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PSYCHIATRIC PRESENTATION OF YOUNG ONSET BEHAVIORAL VARIANT OF FRONTOTEMPORAL DEMENTIA

Psychiatry

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KEYWORDS

-Mr. K, 37yrs old, Right Handed, Hindu male patient belonging to rural areas of Rajasthan brought to psychiatric department of tertiary care hospital by his relatives for management of behavioral symptoms.

As per informers, patient's symptoms had started before 1.5 yrs.

Symptoms were – Collecting garbage, Disinhibited behavior like asking for extra money from customers, unnecessary conversations with customers, begging for money on roadside, aggression, abusiveness and hyperactivity, repetitive behavior and mannerisms like salam, change of tone in voice and childish demands.

For all these symptoms his relative had taken consultation to multiple psychiatrists and was treated for Psychosis.

For detailed evaluation & work up, Patient was admitted to tertiary care hospital.

Further history revealed that patient had history of fall down at work place, but no history of loss of consciousness, bleeding or seizure during or after that event. Also, his post traumatic brain scan was negative. He had no history of past psychiatric illness. No history of alcohol or any other substance use. No significant history of any psychiatric or neurological disorder in his family.

His initial mental status examination showed that he was mildly disheveled man appearing his stated age. His mood was irritable and he would fidget during interview. Establishing rapport with him was a difficult task although he was fully oriented and well informed about recent and remote events of his life. He was giving repetitive answers with poverty of content in thoughts. No evident perceptual abnormalities or delusional believes were noted on examination. He showed cognitive dullness with marked anxiety. His judgement was impaired and he had lack of insight about illness.

His mini mental status examination conducted which showed score of 25 out of 30. He was well oriented to person and place but difficulty in orientation for season, date, month was present with delayed answers in recalling.

His general physical examination showed no major abnormalities. Neurological Examination also did not show any abnormalities.

His routine blood chemistry examination including renal function test, liver function test, thyroid profile, Vit-B12 level, also CBC, VDRL were within normal limits.

His CSF- Routine & Culture Examinations, EEG brain were also unremarkable. His MRI brain plain – showed generalized cerebral atrophy but no evident findings of any brain injury.

On the basis of his presenting features, according to DSM-5, his provisional diagnosis was made as probable Major Frontotemporal Neurocognitive disorder, as patient also had a history of functional impairment.

For further management, Neuro medicine Consultation was taken & their opinion too supported the diagnosis. Frontal assessment battery and Addenbrooke were also applied. Further investigations were advised but due to socio financial reasons, could not be performed.

He was started with folic acid and vitamin supplementation and antianxiety agents were started (tab. Buspirone and tab. Lorazepam) in divided doses. Also tab. Donepezil plus tab. Memantine and tab. Sertraline were started.

No antipsychotics were given.
Psychoeducation was given to the relatives about the illness and its prognosis in detail.

At the time of discharge Although his behavioral problem was mildly controlled with medications,he didn't show any improvement in cognitive functions .In follow, up he was behaviorally stable than earlier.

FTD is one of the most common causes of early onset NCD in individuals younger than 65 yrs.

There are three variants of FTD -Behavioral variant, Semantic variant and Progressive non-fluent variant Population prevalence estimates are in range of 2-10 per 100000
20% - 25% cases of FTD (NCD) occurring in individuals are older than 65 yrs.

FTD NCD accounts about 5% of all cases of dementia
Behavioral variant & Semantic Variant are higher in males.
Age of Presentation varies from third to ninth decade.
Survival age is 6-11 years after symptom onset & 3-4 years after diagnosis.

40% of individuals with major or mild form of FTD NCD have family history of early onset NCD, and approximately 10% show an autosomal dominant inheritance pattern.

Gene – MAPT (microtubule associated protein tau)
GRN (granulin Gene)
C90RF72 gene.
Frontotemporal NCD
Bv- Frontal lobe (especially medial frontal lobe) & Anterior Temporal lobe are atrophic

Conclusion: -
Usually frontotemporal dementia presents at early age of onset with positive family history, but patient had no positive family history in this case. Due to early presentation of psychiatric & behavioral symptoms, the diagnosis is sometimes misleading to psychiatric illness.

Although, no treatment available for FTD, early diagnosis and education to relatives is helpful.

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