Supplementary Table 2: Delphi round 1 and 2; Questions, and responses obtained from the expert panel and from clinicians belonging to the French Research Memory Centre network

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| **Round 1** | |  |  |
| **General questions** | | **Experts**  **Score\***  (Mean, SD) / 5 | **Clinicians**  **Score\*\***  (Mean, SD) / 5 |
| 1. How important is it to have apathy diagnostic criteria for | |  |  |
|  | The clinical practice | 4.4 (.7) | 3.6 (.7) |
|  | Research | 4.8 (.4) | 4.2 (.8) |
| 2. For clinical purposes, how important are the diagnostic criteria for the following targets? | |  |  |
|  | To improve prevention strategies | 4.3 (.8) | 3.0 (.8) |
|  | To improve diagnostic and assessment strategies | 4.7 (.5) | 3.8 (.8) |
|  | To help clinicians in the choice of the pharmacologic treatments | 4.2 (1.0) | 3.5 (.7) |
|  | To help clinicians in the choice of the non pharmacologic treatments | 4.2 (.9) | 3.8 (.6) |
|  | To help family caregivers to understand the pathology and put in place care strategies | 4.0 (1.0) | 4.0 (.6) |
|  | To help professional caregivers to understand the pathology and put in place care strategies | 4.1 (.8) | 3.9 (.7) |
| 3. For research purposes, how important are the diagnostic criteria for the following targets? | |  |  |
|  | To improve the understanding of the phenomenology | 4.5 (.6) | 4.1 (.9) |
|  | To improve the understanding of the neuroanatomical and biological correlates | 4.6 (.5) | 4.2 (.8) |
|  | To improve the population selection criteria in pharmacological clinical trials | 4.7 (.8) | 4.4 (.8) |
|  | To improve the population selection criteria in non-pharmacological clinical trials | 4.6 (.6) | 4.3 (.9) |
| **Criteria specific questions** | | **% of responses**  (17 responses) | **% of responses**  (11 responses) |
| 4a. Title: Is it important to modify the title and to replace apathy with another terminology? | |  |  |
|  | Yes | 65 | 63 |
|  | No | 35 | 27 |
|  | Don’t know / Prefer not to answer | 0 | 10 |
| 4b. If so, what terminology would you suggest employing? | |  |  |
|  | Motivation deficits | 17.5 | 0 |
|  | Motivation disorders | 17.5 | 67 |
|  | N/A, Don’t know / Prefer not to answer/Other | 65 | 33 |
| 5. Criterion A: do you agree with the current formulation? | |  |  |
|  | Yes | 70 |  |
|  | No | 30 |  |
|  | Don’t know / Prefer not to answer | 0 |  |
| 6. Criterion B: do you agree to simplify and rephrase the difference between self-initiation and environment stimulated events? | |  |  |
|  | Yes | 65 |  |
|  | No | 12 |  |
|  | Consider 2 versions of the criteria (1 for clinical purposes, 1 for research) | 18 |  |
|  | Don’t know / Prefer not to answer | 5 |  |
| 7. Criterion B: do you agree to add questions for the criteria operationalization? | |  |  |
|  | Yes | 76 |  |
|  | No | 12 |  |
|  | Don’t know / Prefer not to answer | 12 |  |
| 8. Criteria C: This criterion indicates that the criteria are not only related to the dementia field. Is it important to keep this specification? | |  |  |
|  | Yes | 65 |  |
|  | No | 24 |  |
|  | Don’t know / Prefer not to answer | 12 |  |

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| **Round 2** | | **% of responses**  (10 responses) |
| 9. The majority of responses indicated to keep the term apathy in the title. If it is possible to have a subtitle, which one would you suggest? | |  |
|  | Motivation disorders | 20 |
|  | Motivation deficits | 80 |
| 10. Criterion A: The majority of responses indicated to keep the current definition. Some alternatives were also suggested: do you agree with the following? | |  |
|  | To replace “motivation” with “motivation and drive” | 17 |
|  | To replace “motivation” with “goal-directed behaviour” | 67 |
|  | To replace “functioning” with “performance” | 17 |
|  | To specify the domains included in criterion B | 50 |
| 11. Do you agree to include in the diagnostic criteria document a brief glossary in order to define: “motivation”, “goal-directed behaviour” and other notions of interest? | |  |
|  | Yes | 100 |
|  | No | 0 |
| 12. Criterion B: The majority of responses indicated to simplify and rephrase the difference between self-initiation and environment stimulated events, and to add questions for the criteria operationalization (same number of examples). Furthermore, some important modifications were suggested. Please indicate if you agree with the following proposals: | |  |
|  | If there is the presence of environment-stimulated deficits (no reaction to environmental stimuli), indicate a higher degree of apathy | 62.5 |
|  | Modify the 3 present domains (1/Cognition; 2/Behaviour; 3/Emotion) with the following domains: 1/ Behaviour-Cognition; 2/ Emotion; 3/ Social interaction | 62.5 |
| 13. Criterion C: The majority of responses indicated that is important to keep the indication that the criteria are not only related to dementia. This underlines the dimensional level of the diagnostic criteria. More generally this raises the question of the criteria use for various disorders (eg dementia, non dementia), users (clinician, researchers), practices (daily clinic, research, clinical trials). Do you agree with the following proposals? | |  |
|  | To have 2 levels of descriptions (1 for the clinical practice, 1 for research) | 12.5 |
|  | To add in the annex suggestions on how to assess the different apathy domains (including caregiver’s scales, ICT, etc.) | 87.5 |
|  | To add in the annex indications according to the type of disorder | 75 |

Quantitative rating for general questions: 5-point rating scale: 1= Not important at all; 2= Not very important; 3= Important; 4= Very important; 5= Extremely important.

\* Expert’s scores: scores provided by the participants of the expert meeting (N=17).

\*\* Clinician’s scores: scores provided by clinicians belonging to the French Research Memory Centre network (responses obtained by 11 out of the 17 centres).