

Pseudodementia in Younger Adults: A Pre-Post Case Study on Cognitive-Communication and Quality of Life to Enhance SLP Awareness

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Abstract

Pseudodementia, also known as depressive cognitive disorder, is a condition that closely resembles dementia but arises primarily from depression rather than neurodegeneration, making it potentially reversible with appropriate treatment. Although traditionally studied in older adults, its growing incidence in younger populations has significant implications for speech-language pathologists (SLPs). This article examines the domains of speech, language, cognition, communication, and quality of life in younger adults with pseudodementia, underscoring the importance of early identification and interdisciplinary awareness. A single case study of a 33-year-old female presenting with memory loss, poor verbal fluency, word-finding difficulties, social withdrawal, irritability, and suicidal ideation is discussed, with neurological evaluation revealing normal CT findings. Cognitive-communication and quality of life were assessed using the Dementia Quality of Life scale (DEMQOL) before and after antidepressant medication, and descriptive analysis of the scores demonstrated a marked improvement across all domains. Pre-medication scores indicated significant impairment (total score = 34), while post-medication scores reflected substantial recovery (total score = 106), highlighting enhanced emotional well-being, cognitive-linguistic functioning, and social participation. These findings emphasize the reversibility of pseudodementia and the vital role of SLPs in recognizing subtle deficits in younger adults. Early identification and timely management are crucial to prevent secondary neurological changes associated with untreated depression, and the study reinforces the need for refined assessment tools and collaborative care models that integrate medical and therapeutic interventions to optimize patient outcomes.

Keywords: Pseudodementia, Cognitive-Communication, Quality of Life

Introduction

Pseudodementia is a complex clinical phenomenon that presents with cognitive and communicative impairments closely resembling those seen in dementia, yet its origins lie in psychiatric conditions rather than neurodegenerative changes. The most common underlying factor is depression, which alters the way individuals process information, recall memories, and engage in communication. Unlike dementia, which is progressive and irreversible, pseudodementia carries the possibility of recovery when the psychiatric condition is appropriately treated. This distinction makes it a particularly important area of study, as misdiagnosis can lead to unnecessary interventions and heightened distress for patients and families.

The clinical picture of pseudodementia often includes memory loss, slowed speech, word-finding difficulties, impaired concentration, and reduced executive functioning. These symptoms can be strikingly similar to those of dementia, creating diagnostic dilemmas for clinicians. However, individuals with pseudodementia frequently demonstrate awareness of their difficulties, expressing concern or frustration about their cognitive decline, whereas those with dementia may lack insight into their impairments. This difference in self-perception is a valuable clue in distinguishing the two conditions.

While pseudodementia has traditionally been associated with older adults, its occurrence in younger populations is gaining recognition. Rising rates of depression among adolescents and young adults have expanded the scope of pseudodementia, making it essential to explore its impact on communication, social participation, and quality of life in these age groups. For Speech-Language Pathologists, this awareness is critical, as subtle changes in speech, language, and cognitive-communication may be overlooked or attributed to other causes. Early identification and timely management not only improve outcomes but also prevent secondary neurological changes that may arise from prolonged untreated depression.

Clinical Characteristics of Pseudodementia

It is essential to understand both conditions thoroughly, as pseudodementia presents with cognitive, linguistic, and communicative impairments that closely resemble dementia, yet its underlying cause is psychiatric—most often depression—rather than neurodegeneration. Although both disorders share symptoms such as memory loss, slowed thinking, and reduced attention, they differ markedly in onset, progression, prognosis, and treatment response. Recognizing these distinctions is crucial for accurate diagnosis and for speech-language pathologists to identify reversible cognitive-communication disorders early, ensuring timely intervention and preventing misclassification that could lead to inappropriate management.

Table 1: Comparative Clinical Characteristics of Pseudodementia and Dementia

Parameter	Pseudodementia	Dementia
Etiology	Arises primarily from depression or other psychiatric conditions; functional rather than structural.	Caused by neurodegenerative diseases such as Alzheimer's or vascular pathology.
Onset	Abrupt, often within days or weeks.	Gradual and insidious, developing over months or years.
Symptom Progression	Rapid onset with fluctuating severity.	Slow, progressive decline with consistent deterioration.
Mood and affect	Depressed mood, apathy, inconsistent affect relative to cognitive impairment.	Labile or superficial mood; affect consistent with degree of impairment.
Insight	Individuals often aware and distressed by their deficits.	Typically lack awareness of cognitive decline.
Task Engagement	Poor collaboration, minimal effort, frequent "I don't know" responses.	Attempts tasks earnestly, may react catastrophically to failure.
Memory Function	Concerned about memory loss; performs relatively well on tests.	Denies difficulties; poor performance, especially in recent memory.

