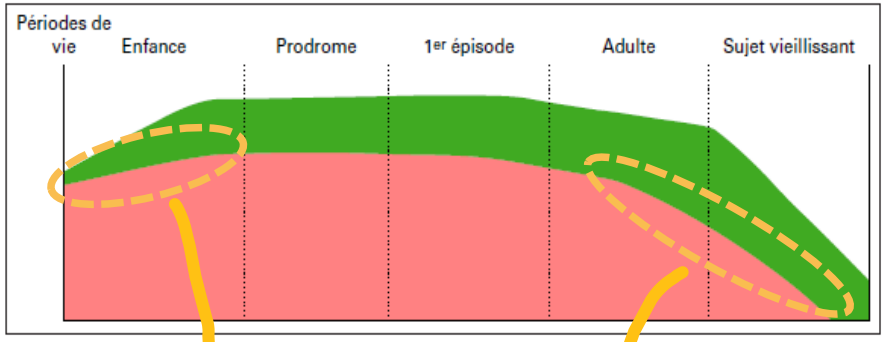

Figure 4. Évolution au cours du temps des déficits cognitifs dans les troubles schizophréniques en comparaison avec la population générale (adapté de McCutcheon *et al.*, [3]). En vert : population générale ; en rose : individus atteints de schizophrénie.

Trouble neurodéveloppemental ?

Vieillissement accéléré ?
Charge vasculaire ?
Maladie Psy chronique = Maladie neurodégénérative ?

Acta Psychiatrica Scandinavica

Original Article

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Journal of Geriatric Psychiatry | WILEY

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REVIEW

OPEN

Current Opinion

Older age bipolar disorder

Alexandra J.M. Beunders[a,b,c,*], Melis Orhan[d,*] and Annemiek Dols[e]

BIPOLAR DISORDERS

Bipolar Disorders 2016: 18: 148–154

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- ➔ Vieillissement accéléré ?

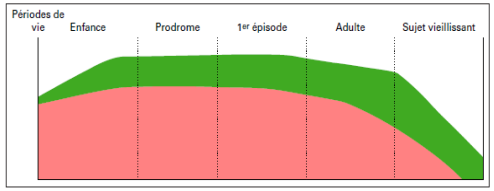
Facteur de risque

Maladies psychiatriques chroniques → Maladies neurodégénératives

Pourquoi ?

- Santé cardio-vasculaire
- Réserve cognitive
- Maladie neurodégénérative ?

Trouble Psy chronique
=
Maladie Neurodégénérative ?



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➔ Nombre, durée et intensité des épisodes cliniques (en particuliers symptômes maniaques et psychotiques) auraient un effet neurotoxique à l'origine de lésions cérébrales s'accumulant au cours du temps

REVIEW

OPEN

Older age bipolar disorder

Alexandra J.M. Beunders[a,b,c,], Melis Orhan[d,*] and Annemiek Dols[e]*

Depression in Mid- and Later-Life and Risk of Dementia in Women: A Prospective Study within the Danish Nurses Cohort

Cite

Article type: Research Article

Authors: Hickey, Martha[a] | Hueg, Trine K.[b,c] | Priskorn, Lærke[b,c] | Uldbjerg, Cecilie S.[b,c] | Beck, Astrid L.[b,c] | Anstey, Kaarin J.[d,e] | Lim, Youn-Hee[f,g,1] | Bräuner, Elvira V.[b,c,1,*]

scientific reports

OPEN

Trajectories of depressive symptoms and associated patterns of cognitive decline

Tomáš Formánek[1], Zsófia Csajbók[1,2], Katrin Wolfová[1,2], Matěj Kučera[1,2], Sarah Tom[3], Dag Aarsland[4,5] & Pavla Cermakova[1,2,6]

Schizophrenia Research 249 (2023) 154–162

Contents lists available at ScienceDirect

Schizophrenia Research

journal homepage: www.elsevier.com/locate/schres

ELSEVIER

Point

Neurodegenerative model of schizophrenia: Growing evidence to support a revisit

William S. Stone[a,*], Michael R. Phillips[b,c], Lawrence H. Yang[c,d], Lawrence S. Kegeles[e,f], Ezra S. Susser[f], Jeffrey A. Lieberman[b]

Schizophrenia Research: Cognition 28 (2022) 100237

Contents lists available at ScienceDirect

Schizophrenia Research: Cognition

journal homepage: www.elsevier.com/locate/scog

ELSEVIER

Review Article

Lifespan evolution of neurocognitive impairment in schizophrenia - A narrative review☆

Anne-Kathrin J. Fett[a,b], Abraham Reichenberg[c,d], Eva Velthorst[c,d,*]

➔ 69000 participants âgés avec dépression chronique
➔ Les patients déprimés qui ont des symptômes constamment sévères ou en aggravation sont ceux qui déclinent le plus (vs constamment légers ou en amélioration)

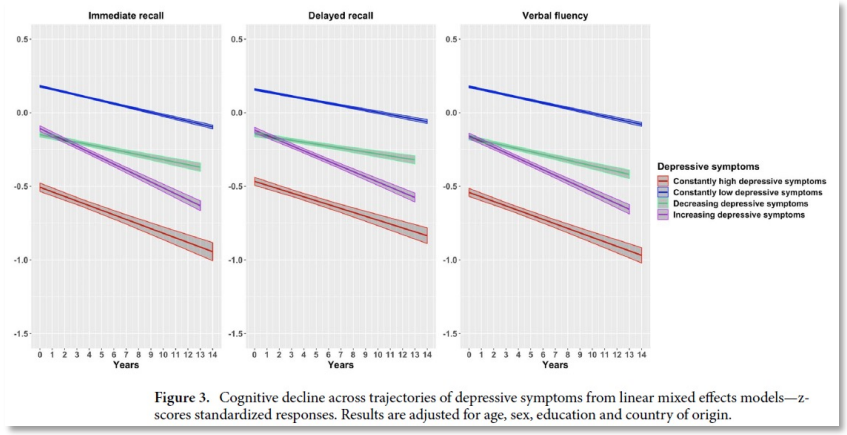


Figure 3. Cognitive decline across trajectories of depressive symptoms from linear mixed effects models—z-scores standardized responses. Results are adjusted for age, sex, education and country of origin.

