

Frontotemporal Neurocognitive Disorder: a Challenging Diagnosis

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Introduction: frontotemporal dementia (FTD) is marked by progressive changes in behavior, personality, variable degrees of language impairment and preservation in other cognitive domains.

Objectives: neuropsychological assessments must be more attentively performed, as FTD is the third cause of neurodegenerative dementia, in younger ages, being often misdiagnosed.

Methods: During one year we followed up every 3 months, 4 women, mean age 53.5 years admitted in Psychiatry Clinic. They all presented for depressive symptoms, started for about 4 years before, for which a series of antidepressants were used without any clinical improvement. Clinical, psychiatric and psychological evaluations were performed every 3 months, showing slowed verbal rhythm, difficulties in expressing themselves and finding right words, repetitive speech, lack of spontaneity and initiative. No perceptual disturbances or memory impairment were found. Systematically neurologic examination was normal except for bradykinesia and bradypsychia. MRI showed evidence of frontal and temporal involvement.

Results: According to DSM 5, criteria for probable neurocognitive frontotemporal disorder were fulfilled, as there were a prominent decline in language ability, in the form of speech production with relative sparing of learning and memory.

Conclusions: Because of the nature of the symptoms and the fact that a patient is often 'too young' for dementia to be considered, FTD is often initially misdiagnosed. Especially when present in midlife, it can be a significant clinical challenge to distinguish it from primary psychiatric disorders like major depression, bipolar illness or even late-onset schizophrenia. A correct diagnosis may help us improve patient's quality of life and social restoration.