

FRAGMENTATION OF BODY IMAGE AND FRONTO-TEMPORAL LIKE BEHAVIORS

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Introduction

The burden between normal and fronto-temporal like behaviors may be wider than expected and accounts for “phenocopy cases”. The rate of progression may vary according to genetic factors, cognitive development and reserve, body image’s structure, life style, socio-cultural stimuli, environmental contest. The negativity of early neuroimaging may evolve toward frank vascular pathology.

The aim of our observational and longitudinal study is to identify the predictive values and the correlations among neuropsychological asset and clinical/radiological findings in young-adult patients.

Methods

So far, 48 males (age 40,91 sd 12,35) and 44 females (age 42,8 sd 11,49) were recruited. They underwent routine blood and urinary examinations, Computerized Tomography and/or Magnetic Resonance Imaging. We administered Temperament and Character Inventory, Body Dysmorphic Disorder Examination, Brief Assessment of Negative Dysmorphic Signs (BANDS) (Fiori et al, 2009, 2010), Mini-International Neuropsychiatric Inventory, Hamilton, Cornell, Pittsburg, Hachinski scales, Mini-mental State Examination, Activity of Daily Living Questionnaire.

Results

Preliminary results showed negative dysmorphic signs in all patients, predominantly in males compared to females (BANDS 10,83 sd 2,55 vs 8,78 sd 2,68, p 0,0003) (Fig. 1), independently on social status. Significant comorbidity was observed with sexual dysfunctions, psychosis, addiction, traumas, hypertension and cognitive deterioration (Fig. 2). Neuroimaging were negative or not specific.

1) Do you have faults in appearance?	T 0	F 1
2) How do you deal with your faults in appearance?		
- You don't recognize them.	T 1	F 0
- You deny them.	T 2	F 0
- You neglect them.	T 3	F 0
- You exhibit them.	T 4	F 0
3) What's your behavior toward other faults in appearance?		
- You recognize them.	T 1	F 0
- You deny them.	T 2	F 0
- You neglect them.	T 3	F 0
- You show them.	T 4	F 0
4) Do you think it is useful to avail of psychological and pharmacological therapy in order to restructure your body image?	T 0	F 1
5) If you had money, would you undergo to aesthetic medical and/or surgical treatments to improve your body image?	T 0	F 1
6) Do you think that such treatments would improve your daily life?	T 0	F 1
7) Do you think that such treatments would improve your sex appeal?	T 0	F 1
8) Do you consider self and other care an important factor in relationships?	T 0	F 1
9) Are self neglect and/or self care means for imposing your tendency to submissiveness and/or dominance?	T 1	F 0
T = true		
F = false		
Max 15		

Discussion

A structured body image is peculiar of female gender as well as health and disease consciousness. The prevalence of behavioral variant of fronto-temporal dementia is probably underestimated because of frequent misdiagnosis and different concepts of disease. A destructured body image, accompanied by loss of dominance and/or increased submissive behaviors (Fiori P et al, 2009, 2010, Rankin KP et al, 2003), may be the substrate for its development and progression, with a higher likelihood of vascular diseases, especially in males.

Fig. 1: BANDS scores in males (1) and females (2).

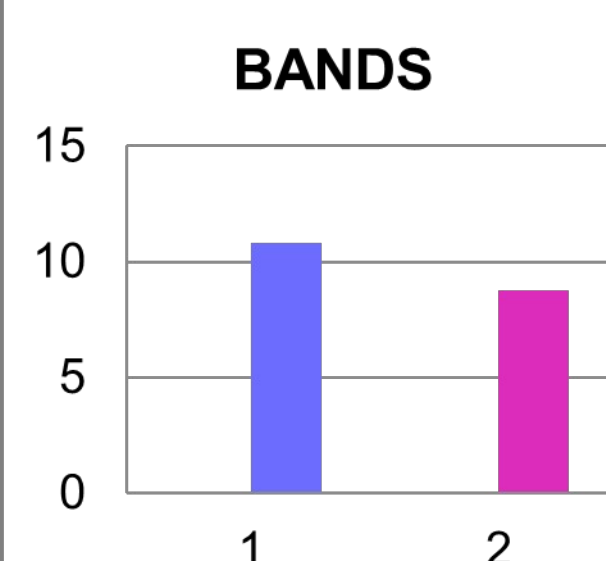


Fig. 2: Comorbidities with addiction (1, 2), sexual dysfunctions (3, 4), traumas (5, 6), hypertension (7, 8), psychoses (9, 10), epilepsy (11, 12), dysthyroidism (13, 14), diabetes (15, 16), ictus cerebri (17, 18) neoplasias (19, 20), cognitive deterioration (21, 22).