Maladies psychiatriques chroniques

Facteur de risque

Maladies neurodégénératives

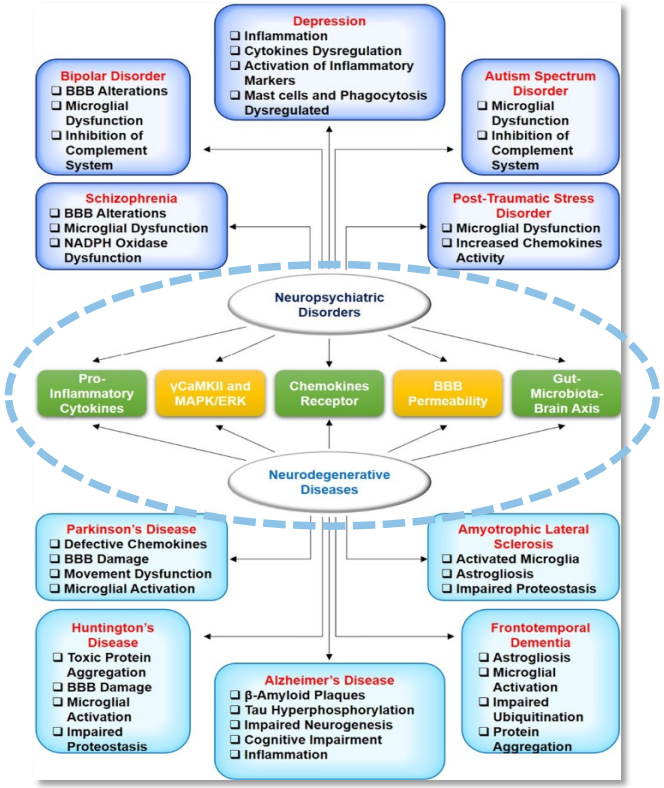
Pourquoi ?

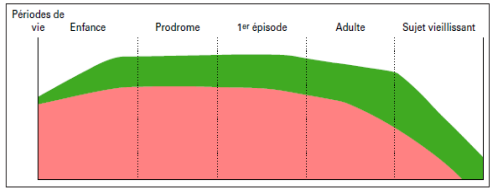
Santé cardio-vasculaire

Réserve cognitive

Maladie neurodégénérative ?

Trouble Psy chronique
=
Maladie Neurodégénérative ?





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Molecular Neurobiology (2023) 60:6476–6529
https://doi.org/10.1007/s12035-023-03502-9

Check for updates

Dissecting the Relationship Between Neuropsychiatric and Neurodegenerative Disorders

Rohan Gupta[1] · Dia Advani[1] · Divya Yadav[1] · Rashmi K Ambasta[1] · Pravir Kumar[1]

Received: 13 March 2023 / Accepted: 11 July 2023 / Published online: 17 July 2023

Facteur de risque

Maladies psychiatriques chroniques → Maladies neurodégénératives

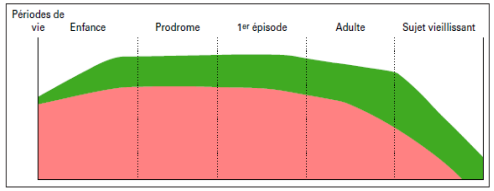
Pourquoi ?

Trouble Psy chronique
=
Maladie Neurodégénérative ?

Santé cardio-vasculaire

Réserve cognitive

Maladie neurodégénérative ?



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Molecular Neurobiology (2023) 60:6476–6529
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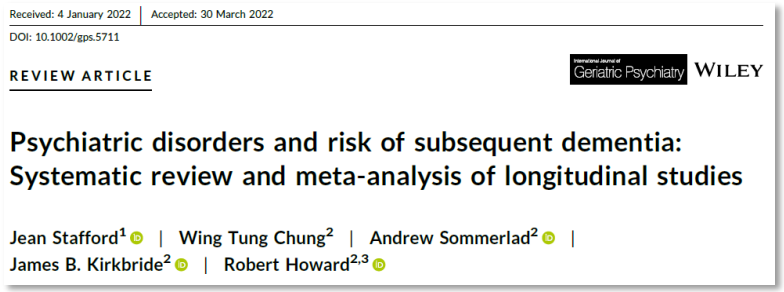

Received: 4 January 2022 | Accepted: 30 March 2022

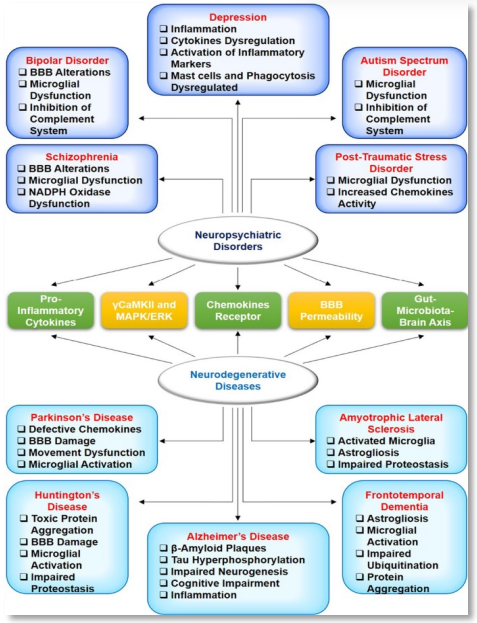
DOI: 10.1002/gps.5711

REVIEW ARTICLE

International Journal of Geriatric Psychiatry WILEY

Psychiatric disorders and risk of subsequent dementia: Systematic review and meta-analysis of longitudinal studies

Jean Stafford[1] | Wing Tung Chung[2] | Andrew Sommerlad[2] | James B. Kirkbride[2] | Robert Howard[2,3]



Trouble psychiatrique =

Prodrome

d'une maladie neurodégénérative ultérieure ?

Prodrome

Maladies psychiatriques chroniques → Maladies neurodégénératives

Review Article

Advances in the Diagnosis and Management of Psychotic Symptoms in Neurodegenerative Diseases: A Narrative Review

Journal of Geriatric Psychiatry and Neurology
2023, Vol. 36(6) 435–460

DOI: 10.1177/08919887231164357
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Andreea L. Seritan, MD[1]

Table 6. Psychiatric prodromes of neurodegenerative diseases.[6,88,89,91,93,96,101,118-135,137-149]

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Maladies psychiatriques chroniques

Prodrome

Maladies neurodégénératives

Les symptômes psychotiques

Table 2. Systemic Medical Diseases, Substances, and Medications Associated with Psychotic Symptoms in Older Adults.[4,11,17,25,28-30,32-42]

