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EDITORIAL

The changes of DSM 5 with regard to frontotemporal dementia (FTD) (essentially frontotemporal lobar degeneration/ frontotemporal neurocognitive disorder) are among developments leading psychiatry toward the use of biomarkers (American Psychiatric Association, 2013; Kelleher, 2018). This condition ycu"rtgxkqwun{"encuukŁgf"cu"Rkemøu"Fkugcug."cp"Czku"KKK"fkuqtfgt0" HVF"jcu"dtqcfgt"etkvgtkc0""Kp"cffkvkqp."ykvj"vjg"fkuuqnwvkqp"qh"vjg" czkcn"p $ u $ m k *Eq{ng/Ikncjtkuv"gv"cn0."4238="Mpqrocp"("Tqdgtvu."4233="Qnpg{." Urkpc"("Okmgt."4239+0""Kp"vjg"Wpkvgf"Uvcvgu"42.222/52.222"rgqrng" ctg"chhgevgf"*Mpqrocp"("Tqdgtvu."4233="Qnpg{."Urkpc"("Okmgt." 4239+0"Rcvjqnqikecnn{."HVF"kpxqnxgu"u{pcrug"nquu."inkquku."cpf" neuronal loss, which lead to gross atrophy within the frontal and cpvgtkqt"vgorqtcn"nqdgu."dcucn"icpinkc."cpf"vjcncowu"*Dtwp."Nkw"(" Gtkmuqp."3;;7="Nlwdgpmqx"("Okmgt."4238+0""Cdqwv"62'"qh"rcvkgpvu" ykvj"rcvkg o l Ocpf"dgjcxkqt"*Qnpg{."Urkpc"("Okmgt."4239="Qp{kmg"(" Diehl-Schmid, 2013). More than the aphasic FTD conditions, bvFTD has the greatest potential to change clinical perspectives qp"rcvkgpvu"qvjgt"ykvj"fkcipqugf"ykvj"oqqf."ru{ejqvke."cpf"cpzkgv{" fkuqtfgtu0""Rtgxkqwu"tgugctej"ujqyu"ukz"rgtegpv"*68|973+"qh"ugngevgf" HVF"ecugu"rwdnkujgf"dgvyggp"3;72"cpf"4229"rtgugpvgf"ykvj" schizophrenia, schizoaffective disorder, bipolar disorder (BPD), ru{ejqvke"fgrtguukqp."qt"wpurgekŁgf"ru{ejqvke"uvcvgu"*Ncpcvc" ("Okmgt."4238="Xgncmqwnku."Ycnvgthcpi."Oqegmkp."Rcpvgnku"(" OeNgcp."422;+0""Qduguukxg/eqorwnukxg"dgjcxkqtu"ctg"cnuq"uggp" gctn{"kp"dxHVF"*Ncpcvc"("Okmgt."4238="Vqpmqpqi{."Uokvj"(" Dcttgktc."3;;6+0

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DSM 5 distinguishes possible and probable bvFTD. Criteria for possible bvFTD are: (1) a prominent decline in social cognition cpf|qt"gzgewvkxg"hwpevkqp"ykvj"tgncvkxg"urctkpi"qh"ogoqt{"cpf" perceptual-motor function; and (2) at least 3 of the following -- behavioral disinhibition, apathy/inertia, loss of sympathy/empathy, perseverative, stereotyped or compulsive/ritualistic behavior, hyperorality and dietary changes. Criteria for probable bvFTD are: those of possible bvFTD plus either an FTD pathogenic mutation or disproportionate involvement of frontal or temporal lobe on neuroimaging (American Psychiatric Association, 2013).

Treatment options for FTD are limited. Nonpharmacologic approaches include caregiver education and environmental intervention, evaluation of swallowing (since many patients with dxHVF"gxgpvwcmn{"fkg"qh"curktcvkqp"rpgwoqpkc+."gzgtekug"cpf"fkgv" *Dtwp."Nkw"("Gtkmuqp."3;;7+0""Rjctoceqnqikecnn{."vjg"dguv"gxkfgpeg" qh"ghŁece{"ku"ujqyp"d{"ugngevkxg"ugtqvqpkp"tgwrvcmg"kpjkdkvqtu"cpf" vtc|qfqpg"*Ng"dgtv."H0."Uvgmmg."Y0."Jcugpdtqgmz."E0."("Rcuswkgt." 4226="Uyctv|."Okmgt."Nguugt"("Fctd{."3;;9+0""

These changes in nosology are still being assimilated into clinical rtcevkeg0""Qxgt"vkog."vjg"pqokpcn"rtgxcngpeg"qh"vjku"eqpfkvkqp" may increase. This could be attributable in some cases to revised diagnoses. Treatment advances may also follow. All of these developments will be related to neuroimaging or other objective pathologic assessment. For a variety of reasons therefore, the diagnostic changes leading to current concepts of frontotemporal dementia represent incremental changes in psychiatric precision.

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