DIAGNOSTIC CHECKLIST
Primary Progressive Aphasia (PPA)

FOR YOU: Problems with speaking, understanding, reading, or writing
Check off each symptom that you or a loved one have experienced. Bring this form to your next appointment with a health care provider or ask if they would like to review it ahead of your visit.

SLOW, LABORED SPEECH

☐ Difficulty moving lips and tongue to speak (resulting in slow, labored speech and slurring)
☐ Omitting words when forming a sentence, especially short connecting words (i.e., “to”, “from”, “the”, “and”)
☐ Ordering words incorrectly in sentences; using wrong word endings, verb tenses, or pronouns
☐ Pauses and hesitations in speaking and extensive descriptions to explain missing words
☐ Uncharacteristically speaking in shorter, simpler sentences
☐ Replacing nouns with empty words such as “thing”
☐ Issues understanding complex sentences
☐ Mistakes in speech sounds, such as omitting or substituting certain sounds (for example: substituting a “t” sound for a “g” sound; saying “tas” instead of “gas”)

DIFFICULTY NAMING PEOPLE AND OBJECTS

☐ Trouble recalling the names of objects (this can also include substituting a name with another similar word, like using “car” instead of “truck.”)
☐ Speaking easily but not making sense to listener
☐ Not able to identify names of familiar objects
☐ Not able to identify how a familiar object is used
☐ Difficulties reading and writing words that are not pronounced how they are spelled (such as writing “no” in place of “know”)

If you want to learn more about PPA, scan the QR code with your smartphone or visit theaftd.org/what-is-ftd/primary-progressive-aphasia/
#AskAboutFTD
# Primary Progressive Aphasia (PPA)

## Inclusion / Exclusion Criteria for PPA Diagnosis

- Individuals meeting criteria may be further tested to diagnose a specific variant of PPA.

### Inclusion criteria (all criteria must be positive)
- Gradual progressive language difficulty
- Most prominent clinical feature is language difficulty
- Language deficits are the principal cause of impaired daily living activities
- Aphasia is the most prominent deficit at symptom onset and during initial stages

### Exclusion criteria (all criteria must be negative)
- Pattern of deficits is better accounted for by other nondegenerative nervous or medical disorders
- Cognitive disturbance is better accounted for by a psychiatric diagnosis
- Prominent initial visuoperceptual, visual memory, and episodic memory impairments
- Prominent initial behavior disturbances

## Clinical Diagnosis of PPA Variants

### Nonfluent/Aggramatic PPA
- Aggramatism in language production
- Effortful and halting speech, inconsistent speech sound errors (verbal apraxia)
- Impaired comprehension of syntactically complex sentences
- Spared single-word comprehension
- Spared object knowledge

### Logopenic PPA
- Impaired single-word retrieval in spontaneous speech and naming
- Impaired repetition of sentences and phrases
- Phonological errors in spontaneous speech and naming
- Spared single-word comprehension and object knowledge
- Spared motor speech
- Absence of frank agrammatism

### Semantic variant PPA
- Impaired confrontation naming
- Impaired single-word comprehension
- Impaired object knowledge, especially for low-frequency or low-familiarity items
- Surface dyslexia or dysgraphia
- Spared repetition
- Spared speech production

## Imaging-Supported Diagnosis of PPA Variants

- One of the imaging criteria must be seen in addition to a clinical diagnosis.

### Meets criteria for PPA
- Exhibits significant functional decline (verified by a care partner, or by scores from Clinical Dementia Rating Scale or Functional Activities Questionnaire)

### Brain imaging results that present features of bvFTD
- Frontal and/or anterior temporal atrophy present in MRI or CT imaging;
- Frontal and/or anterior temporal hypoperfusion or hypometabolism present in PET or SPECT imaging

## PPA Variant Diagnosis with Definite Pathology

- For all variants of PPA, one of the two accompanying pathological criteria must be met in addition to a clinical diagnosis.

- Presence of a known pathogenic mutation
- Histopathologic evidence of a specific neurodegenerative pathology (frontotemporal degeneration (FTD) or Alzheimer’s disease (AD))

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