

# Frontotemporal dementia

Frontotemporal is an umbrella term and there are several forms of this condition including:

- Semantic dementia
- Frontal Lobe dementia
- Progressive nonfluent aphasia
- Corticobasal degeneration
- Pick's Disease

It tends to affect people at a younger age compared with Alzheimer's disease and affects the frontal and temporal lobes of the brain. Atrophy i.e. shrinkage of the brain in these areas can lead to different behavioural, language and physical symptoms.

Approximately 5% to 8% of all dementias can be attributed to a Frontotemporal dementia.

## Symptoms of frontotemporal dementia

Since the frontal and temporal areas of the brain can be affected, early symptoms often affect either behaviour and/or language.

- **Changes in behaviour** may include becoming either withdrawn or disinhibited . The person may become easily distracted or repeat the same action over and over again. Other possible changes in behaviour include:
  - Inappropriate social behaviour
  - Lack of insight regarding their behaviors and the effect these behaviors have on others.
  - Changes in food preferences and eating habits – particularly the development of a sweet tooth
  - Mental rigidity and inflexibility, insistence on having ones own way, increasing difficulty adapting to new or changing circumstances
  - Decreased energy and motivation
  - Changes in personality, including becoming more outgoing. People may become introvert and shy people may become more extroverted
- **Language impairments.** In the context of this type of dementia, language problems are divided into two distinct areas, problems with expression of language and problems with the meaning of words. The person may have word finding difficulties, difficulties in articulating language and difficulty in understanding language. The person may have difficulty concentrating or maintaining a conversation.

## Diagnosis of frontotemporal dementia

Doctors diagnose the fronto-temporal dementia, through a process of identifying key features of the illness and ruling out other possible causes, otherwise known as a differential diagnosis. A full medical

history will be taken and the person may undertake some neuropsychological tests that will assess if cognition is affected. Brain imaging, such as CT and MRI can show damage to areas of the brain, particularly atrophy, and PET scans can highlight areas of under activity and will often be used in the making of a diagnosis of frontotemporal dementia.

## **Risk factors for frontotemporal dementia**

Your risk of developing frontotemporal dementia is higher if you have a family history of dementia as some forms of FTD can be linked to specific genes. There are no other known risk factors.

## **Treatment for frontotemporal dementia**

At present, there is no known cure and no effective way to slow its progression but Frontotemporal dementia research is expanding, producing greater understanding of the disorders.

Presently treatment relies on the appropriate management of the symptoms, for example people experiencing language difficulties may benefit from speech and language therapy in order to learn alternate strategies for communication.