

Signs and Symptoms

Behavioral symptoms

Apathy is often the first symptom reported by caregivers and may be mistaken for depression. People experiencing these changes may become self-centered, emotionally distant, withdrawn, unaware of the emotions of others, avoid social contact or neglect previous hobbies and interests. They may develop a lack of concern for their personal appearance and become increasingly unkempt early in the course of disease.

Impulsive behavior is another common complaint from caregivers who may find the changes in social and personal conduct embarrassing or frustrating. These behaviors are often associated with a lack of inhibition, resulting in impulsive or inappropriate behavior, such as overeating, outbursts of frustration, touching strangers, urinating in public or diminished social tact. Overeating is common and "food fads" can occur where the person with bvFTD will only eat certain foods. Caregivers often notice an overactive "sweet tooth." Restlessness, irritability, aggressiveness, violent outbursts or excessive sentimentality are not unusual either.

There is usually difficulty in reasoning, judgment, organization and planning, and consequently, these patients can be quite gullible and fall prey to scams on the computer or in person. As the disease progresses, this lack of judgment may lead to criminal behavior (such as shoplifting, indecent exposure, running stop lights, poor financial judgment or impulsive buying). At the extreme, the impulsivity can be self-destructive, as when patients try to get out of a moving car. In some people, inappropriate sexual behavior occurs.

There may also be repetitive or compulsive behaviors that may include hoarding, doing the same thing over and over (for instance, reading the same book several times or walking to the same location again and again), pacing, or repeating particular "catch phrases" over and over in their speech.

The person with bvFTD may experience false thoughts (delusions) that are jealous, religious or bizarre in nature. Or they can develop a euphoria - excessive or inappropriate elation or exaggerated self-esteem.

Even though they might complain of memory disturbance, patients with the behavioral variant of frontotemporal dementia can usually keep track of day-to-day events and understand what is going on around them. Also, for people with bvFTD, their language skills and memory usually remain intact until late in the disease.

These behaviors have a physical cause and are not something that the person can usually control or contain. Indeed, often the person has little or no awareness of the problem behaviors.

Language symptoms

The majority of patients with the language variants have problems expressing themselves with language while their memory stays relatively intact. Difficulties reading and writing then develop. To understand more about language, see our [Speech and Language](#) section.

At the UCSF Memory and Aging Center, we have found a small group of FTD patients who develop new creative skills in music and art as their language skills decline. For more information about this topic, please see this article on [Personality and Creativity](#) .

Semantic dementia (SD)

The most common complaint of people with semantic dementia (SD) is increasing trouble naming people, objects, facts and words. As the disease progresses, they lose not only the ability to name something, but also the meaning of what it is they are trying to name – like how to use it or to what context it belongs. People with SD usually know they are having trouble finding their words and understanding what is being said to them. Their speech tends to keep the usual speed and rhythm,

but they may substitute similar but incorrect words or replace a word with "thing" or "stuff." Patients continue to speak the same amount, even as the disease progresses. Some people may develop an inability to recognize familiar faces. Later in the disease course, similar behavioral changes to those seen in bvFTD may appear.

Progressive non-fluent aphasia (PNFA)

People with PNFA tend to come to the doctor's office with complaints about changes in their fluency or rhythm of speech, pronunciation or word finding difficulty. These patients tend not to show the behavioral characteristics of FTD until quite late in the disease, and they are keenly aware of their difficulties. Depression and social withdrawal are common features of PNFA. As the disease progresses, less and less language is used, until the patient may be virtually mute.

Motor symptoms

People with FTD often describe a general weakening of their muscles or slowing of their movements. They might feel uncoordinated or like they are walking through water - harder to move and slower going. They may also experience muscle spasms. In a neurological exam, the doctor may also find some slowing of particular eye movements, changes in the typical reflexes and muscle stiffness or slowness.