## P100

## Fatigue in Parkinson's disease: differences between caregiver's report and self-evaluation

Valeria Sant'Elia<sup>1</sup>, M. Siciliano<sup>1,2</sup>, R. De Micco<sup>1</sup>, S. Aloisio<sup>1</sup>, S. Aramini<sup>1</sup>, E.N. Mosca<sup>1</sup>, A. Tessitore<sup>1</sup>

Introduction: Fatigue is one of the most prevalent and disabling non-motor symptoms in Parkinson's disease (PD), negatively impacting patients' quality of life and daily activities [1]. One of the core themes related to fatigue in PD is the desire for relatives and caregivers to understand the patients' fatigue experience [2]. However, no study has explored the differences between self-evaluation (SE) and caregiver reporting (CR) of fatigue in PD [3].

*Objectives:* 1) To investigate the differences in fatigue prevalence according to the point of view from which fatigue is reported (SE versus CR); 2) to identify the possible correlates between each of the two evaluations (SE and CR) and the main motor and non-motor symptoms.

Methods: Eighty-five patients with early PD (45.05% male; age 63.61±9.37 years; disease duration 3.43±2.28 years) were assessed using the Fatigue Severity Scale (FSS) in its SE version (FSS-SE). The CR version of FSS (FSS-CR) was made ad hoc to collect the point of view of the caregiver about the patients' fatigue experience. Correlations between fatigue experience and motor and non-motor burden were also assessed.

Results: No difference in fatigue prevalence was found between FSS-SE (30.6%) and FSS-CR (40%) (Chi-square= 1.648, p= 0.199). The multivariate linear regression analyses showed that FSS-SE was associated with Parkinson's Disease Sleep Scale (B=-0.21, p=0.039), while FSS-CR was related to Parkinson Anxiety Scale (B= 0.27, p= 0.042) and Apathy Evaluation Scale – caregiver (B= 0.26, p= 0.035).

Conclusion: Although no difference was found between self-evaluation and caregiver reporting of fatigue prevalence in PD, the caregivers understood the patients' fatigue experience in terms of anxious or apathetic symptoms. This evidence should encourage involving the caregivers in the assessment and treatment of fatigue to reduce the patients' frustration and distress induced by the lack of understanding of their own experience of fatigue.

## **References:**

- [1] B.M. Kluger, L.B. Krupp, R.M. Enoka, Fatigue and fatigability in neurologic illnesses: proposal for a unified taxonomy, Neurology 80 (2013) 409-416. https://doi.org/10.1212/WNL.0b013e31827f07be.
- [2] D.D. George, N.K. Baer, J.M. Berliner, J. Jones, B.M. Kluger, What Fatigue Means to Persons Living with Parkinson's Disease? A Qualitative Study, Mov Disord Clin Pract. 8 (2021) 919-924. doi: 10.1002/mdc3.13270.
- [3] R. Radakovic, R. Davenport, J.M. Starr, S. Abrahams, Apathy dimensions in Parkinson's disease, Int J Geriatr Psychiatry. 33 (2018) 151-158. doi: 10.1002/gps.4697.

<sup>&</sup>lt;sup>1</sup>Department of Advanced Medical and Surgical Sciences, University of Campania "Luigi Vanvitelli", Naples, Italy

<sup>&</sup>lt;sup>2</sup>Department of Psychology, University of Campania "Luigi Vanvitelli", Caserta, Italy