Etiology	Examples
Substance intoxication	Alcohol (alcoholic hallucinosis) Cannabis Cocaine Hallucinogens (ketamine, LSD, mushrooms, PCP, psilocybin) Methamphetamine MDMA
Substance withdrawal	Alcohol Sedative, hypnotic, anxiolytic (e.g., benzodiazepine) Opioids
Medications	Anticholinergic and antihistaminic agents (benztropine, cimetidine, diphenhydramine, hydroxyzine) Antiparkinsonian agents (e.g., amantadine, bromocriptine, levodopa, pramipexole, ropinirole, rotigotine, trihexyphenidyl) Antibiotic-associated encephalopathy (quinolones, macrolides, procaine penicillin) Anticonvulsants (levetiracetam, zonisamide) Corticosteroids Digoxin Interferon Opioids Psychostimulants (e.g., amphetamine, dextroamphetamine, lisdexamfetamine, methylphenidate)
Metabolic and endocrine conditions	Acute intermittent porphyria Adrenal disease Electrolyte imbalances (e.g., sodium, potassium, calcium) Heavy metals (e.g., lead, mercury) Hepatic failure Hypoglycemia/hyperglycemia Hypoparathyroidism/hyperparathyroidism Hypothyroidism/hyperthyroidism; Hashimoto's thyroiditis Renal failure Vitamin deficiencies (B_{12}, D, folate)
Neurological conditions **60%**	Alzheimer's disease Amyotrophic lateral sclerosis Autoimmune encephalitis Brain tumors CADASIL Cerebral vasculitis Cerebrovascular accidents (basal ganglia, cerebellar, frontal, temporal, or parietal lobe) COVID-19 Dementia with Lewy bodies Frontotemporal dementia HIV infection Huntington's disease Hypoxia Meningitis Multiple sclerosis Neurosyphilis Paraneoplastic syndromes Parkinson's disease Prion disease (e.g., Creutzfekdt-Jakob) Seizure disorders Subdural hematoma Systemic lupus erythematosus Traumatic brain injury Viral encephalitis (HHV-6, HSV)

AH = auditory hallucinations; CADASIL = cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy; COVID-19 = coronavirus-19 disease; HHV-6 = human herpesvirus-6; HIV = human immunodeficiency virus; HSV = herpes simplex virus; LSD = lysergic acid diethylamide; MDMA = 3,4-methylenedioxy-methamphetamine; PCP = phencyclidine.

Review Article

Advances in the Diagnosis and Management of Psychotic Symptoms in Neurodegenerative Diseases: A Narrative Review

Journal of Geriatric Psychiatry and Neurology
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15% des personnes âgées développent des troubles psychotiques

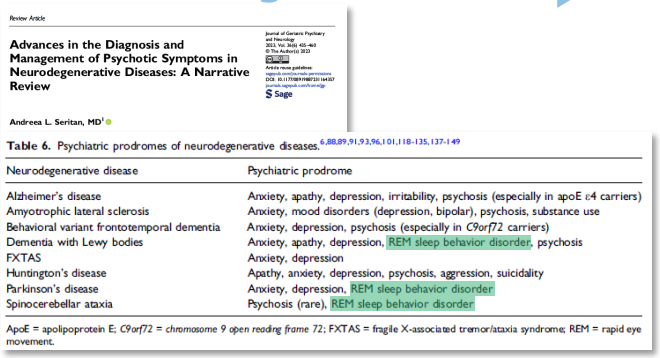
Majoritairement en lien avec une maladie neurodégénérative
Maladie à Corps de Lewy +++, puis MA (idées délirantes) et MP (hallucinations)

Maladies psychiatriques chroniques → **Prodrome** → Maladies neurodégénératives

Les symptômes psychotiques

Trouble psychiatrique tardif ou dégénératif???

Recherche de troubles du sommeil paradoxal++ (RBD) :
Hautement spécifique d'une synucléinopathie



Review Article

Advances in the Diagnosis and Management of Psychotic Symptoms in Neurodegenerative Diseases: A Narrative Review

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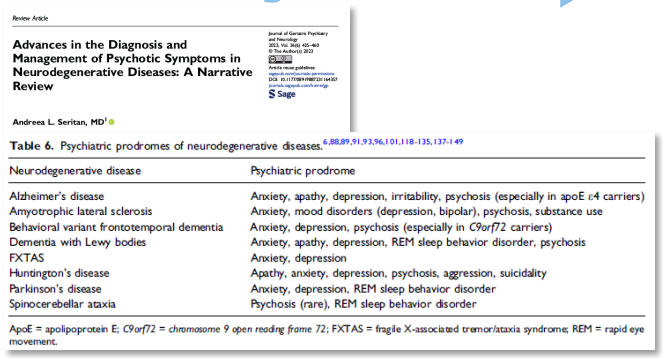
Maladies psychiatriques chroniques → **Prodrome** → Maladies neurodégénératives

Les symptômes psychotiques



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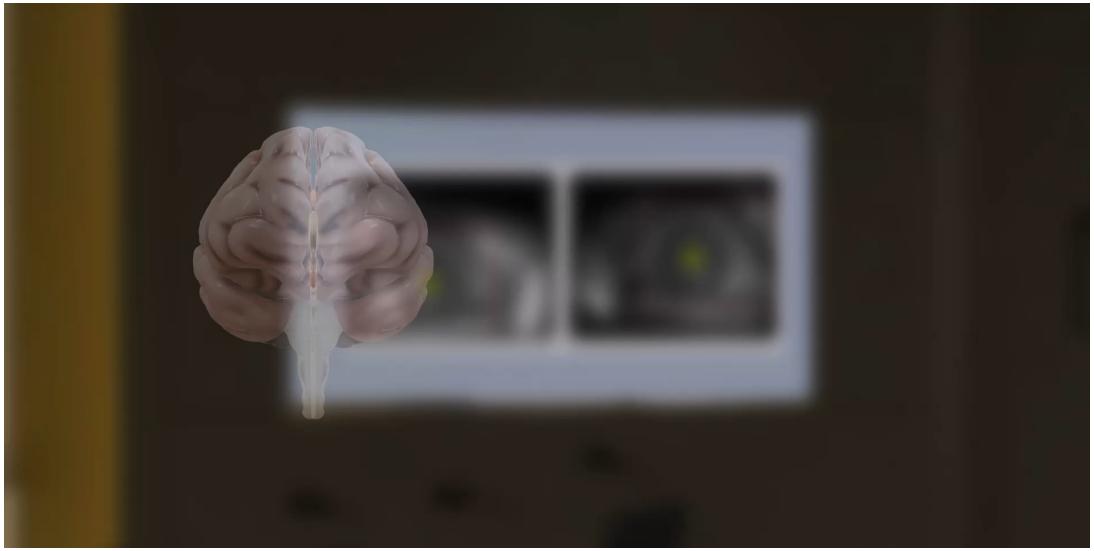
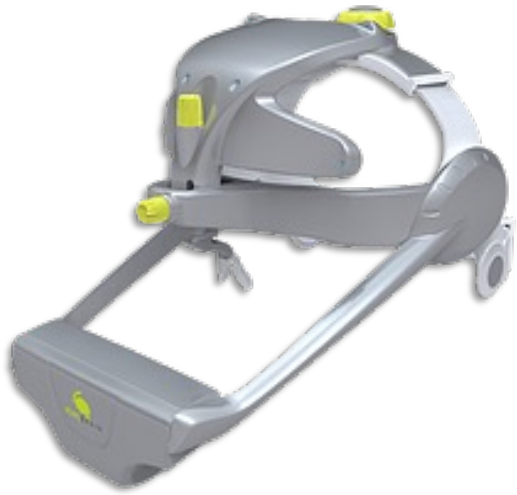
Trouble psychiatrique tardif ou dégénératif???

