TAKE CHARGE!
EDUCATE. SUPPORT. EMPOWER.

FRONTOTEMPORAL DEMENTIA (FTD)

FACTS

- Involves the parts of the brain behind the forehead or behind the ears
- Typically occurs between ages 40 and 65, accounting for less than 5% of all dementias

RISK FACTORS

- Roughly 1/3 of FTD patients have inherited the disease
- Personal history of motor neuron disease such as ALS

SYMPTOMS

- Memory loss is a later sign
- Delusions and hallucinations are uncommon
- Types
    - Behavior variant
        - Dramatic changes in personality
        - Apathy and social withdrawal
        - Loss of impulse and behavior control and will say unexpected, rude, or odd things to others
        - Loss of inhibitions involving food, drink, sex, emotions, and actions
        - Sugar craving
    - Primary Progressive Aphasia (PPA) variant
        - Language affected – Can't find the word they want to say (expressive aphasia) and/or can't understand what is said (receptive aphasia)
        - Uses nonsense words

- Movement disorder with or without behavior variant or PPA
  - Amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease – Muscle wasting and weakness
  - Corticobasal syndrome – Loss of coordination of hands and legs
  - Progressive Supranuclear Palsy – Muscle stiffness and changes in posture and eye movements

DIAGNOSIS

- Assessment through review of medical history and medications, observations during the appointment, and interviews with family or close friends
- Physical and neurological exam, including memory test
- A possible PET imaging brain scan or an MRI of the brain

TREATMENT

- No medications are currently available to treat or prevent FTD
- Medications may alleviate or lessen some behaviors including agitation, irritability, and depression