What is fronto-temporal dementia (including Pick's disease)?

This sheet provides some general information on one of the rarer forms of dementia, fronto-temporal dementia. It outlines who is likely to be affected and what symptoms they may experience.

What is fronto-temporal lobe dementia?
The term 'fronto-temporal dementia' covers a range of conditions, including Pick's disease, frontal lobe degeneration and dementia associated with motor neuron disease.

All are caused by damage to the frontal lobe and/or the temporal parts of the brain. These areas are responsible for our behaviour, our emotional responses and our language skills.

Who is affected?

- Fronto-temporal dementia is a rare form of dementia, occurring far less frequently than Alzheimer's disease.
- Younger people, specifically those under the age of 65, are more likely to be affected.
- Men and women are equally likely to develop the condition.

What are the symptoms?
Damage to the frontal and temporal lobe areas of the brain will cause a variety of different symptoms. Each person will experience the condition in his or her own individual way.

Personality and behaviour change
Typically, during the initial stages of fronto-temporal dementia, memory will still be intact, but the personality and behaviour of the person will change.

People with fronto-temporal dementia may:

- Lack insight and lose the ability to empathize with others – they may appear selfish and unfeeling
- Become extrovert when they were previously introverted, or withdrawn when they were previously outgoing
- Behave inappropriately, for example making tactless comments, joking at the 'wrong' moments or being rude
- Lose inhibitions, for example exhibiting sexual behaviour in public
- Become aggressive

- Be easily distracted
- Develop routines, for example, compulsive rituals.

It is important to recognize that these symptoms have a physical cause and are not something that the person can usually control or contain.

Language problems

The person with fronto-temporal dementia may also experience language problems, including:

- Difficulties finding the right words
- A lack of spontaneous conversation
- A reduction in or lack of speech
- Circumlocution or using many words with little content.

Changes in eating habits
Those affected may overeat and/or develop a liking for sweet foods.

Later stages
The rate of progression of fronto-temporal dementia varies enormously, ranging from less than two years to over ten years.

In the later stages the damage to the brain is usually more generalized, and symptoms will usually appear to be similar to those with Alzheimer's

Those affected may no longer recognize friends and family and may need nursing care.

How is this form of dementia diagnosed?
Fronto-temporal dementia is commonly misdiagnosed as Alzheimer's disease. A specialist may be able to make a diagnosis of fronto-temporal dementia by questioning the person affected and taking a detailed history of their symptoms. They may also ask for information from family, friends and carers, to gain a wider picture of the person's behaviour.

CT (computerized axial tomography) and MRI (magnetic resonance imaging) scans may also be used to determine the extent of damage to the brain.

A firm diagnosis may only be possible after death, when changes in the structure of the brain can be directly observed at post mortem.

Is it a genetic disease?
There is a family history in about half of all cases of fronto-temporal dementia. In these families the course of the disease usually has a specific pattern across the generations.

Some of these inherited forms have been linked to abnormalities on chromosomes 3 and 17.

The causes of non-inherited fronto-temporal dementia are so far unknown.

Is treatment possible?
As yet there is no cure for fronto-temporal dementia and the progression of the condition cannot be slowed.

Drugs designed for the treatment of Alzheimer's disease, such as Aricept and Exelon, may make symptoms worse and increase aggression.

But there is much that can be done to ease symptoms. Knowing more about the disease and why the person is behaving as they are can in itself be an effective means of helping people to cope. Carers may be able to develop coping strategies, such as avoiding confrontation and working round obsessions, rather than trying to change the behaviour of those affected.

Speech therapists may be helpful for language problems.

Further information

Books and articles:

Kertesz, Andrew and Munoz, David G (eds). *Pick's disease and Pick complex*, Chichester: Wiley-Liss, 1998

Bayer, Tony. Rarer cause of dementia, in *Signpost* 4 (4), April 2000

4th Floor, 79 Roeland Street (Corner Harrington & Roeland Str), Cape Town
Tel +27 21 421-0077 / 78 Fax +27 21 418-2772 Email:info@dementiasa.org
www.dementiasa.org
National Helpline: 0860 MEMORY / 0860 636 679
049-191 NPO PBO 930022142