Recherche de troubles du sommeil paradoxal++ (RBD) :
Hautement spécifique d'une synucléinopathie

Recherche de troubles oculomoteurs :
Aide au diagnostic différentiels des syndromes parkinsonniens (synucléinopathies et tauopathies), aide au diagnostic différentiel PSP – DCB - DFTc

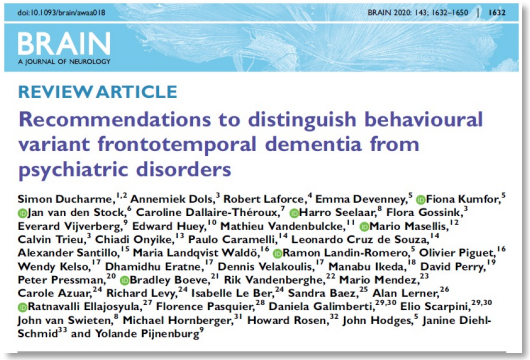




Maladies psychiatriques chroniques → **Prodrome** → Maladies neurodégénératives

Le cas de la DFTc

Trouble psychiatrique tardif ou dégénératif???



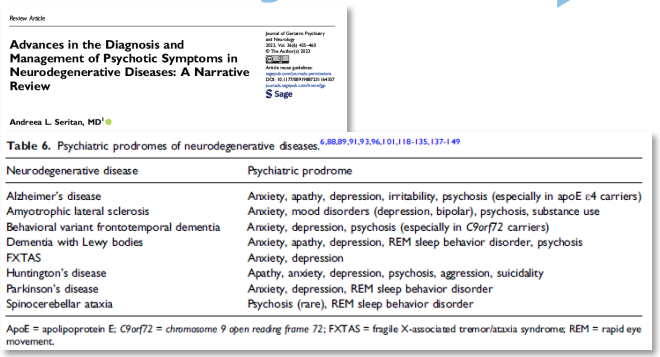
doi:10.1093/brain/awaa018 BRAIN 2020: 143; 1632–1650 | 1632

BRAIN
A JOURNAL OF NEUROLOGY

REVIEW ARTICLE

Recommendations to distinguish behavioural variant frontotemporal dementia from psychiatric disorders

Simon Ducharme,[1,2] Annemiek Dols,[3] Robert Laforce,[4] Emma Devenney,[5] Fiona Kumfor,[5] Jan van den Stock,[6] Caroline Dallaire-Théroux,[7] Harro Seelaar,[8] Flora Gossink,[3] Everard Vijverberg,[9] Edward Huey,[10] Mathieu Vandenbulcke,[11] Mario Masellis,[12] Calvin Trieu,[3] Chiadi Onyike,[13] Paulo Caramelli,[14] Leonardo Cruz de Souza,[14] Alexander Santillo,[15] Maria Landqvist Waldö,[16] Ramon Landin-Romero,[5] Olivier Piguet,[16] Wendy Kelso,[17] Dhamidhu Eratne,[17] Dennis Velakoulis,[17] Manabu Ikeda,[18] David Perry,[19] Peter Pressman,[20] Bradley Boeve,[21] Rik Vandenberghe,[22] Mario Mendez,[23] Carole Azuar,[24] Richard Levy,[24] Isabelle Le Ber,[24] Sandra Baez,[25] Alan Lerner,[26] Ratnavalli Ellajosyula,[27] Florence Pasquier,[28] Daniela Galimberti,[29,30] Elio Scarpini,[29,30] John van Swieten,[8] Michael Hornberger,[31] Howard Rosen,[32] John Hodges,[5] Janine Diehl-Schmid[33] and Yolande Pijnenburg[9]



Review Article

Advances in the Diagnosis and Management of Psychotic Symptoms in Neurodegenerative Diseases: A Narrative Review

Andreea L. Seritan, MD[1]

Table 6. Psychiatric prodromes of neurodegenerative diseases.[6,88,89,91,93,96,101,118-135,137-149]

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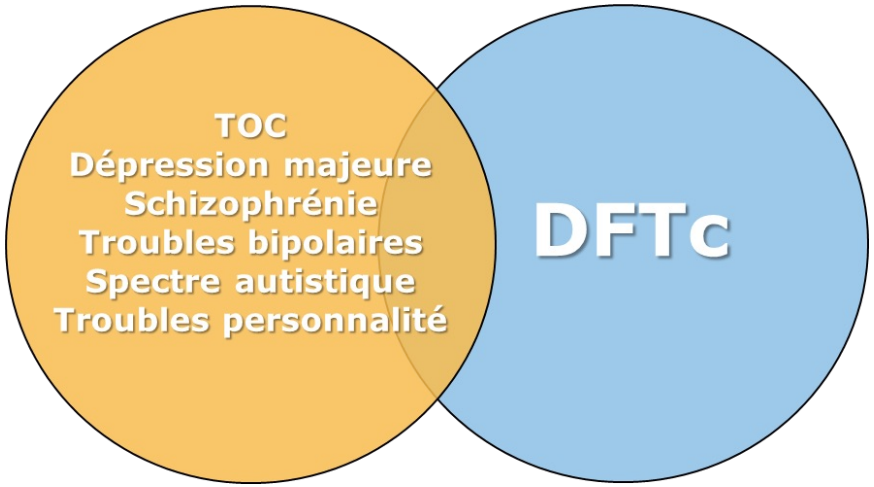
- ➔ Diagnostic principalement clinique : précision neuroradiologique limitée et absence de biomarqueurs
- ➔ Overlap symptomatique ++ avec troubles psychiatriques
- ➔ 50% des patients DFTc reçoivent initialement un diagnostic psychiatrique



Maladies psychiatriques chroniques → **Prodrome** → Maladies neurodégénératives

Le cas de la DFTc

Trouble psychiatrique tardif ou dégénératif???

