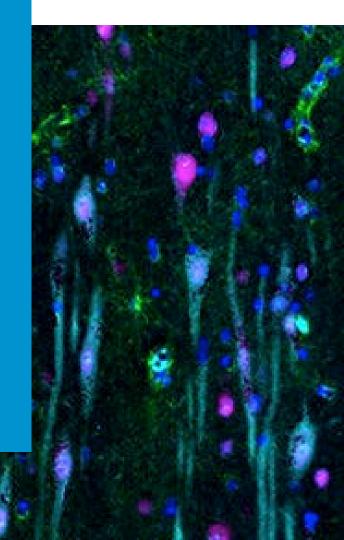


Memory and Aging Center

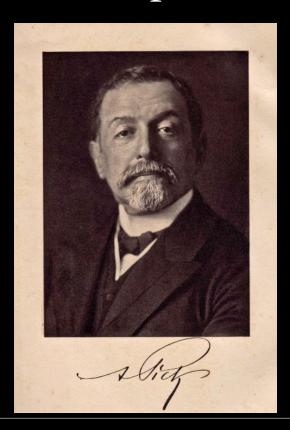
Recent Advancements & the Hope Ahead

Bruce L. Miller, MD

A.W. and Mary Margaret Clausen Distinguished Professor in Neurology Director, Memory and Aging Center Founding Director, Global Brain Health Institute at UCSF Joint Appointment in Psychiatry



Frontotemporal Dementia (FTD)



- 1892, Arnold Pick describes a focal neurodegenerative condition
- Pick's disease preferentially affects the frontal and temporal lobes
- Pick body (Alzheimer 1911)



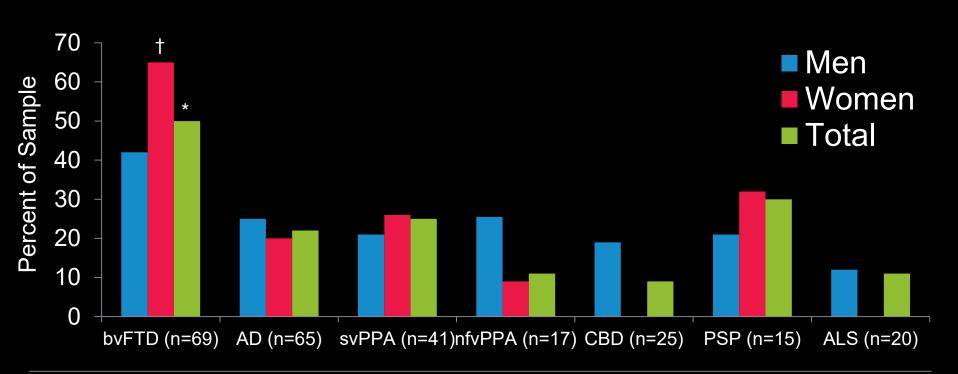
Frontotemporal Dementia (FTD)

- Common cause pre-senile dementia
 - 1:1 with AD 45–64 years (Ratnavalli, Hodges 2002), most common dementia <60 (Knopman 2004)
 - More common if ALS, PSP & CBD, CTE considered
- Also occurs after 70
 - 25% FTD over 65, late onset tau more common (SW Seo 2018)
 - TDP-43 & hippocampal sclerosis common in AD-dementia over 80 (Nelson 2007, 2013, Nag 2015)



Psychiatric Misdiagnosis

Rates of Psychiatric Diagnosis within each Neurodegenerative Disease



Psychiatric Syndromes in FTD

- Bipolar
- Antisocial personality
- Schizophrenia
- Borderline personality
- Schizoaffective disorder
- Borderline
- Conversion

- Addiction
- Body dysmorphic disorder
- Schizotypal
- Schizoidal
- OCD
- Unipolar depression



International Research Criteria for byFTD

- Early (2–3 yrs) behavioral disinhibition
- 2. Early (2-3 yrs) apathy or inertia
- 3. Early (2–3 yrs) loss of emotional reactivity, sympathy & empathy
- 4. Perseverative, stereotyped or compulsive/ritualistic behavior
- 5. Hyperorality and dietary changes
- 6. FTD neuropsychological profile
- 7. Frontal or anterior temporal atrophy on MRI
- 8. Presence of known mutation



