

# Frontotemporal dementia

Frontotemporal dementia results from progressive, degenerative changes in the frontal and temporal lobes of the brain. It is the third most prevalent form of dementia across all age groups and most commonly affects behaviour, executive function (such as planning, organising and decision making) and language. Short term memory loss may not be one of the early symptoms as seen with Alzheimer's disease.

The frontal lobe of the brain is responsible for movement, thinking, reasoning, emotions, decision making and planning.

The temporal lobes organise sensory input, auditory perception, language and speech, memory formation and association, language comprehension, emotional responses, visual perception and facial recognition.

## Subtypes

- » **Behavioural variant frontotemporal dementia:** A subtype of frontotemporal dementia which affects the frontal lobes of the brain and primarily impacts aspects of personality.
- » **Primary progressive aphasia:** Neurodegenerative syndromes where language is the main area of impairment (includes Logopenic variant PPA, Semantic variant PPA, Nonfluent PPA). Working with a speech and language therapist can be beneficial.

## Symptoms

Depending on the subtype of frontotemporal dementia symptoms may vary.

- » Unusual emotional responses, changes in personality, apathy
- » Inappropriate social behaviours, impulsiveness, disinhibition
- » Changes in language ability
- » Impaired word comprehension.

## Diagnosis

Frontotemporal dementia has many symptoms which can be similar to other conditions, such as thyroid disease, vitamin B12 deficiency, HIV, dehydration and cancer. Therefore, a thorough medical history, neurological testing and investigations are needed to make the diagnosis and rule out conditions which can have similar presentation.

This includes:

- » Physical examination: Assessment of motor function including balance, walking, reflexes, strength and coordination
- » MRI, SPECT and PET scans
- » Cognitive assessment: Memory, thinking, planning and visuospatial perception (ability to judge depths, distances and perspective of what is being seen).

## Types of dementia: Frontotemporal dementia

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### Risk reduction

Current research confirms that a healthy active lifestyle, normal body weight and blood pressure, positive social interactions, mental stimulation and management of stress appear to be key factors in preventing the onset of dementia.

Ways you can modify your lifestyle to minimise risk:

- » Exercise
- » Nutrition: Wholefood diet (high in vegetables, quality sources of protein, low in sugar, minimal processed foods) and limit alcohol intake (two standard drinks or less on any given day)
- » Rest
- » Involvement: Stay socially connected
- » Challenge yourself: Try learning something new
- » Healthy heart
- » Quit smoking
- » Manage stress.

### Treatment

Like most other degenerative dementias, treatment is aimed at managing symptoms not curing the dementia. Medications, such as selective serotonin uptake inhibitors (SSRIs) may help alleviate some symptoms of the disease, however drugs commonly used in other dementias are not generally helpful in frontotemporal dementia.

Some non-pharmacological therapies may be of assistance:

- » The benefits of physical exercise have been shown to delay cognitive decline
- » Speech therapy can be helpful as a rehabilitative approach in people with frontotemporal dementia and language deficits (the primary progressive aphasia).

Carer education about how to support a person living with frontotemporal dementia and manage some of the more challenging aspects of the condition is important.

### Further information

For support and information please contact us on **1300 66 77 88** or visit [alzheimerswa.org.au](http://alzheimerswa.org.au)