Neuroimaging Findings	Normal CT and EEG; no atrophy or ventricular enlargement.	Shows cortical atrophy, enlarged ventricles, and reduced EEG activity.
SPECT/Functional Imaging	Normal blood flow patterns.	Parietotemporal and frontal abnormalities.
Prognosis	Good; reversible with antidepressant or psychotherapy.	Poor; irreversible and progressive.
Treatment Response	Responds well to antidepressants and counseling; potential for full recovery.	Managed symptomatically; incurable.

Review of Literature

The concept of pseudodementia has been discussed in clinical literature for decades, with early accounts highlighting its resemblance to dementia despite the absence of neurodegenerative changes. Madden et al. (1952) first identified pseudodementia in cases of presenile depression, describing impairments in memory, calculation, and judgment that were reversible with therapy. Kiloh (1961) formally introduced the term pseudodementia to distinguish dementia-like symptoms arising from psychiatric conditions rather than structural brain changes. Wells (1979) further emphasized the diagnostic dilemmas associated with pseudodementia, cautioning against misclassification as irreversible dementia.

Language and communication deficits have been consistently documented. Emery and Breslau (1989) compared severely depressed elderly individuals with normal controls and those with Alzheimer's dementia, finding significantly greater language deficits in the depressed group. Zakzanis (1998) and Campbell (2017) also noted impairments in executive function and verbal memory, reinforcing the overlap between depression-related cognitive decline and dementia. Kang et al. (2014), in a neuropsychological review, identified deficits in memory, executive skills, and speech-language abilities among depressed elderly, while Voros et al. (2020) highlighted the link between depression and cognitive decline, particularly its impact on communication and social interaction.

Recent scholarship has shifted terminology. Sekhon and Marwaha (2022, 2023) suggested replacing pseudodementia with "cognitive impairment due to depression," while Mars and Marwaha (2025) proposed the term depressive cognitive disorder to better reflect its etiology. Brodaty and Connors (2020) also discussed the overlap between pseudodementia, pseudo-pseudodementia, and pseudodepression, underscoring the complexity of classification.

Epidemiological studies reveal the breadth of the condition. Estimates suggest that between 2% and 32% of older adults with cognitive problems actually have pseudodementia (Mouta et al., 2023). Cognitive impairment is reported in 85–94% of individuals during acute depression and persists in 39–44% even after recovery (Mars & Marwaha, 2025). Executive function deficits are observed in 20–30% of depressed individuals.

Importantly, depression in younger adults is rising sharply. Witters (2023) reported that 21.5% of U.S. adults aged 18–24 experience depression, while Johnson et al. (2022) found a 57.5% prevalence among college-going young adults in India. Onyemaechi (2024) cautioned that depression is now common from the mid-20s, placing younger adults at risk of early pseudodementia. Saczynski et al. (2010) further demonstrated that depressive symptoms can serve as early indicators of dementia, reinforcing the need for timely recognition.

Quality of life (QoL) has emerged as a critical dimension in understanding pseudodementia. Teoli and Bhardwaj (2023) defined QoL as encompassing physical, mental, social, and environmental well-being. Studies show that untreated depression significantly worsens QoL, leading to social isolation, poor occupational performance, and impaired communication (Voros et al., 2020). Kathryn Bayles et al. (2020) emphasized that cognitive-communication disorders in depression affect every day functioning, making QoL assessment essential in clinical practice.

However, despite increasing global recognition, there remains a pressing need to contextualize this condition within the Indian population, where depression rates among younger adults are alarmingly high. Rising risks of depression in this age group demand greater awareness of pseudodementia, particularly among SLPs, to ensure timely identification and prevention of communication disorders. Furthermore, existing assessment tools may not be sufficiently sensitive to distinguish pseudodementia from dementia, highlighting the necessity of developing refined diagnostic materials tailored to this population.

Aim of the Study

The study aims to compare pre- and post-medication cognitive-communication domains and quality of life in a younger adult with pseudodementia to raise awareness among speech-language pathologists for early identification and prevention of communication disorders.

