Neuropsychiatric Inventory Questionnaire: Clinician Report

Patient:	Pat Smith
Assessment date:	2026-05-18
Informant:	Sam Carer
Neurological condition:	DEMENTIA

TOTAL SCORE

10 / 36

MANDATORY CLINICIAN REVIEW REQUIRED

- NPI-Q endorsement of delusions at moderate to severe level. Clinical review required: consider paranoid and misidentification syndromes in the differential; if hallucinations are also present, Lewy body disease should be considered. Medication review (antipsychotics, anticholinergics, dopaminergic agents) and behavioural support planning required before report finalisation.
- NPI-Q endorsement of hallucinations at moderate to severe level. Clinical review required: consider Lewy body disease (particularly if hallucinations are visual); if delusions are also present, misidentification syndromes should also be considered. Medication review (antipsychotics, anticholinergics, dopaminergic agents) and behavioural support planning required before report finalisation.
- NPI-Q endorsement of agitation or aggression at moderate to severe level. Clinical review required for caregiver and patient safety planning, medication review, and behavioural support pathway activation before report finalisation.

SUBSCALE TOTALS

Subscale	Total	Range
Total Severity	10	0 to 36
Total Distress	16	0 to 60
N Domains Present	4	0 to 12

SAFETY ALERT

[MANDATORY REVIEW] **Delusions alert.** Delusions were endorsed at moderate to severe severity. Differential considerations include paranoid syndromes, misidentification phenomena (Capgras, Fregoli), and persecutory delusions secondary to dementia. If hallucinations are also endorsed, Lewy body disease enters the differential. Required actions: aetiological review, medication review (antipsychotics, anticholinergics, dopaminergic agents), and behavioural support planning before report finalisation.

[MANDATORY REVIEW] **Hallucinations alert.** Hallucinations were endorsed at moderate to severe severity. Differential considerations include Lewy body disease (particularly if visual), delirium, and medication-induced perceptual disturbance. If delusions are also endorsed, misidentification syndromes should also be considered. Required actions: aetiological review (including consideration of recent medication changes), medication review (antipsychotics, anticholinergics, dopaminergic agents), and behavioural support planning before report finalisation.

[MANDATORY REVIEW] **Agitation and aggression alert.** Agitation or aggression was rated at moderate to severe severity. Required actions: assessment of triggers and antecedents, safety planning for the patient and informant, environmental modification consideration, and review of pharmacological options before report finalisation. Where aggression is directed at carers, carer safety pathways apply.

SYMPTOM PROFILE

Domain profile. 4 of 12 neuropsychiatric domains were endorsed. The pattern is psychosis plus agitation, with Hallucinations and Agitation/Aggression at the severe level and Delusions and Apathy/Indifference at the moderate level. Mean caregiver distress per endorsed domain was 4.0/5, consistent with high caregiver burden warranting carer support review.

CLINICAL CAVEATS

[REVIEW REQUIRED] Apathy clinical note. Apathy or indifference was rated at moderate to severe severity. Apathy has been described in the published literature as among the most prevalent and functionally impairing neuropsychiatric symptoms in dementia and acquired brain injury, and as frequently mistaken for depression despite responding differently to treatment. Detailed evidence-based options are summarised in the Recommendation section below.

RECOMMENDATION

[MANDATORY REVIEW] The combined profile of psychotic symptoms with significant agitation has been described in the literature as the highest-acuity neuropsychiatric presentation captured by the NPI-Q (Cummings, 1997; Kales et al. 2014). The literature emphasises aetiological review in this profile before attributing symptoms to disease progression, including consideration of acute delirium, urinary tract infection, recent medication change, pain, recent admission, and sleep deprivation. Components described for management include safety planning for the patient and informant and consideration of specialist behavioural and psychological symptoms of dementia (BPSD) input. Non-pharmacological strategies remain first-line in the published literature, with the threshold for short-term pharmacological intervention described as lower in this combined profile than in either component alone. Carer support and respite planning have been identified as essential at this severity. *These notes summarise the published evidence base for this presentation pattern and are intended for clinician consideration. They do not constitute individual treatment recommendations and may not apply to every person; clinical judgement and knowledge of the full clinical picture take precedence.*

SCALE INFORMATION

Scale information. The NPI-Q is a 12-domain informant-rated screening tool for neuropsychiatric symptoms in the past month. Severity scored 1 (mild) to 3 (severe) per domain; total severity range 0 to 36. Caregiver distress scored 0 (none) to 5 (extreme) per domain; total distress range 0 to 60. Validated against the longer NPI in dementia populations (Kaufer et al., 2000). Sensitive to behavioural and psychological symptoms of dementia (BPSD). The instrument is a screen; diagnostic attribution requires clinical assessment.

ENDORSED DOMAINS

Severity: **1** = Mild **2** = Moderate **3** = Severe

Caregiver distress: **0** = Not distressing **1** = Minimal **2** = Mild **3** = Moderate **4** = Severe **5** = Extreme

#	Domain	Severity	Distress
1 *	Delusions	2	4
2 *	Hallucinations	3	5
3 *	Agitation/Aggression	3	5
7	Apathy/Indifference	2	2