



DIFFERENTIAL DIAGNOSIS IN OLDER AGE BIPOLAR DISORDER: THE ROLE OF NEUROPSYCHOLOGICAL ASSESSMENT IN DIFFERENTIATING PSYCHIATRIC NEUROPROGRESSION FROM NEUROCOGNITIVE DISORDERS

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Introduction. Older Age Bipolar Disorder (OABD) represents a significant diagnostic challenge. The clinical overlap between affective symptoms and cognitive decline makes identifying the etiology of these deficits difficult. Discriminating between psychiatric neuroprogression and the onset of a Neurocognitive Disorder (NCD) requires the integration of clinical, metabolic and instrumental data.

Objectives. To describe the case of a 78-year-old woman affected by bipolar disorder, hypertension, cardiopathy, hyperglycemia, hypercholesterolemia, and hypothyroidism, referred to our clinic for suspected cognitive impairment.

Materials and Methods. The diagnostic process included monitoring of blood parameters, electrocardiogram, electroencephalogram, carotid artery ultrasound, Computed Tomography (CT) of the brain, and neuropsychological assessment. A comparison was performed between the baseline CT and a one-year follow-up scan.

Results. The CT comparison showed unchanged cortical-subcortical atrophy in the absence of acute ischemic lesions. Neuropsychological evaluation evidenced a clear dissociation between preserved cognitive functioning on the Mini-Mental State Examination and episodic memory tests, contrasted by marked executive impairment. This was associated with a reduction in autonomy in activities of daily living. Consistent neuroimaging findings, the integrity of episodic memory, and the selective executive impairment—along with the relative functional decline—appear consistent with Older Age Bipolar Disorder and the influence of metabolic burden (hypothyroidism), rather than a primary Neurocognitive Disorder.

Conclusions. A multidisciplinary approach and the preserved memory profile allowed for the correct classification of the patient, directing clinical management toward the appropriate therapeutic path and avoiding the misdiagnosis of a Neurocognitive Disorder.