BEHAVIOURAL VARIANT OF FRONTOTEMPORAL DEMENTIA IN A SCHIZOPHRENIC PATIENT: A CASE REPORT

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BACKGROUND AND OBJECTIVES

Frontotemporal dementia (FTD) is a group of disorders characterized by prominent changes in social behaviour and personality or aphasia, accompanied by degeneration of the frontal and/or temporal lobes. It's one of the more common causes of early-onset dementia, with an average onset age in the sixth decade. **Behavioural variant frontotemporal dementia (bFTD)** is the most common clinical subtype. Its hallmark is a progressive change in personality and behavior.

We pretend to conduct a review of the literature on this topic and to present a clinical case of bFTD in a schizophrenic patient with its further discussion.

MATERIALS AND METHODS

The data was collected through patient interviews. The literature review was made with the research terms "dementia", "frontotemporal dementia", "behavioral variant frontotemporal dementia" in scientific databases – Pubmed and Medscape.

CASE REPORT

JMS., 65-year-old male patient, retired, living in a nursing home. Diagnosed with schizophrenia, with a last admission in 2010, remained clinically stabilized since then. However on February 2018, at the psychiatry appointment, the nursing home keeper tells that the patient starts "speaking more about sex" (sic) and is caught having sexual intercourse with a bedridden lady of 96-years-old. Faced with the situation the patient replies "she was

all naked in the bed, she was the one who kissed me" (sic). The nursing home says he started having a more inappropriate speech and attitudes, which was unusual on him who always had been a calm patient, since some months ago. The patient didn't have any kind of insight for its inappropriate behaviours. Apart from this, the nursing home adds that he spends the day doing anything but going out to ask for money for buying and eating cakes.

J.M.S. is admitted in the psychiatry ward. His blood tests were normal. The CT scan showed bilateral frontal and temporal cortical atrophy (see fig.1). The Montreal Cognitive Assessment test was incomplete because of poor collaboration, but showed executive function deficits, with calcule and language preserved. On the first days of admission JMS was very disinhibited, with a desorganized speech of sexual content, an hostile contact and refusal in collaborating with the team, but never revealed any psychotic symptomatology.

On D7 we started a clinical trial with sertraline 50mg. The symptoms gradually improved and on D16 he got discharged, with remission of the previous acute symptomatology and with better insight about the reason of his admission.

CONCLUSIONS

Patients with bFTD may exhibit psychotic features early in the disease course, which can difficult the diagnosis. In our specific case the disorganized speech and the behaviour alterations of the patient could be confused with a recurrent psychotic episode of schizophrenia. However we excluded this hypothesis because the patient never showed delusions or perception alterations. Indeed he met the diagnostic and imagiologic criteria made by the International Consensus for FTD for probable bFTD: disinhibition, apathy, compulsive behaviours, hyperorality, deficit in executive tasks and cortical atrophy showed by CT scan.

SSRIs can be effective in some compulsive symptoms of FTD and in fact JMS behavioural symptoms improved substantially after treatment with sertraline. **We conclude it's always important to make an accurate differential diagnosis, as psychosis can mask dementia and their therapeutic management is different.**

Figure 1 – CT Scan showing bilateral frontal and temporal cortical atrophy

References: Finger E., Continuum (Minneapolis) 2016 ;22(2):464–489; Young J.J. et al. Frontotemporal dementia: latest evidence and clinical implications, Ther Adv Psychopharmacol 2018 Jan; 8(1): 33–48; Olney N.T. et al. Frontotemporal Dementia Neurol Clin. 2017 May; 35(2): 339–374; Hodges, J.R. et al. Progress and Challenges in Frontotemporal Dementia Research: A 20-Year Review. J Alzheimers Dis 2018; 62(3): 1467–1480