

Semantic dementia and care management: a case report

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Background

Semantic dementia is a clinical variant of frontotemporal dementia (FTD), a heterogeneous group of hereditary and sporadic neurodegenerative disorders affecting frontotemporal areas. FTD is often initially mistaken for psychiatric disorder and is a leading cause of young-onset dementia.

Case report

A 50-year-old man was admitted to hospital with a six-month history characterized by apathy and inertia, lack of interest in usual activities, decline in the amount of speech, instrumental activities reduction and impaired insight. The patient had lost his job for inability to organize daily activities. On neurological examination there were apathy, partial orientation in time and space, distractibility, speech fluent with word retrieval impairment, no cranial nerve deficits, no cerebellar signs, no motor and sensory deficits. Blood tests including thyroid hormone levels, VDRL, HIV, HCV and HBV were negative. The gene mutations evaluation MAPT, PGRN, TARDBP, C9ORF, PSEN1 were negative. Examination of cerebrospinal fluid demonstrated normal levels of tau/fosfo-tau and beta-amyloid. MRI showed bilateral frontotemporal atrophy. FDC-PET showed bilateral frontotemporal hypometabolism. The neuropsychologic evaluation showed loss of flexibility and abstraction, impairment in the pragmatic level of the discourse with disorganization and distractibility, reduction of vocabulary, poor planning and organization, executive tasks deficit, impaired emotional judgment, impaired insight. The patient was discharged with a diagnosis of semantic dementia. During hospitalization the patient management has been focusing on the early diagnosis correct, alleviation of symptoms, caregiver support and educational interventions. The patient changes became gradually evident to relatives, colleagues, and friends, because of disruption in his work performance, social, and family relationships. The effect was a high level of burden for the caregiver. Multidisciplinary meetings with neurologist, psychologist, social assistant were organized to inform his wife and relatives of the patient's disease and its impact on daily life of the family. It was activated a process of social reintegration and the patient started to work in a cooperative.

Conclusions

This paradigmatic patient demonstrates the importance of adequate case management. It involves a combination of medication with behavioral techniques, physical and environmental change with a daily organized activities that allow disease management both for patient and for relatives.

References:

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