

Old Age Psychiatry CBL 9-The patient with changes in personality

Learning outcomes

1. The clinical features of frontotemporal dementia including its subtypes (FTD)
2. The epidemiology of FTD
3. Investigations that may aid diagnosis in FTD
4. Medications for the symptoms of FTD
5. Types of psychosocial support for people living with FTD and their families

Case history

Mrs B is a 61 year-old lady whose family have been growing increasingly worried about her. Her husband feels like he has been “living with a different person” for the past year, although when he looks back, things have been changing for several years. He has found that Mrs B has been becoming less and less interested in personal hygiene, and has a shower only with prompting. He has also found her to be increasingly “stubborn” and intolerant of things not being done the way that she wants. Mrs B’s daughter commented that she tends to speak in an almost child-like way, and sometimes copies what other people say to her, repeating it over and over again. Mealtimes have become problematic because Mrs B asks for jam doughnuts and sometimes refuses to eat anything else. Mrs B had been working at a local newsagent but was asked to leave her job after swearing at customers on several occasions. Mr B reports that his wife visits the bathroom up to ten times per day to brush her teeth which she does rigidly and repetitively.

Mr B was very embarrassed at a church social event 3 months ago when Mrs B began openly discussing their sex life with fellow attenders. She has now stopped attending church and helping run the crèche as she “can’t be bothered anymore’.

Mrs B’s memory is a bit worse than it used to be although she can usually remember most details of recent conversations and events. Mr B says that if Mrs B does forget something, she gets annoyed if anyone suggests her memory might be failing. She thinks everything is fine and can’t understand why such a fuss is being made.

Questions

1. What is the most likely cause of Mrs B’s symptoms? What would be in your differential diagnosis?
2. What are the clinical features of this condition identified in Mrs B and otherwise?
3. How common is FTD? Who does it affect primarily?
4. How would you test cognition and frontal lobe function in this situation and what might you expect to find on these tests?
5. Mrs B’s MRI brain scan was essentially normal for age, is there another type of brain scan that might clarify diagnosis?
6. Is there a genetic component to this condition?
7. What are the options for management and support? Consider from a psychological and social perspective.

Advanced questions:

- 1) What are the clinical features of other subtypes including semantic dementia and progressive non-fluent aphasia?
- 2) What investigations might you consider if these personality changes were sudden in onset?

Review article:

Jee Bang, Salvatore Spina, Bruce L Miller (2015). Frontotemporal dementia. *The Lancet*, Volume 386, Issue 10004, Pages 1672-1682, ISSN 0140-6736, [https://doi.org/10.1016/S0140-6736\(15\)00461-4](https://doi.org/10.1016/S0140-6736(15)00461-4)