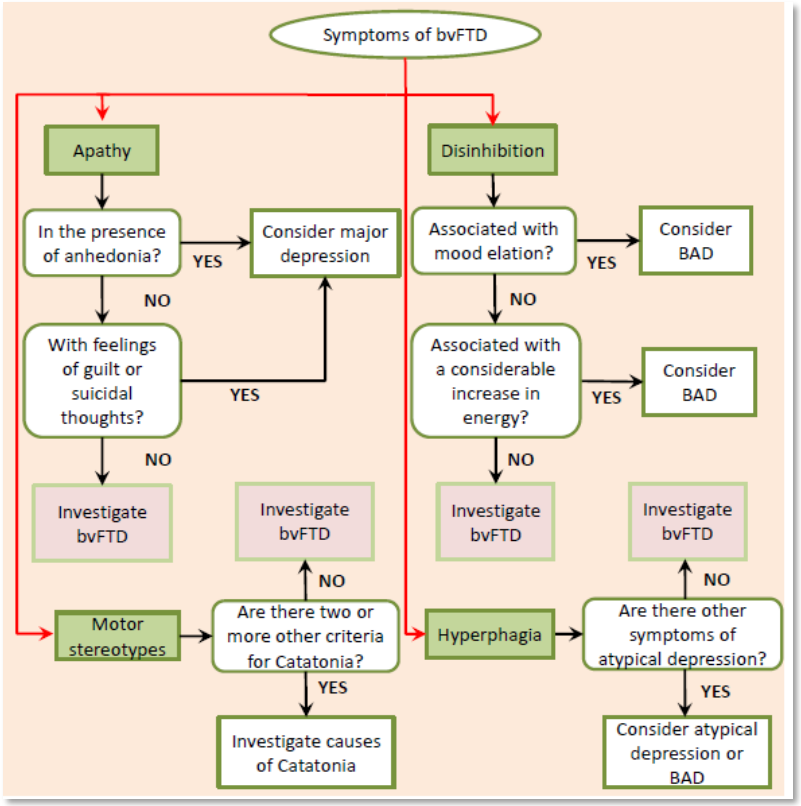
https://doi.org/10.1590/0004-282X-ANP-2022-S140

NEUROLOGY OF COGNITIVE AND BEHAVIORAL DISORDERS

How to differentiate behavioral variant frontotemporal dementia from primary psychiatric disorders: practical aspects for the clinician

Como diferenciar variante comportamental da demência frontotemporal de transtornos psiquiátricos: aspectos práticos para o clínico

Leandro Boson GAMBOGI[1,2], Leonardo Cruz de SOUZA[1,2], Paulo CARAMELLI[1,2]



BAD = troubles bipolaires

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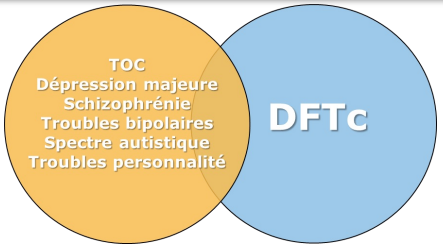


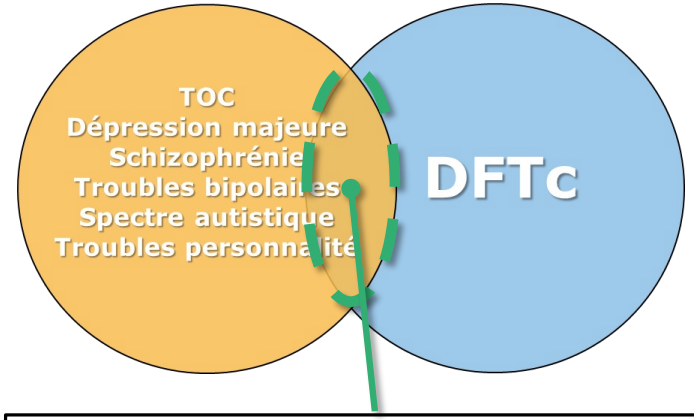
Trouble neuropsychiatriques de la DFTc = troubles psychiatriques atypiques

- ➔ TOC : anosognosie, pas de tentative d'y résister ni d'objectif d'anxiolyse
- ➔ Comportements antisociaux : indifférence et insensibilité aux feedbacks
- ➔ OH : récent et facile à sevrer
- ➔ Diogène : pas de méfiance

Maladies psychiatriques chroniques → **Prodrome** → Maladies neurodégénératives

Le cas de la DFTc

Trouble psychiatrique tardif ou dégénératif???



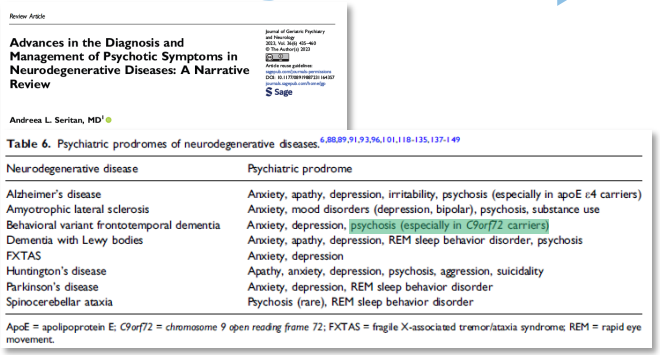

Valente et al. Alzheimer's Research & Therapy (2019) 11:30
https://doi.org/10.1186/s13195-019-0483-2

Alzheimer's Research & Therapy

REVIEW Open Access

Phenocopy syndrome of behavioral variant frontotemporal dementia: a systematic review

Elizabeth Sakamoto Valente[1], Paulo Caramelli[1,2], Leandro Boson Gambogi[1], Luciano Inácio Mariano[1], Henrique Cerqueira Guimarães[1], Antônio Lúcio Teixeira[3] and Leonardo Cruz de Souza[1,2*]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DFTc « phenocopy syndrome »

Apparition tardive et lentement progressive de troubles du comportement semblable à ceux de la DFTc mais sans marqueurs neuroradiologiques associés

Maladie psychiatrique atypique tardive ???
DFTc atypique ???
Maladie neurodégénérative d'étiologie inconnue ???

En cas d'apparition tardive et lentement progressive de troubles neuropsychiatriques, surtout de nature psychotiques (symptômes +), association fréquente avec des mutations génétiques :

- **C9orf72**
- **GRN/PGRN**

} DLFT-TDP43

Maladies psychiatriques chroniques → **Prodrome** → Maladies neurodégénératives

Trouble psychiatrique tardif ou dégénératif???

Intérêt de répéter la TEP au 18-FDG dans le diagnostic des maladies neurodégénératives chez les patients présentant initialement une symptomatologie psychiatrique.

