

DIAGNOSTIC CHECKLIST

Behavioral Variant Frontotemporal Degeneration (bvFTD)



FOR YOU: Changes in behavior, mood, or personality

Check off each box next to symptoms 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. This form is not a substitute for a diagnosis by a medical professional.

APATHY

- Loss of interest in work, hobbies, or relationships
- Not tending to personal hygiene
- Loss of initiative

SOCIALLY UNACCEPTED BEHAVIOR

- Saying things that are uncharacteristically rude or offensive
- Uncharacteristic touching, sexual behavior, or violation of others' personal space
- Shoplifting or impulsive purchasing
- Unexpected aggression or agitation

DECLINES IN EXECUTIVE FUNCTIONS

- Difficulty planning
- Questionable financial planning and decision-making
- Making repeated mistakes at work

LACK OF INSIGHT

- Blaming others for consequences of their own behavior
- Frustration or anger at limitations on activities

COMPULSIVE BEHAVIOR

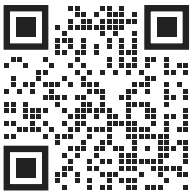
- Repeating words or phrases
- Continually rubbing hands together or clapping
- Re-reading the same book or watching the same episode of a show
- Uncharacteristic hoarding
- Walking to the same place each day

LOSS OF CONCERN FOR OTHERS

- Indifference to significant events like a death or birth in the family
- Loss of empathy
- Newfound inability to recognize others' emotions
- Frequent irritability and mood changes

CHANGES IN EATING HABITS

- Binge eating and/or excessive beverage consumption
- Only eating specific foods
- Increased or first-time use of tobacco or alcohol
- Attempting to eat non-edible objects



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

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

- | | |
|--|---|
| <input type="checkbox"/> Meets criteria for possible bvFTD (section 2) | <input type="checkbox"/> Brain imaging results that present features of bvFTD |
| <input type="checkbox"/> Exhibits significant functional decline (verified by a care partner, or by scores from Clinical Dementia Rating Scale or Functional Activities Questionnaire) | <ul style="list-style-type: none"> • 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 |
|---|--|---|

Rascovsky, K, Hodges, JR, Knopman, D, Mendez, MF, et al. Sensitivity of revised diagnostic criteria for the behavioural variant of frontotemporal dementia. *Brain* 2011 Sept; 134:2456 – 2477.



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

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