A Review: Frontotemporal Dementia (FTD)

- FTD comprises a group of behavioral, language and movement disorders
  - Behavioral variant FTD or bvFTD
  - Progressive non-fluent aphasia
  - Semantic Dementia
  - Movement Disorders

At later stages of all these disorders we see dementia.

Behavioral Variant of Frontotemporal Dementia (bvFTD)- most common subtype

- Progressive neurodegenerative syndrome characterized by:
  - Changes in behavior, personality (impaired social interaction and personal regulation) and executive functions
  - Considerable variability in behavioral presentation may mirror anatomic variability
  - Course of bvFTD... unpredictable, prolonged!
bvFTD—How Does it Differ from Alzheimer's Disease (AD)?

- Age of onset
- The Brain...The Changes
- Presentation of Symptoms
- Diagnosis
- Course
- Treatment

An Important Concept............

In AD the difficult behavioral symptoms occur in moderate to severe stages of disease. In most cases these symptoms are a way of communicating an unmet need, this occurs later with persons with bvFTD.

In bvFTD behavioral symptoms in the early stages of the disease rarely present as a communication of an unmet need, instead the behavior appears to be a result of a release from, or loss of executive control.

Impaired Executive Functions

Deficits in:
- Insight
- Abstraction
- Planning, and problem solving
- Judgment
Loss of Insight

- Loss of insight includes impairment both in explicit cognitive awareness of symptoms and in emotional awareness. Defined by lack of expression of concern or distress when confronted by difficulties. Examples are:
  - Even after multiple near hits, and leaving the scene of an accident, "I have no trouble driving."
  - Despite $60,000 credit card debt and depletion of a savings account, without knowledge of how money was spent, "I am fine, no one has to take over my finances" or bouncing checks and not reacting.
  - "I have always used the blow torch, I know what I am doing... but unable to dial a familiar phone number or use a simple household appliance.

Common Behavioral Symptoms

- Emotional Blunting: loss of the capacity to demonstrate primary emotions such as happiness, sadness and fear, and social emotions such as embarrassment, sympathy and empathy
- Disinhibition
- Compulsive-like Behaviors
- Apathy
- Delusions
- Aggression

An Important Take-away Concept

"With loss of executive functions, the affected person cannot control behaviors or emotions, therefore the provider of care, must function as the external control for that person...."
Loss of Empathy

- Lack emotional warmth, or awareness of the needs of others, appears shallow and indifferent
- Lack of concern over events that would have previously been recognized as anxiety provoking …….
- Unable to understand and convey verbally and nonverbally understanding of another’s pain or suffering

Encourage family to get help, seek support, this is an irrational disease, expect irrational feelings (for caregiver and affected person)

Disinhibition

- Inability to regulate or control personal conduct manifests as socially inappropriate behaviors
  - Violation of another’s personal space, inappropriate touching
  - Sexually charged or vulgar comments and innuendo directed at daughter’s, d-laws, friends or reveal details about sexual life with spouse or partner …….
  - Disrobing in public areas
  - Socially inappropriate comments such as, “you are fat, etc.”

Your primary concern; always consider safety for you, affected person and the community
Monitor and adjust the environment
Change reactions and responses to behavior

Compulsive-like Behaviors

- Stereotypical and repetitive behaviors
  - Tapping, clicking, clapping, lip smacking, counting out loud, complex repetitive motor routines such as wandering a fixed route, checking, collecting, hoarding objects, rituals involving unusual toileting behaviors, repetitive viewing of pornography …….

Choose your battles
Monitor and adjust the environment
Hyperorality, manifests as cramming and bingeing, altered food preferences, especially for sweets, or food fads, may be driven to explore and manipulate objects with their mouths, may eat inedible items

- dangerous, can choke on food and objects
- Hypersexuality, expressed in sexual overtures
- Hyposexuality more common

Choose your battles
Monitor and adjust the environment
Sometimes a combination of a pharmacologic and behavioral approaches are the only answers

Apathy

- Inactive with decreased behavioral initiation and spontaneity, loss of interest and later complete apathy
  - If still working, unable to initiate or complete work related task, no concern over performance
  - Neglect or loss of interest in personal hygiene, grooming
  - Unable to initiate an activity, i.e., sitting in front of computer, TV, playing video games, staying in bed, no interest in family activities

Monitor and adjust the environment
Add daily routines and structure to the day, but be flexible!

Delusions

- Delusions, false fixed idea, in AD, often in middle to late stages of the disease whereas in
  - FTD, delusions may be among the presenting symptoms, usually of the jealous, somatic, religious type, often bizarre
  - Euphoric symptoms include elevated mood, inappropriate jocularity, exaggerated self-esteem, "manic"

Your primary concern; always consider safety for you, affected person and the community
Change reactions and responses to behavior
Monitor and adjust the environment but....... Sometimes a combination of a pharmacologic and behavioral approaches are the only answers
Aggression

Aggressive behaviors
- Verbal
  - Threatening and angry verbalizations
- Physical
  - Seemingly without provocation; agitation, pushing, shoving, striking out, aggressively moving into another's personal space

Change reactions and responses to behavior—prevent if possible
Your primary concern; always consider safety for you, affected person and the community
Monitor and adjust the environment but…….
Sometimes a combination of a pharmacologic and behavioral approaches are the only answers

My Last Words..........
- Remember you are the external control for the affected person
- Tackle one problem at a time. Prioritize!
- Choose your battles
- Safety issues require “taking the bull by the horn”
- Transitions in care require meticulous planning
- Families must take of themselves….if they don’t the disease takes two people

Normal – 1213g FTD – 736g
Thank you!

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Resources

- Alzheimer's Association
  - www.alz.org
- Minnesota-North Dakota Chapter
  - www.alzmndak.org
- Association for Frontotemporal Degeneration
  - www.ftd-picks.org
- Mayo Clinic-Rochester
  - www.mayoclinic.com