DIAGNOSTIC CHECKLIST

#AskAboutFTD

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
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 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

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FOR YOUR HEALTHCARE PROVIDER: Diagnosing PPA

Diagnostic criteria for PPA is below. Referral to a neurologist specializing in cognition and behavior and/or a geriatric neuropsychologist is recommended for a differential diagnosis. ICD 10 = G31.01 for primary progressive aphasia.

For more diagnostic guidance, scan the QR code with your smartphone or visit theaftd.org/for-healthprofessionals/diagnosing-ftd/



 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 	
2. 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 	
3. Imaging-Supported Diagnosis of PPA Variants – One of the imaging criteria must be seen in addition to a clinical diagnosis.		
Meets criteria for I	Meets criteria for PPA Brain imaging results that present features of bvFTD	
 Exhibits significant functional decline (verified by a care partner, or by scores from Clinical Dementia Rating Scale or Functional Activities Questionnaire) Frontal and/or anterior temporal atrophy present in MRI or CT imaging; or Frontal and/or anterior temporal hypoperfusion or hypometabolism present in PET or SPECT imagin 		

- 4. 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))

Gorno-Tempini, ML, Hillis, AE, Weintraub, S, Kertesz, A. Classification of primary progressive aphasia and its variants. Neurology 2011 March 15; 76: 1006 – 1014.