

How Do You Know if it's FTD?

Could it be Alzheimer's?

Alzheimer's disease (AD) is the most common dementia in older people. Therefore, it should be one of the first diseases your doctor considers. Alzheimer's disease usually begins with memory loss while FTD is usually a behavior or language disorder.

People with either disease will show cognitive difficulties and multitask poorly. And at the end stages, AD and FTD look very similar. Doctors use the early symptoms and the brain image, usually done on a MRI (magnetic resonance imaging) scanner, to reach the most appropriate diagnosis.

- The probability of AD is strongly affected by the age of the person showing the symptoms. The odds of having Alzheimer's disease increase markedly the older you get while the odds for FTD may decrease with age.
- FTD often begins with distinct behavioral changes (socially inappropriate, apathetic, impulsive, etc.) while people with Alzheimer's in the early stages tend to remain socially graceful despite their memory problems (they may even become skilled at covering up their difficulties). In advanced AD, people generally have trouble managing their finances, show poor judgment and irritability, and may become equally difficult to manage as FTD.
- Apathy in AD patients is milder, whereas apathy in FTD patients is more pervasive and more often reflects a lack of concern for others or lack of initiative.
- AD patients have an early and profound difficulty learning and retaining new information. As the disease progresses, memory for new and old information is lost. These memory problems may lead to language problems as well, but the root is a problem remembering. In contrast, most mildly impaired FTD patients generally know the day or time and their location, and they are able to keep track of recent events. They may not test well, but that may be due to lack of concern or effort in the testing situation.

Could it be a psychiatric problem?

When behavioral symptoms predominate, FTD patients who become ill in mid-life may be confused with patients who have late life depression, or when the onset is in younger persons, the FTD may be

confused with schizophrenia or bipolar disorder. Repetitive compulsive behaviors are very common in bvFTD, and some patients may initially be given the diagnosis of obsessive-compulsive disorder.

Since the history and exam may look very similar for a psychiatric patient and an FTD patient, neuropsychological testing and a brain image will help clarify the picture.

Confirming an FTD diagnosis

Once other likely diseases have been ruled out, an FTD diagnosis is made by looking at the data from a neurological exam and personal history (which may come from the patient, family or other caregiver); neuropsychological tests that help quantify memory, language and other cognitive skills; and a brain image - usually a MRI (magnetic resonance imaging) scan but perhaps a functional scan like PET (positron emission tomography) which can show increased or lowered brain activity in the frontal and anterior temporal areas.

An accurate diagnosis made after ruling out other possible explanations is essential for successful treatment or management of any disease. As new medical treatments become available, early intervention will be more and more important. Regardless of medical treatments, the sooner patients and caregivers have an accurate diagnosis, the sooner they can plan for upcoming care. As FTD tends to affect younger people than Alzheimer's or other dementias and lasts for eight years on average, creating a care plan is particularly important for everyone touched by this disease.