### 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”)

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**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.

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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)

Diagnostic Checklist

Inclusion / Exclusion Criteria for PPA Diagnosis – Individuals meeting criteria may be further tested to diagnose a specific variant of PPA.

1. **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

2. **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 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; or
  - Frontal and/or anterior temporal hypoperfusion or hypometabolism present in PET or SPECT imaging

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))


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