If you want to learn more about bvFTD, scan the QR code with your smartphone or visit theaftd.org/what-is-ftd/behavioral-variant-bvftd

#AskAboutFTD
**FOR YOUR HEALTHCARE PROVIDER: DIAGNOSING bvFTD**

- The following chart contains diagnostic criteria developed by the International Behavioral Variant FTD Criteria Consortium (FTDC).
- Referral to a neurologist specializing in cognition and behavior and/or a geriatric neuropsychologist is recommended for a differential diagnosis.
- **ICD 10 = G31.09** for frontal lobe dementia with behavior disturbance.

1. **Neurodegenerative Disease** – For bvFTD, the person affected must show progressive deterioration of behavior and/or cognition by observation or symptom history as provided by a knowledgeable informant (household members, care partners).

2. **Possible bvFTD** – Three of the following behavioral/cognitive symptoms must be present to meet criteria. Symptoms must be persistent or recurrent, rather than one-off or rare events.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Examples</th>
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| Early behavioral disinhibition (one of the three symptoms must be present) | 1. Socially inappropriate behavior  
2. Loss of manners and recognition of decorum  
3. Impulsive, rash, or careless actions  |
| Early apathy or inertia (one symptom must be present)                  | 1. Apathy  
2. Inertia                                                                                             |
| Early loss of sympathy or empathy (one symptom must be present)       | 1. Diminished response to other people's needs and feelings  
2. Diminished social interest, interrelatedness, or personal warmth  |
| Early preservative, stereotyped, or compulsive behavior (one of the three symptoms must be present) | 1. Simple repetitive movements  
2. Complex, compulsive, or ritualistic behaviors  
3. Stereotypy of speech                                                                 |
| Hyperorality and dietary changes (one of the three symptoms must be present) | 1. Altered food preferences  
2. Binge eating, increased consumption of alcohol or cigarettes  
3. Oral exploration or consumption of inedible objects |
| Executive/generation deficits with relative sparing of memory of visuospatial functions (all the three symptoms must be present) | 1. Deficits in executive tasks  
2. Relative sparing of episodic memory  
3. Relative sparing of visuospatial skills |

3. **Probable bvFTD** – Is diagnosed when all of the following symptoms are met for bvFTD criteria.

- Meets criteria for possible bvFTD (section 2)
- 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; or
  - Frontal and/or anterior temporal hypoperfusion or hypometabolism present in PET or SPECT imaging

4. **Exclusionary criteria for bvFTD** – Criteria ‘a’ and ‘b’ must be negative for a bvFTD diagnosis, while ‘c’ can be positive for possible bvFTD, and negative for probable bvFTD.

- a. Pattern of deficits is better accounted for by other non-degenerative nervous or medical disorders
- b. Behavioral pattern disturbance is better accounted for by a psychiatric diagnosis
- c. Biomarkers strongly indicative of Alzheimer’s disease or another neurodegenerative process

For more diagnostic guidance, scan the QR code with your smartphone or visit [theaftd.org/for-health-professionals/diagnosing-ftd](http://theaftd.org/for-health-professionals/diagnosing-ftd)

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