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MADISON NEUROLOGY LLC

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Neurology Care 7 days a Week. Because Your Brain Matters.

Frontotemporal Dementia (FTD)

Patient education guide · Neurodegenerative & Memory · Madison Neurology LLC

What is it?

Frontotemporal dementia is a group of disorders caused by degeneration of the brain's frontal and temporal lobes. Unlike Alzheimer's, it often begins with changes in personality, behavior, judgment, or language rather than memory — and it commonly strikes younger people, most often between ages 45 and 65.

How does it happen?

FTD results from abnormal protein buildup (usually tau or TDP-43) in frontal and temporal brain regions. About 30-40% of cases are familial, and roughly 10-20% have a clearly identifiable gene mutation (such as C9orf72, MAPT, or GRN). Some forms overlap with ALS.

Common symptoms

- Behavioral changes: disinhibition, apathy, loss of empathy, impulsivity
- Compulsive or repetitive behaviors and changes in food preferences
- Language variant: progressive difficulty finding words or understanding them
- Poor judgment and financial or social missteps
- Relative sparing of memory early on; movement problems in some forms

How is it diagnosed?

Diagnosis uses clinical evaluation, detailed cognitive and behavioral assessment, and brain MRI showing frontal/temporal shrinkage; PET scans and spinal fluid or blood biomarkers help exclude Alzheimer's. Genetic counseling and testing are offered when family history or clinical features suggest it.

How is it treated?

There is no disease-modifying treatment yet, but symptoms can be managed: SSRIs and other medications help disinhibition, compulsivity, and agitation; speech therapy supports language variants; and structured routines reduce behavioral triggers. Caregiver education and support groups are central, as behaviors can be challenging. Clinical trials targeting specific genetic forms are underway.

What does the future hold?

FTD is progressive, with courses ranging from a few years to over a decade depending on the variant. Because it often affects people still working and raising families, early financial, legal, and care planning is especially important. Research progress in genetic forms is rapid.

Questions patients commonly ask

Q: Why was my loved one first misdiagnosed with a psychiatric illness?

A: Behavioral-variant FTD commonly mimics depression, bipolar disorder, or midlife personality change; brain imaging and specialist evaluation are what reveal the true cause.

Q: Is FTD hereditary?

A: A substantial minority is inherited; a genetic counselor can help the family decide whether testing makes sense.

Q: Does memory stay normal?

A: Early on, yes — memory is relatively preserved while behavior or language deteriorate, which distinguishes FTD from Alzheimer's.

National support groups & resources

- **Association for Frontotemporal Degeneration** — theaftd.org — 1-866-507-7222
- **Alzheimer's Association (24/7 Helpline)** — alz.org — 1-800-272-3900
- **National Organization for Rare Disorders** — rarediseases.org — 1-800-999-6673

(Organization contact details were current at the time of compilation; please verify online.)

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