C. Vincent[1*], S. Louchart de la Chapelle[1], B. Paulmier[2], A. Morisot[1], S. Hesse[1], K. Polet[1], B. Kullmann[1], A. Pesce[1]
*camille.vincent@chpg.mc
[1]Centre mémoire (CM2R) Centre Rainier III (Pr Alain Pesce); [2]Médecine nucléaire (Pr Marc Faraggi), Centre Hospitalier Princesse Grace, Monaco

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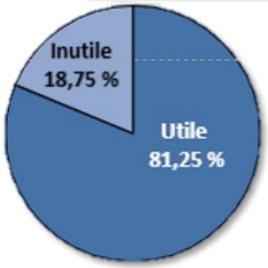
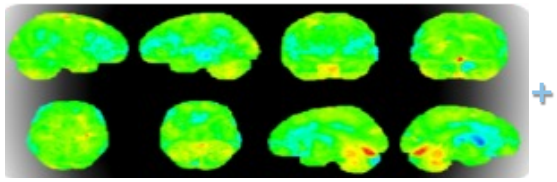


Patients âgés vu au Centre Mémoire avec troubles psychiatriques inauguraux

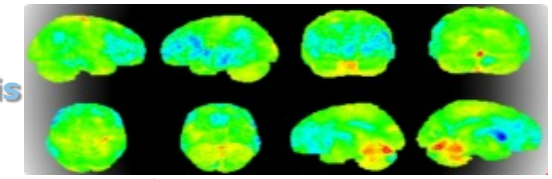
➔ Dans 81% des cas, l'analyse de l'évolution du profil à la TEP-18fdg (**avec un délai ≥ à 12 mois**) a été utile pour le diagnostic différentiel psychiatrique tardif vs neurodégénératif

p<.001

Femme, 71 ans, dépression résistante depuis 5 ans, MMS 27/30



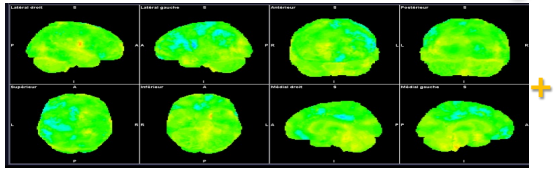
+12 mois



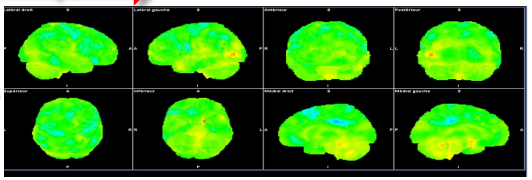
MA

Dégradation clinique

Femme, 71 ans, dépression résistante, MMS 25/30, troubles mnésiques importants



+19 mois

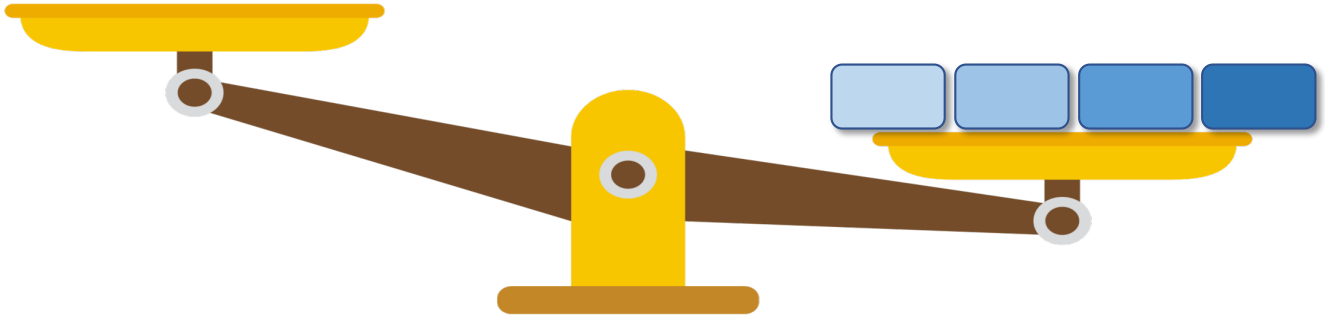


EDM

Prodrome

Maladies psychiatriques chroniques → Maladies neurodégénératives

Trouble psychiatrique tardif ou dégénératif???



Maladies psychiatriques chroniques → **Prodrome** → Maladies neurodégénératives

Trouble psychiatrique tardif ou dégénératif???

Clinique

Troubles psychiatriques atypiques

Troubles neurologiques associés

Sommeil paradoxal
Troubles oculomoteurs

Intérêt de la TEP-18fdg

Test / Retest avec intervalle ≥12 mois

Facteurs génétiques

C9orf72
GRN/PGRN

Maladies psychiatriques chroniques

Maladies neurodégénératives

Quelles Prises en charge ??

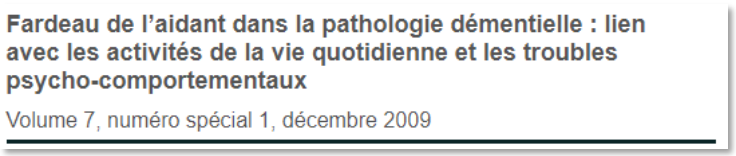

Dement Neuropsychol 2021 March;15(1):128-135

Original Article

https://doi.org/10.1590/1980-57642021dn15-010014

Neuropsychiatric symptoms associated with family caregiver burden and depression

Laís Lopes Delfino[1], Ricardo Shoiti Komatsu[2], Caroline Komatsu[3], Anita Liberalesso Neri[1], Meire Cachioni[4]


Fardeau de l'aidant dans la pathologie démentielle : lien avec les activités de la vie quotidienne et les troubles psycho-comportementaux

Volume 7, numéro spécial 1, décembre 2009


Review > Int J Geriatr Psychiatry. 2017 Jul;32(7):703-717. doi: 10.1002/gps.4704. Epub 2017 Mar 20.

The relationship of specific items on the Neuropsychiatric Inventory to caregiver burden in dementia: a systematic review

Toril Marie Terum [1 2 3 4], John Roger Andersen [1 4], Arvid Rongve [3 5], Dag Aarsland [2 6], Ellen J Svendsboe [2 7 8], Ingelin Testad [2 6]

Fardeau de l'aidant familial

Troubles neuropsychiatriques

Troubles cognitifs

Perte d'autonomie

Quelles Prises en charge ??

