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x Primary Progressive Aphasia (PPA): is variant is pliteregiste/pwaithresistereding; thurtderstasseding; laregelange solving; thirdivisional targets and the second

x FTD with Motor Neuron Disease (FTD-MND): In some same to FTD-MND): In some same to FTD-MND): In some

Behavioral Changes in FTD

One of the de ning aspects of FTD is the profound alteration in **bedativer earce giversonality**, which can be challenging for both patients

x Apathy and Emotional Blunting: Many individuals with

x Impulsivity and Disinhibition: Behavioral variant FTD

x Loss of Empathy: Empathy, the ability to understand and Activity estimation in the second second

x Compulsive and Repetitive Behaviors: Some patients exhibit repetitive behaviors, such as hoarding, compulsive eating, or-

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memory impairment is an early and central feature, FTD's

focus is on executive functioning, behavior, and language. over time:

x Short-Term Memory Impairment: In the later s patients may experience di culties with short-term memory,

forgetting recent conversations or appointments. is can co

to confusion and frustration for both the patient and their car x Di culty with Executive Function: Executive function Citation: Lukas SE (2024) Behavioral Changes and Memory Loss: The Realities of Frontotemporal Dementia. J Clin Exp Neuroimmunol, 9: 240.

Di erentiating FTD from other dementias is essential for properguidance and support from a dietitian may be necessary to ensure management, as treatments and care strategies di er. While no cubelanced meals and to prevent overeating. exists for FTD, early diagnosis allows for better planning, access to Conclusion support services, and management of symptoms.

Management of behavioral and cognitive symptoms

a ects individuals' behavior, personality, and cognitive abilities, with ere are currently no approved disease-modifying treatments for memory loss becoming prominent in later stages [6,7]. Understanding

FTD. However, symptom management is key to improving quality of life for both patients and their families. Medications: Behavioral symptoms like agitation, anxiety,

and impulsivity can be managed with selective serotonin reuptake inhibitors (SSRIs) or antipsychotic medications. However, these should be prescribed cautiously, as FTD patients can react di erently to medications compared to those with Alzheimer's.

Cognitive Behavioral erapy (CBT): While medication х can help manage some symptoms, non-pharmacological approaches such as cognitive behavioral therapy (CBT) can assist in improving emotional regulation and coping mechanisms. CBT may also bene t caregivers in managing their emotional responses to the patient's behaviors.

Caregiver Support: Caring for someone with FTD is х uniquely challenging due to the dramatic personality and behavioral changes. Caregivers o en face emotional, physical, and nancial burdens. Support groups, counseling, and respite care services are vital to prevent caregiver burnout.

Structured Routines and Environments: Maintaining a structured daily routine helps reduce confusion and agitation in FTD patients. Providing a calm, familiar environment with clear instructions and minimizing changes can improve functioning.

Nutritional Management: Given the changes in eating х behavior, it's important to monitor the patient's diet closely. Nutritional Frontotemporal dementia is a complex and devastating disease that

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