

## ***Frontotemporal Dementia and Alzheimer's Disease: Similarities and Differences***

Features	Frontotemporal Dementia	Alzheimer's Disease
<b>Age at which disease generally occurs</b>	- usually after age 40 and before 65	- usually after 65
<b>Brain areas affected</b>	- frontal and temporal lobes	- starts in the medial temporal area, usually in the hippocampus - spreads laterally and to other areas of brain
<b>Pathologic features</b>	- loss of nerve cells - no amyloid plaques - <i>tau</i> tangles seen in certain FTDs	- loss of nerve cells - amyloid plaques - <i>tau</i> tangles
<b>Clinical features</b>	- begins with personality and behavior changes; some may be hyperactive while others seem apathetic - loss of empathy toward others - lack of insight into proper social conduct - memory is preserved early on - language difficulty - compulsive eating and oral fixations - repetitive actions - later in the disease, loss of motor skills, speech and muscle movement	- begins with memory loss - patients lose ability to learn new information - patients become unable to orient themselves to time and place - later, personality and behavior problems develop - possible hallucinations and delusions in later stages





## Frontotemporal Dementias

Disease	Clinical Characteristics
<b>Pick's Disease</b>	<ul style="list-style-type: none"><li>• personality and behavioral changes: disinhibition, inappropriate social behaviors, loss of mental flexibility and empathy; development of obsessive-compulsive behaviors, compulsive overeating, food cravings, putting any object in mouth</li><li>• language problems: use of wrong words, echoing what others say, mutism can develop</li><li>• difficulties in thinking, concentrating, paying attention; gradual emotional apathy, loss of moral judgment; generalized dementia</li></ul>
<b>FTDP-17</b>	<ul style="list-style-type: none"><li>• behavioral changes: loss of initiative, disinhibition, obsessive-compulsive behavior, restlessness, verbal aggressiveness</li><li>• psychiatric symptoms: delusions, visual or auditory hallucinations</li><li>• cognitive decline: word finding difficulties, other language difficulties though comprehension remains preserved; executive functions, attention, and abstract reasoning become impaired; mutism eventually develops</li></ul>
<b>Supranuclear Palsy</b>	<ul style="list-style-type: none"><li>• motor difficulties: problems with balance and gait; problems controlling eye movement, involuntary closing of the eyes, inability to maintain eye contact with others; difficulties with swallowing</li><li>• personality/behavioral changes: apathy, increased irritability, angry outbursts, depression, progressive dementia</li></ul>
<b>Corticobasal Degeneration</b>	<ul style="list-style-type: none"><li>• signs of parkinsonism: poor coordination, rigidity, impaired balance</li><li>• cognitive and visual-spatial impairments, loss of ability to make familiar and purposeful movements</li><li>• hesitant and halting speech</li><li>• sudden contractions of muscles or muscle groups</li><li>• difficulty swallowing</li></ul>

