

What is progressive supranuclear palsy?

Frontotemporal dementia or FTD is a progressive disorder of the brain. It can affect behaviour, language skills and movement.

FTD commonly overlaps with parkinsonian disorders causing problems with movement. One of these is called progressive supranuclear palsy or PSP.

In PSP the first symptoms are often those that affect movement. However in some cases these can be preceded by behavioural or language symptoms, and some people may initially carry a diagnosis of behavioural variant FTD or PNFA.

Symptoms include:

- Difficulty walking
- Balance problems
- Recurrent falls that are often backwards
- Stiffness of the muscles – particularly the neck and trunk muscles
- Difficulty moving the eyes up and down – this may not be noticed by the person themselves or their family but by the doctor when they are examined

Later on symptoms include:

- Slurring of speech
- Difficulty swallowing
- Laughing or crying at inappropriate times – this is called emotional lability

Does PSP run in families?

It is very unusual for PSP to be a genetic disorder and run in families. In rare cases mutations in the tau gene can cause PSP.

See FACTSHEET 2 for more details about familial FTD.

How is PSP diagnosed?

Usually a diagnosis is made by a specialist rather than a GP. See FACTSHEET 11 for more details.

A diagnosis of PSP may be made from the symptoms and signs found on clinical examination. However some tests may also be performed. For example, specific changes can sometimes be seen on a brain scan called an MRI that can help support a diagnosis of PSP.

Is there a treatment for PSP?

There is currently no cure for PSP but there are some important things which can help when caring for someone – see FACTSHEET 12 for more details.

Drugs used in Parkinson's disease such as levodopa or other drugs that increase dopamine levels tend to have only a small or no effect on the movement symptoms.

The PSP Association has more information on PSP at www.pspassociation.org.uk.