Maladies psychiatriques chroniques

Maladies neurodégénératives

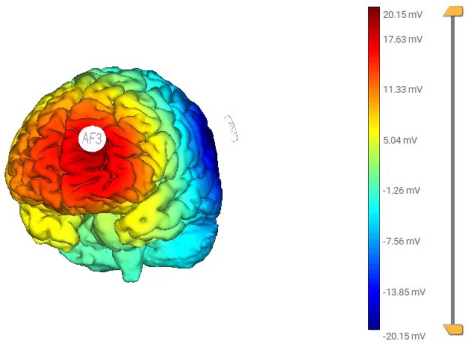
Troubles neuropsychiatriques

La stimulation transcrânienne par courant continu : vers des traitements de recours innovants

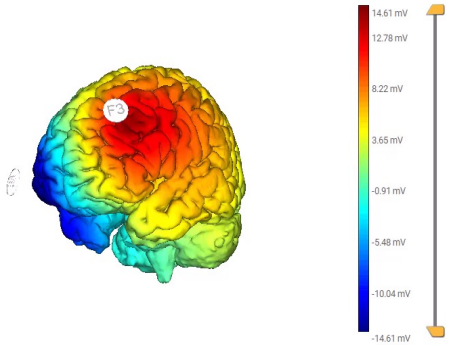
Axelle Gharib, Ali Amad, Thomas Fovet, Jérôme Brunelin

Dans L'information psychiatrique 2016/4 (Volume 92), pages 295 à 303

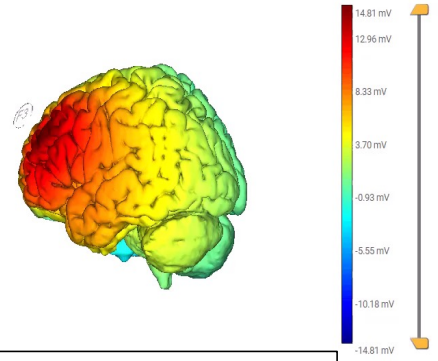
Tdcs



Symptômes positifs de la schizophrénie (hallucinations verbales)



Symptômes négatifs de la schizophrénie (apathie)
Dépression résistante



Dépression résistante

Mais aussi TOC, sevrages…

Maladies psychiatriques chroniques

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Tdcs

Troubles neuropsychiatriques

Travaux en cours sur les troubles psychotiques dans la maladie à corps de Lewy et dans la maladie de Parkinson

Ageing Research Reviews 72 (2021) 101499

Contents lists available at ScienceDirect

Ageing Research Reviews

journal homepage: www.elsevier.com/locate/arr

Review

Efficacy of non-invasive brain stimulation on global cognition and neuropsychiatric symptoms in Alzheimer's disease and mild cognitive impairment: A meta-analysis and systematic review

Johannes Teselink[a,b,1], Kritleen K. Bawa[a,b,c,1], Grace KY Koo[a,b,c], Krushnaa Sankhe[a,b], Celina S. Liu[a,b,c], Mark Rapoport[d], Paul Oh[e], Susan Marzolini[e,f], Damien Gallagher[a,d], Walter Swardfager[b,c,e,f], Nathan Herrmann[a,b,d], Krista L. Lanctôt[a,b,c,d,e,f,*]

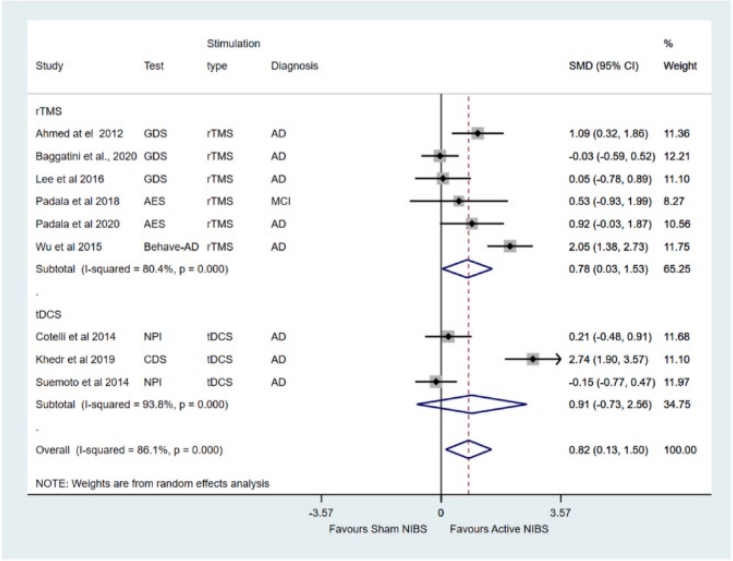

Fig. 3. Meta-analysis of the effects of active versus sham NIBS (rTMS and tDCS) on NPS in AD/MCI. NIBS, specifically rTMS, significantly improved NPS in patients with AD/MCI.

Maladies psychiatriques chroniques

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Troubles neuropsychiatriques

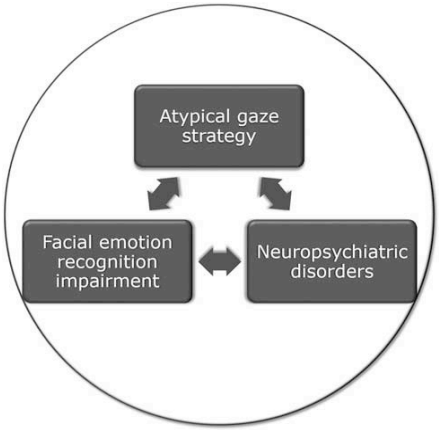
Remédiation de la cognition sociale

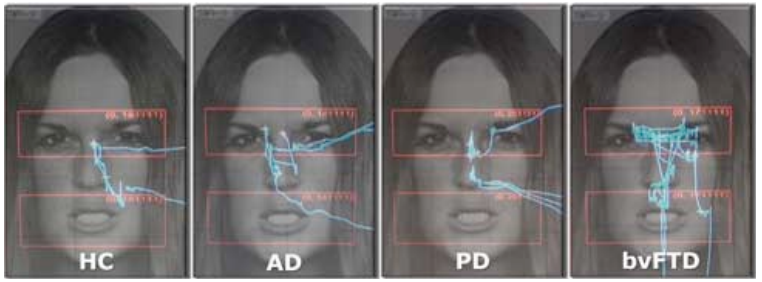
Déficit de cognition sociale observé dans toutes les maladies psychiatriques et neurodégénératives…

ORIGINAL STUDY

Eye-gaze Strategies During Facial Emotion Recognition in Neurodegenerative Diseases and Links With Neuropsychiatric Disorders

Kévin Polet, PhD, Solange Hesse, MS,* Adeline Morisot, PhD,*† Benoît Kullmann, MD,*‡ Sandrine Louchart de la Chapelle, MD, PhD,* Alain Pesce, MD, PhD,* and Galina Iakimova, PhD§*





Quelles Prises en charge ??