Methodology

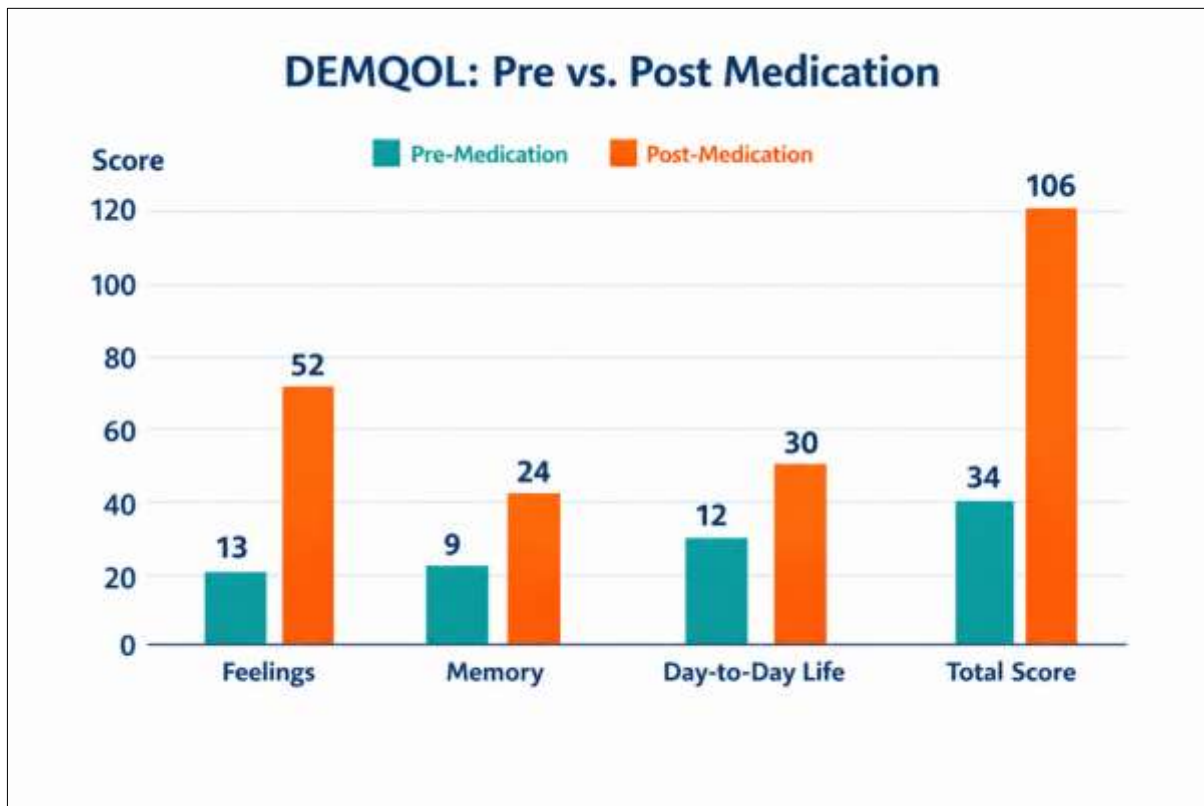
The present study employed a single-subject case design to investigate the cognitive-communication characteristics and quality of life in a younger adult diagnosed with pseudodementia. The participant was a 33-year-old female who presented with symptoms including memory loss, poor verbal fluency, word-finding difficulties, social withdrawal, irritability, persistent fatigue, and suicidal ideation. Neurological evaluation was conducted through detailed case history, general physical examination, caregiver interview, and a CT brain scan, which revealed normal findings with no evidence of neurodegeneration. Based on the clinical profile and psychiatric background, the diagnosis of pseudodementia was established.

To assess the impact of pseudodementia on communication and quality of life, the Dementia Quality of Life (DEMQOL) scale was administered. DEMQOL is a standardized, validated self-report measure that evaluates three domains; feelings, memory, and day-to-day life activities, using a 4-point Likert scale. The tool was administered twice: once before the initiation of antidepressant medication and again after a period of treatment. The study followed a pre-test and post-test design, allowing for direct comparison of scores across conditions. Descriptive analysis was used to interpret the results, highlighting changes in emotional well-being, cognitive-linguistic functioning, and social participation.

