

FTD/PPA Caregiver Education Conference
March 11, 2011**Question and Answer Session**

Answered by Joseph Cooper, MD, Darby Morhardt, MSW, LCSW, Mary O'Hara, AM, LCSW, Jaimie Robinson, MSW, LCSW, Emily Rogalski, PhD, HyungSub Shim, MD, and Christina Wieneke

Risk**1. What is the role or connection between hoarding and FTD?**

Hoarding and other repetitive, compulsive, stereotyped, or OCD-like behaviors can occur in FTD.

2. What is the connection between Parkinson's and FTD? I had a grandfather with Parkinson's. My father has FTD and my aunt may have Alzheimer's. Is there a genetic connection?

All of these diseases are caused by degeneration of the brain. There is no known genetic link that connects these diagnoses.

3. What do you believe is the connection (if any) to head trauma from a car accident to FTD?

While multiple head traumas have been associated with a form of dementia, it is an unlikely explanation for FTD. Specific consultation with a Behavioral Neurologist or Neuropsychiatrist could help answer this on a case-by-case basis.

4. What impact or effect does genetic testing have on your health insurance if you are identified with a genetic probability? Does this hinder participants in seeking genetic testing?

You might ask the neurologist for a referral to a genetic counselor. A genetic counselor can answer your questions about implications of a genetic finding.

5. Is there any indication of environmental causes (chemicals, food, etc.) for gene mutations or onset of FTD/PPA?

Chemicals and foods do not cause specific gene mutations such as those related to FTD or PPA. There are no known environmental triggers to FTD or PPA.

6. Do "excitotoxins" (food additives) factor in to disease development?

Excitotoxicity is a term used to describe nerve cell death caused by excess of certain natural chemicals or artificial chemicals that resemble them. There is no known link between excitotoxins and these diseases.

7. Can serotonin levels be detected in blood or spinal fluid?

(Assuming this means serotonin) The levels of serotonin can be detected in the blood or spinal fluid, but they do not necessarily correlate to any abnormalities in the levels of serotonin in the brain, nor to disease processes.

8. Can carbon monoxide be a possible contributing factor in FTD, etc.?

Carbon monoxide and other chemicals that damage the brain can cause problems with memory and thinking, but cannot cause FTD.

9. My wife has had PPA/FTD for over six years. We have seven surviving children and eight grandkids. What and when should they do regarding participation?

There are no general “rules” for this. They can be involved to the extent appropriate for your family’s level of comfort.

10. What effects would a high-anxiety/high-stress environment have on a patient with FTD/PPA? If this environment is seen by the primary caregiver to be the only solution, how could other family members advise the primary caregiver that changes in environment are needed? The primary caregiver is resistant to help and changing the situation, but is struggling.

Making such changes can be difficult. A consultation with a social worker with expertise in the area of dementia could be of great benefit in sorting through some of these issues.

11. Can a minor stroke cause the onset of PPA?

No, however minor strokes can cause aphasia. Mini or minor strokes can be the cause of cognitive changes like aphasia. If the stroke is the cause of the aphasia the diagnosis would not be PPA. Aphasia is very common for someone who had a stroke. One major difference between PPA related aphasia and stroke aphasia is that PPA has a slow and subtle onset and is progressive, and stroke aphasia happens at the time of the stroke and the person will get worse only if there are more strokes in a particular area of the brain. To learn more about aphasia and its causes visit www.aphasia.org.