

## P2. APPROPRIATENESS OF NEUROPSYCHOLOGICAL TESTING REFERRAL IN CAMPANIA: A SINGLE CENTER EXPERIENCE

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**Objectives:** To describe health care outcomes of patients referred for neuropsychological evaluation (NE) to our Dementia Center from March to April 2018.

**Materials:** Neuropsychological tests were performed by three different neuropsychologists and included Mini-Mental State Examination (MMSE, Italian version), spatial and verbal span, Rey fifteen-item memory test, visuo-spatial examination, frontal assessment battery and fluencies.

**Results:** 156 patients (75 males, 81 females) underwent NE. Mean age $\pm$ SD was 67 $\pm$ 11.1 years. Average years of education $\pm$ SD were 8 $\pm$ 4.8 (9.3 $\pm$ 4.8 in males; 7 $\pm$ 4.7 in females). Most patients were referred by outside physicians: 49 (31%) by neurologists, 13 (9%) by general practitioners, and 49 (31%) by other specialists. 106 patients had already CT or MRI before NE; 28 patients also had FDG-PET studies (12 requested by our center, 7 by other neurologists, 8 by other specialists). NE revealed 96 (61%) patients with a negative MMSE, however 62 of them (64%) presented at least one domain impaired. The most affected domains were executive functions (58%), long-term (57%) and short-term memory (44%). Psychiatric symptoms were reported by 104 patients. The most common were depression and anxiety (54% and 50% respectively; 45% females vs 34% males); only 30% of these patients were treated.

**Discussion:** Our data shows that NE is part of the standard diagnostic approach to dementia not only by neurologists, but also by other specialists. FDG-PET scans are most often ordered by neurologists, particularly by tertiary dementia centers. We speculate that complex cases are referred to neurologists who utilize FDG-PET in challenging cases. No differences were observed between males and females except for lower education and higher incidence of psychiatric disorders in women. Psychiatric disorders were a frequent feature, but patients were seldom treated. Considering the deep impact of these diseases on test scoring, better management by the referral physician is warranted.

