Responding to Behavior and Personality Changes in FTD and PPA

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Top Three things I have learned from a dementia patient…

#3… You will NEVER win an argument with a person with dementia.

#2

Don't take behaviors personally.

And the #1 thing that I have learned over the years….

Reality is relative.

Immanuel Kant, 18th century philosopher, The Critique of Pure Reason, 1781.

What do the Frontal Lobes Do?

- The size distinguishes human brain from that of primates, gives us our "human" qualities.
- Dye-tracing studies have defined very dense reciprocal connections between prefrontal cortex and ALL other brain regions.
- Thus, with deterioration of frontal lobes, we disrupt essentially all sequential brain functions that result in the execution of goal-directed activity.
- Frontal lobe dysfunction is difficult to detect.

Diagnosis is important!

- Currently there are no FDA approved medications to treat FTD or PPA.
- There is limited evidence of the efficacy of pharmacological treatments in FTD or PPA.
- Medications should only be considered in conjunction with non-pharmacological interventions.
- Patients with FTD and PPA are susceptible to adverse effects of medications. Start low and go slow!!! Re-evaluate often.

"dementia" medications

- Acetylcholinesterase inhibitors have not been shown to be helpful in FTD or PPA
- These pathways are relatively spared in FTD
- Different pathology than other dementias
- Galantamine, Donepezil, Rivastigmine.
- Mixed reviews on Memantine, NMDA receptor antagonist

Some Basics of Behavioral Mangament.

- Safety first!!
- Nonverbal communication can be as effective as verbal communication.
- Be aware of your voice- tone, pitch, speed and inflection.
- Distract, don't react.

Common Behaviors in FTD and PPA

Disinhibition: impulsive behaviors without any regard of how it may affect others.

- Can be described as having "no filter" or no recognition of social norms or values
- Loss of capacity for planful action.

Examples:
Theft, vulgar language, sexually inappropriate behaviors, getting "too personal" with strangers, laughing at things that are not funny. Inappropriate judgments of others.

Disinhibition

Environmental approaches:

- Inform friends and relatives of diagnosis.
- Avoid situations that you will know will exacerbate the problem.
- Distract their attention to something else.
- Go only to places where you know the people and they are familiar with your situation.

Disinhibition

Pharmacological interventions:

- Atypical antipsychotics are sometimes helpful when environmental approaches are not enough. Examples: olanzapine, quetiapine, risperidone
- Sexually inappropriate behavior can be treated with medroxyprogesterone or leuprolide, weekly vs. monthly intramuscular injections.

Common Behaviors in FTD and PPA

Perseveration: repetition of a word(s), gesture, or act that is persistent.

- The obverse of disinhibition.

Examples: repeating the same story over and over, rummaging, palilalia.

Perseveration

Environmental approaches:

- Distraction
- Let them do the behavior if it is not a threat to safety of themselves or others.

Pharmacological intervention: defer to section on compulsive behaviors. Pharmacological treatments are not routinely given for this behavior as distraction is best method of intervention.

Common Behaviors in FTD and PPA

Apathy: Lack of interest or inability to initiate activity. Not to be confused with depression.

Examples: inability to plan their day, unable to complete tasks, does not initiate conversation, lacks empathy or compassion for others feelings

Apathy

Environmental approaches:

- Plan the activity and guide the person to it.
- Help with tasks by providing the things that they need in visible location and cue the person to the order in which to complete.
- Planned activities and structured routine.

Apathy

Pharmacological intervention:

- Stimulants: dextroamphetamine, methylphenidate.
- Dopamine agonists: amantadine, bromocriptine.

Common Behaviors in FTD and PPA

Compulsive Behaviors: an irresistible urge to perform a repetitive act.

Examples: humming, pacing, "picking" behaviors, wandering.

Compulsive behavior

Environmental approaches:

- Safety first- if the behavior is not dangerous, let them do it with adequate supervision.
- Mittens/gloves can sometimes prevent skin excoriation in picking behaviors. Patient compliance is a significant issue with this intervention.

Compulsive behaviors

Pharmacological Interventions:

- SSRIs. Sertraline, escitalopram, citalopram, fluoxetine
- Sometimes adjunct with atypical antipsychotic in treatment resistant cases. Quetiapine, aripiprazole, risperidone

Common Behaviors in FTD and PPA

Utilization Behavior: irresistible impulse to manipulate objects.

Examples: taking things within their reach that another may be using to complete a task without any regard that someone is using it. "Automatic behaviors".

Utilization

Environmental intervention:

- Supervision
- Distract with purposeful activities

Pharmacological interventions: none

Common Behaviors in FTD and PPA

Hyperorality: compulsive eating.

Examples:

- Taking food from others' plate
- Eating without regard of being full.

Hyperorality

Environmental approaches:

- Utilize portion control
- lock up food
- Distract with other activities

Pharmacological intervention: none

Common Behaviors in FTD and PPA

Aggression: It is common for people with FTD to lack insight into their problem. When redirected toward other activities, or perceiving that they are being told what to do, then may become aggressive.

Examples: foul language, shouting, physical aggression, verbal aggression.

Aggression

Environmental approaches:

- Avoid reasoning
- Seek safe place, call 911 if a threat to themselves or others. Explain that the person you are calling about has a neurodegenerative condition and that behavior can be unpredictable.

Aggression

Pharmacological interventions:

- SSRIs
- Atypical antipsychotics
- Mood stabilizers: carbamazepine, divalproex
- Others: Buspirone, propranolol

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