Maladies psychiatriques chroniques

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Troubles neuropsychiatriques

Remédiation de la cognition sociale

Schizophrenia Bulletin vol. 46 no. 5 pp. 1086–1103, 2020
doi:10.1093/schbul/sbaa023
Advance Access publication 12 March 2020

Social Cognition Training for People With a Psychotic Disorder: A Network Meta-analysis

Saskia A. Nijman[*,1–3], Wim Veling[2], Elisabeth C. D. van der Stouwe[2], and Gerdina H. M. Pijnenborg[1,3]

[1]Department of Psychotic Disorders, GGZ Drenthe, Assen, the Netherlands; [2]University Center of Psychiatry, University Medical Center Groningen, University of Groningen, Groningen, the Netherlands; [3]Department of Clinical and Developmental Neuropsychology, Faculty of Behavioral and Social Sciences, University of Groningen, Groningen, the Netherlands

*To whom correspondence should be addressed; Department of Psychotic Disorders, GGZ Drenthe, Dennenweg 9, PO Box 30007, 9404 LA, Assen, the Netherlands; tel: +31-592-334703, e-mail: s.a.nijman@umcg.nl

Cette capacité peut être améliorée dans les maladies psychiatriques ET dans les maladies neurodégénératives

REVIEW

OPEN

Can the Ability to Recognize Facial Emotions in Individuals With Neurodegenerative Disease be Improved? A Systematic Review and Meta-analysis

Naz Mirzai, PhD,† Kévin Polet, PhD,* Adeline Morisot, PhD,*‡ Solange Hesse, MS,* Alain Pesce, MD,§ Sandrine Louchart de la Chapelle, MD, PhD,* and Galina Iakimova, PhD†*

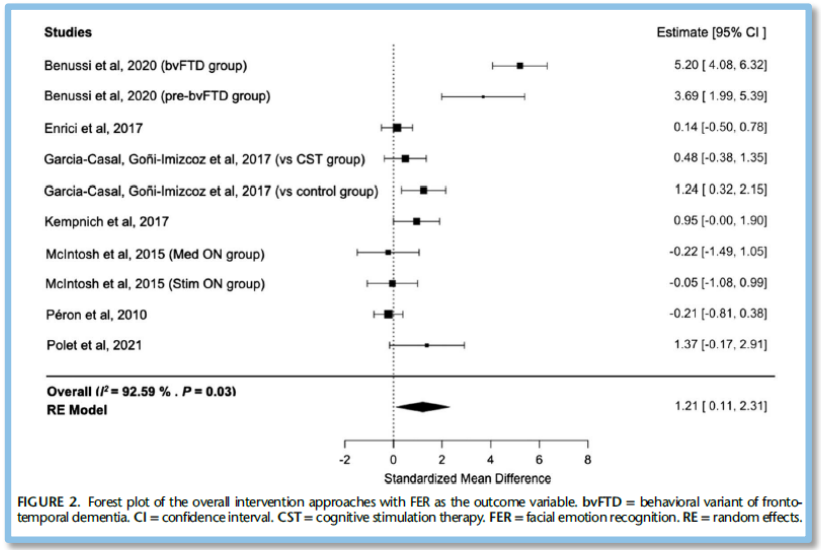

FIGURE 2. Forest plot of the overall intervention approaches with FER as the outcome variable. bvFTD = behavioral variant of fronto-temporal dementia. CI = confidence interval. CST = cognitive stimulation therapy. FER = facial emotion recognition. RE = random effects.

Maladies psychiatriques chroniques

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NPG Neurologie - Psychiatrie - Gériatrie 21 (2021) 25–36

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DONNÉES FONDAMENTALES

Remédiation de la reconnaissance des émotions faciales dans la maladie d'Alzheimer et effets sur les stratégies d'observation, les troubles du comportement et le fardeau de l'aidant

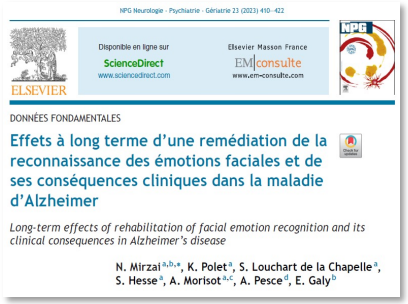
Rehabilitation of facial emotion recognition in Alzheimer's disease and effects on observational strategy, behavioral disorders and family caregiver burden

K. Polet[a,*], N. Mirzai[b], S. Hesse[a], A. Morisot[a,c], B. Kullmann[a,d], S. Louchart de la Chapelle[a], A. Pesce[a], G. Iakimova[b]

Facial emotion recognition ability can be improved in Alzheimer's disease: A randomized-controlled, single-blinded study.

En préparation

Naz Mirzai, PhD [1,2*], Edith Galy[2], PhD, Sandrine Louchart de la Chapelle, MD PhD[1], Solange Hesse, MS[1], Adeline Morisot, PhD[1,3], Alain Pesce, MD PhD[4], Kévin Polet, PhD[1]



NPG Neurologie - Psychiatrie - Gériatrie 23 (2023) 410–422

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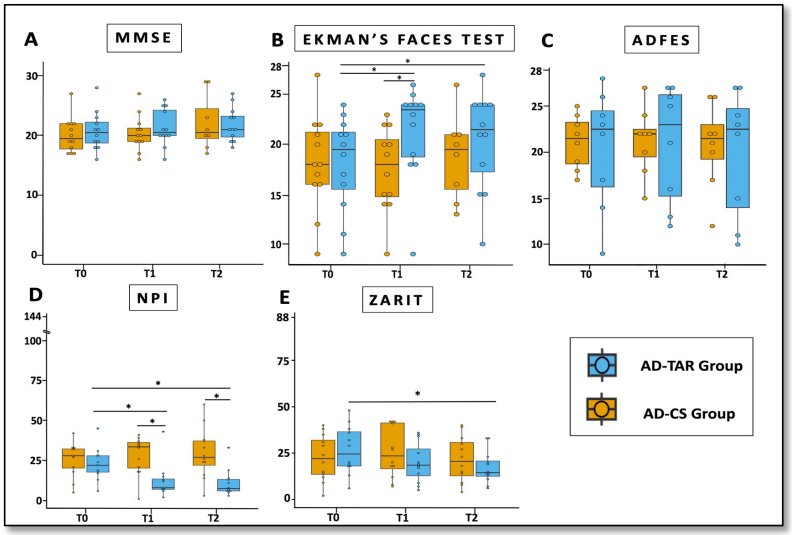
DONNÉES FONDAMENTALES

Effets à long terme d'une remédiation de la reconnaissance des émotions faciales et de ses conséquences cliniques dans la maladie d'Alzheimer

Long-term effects of rehabilitation of facial emotion recognition and its clinical consequences in Alzheimer's disease

N. Mirzai[a,b,*], K. Polet[a], S. Louchart de la Chapelle[a], S. Hesse[a], A. Morisot[a,c], A. Pesce[d], E. Galy[b]



Maladies psychiatriques chroniques

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Remédiation de la cognition sociale + 

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