

P03-102

THREE CASES OF ABULIA IN THE ELDERLY: A CALL TO CARE

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The symptom of abulia is a state of diminished motivation where an individual may appear apathetic, disinterested, asocial and emotionally remote. It can exist independently but more commonly occurs as part of a constellation of symptoms accompanying a specific disorder, normally neurological or psychiatric. Although it is not a normal part of ageing, it has been observed in a number of conditions seen in later life. These include Alzheimer's disease, vascular dementia, Parkinson's disease, dementia with Lewy bodies, and frontotemporal dementia. Abulia and depression are separate entities but abulic patients are often thought to be depressed and experience long periods of anti-depressant treatment without benefit. The key difference is that abulic patients fail to disclose any sign of sadness or negative thoughts and show an obvious lack of concern for their condition.

Abulia has significant clinical implications as it is associated with decreased function, poor prognosis and worse carer stress. It is also potentially treatable. The pharmacological agents that have received the most attention are dopaminergic drugs including Carbidopa/Levodopa, Amantadine, Bupropion and Bromocriptine. The research predominantly consists of case reports but no studies have focussed on the elderly. In this paper, the authors review the current literature and describe three cases of abulia in older people that have been successfully treated with Bromocriptine. The cases highlight the importance of recognising abulia and differentiating it from depression. They also show the need to consider treatment.