

## Expected FTD Behavior or a Superimposed Medical Condition?

Significant changes in personality, behavior and language are hallmarks of the frontotemporal degeneration (FTD) disorders. These characteristic symptoms do not occur in predictable stages and can increase or decrease as the disease progresses. Assuming a new or changing behavior is due to FTD may cause families and providers to miss treatable medical conditions masked by the underlying neurological disorder.

FTD behavior or symptom		Possible medical considerations
<b>Apathy, social withdrawal, reduced initiative</b>	May not eat or drink properly if not monitored	Weight loss, dehydration, electrolyte disturbance
	Decreased personal hygiene	Altered skin condition, rashes, infections; urinary tract infection; tooth decay
	Inadequate physical activity	Constipation; weight loss, generalized deconditioning, failure to thrive; blood clots due to circulation problems
<b>Emotional blunting, loss of empathy</b>	Hallmark of FTD, also in depression	Possible manifestation of pain
<b>Disinhibited behaviors</b>	Compulsive eating , especially carbohydrates	Weight gain and increase in associated health risks; tooth decay
	Compulsive drinking of water	Electrolyte disturbance presenting as increased confusion
	Compulsive drinking of caffeinated beverages	Agitation; elevated blood pressure and pulse; electrolyte disturbance; urinary incontinence
	Stuffing food into mouth	Death from choking; aspiration pneumonia, lung infections
	Hands in pants; scratching at crotch	Skin irritation, rash; urinary tract or other infection , vaginal yeast infection, prolapse
	Disruptive vocalizations, yelling	Generalized pain
	Disrobing (woman)	Hot flashes, hormone changes from menopause
<b>Repetitive or stereotyped behaviors</b>	Constant walking or roaming	Foot blisters, infections of feet; muscle pain; trauma from tripping or falling; danger of elopement
	Picking or biting fingers	Hand infections, tearing of nail beds and bleeding
	Chewing behavior	Tooth or gum pain
<b>Impaired language fluency</b>	Decreased verbal output expected with progression of PPA	Possible sign of mouth or teeth pain
<b>Comprehension impairment</b>	Inability to understand word meaning and concepts, recognize faces and objects	Vision changes requiring eye exam, updated glasses
	Unlikely to understand common scales used to evaluate pain	Close behavioral observation, non-verbal assessments
	May not recognize or conceptualize painful sensations	Monitor cooking activity, exposure to fire, heat, cold other hazards; evaluate after exposure
<b>Movement or motor skills impairment</b>	Abnormal limb posture(ie: CBD)	May indicate painful contractures, frozen shoulder from lack of use, fracture
	Unsteady gait and balance predisposes to falls	May indicate blisters, poorly fitting shoes
	Sudden cessation of walking and mobility	Assess for pain
<b>Changes in mood</b>	Agitation	Assess for pain; overstimulation or changes in environment; fatigue; excess caffeine
	Sadness or depression	Clinical depression (especially in PPA); may be sign of pain
<b>Emotional incontinence common in PSP</b>	Forced laughing or crying out of context	May indicate bodily sensation that needs investigation