

Frontotemporal dementia treatment: a review**Samreen Ahmed***

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ABSTRACT

Frontotemporal Dementia is characterized by social and behavioural symptoms, in addition to aphasia. FTD, being the fourth most common cause of dementia, is mostly prevalent in younger population. FTD is diagnosed clinically. The various pharmacological treatment options are antidepressants, cholinesterase inhibitors, and mood stabilizers. Sometimes, nursing, and psychotherapy can also be implemented.

Keywords: FTD, FTD treatment, AChE inhibitors

INTRODUCTION

Prominent social and behavioral changes are characteristics of frontotemporal dementia. Aphasia can also be a prominent feature of frontotemporal dementia. These features are usually present with frontal and temporal lobe degeneration.¹ Psychiatric features correspond with the part of brain involved by the disease process.² Literature review revealed that the first case of aphasia accompanied with focal frontotemporal atrophy was first reported by Pick A in 1982.³

Etiology of dementia

Dementia, both in the elderly and the young population, is commonly as a result of Alzheimer's disease, frontotemporal dementia, vascular dementia or dementia with Lewy bodies. Frontotemporal dementia is the fourth most common cause of dementia in the United States.^{4,5} Peak incidence is seen in 55-65 years of age group.⁶

Syndromes associated with frontotemporal dementia

Frontotemporal dementia, mostly prevalent in the younger population, comprises of three syndromes; behavioral variant, semantic dementia, and progressive non-fluent aphasia.⁷

Overlapping symptoms

Irritability, agitation and apathy are usually present in all the subtypes.⁸

Behavioural variant FTD characteristics

Behavioral variant of frontotemporal dementia is characterized by, aggressive and socially inappropriate behaviour. In addition, patients may show obsessiveness or repetitive stereotyped behaviours, or lack of concern or self-monitoring. The symptoms usually correspond to the part of brain being involved.⁹ Literature review revealed that due to disinhibition of the creative areas of brain,

patient may experience new talents. This may be responsible for the patient's singing and dancing acts for instance.¹⁰

Genetics behind bvFTD

Although there is no known specific cause for behavioural variant FTD, in half of the cases, patients have a positive family history.¹¹ Mutations in progranulin gene (PGRN) may present in later fifty's as alterations in behaviour and language problems.¹²

How is bvFTD diagnosed?

Establishing a diagnosis of bvFTD, is very crucial but sometimes unfortunately it's misdiagnosed with other disease processes that are accountable for dementia. If there's no biomarkers availability, diagnosis should be made with clinical criteria accompanied with practical and feasible diagnostic methods. Three of six features are required to make the diagnosis of bvFTD, which includes disinhibition, apathy/inertia, and loss of empathy, perseverative/compulsive behaviours, hyperorality, and a dysexecutive neuropsychological profile.

Challenges in bvFTD

Unfortunately, most patients with bvFTD have to face rejection by their families, and friends.¹³

Pharmacotherapy options in bvFTD

Pharmacologic treatment includes medications such as, antidepressants, cholinesterase inhibitors, and mood stabilizers.¹⁴ Psychiatry plays an important role in the management of FTD since psychiatric medications are widely used to manage behavioural problems of FTD.

Other aspects to consider while managing bvFTD

Moreover, for patients with FTD, every aspect of care should be implemented including psychotherapy, nursing, and social/family support. In addition, if there's exacerbation of symptoms, these patients should be admitted in neuropsychiatric unit. Educating the patients as well as their families about the disease process inclines towards the acceptance of patients by the families.¹⁵

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