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## Neuropsychiatric symptoms in dementia: A role for neuroinflammation?

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Dementia is characterized by progressive cognitive decline and neuropsychiatric symptoms (NPSD) such as agitation, apathy and sleeping problems. There is some evidence of activation of inflammatory pathways in the brain in dementia, but little research has been performed regarding the role of neuroinflammation in NPSD, which might represent a potential novel target for treatment. The aim was to examine possible association between NPSD and cerebrospinal fluid (CSF) levels of the cytokines IL-6, TNF-α, IL-10, and cytokine receptor sIL-1RII. Ninety-four patients (mean age 79± 8; 67% female) with a score on the neuropsychiatric inventory (NPI) ≥10 points, were included. The cytokine levels in CSF samples were analysed by enzyme-linked immunosorbent assay. Correlations were statistically examined using Spearman's rank correlation coefficient (r), and simple- and multiple-linear regression. The anti-inflammatory cytokine IL-10 showed reverse correlations with total NPI score (NPI-total=−0.001, t(90)= 8.50, p=0.004) and NPI sub-items agitation (agitation=−0.007, t(90)=7.02, p=0.009) and night-time behaviour (night time behaviour=−0.006, t(90)=6.34, p =0.01). There was a trend towards correlation between IL-10 and depression (depression=−0.004, t(90)=2.96, p=0.09). Also, the soluble cytokine receptor sIL-1RII showed a trend towards correlation with apathy (apathy=0.82, t(82)=3.62, p=0.06). The levels of IL-6 showed no significant correlations with NPSD. In Alzheimer's disease (AD) subjects (n=33), IL-6 showed reverse correlation with anxiety (r=−0.35, p=0.049). In mixed AD subjects (n=26), IL-10 showed reverse correlations with the total NPI score (r=−0.46, p=0.02) and depression (r=−0.45, p=0.02).

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## Management and treatment of Personality disorders in the emergency department

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**Objective:** Personality Disorders tend to be underdiagnosed in clinical settings, and their contributions to functional impairment and treatment are underappreciated despite the documented co-occurrence of personality disorders with other mental disorders. This retrospective study aims to evaluate the management and treatment of this type of patients, admitted to an Emergency Department of Sardinia, Italy.

**Method:** The cohort has been selected from triage with a retrospective evaluation of comorbidity with personality disorders as stated in the clinical general, and drug history. From an initial sample of 89156 consecutive patients, in two years, 2013 (n=44075) and 2014 (n=45081), we've identified a sub-cohort of 203 cases with clinical history of Personality Disorder. Statistical analyses were done using IBM SPSS® 22.0.

**Results:** The admission rate to the various departments is 31.0%, with a non-uniform distribution among PD (p=0.009). Regarding psychopharmacological treatment, drug history in the various PDs revealed an equally divided use of drugs, with no relevant differences regarding various psychopharmacological treatments, except for Antipsychotics (p<0.001). The management of this particular kind of patient is influenced by their great complexity, this could benefit from the enhancement of a professional such as the Emergency Psychologist as an integrative support to the ER team and to the Department of Psychiatry, general reference in the management of these cases.

**Conclusions:** This work highlights the importance of an appropriate management for patients with PD; furthermore a more personalized treatment should be the implemented in the EDs to improve the outcome and reduce the risk of complications.

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