

## How is FTD treated?

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

There is currently no cure for FTD but there are a number of important things that can help when caring for someone.

### **Drugs**

There is some evidence that selective serotonin reuptake inhibitors or SSRIs may help improve behavioural symptoms. These are the drugs such as fluoxetine (Prozac).

The acetylcholinesterase inhibitors that are used in Alzheimer's disease have no evidence for any benefit in FTD and may make some behavioural symptoms worse. These are the drugs called donepezil (Aricept), rivastigmine (Exelon) and galantamine (Reminyl).

Neuroleptic drugs such as haloperidol, olanzapine (Zyprexa), risperidone (Risperdal) and quetiapine (Seroquel) have been used to treat behavioural symptoms but are associated with a significant risk of side-effects including the development of parkinsonism and deterioration in thinking.

In people with MND, the drug riluzole (Rilutek) is commonly used.

In parkinsonism levodopa (Sinemet, Madopar) or dopamine agonists such as ropinirole (Requip) or pramipexole (Mirapexin) may be used, although there tends to be limited benefit of these drugs on improving movement problems.

### **Environmental modifications**

Sometimes modifications to the environment or other practical steps can be made to help deal with behavioural symptoms. Examples include:

- Carrying a card to give to other people that briefly describes that the person's behaviour or judgment is affected by dementia – this can be useful when behaviour is disinhibited or inappropriate in public
- Limiting access to credit cards if excessive spending is a problem
- Limiting access to food if overeating becomes an issue

### **Speech and language therapists**

In people with language problems, particularly those with progressive nonfluent aphasia, referral to a speech and language therapist may be helpful. In the early stages of the illness, the use of alternative communication methods such as electronic devices or picture books can be useful.

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### Genetic advice and counselling

In families who are known to have a gene abnormality expert genetic advice is important. Some members of the family may want to undergo testing for a gene abnormality before they develop symptoms. This will involve referral to a specialist genetics service and genetic counselling.

### Support for patients

Once someone has been diagnosed they may receive support from a variety of health and social care professionals.

This includes local health services such as GPs, community mental health teams and social workers, as well as the specialist hospital team.

Together, this team will help people and those who care for them to manage the challenges of FTD.

### Support for carers

It is important to that carers of people with FTD have enough support including respite when necessary.

Support groups can be helpful and include the following:

- FTD Support Group – [www.ftdsg.org](http://www.ftdsg.org)
- Familial FTD Support Group – [www.ftdsupport.org](http://www.ftdsupport.org)



- PPA Support Group – [www.ucl.ac.uk/drc/support-groups](http://www.ucl.ac.uk/drc/support-groups)



- PSP Association – [www.pspassociation.org.uk](http://www.pspassociation.org.uk)
- Alzheimer's Society – [www.alzheimers.org.uk](http://www.alzheimers.org.uk)

### The future

Whilst there is currently no cure for FTD there are lots of research centres around the world working towards one.

Currently, people with FTD are often asked to take part in research studies looking at various aspects of the disorder including brain scanning and neuropsychology tests.

It is hoped that this research will lead to clinical drug trials over the next few years in FTD and its associated disorders.