

What is FTD with parkinsonism?

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

Parkinsonism is a disorder that affects movement. People may have greater difficulty moving or be slower in their movements – this is called **bradykinesia**. There may be stiffness in the arms and legs – this is called **rigidity**. People may also have too much movement such as a **tremor** where the hands shake.

Parkinson's disease is the most common form of parkinsonism. Some patients with FTD develop very similar symptoms. This is usually called FTD with parkinsonism or FTDP.

It occurs usually in people who have behavioural variant FTD or progressive nonfluent aphasia. It is very rare in people with semantic dementia.

There are two diseases in particular which may overlap with FTD and are often known as atypical parkinsonism. These are called:

- **corticobasal syndrome or CBS**, also known as corticobasal degeneration or CBD
- **progressive supranuclear palsy or PSP**

Corticobasal syndrome

Symptoms usually start on one side of the body but may go on to affect both sides.

They include the following symptoms that may affect the arm, leg or both:

- Clumsiness
- Slowness of movements
- Stiffness
- Tremor
- Jerkiness
- Holding the arm in an odd posture – this is called an 'alien limb'
- Inability to do complex actions with the hands – this is called a limb apraxia.

CBS may present before or after the onset of symptoms of frontotemporal dementia.

See FACTSHEET 9 for more details.

Progressive supranuclear palsy

Symptoms of PSP include:

- Difficulty walking
- Balance problems
- Recurrent falls that are often backwards
- Stiffness of the muscles – particularly the neck and trunk muscles

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- 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.

PSP may present before or after the onset of symptoms of frontotemporal dementia.

See FACTSHEET 10 for more details.

Does FTDP run in families?

FTDP can sometimes run in families. Some members of the family may have parkinsonism without FTD, or vice versa.

This can be due to a problem in one of the genes that causes familial FTD such as tau, progranulin or C9ORF72.

See FACTSHEET 2 for more details about familial FTD.

How is FTDP diagnosed?

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

For FTD, there is no single test that will make a diagnosis except in some people who have a genetic cause. A series of tests are usually performed including a scan of the brain.

A diagnosis of parkinsonism may be made from the symptoms and signs found on clinical examination. However some tests may also be performed including a brain scan.

Is there a treatment for FTDP?

There is currently no cure for FTDP 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 symptoms of parkinsonism.

Useful organizations that can provide information about FTD include:

- FTD Support Group – www.ftdsg.org
- Alzheimer's Society – www.alzheimers.org.uk

For parkinsonism the following organizations can provide information and support:

- P S P Association – www.pspassociation.org.uk
- P a r k i n s o n ' s U K – www.parkinsons.org.uk