









What Semantic Clues Distinguish Early Alzheimer's **Disease from Depression in Aging?**

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ALZHEIMER DISEASE (AD) vs DEPRESSION (DP) A DIAGNOSTIC CHALLENGE

- Both disorders, AD and DP, affect semantic memory (SM), but in different ways:
 - AD: central and progressive impairment of SM
 - DP: access disorder of SM
- Semantic assessments are emerging as crucial tools for differential diagnosis

Study Objective:

To determine which semantic memory evaluation best distinguishes AD from depression.



POPULATION (N=101)





	AD group (N=40)	DP group (N=20)	Control group (N=41)	Comparison (ANOVA)
Age	73.43+/-4.3	68.05+/-6.8	67.63+/-4.5	p<.001
Education	12.1+/-2.4	11.1+/-3.1	12.2+/-2.6	p>.05
MMSE	24.3+/-3	26,7+/-2/1	28.5+/-1.2	p<.001
Gender	/31 9	15 5	/27 14	p>.05 (X-2)



MATERIAL

Psycho-affective questionnaires

•	STAI-Y form A	Measures state anxiety — how a person feels "right now" (Spielberger,1970)
•	STAI-Y FORM B	Measures trait anxiety: how a person generally feels across time and situations (Spielberger, 1970)
•	GDS	Measures depressive symptoms in older adults Yesavage (1982)

Semantic assessment

• Semantic fluency	As many animal words as possible in 2 minutes (Cardebat et al.,1990)		
• Phonological fluence	As many words beginning by the letter "L" as possible in 2 minutes (Cardebat et al.,1990)		
• Mini-SKQ	Answering 12 semantic questions (Simoes Loureiro et al., 2018) Is an ostrich a four-legged animal, a		
• Camel and Cactus Semantic matching (Adlam et al., 2010)	and made		
 Vocabulary Wechsler Adult Intell 	Knowledge of words ligence Scale (WAIS) (Wechsler, 2008)		
• Similarity	Conceptual link identification between words		

Wechsler Adult Intelligence Scale (WAIS) (Wechsler, 2008)

RESULTS

Age is considered as a covariable

Psycho-affective measures

-	AD group (N=40)	DP group (N=20)	Control (N=41)	Comparison (ANCOVA)
STAI-T	41.9+/-5.4	45.6+/-5.9	45.6+/-5.9	p>.05
STAI-S	44.57+/-12.8	35.3+/-13.52	40.56+/-13,6 5	p>.05
GDS	12.3+/-3.2	15.6+/-3.7	10.2+/-2.5	p=.003

Semantic assessment

AD group	DP group	Control	ANCOVA
14.7+/-7.1	≠ 24+/-7 ≠	30.5+/-9.8	p<.001
15+/-6.3 ≠	17+9+/-4 ≠	24.8+/-8.3	p<.001
52+/-5	53.7+/-5.7	55.3+/-4	p>.05
11+/-1	10.8+/-1.1	11.6+/-0.9	p>.05
24.5+/-9.1 ≠	29.7+/-10. 4	32.6+/-10.7	p=.015
17.6+/-5.9	20.2+/-9/4	23.8+/-5.9	p=.002
	14.7+/-7.1 = 15+/-6.3 = 52+/-5 11+/-1 24.5+/-9.1 =	≠ 15+/-6.3 17+9+/-4 ≠ 52+/-5 53.7+/-5.7 11+/-1 10.8+/-1.1 24.5+/-9.1 29.7+/-10. 4	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$

CONCLUSIONS

These results illustrate the difficulty of distinguishing DP in aging from AD. Screening test (mini-SQK) or semantic tests that does not involve executive control (CCT) do not appear to be useful for differentiating both conditions. However, a detailed analysis of lexical-semantic profiles provides an opportunity to differentiate these two conditions. Semantic fluency is particularly impaired in AD, reflecting a central semantic deficit, whereas it is less affected in DP. This is the only test that reliably differentiates AD and DP. Future research should focus on larger populations to validate these findings. Also, incorporating neuroimaging techniques could provide deeper insights into the neural correlates of semantic impairments in AD and depression. Moreover, developing more sensitive and specific semantic assessments that involve executive control could enhance diagnostic accuracy.