

Frontotemporal Dementia

Find reason in the confusion. Find help when it's needed.



Frontotemporal disorders often strike people in the prime of life, with their families suffering and struggling as well to cope with their loved one's daily needs. Frontotemporal disorders are little known in the general public and gradually rob people of basic abilities—thinking, talking, walking and socializing. Although frontotemporal disorders remain puzzling in many ways, researchers are finding new clues that will help them solve this medical mystery and better understand other common dementias.

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Understanding. Answers.

Frontotemporal Dementia



Understanding the Basics

Frontotemporal disorders are the result of damage to neurons (nerve cells) in parts of the brain called the frontal and the temporal lobes. As the neurons die, these lobes atrophy, or shrink. Gradually, this damage causes difficulties in thinking and behaviors normally controlled by these parts of the brain. Many possible symptoms can result, including unusual behaviors, emotional problems, trouble communicating, difficulty with work or difficulty with walking.

Frontotemporal disorders are forms of dementia caused by a family of brain diseases known as frontotemporal lobar degeneration (FTLD). Other brain diseases that can cause dementia include Alzheimer's disease and multiple strokes. Scientists think that FTLD is the most common cause of dementia in people younger than age 60. People can live with a progression of symptoms of frontotemporal disorders for up to 10 years, sometimes longer, but it is difficult to predict the time course for an individual patient.

Types of Frontotemporal Disorders

These disorders can be grouped into three types, defined by the earliest symptoms physicians identify when they examine patients.

- **Progressive behavior/personality decline**—characterized by changes in personality, behavior, emotions and judgment (called behavioral variant frontotemporal dementia).
- **Progressive language decline**—marked by early changes in language ability, including speaking, understanding, reading and writing (called primary progressive aphasia).
- **Progressive motor decline**—characterized by various difficulties with physical movement, including the use of one or more limbs, shaking, difficulty walking, frequent falls and poor coordination (called corticobasal syndrome, supranuclear palsy or amyotrophic lateral sclerosis).

Symptoms

Symptoms are often misunderstood with family members and friends thinking a person is misbehaving, leading to anger and conflict. It is important to understand that people with these disorders lack awareness of their illness and cannot control their behaviors and other symptoms.

- **Perseveration**—A tendency to repeat the same activity or to say the same word over and over, even when it no longer makes sense.
- **Social disinhibition**—Acting impulsively without considering how others perceive the behavior. For example, a person might hum at a business meeting or laugh at a funeral.
- **Compulsive eating**—Gorging on food, especially starchy foods like bread and cookies, or taking food from other people's plates.
- **Utilization behavior**—Impulses to use or touch objects that one can see and reach without intent to use.

Information courtesy of the National Institute on Aging

Guidance

Luanne Harms, LCSW
Therapist

Luanne Harms is a Licensed Clinical Social Worker with an academic concentration in Mental Health, Alzheimer's Disease, Lewy Body and Parkinson's Dementia, Frontotemporal Dementia, Chronic Encephalopathy (CTE), as well as alcohol- and drug-related dementias.

Professionally, Luanne has served individuals in the midst of the aging process and other phases of life as well their families and caregivers, guiding them and helping them to care for loved ones with Alzheimer's Disease and other related dementias, as well as other chronic health conditions, at home, in the hospital, in long-term care, memory care and hospice.

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7282 Crosswater Ave, Suite 100
Tyler TX, 75703

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