

Fast Facts about FTD



Frontotemporal degeneration (FTD) is the most common form of dementia for people under 60.

FTD represents a **group of brain disorders** caused by degeneration of the frontal and/or temporal lobes of the brain. It is also frequently referred to as frontotemporal dementia, frontotemporal lobar degeneration (FTLD), or Pick's disease.

Not all dementia is Alzheimer's. FTD differs from Alzheimer's in three important ways:

1. DIFFERENT SYMPTOMS

FTD brings a gradual, progressive decline in behavior, language or movement, with memory usually relatively preserved.

2. IT TYPICALLY STRIKES YOUNGER

Although age of onset has ranged from 21 to 80, the majority of FTD cases occur in the 45 to 64 age range. Therefore, FTD has a substantially greater impact on work, family, and the economic burden faced by families than Alzheimer's.

3. IT IS LESS COMMON AND STILL FAR LESS KNOWN

FTD's estimated U.S. prevalence is around 60,000 cases, and many in the medical community remain unfamiliar with it. FTD is frequently misdiagnosed as Alzheimer's, depression, Parkinson's disease, or a psychiatric condition. On average, it currently takes 3.6 years to get an accurate diagnosis.

Subtypes of FTD are identified clinically according to the symptoms that appear first and most prominently. Clinical diagnoses include behavioral variant FTD (bvFTD); primary progressive aphasia (PPA), which affects language; and disorders that primarily affect movement, progressive supranuclear palsy (PSP) and corticobasal degeneration (CBD). Researchers have also recognized an important connection between FTD and amyotrophic lateral sclerosis (ALS, or Lou Gehrig's disease).

Treatment, Management and What to Expect

Today, there is no cure for FTD, and unfortunately, no current treatments slow or stop the progression of the disease. However, a growing number of interventions can help manage FTD's symptoms and maximize quality of life.

The progression of symptoms—in behavior, language, and/or movement—varies by individual, but FTD brings an inevitable decline in functioning. The length of progression varies from 2 to over 20 years.

As the disease progresses, the person affected may experience increasing difficulty in planning or organizing activities, communicating with others, or relating to loved ones. These deficits cause significant impairment in social and/or occupational functioning and result in an increasing dependency on caregivers.

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Over time, FTD predisposes an individual to physical complications such as pneumonia, infection, or injury from a fall. The most common cause of death is pneumonia. Average life expectancy is 7 to 13 years after the start of symptoms.

Also, it is important for care partners and families to identify a team of knowledgeable professionals who can help with coordinating care and with the legal, financial and emotional challenges brought on by this disease.

If you are affected by this disease, AFTD is here to help. Contact our HelpLine at 866.507.7222, or by email at info@theaftd.org. Visit our website for more information, as well as ways to connect with support groups and other vital resources.

