

Frontotemporal Dementia

What is frontotemporal dementia?

Frontotemporal dementia (FTD) refers to a group of diseases that damage the frontal or temporal lobes of the brain, resulting in significant changes in personality, behavior, and language ability. As a result, it is often misdiagnosed as a psychiatric disorder.

The majority of people diagnosed with FTD are between the ages of 40 and 65.

Examples of FTD include:

- Pick's disease
- Frontotemporal dementia with motor neuron disease
- Primary progressive aphasia
- Corticobasal degeneration

FTD accounts for only about 5% of all dementia cases in the United States, but is one of the most common types of dementia in younger individuals.

What are the causes of frontotemporal dementia?

The cause of FTD is not known, and may differ between individuals. In about half of FTD patients, a normal brain protein called tau accumulates abnormally and forms deposits. In others, a separate protein known as TDP43 accumulates in the same way.

Unlike other dementias, FTD is highly heritable. Approximately 40% of individuals with FTD have an affected family member. In these individuals, FTD is usually caused by changes in one of their genes.

The diagnosis may be confirmed after death with a brain autopsy. Genetic testing can help reveal an underlying mutation responsible for FTD in about 40% of patients.

What are the symptoms of frontotemporal dementia?

FTD usually begins with gradual changes in personality, behavior, or speech. People with FTD may also have motor difficulties similar to those with Parkinson's disease (rigidity and slowness of movement), or amyotrophic lateral sclerosis (weakness). Memory loss is present in FTD, but less obvious than in other types of dementia. Other symptoms can include:

- Decreased speech
- Inability to name common objects
- Loss of motivation
- Lack of concern or sympathy for others
- Inappropriate social or sexual behavior
- Rigid, inflexible thinking
- Compulsive, repetitive behaviors

How is frontotemporal dementia diagnosed?

An accurate diagnosis is important and should be made after the following have been done:

- A thorough discussion of symptoms with a doctor
- A careful medical history
- Examination of changes in behavior
- A physical exam
- Other tests

Blood tests and brain scans are often performed. MRI or CT scans may show abnormalities in the frontal or temporal lobes of the brain. PET or SPECT scans may be helpful in distinguishing FTD from other causes of dementia.

What are the prognosis and options for treatment?

FTD worsens over time and impairs the individual's ability to live and function independently. Although there is no cure for FTD, there are medications that

can help control the behavioral symptoms of the disorder. With an accurate diagnosis, unnecessary medications can be removed that might otherwise worsen the disease symptoms.

Where can I learn more?

More information about frontotemporal dementia can be found at:

- The Alzheimer's Association
www.alz.org or by calling (800) 272-3900
- The National Institute on Aging
www.nia.nih.gov or by calling (800) 438-4380

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