

PARKINSON'S UK, EDINBURGH BRANCH

NOTE OF MEETING OF RESEARCH INTEREST GROUP, EDINBURGH,
SATURDAY FEBRUARY 13, 2016, 10.30-12.30.

Around forty members of the Research Interest Group came to the Scottish Centre for Regenerative Medicine to hear Ratko Radakovic explain his doctoral research in a paper entitled '**Apathy and persons living with Parkinson's disease: a multidimensional conceptualisation and approach**'. His research, based in the Centre for Cognitive Ageing and Cognitive Epidemiology of the University of Edinburgh, also covers apathy as an aspect of some conditions other than Parkinson's, being supported by Motor Neurone Disease Scotland and the Alzheimer Scotland Dementia Research Centre. Ratko's slides, including some useful references, are also available on the Edinburgh Branch website: this report seeks merely to summarise key aspects.

He opened with a brief discussion of the **history** of apathy. For the ancient Greek Stoic philosopher Zeno, '*apatheia*' was considered a virtue, an absence of passion which led to the positive result of greater objectivity, while the Greek monk Evagrius Ponticus saw spiritual apathy, '*acedia*', in a more negative light as a state of dejection leading to loss of interest in aspects of life. For Hippocrates, those who are 'mad through phlegm' are mercifully quiet, as opposed to those who are 'mad through bile' whom he sees as 'noisy, evildoers and restless'.

Moving on to more recent **definitions of apathy**, Ratko dealt briefly with previous literature on the subject. Marin (1996) had expanded his initial definition as 'a state of primary motivational impairment' to include reduced motivation towards goal-directed behaviours. An important distinction should be made between **apathy**, implying emotional neutrality and indifference, and **depression**, implying emotionality and low mood. Several researchers had subsequently stressed the multi-dimensional nature of apathy. Marin, for example, saw the dimensions as behavioural, cognitive and emotional; while Sockeel *et al.* (2006) identified dimensions of intellectual curiosity, action initiation, emotional and self awareness.

Yet despite the general agreement that apathy is multidimensional, pre-existing **rating scales** for identifying and measuring apathy were deemed inadequate by Ratko and his colleague Sharon Abrahams, who developed their new Dimensional Apathy Scale (DAS) which had been used in his

current research. This scale (Radakovic & Abrahams, 2014) is based on three dimensions:

- **Executive apathy** (*'I can't finish things'*)
- **Emotional apathy** (*'I don't care'*)
- **Initiation apathy** (*'I can't think of new things'*)

Noting that some previous questionnaires included statements which relied on physical activity which might be problematic for people with Parkinson's or Motor Neurone Disease, the scale was also designed to minimise exaggeration of symptoms of apathy caused by physical disability.

In the final part of his presentation, Ratko described his use of this scale in a questionnaire-based study to explore the multidimensional apathy in persons living with PD and their caregivers, relatives and friends, and to determine the relationship of multidimensional apathy with clinical variables, motor dysfunction and activities of daily living in persons with PD. His postal questionnaires to 34 PwPs, 30 carers, relatives and friends, 34 gender-age-education matched healthy controls and 30 of their informants revealed no significant differences comparing PwPs and their carers' ratings, and no significant differences between controls and their informants on apathy subtypes. Overall, the results showed that persons with PD showed a lack of motivation for planning, organising and attending (**Executive apathy**) and a self-reported lack of motivation to self-generate thoughts or actions (**Initiation apathy**). Results also suggest that everyday functioning is slightly reduced when apathy is present.

Finally, Ratko expressed the hope that increased recognition of apathy as complex and multi-dimensional will lead to better detection of apathy subtypes, and better ways of managing them. In the lively question and answer session which followed, it was clear that his audience that morning was far from apathetic and had found his insights into apathy extremely interesting and useful.