Results

The participant, a 33-year-old female diagnosed with pseudodementia, was assessed using the Dementia Quality of Life (DEMQOL) scale before and after initiation of antidepressant medication. The results revealed a significant improvement across all domains following treatment. The domains Feeling, Memory, and Day-to-Day Life showed marked recovery, reflecting enhanced cognitive-linguistic abilities and social participation (Fig 1). These findings highlight the reversible nature of pseudodementia when appropriately managed.

Figure 1: Pre-Post Comparison of Scores of DEMQOL-Questionnaire For The Domains Feeling, Memory, And Day-to-Day Life



Discussion

The present case study reinforces the understanding that pseudodementia, unlike true dementia, is a reversible condition arising from depression. The improvement in DEMQOL scores post-medication demonstrates that cognitive-communication deficits associated with pseudodementia can be alleviated with timely intervention. This aligns with earlier reports by Madden et al. (1952), who documented reversibility of dementia-like symptoms in presenile depression, and Kiloh (1961), who introduced the term pseudodementia to distinguish psychiatric cognitive decline from neurodegenerative dementia.

Language and communication deficits observed in the participant—such as poor fluency, word-finding difficulties, and impaired sentence construction—are consistent with findings by Emery & Breslau (1989), who reported significant language impairments in depressed elderly compared to controls. Similarly, Kang et al. (2014) highlighted deficits in memory, executive function, and speech-language abilities in depression, while Voros et al. (2020) emphasized the impact of untreated depression on communication and social interaction.

The case also underscores the growing relevance of pseudodementia in younger adults. Witters (2023) reported depression rates of 21.5% among U.S. adults aged 18–24, while Johnson et al. (2022) found a prevalence of 57.5% among Indian college-going young adults. Such data suggest that pseudodementia is not confined to older populations but may increasingly affect younger individuals, thereby influencing their communication, occupational performance, and quality of life.

From a clinical perspective, the findings highlight the vital role of speech-language pathologists in early identification of subtle cognitive-communication deficits. As noted by Sekhon & Marwaha (2023), the term “cognitive impairment due to depression” better reflects the etiology and underscores the importance

of interdisciplinary collaboration. Current assessment tools may not be sufficiently sensitive to detect these subtle deficits, reinforcing the need for developing refined diagnostic materials tailored to younger adults with depression-related cognitive decline. Overall, the study demonstrates that early recognition and management of pseudodementia can prevent secondary neurological changes associated with prolonged untreated depression. It also emphasizes the necessity of raising awareness among SLPs to ensure timely intervention and to promote prevention of communication disorders in at-risk populations.

In addition to highlighting the reversibility of pseudodementia, this study carries important clinical implications. Speech-language pathologists should be aware that, in cases where individuals are reluctant to use neurotic-psychotic medication, communication strategies typically applied in dementia can be adapted to support functional recovery in pseudodementia. Such awareness not only aids in early identification but also ensures that appropriate preventive measures are taken to reduce the risk of long-term communication disorders.

Limitations and Future Directions

The study has certain limitations that must be acknowledged. First, formal language assessment tools were not used; instead, the DEMQOL scale was relied upon, which, while including cognitive, language, and communication-related items, is primarily a quality-of-life measure. Second, the study was limited to a single case, restricting generalizability and underscoring the need for larger sample investigations.

Clinical Implications of the present Study

The findings of this case study highlight several important clinical implications. First, the study demonstrates that pseudodementia, though often mistaken for dementia, is a reversible condition when identified early and managed appropriately. This underscores the critical role of speech-language pathologists in recognizing subtle cognitive-communication deficits associated with depression.

Second, the study emphasizes the need for increased awareness among clinicians in India, particularly given the rising prevalence of depression in younger adults.

Third, it points to the importance of incorporating quality-of-life measures such as DEMQOL into routine assessment, as these tools capture communication-related concerns even when formal language tests are not administered.

Finally, the results reinforce the necessity of developing sensitive diagnostic materials to differentiate pseudodementia from dementia, thereby preventing misdiagnosis and ensuring timely intervention.

Conclusion

This single-case study demonstrates that pseudodementia in younger adults can present with significant cognitive-communication and quality-of-life impairments, yet shows marked improvement following appropriate medical management. The pre- and post-medication comparison highlights its reversible nature and underscores the importance of early identification. Importantly, in cases where individuals are reluctant to use neurotic-psychotic drugs, speech-language pathologists can adapt communication strategies typically employed for dementia to support functional recovery. By raising awareness among SLPs, the study emphasizes timely intervention to prevent misdiagnosis and reduce the risk of long-term communication disorders.

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