
PSYCHIATRIC SYMPTOMS AND SOCIAL BEHAVIOR IN DEMENTIA: CROSS-SECTIONAL STUDY

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INTRODUCTION

Literature describes many references to neuropsychiatric disorders in dementia. Executive functions have been widely studied in primary degenerative dementia: working memory, inhibition, mental flexibility, fluency, organization, abstraction and appropriate social behavior. Alzheimer's disease, bvFTD and DLB are the most prevalent and studied.

OBJECTIVES

Transversal descriptive-analysis of neurobehavioral disorders and social behavior in a clinical sample.

METHODOLOGY

Descriptive study. Random selection of cases (patients seen in consultation Behavior Unit Memorial Hospital San Vicente del Raspeig with dementia criteria of Alzheimer's disease, bvFTD and DLB without probable vascular component) and controls (healthy, age 50 years without neurological or psychiatric pathology associated). 1 June 30, 2013. Informed consent is obtained and collected sociodemographic data, clinical (diagnosis, GDS, treatment) and psychometric (MMSE, NPI-Q, Social Norms Questionnaire). Registration Excel database and statistical analysis with SPSS.

RESULTS

N = 40, controls = 10, AD = 15, DFTvc = 6, DCL = 9. No significant demographic differences in dementia group. DFTvc: SNQ lower score, greater executive involvement. atypical antipsychotics, acetylcholinesterase inhibitors and memantine are the most commonly used drugs for behavioral disorders

CONCLUSION

Our clinical sample obtained similar results to those described in the literature. Prospective follow-up study in mild cognitive impairment would be needed to provide better knowledge and clinical practice.

REFERENCES

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