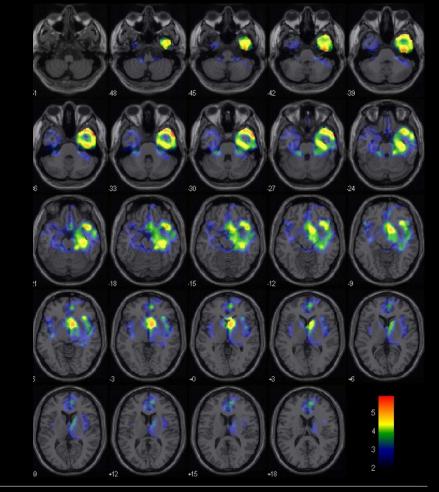
Crime with Dementia

Dx	Number	Percentage
AD	545	7.7%
bvFTD	171	37.4%
svPPA	89	27%
HD	30	20%
MCI	243	3.3%



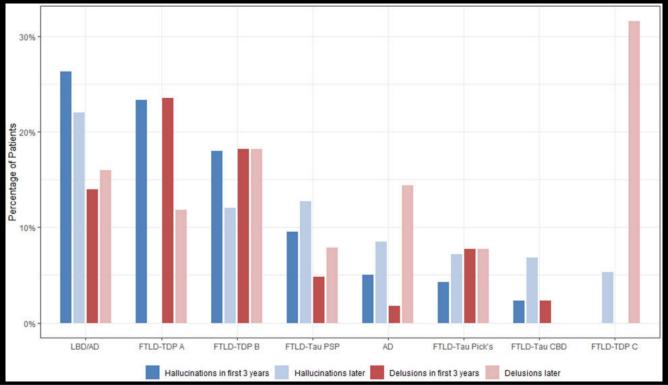
Loss of Empathy

- R temporal pole
- R medial OFC
- R caudate
- R medial frontal
- Only right hemisphere mediates these empathy changes

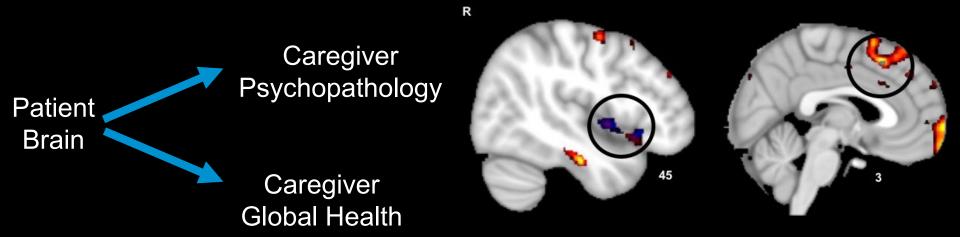


Frequency of Psychotic Symptoms

Across Neuropathological Cohorts



Brain Atrophy Caregiver Health



Covariates:

- caregiver age and sex
- patient diagnosis, disease severity, cognitive functioning, head size
- MRI scanner field strength





Consequences of Behavioral Symptoms in Dementia

- Significant caregiver stress (professional & nonprofessional)
- May endanger the individual/caregiver
- Reduced quality of care/life
- Accelerated functional decline and higher risk of placement in more restrictive setting
- High risk chemical restrain with concomitant side effects



Treatment of Behavior

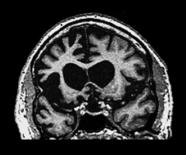
- Identify problem
- Should it be treated?
- Consider protection of caregiver and family
- Try environmental intervention (Care Ecosystem)
- Is the deficit due to a serotonergic deficit?
- Antidepressants may be helpful



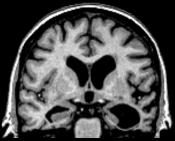
3 Types Frontotemporal Dementia

Behavioral Variant

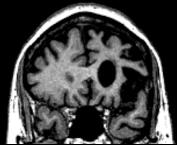
Language Variants



R Often genetic Tau, TDP, FUS 50% TDP Semantic Variant



Rarely genetic 83% TDP-C Nonfluent Variant



Some genetic 85% Tau, TDP-A

Three Main Genetic Mutations

1

MAPT

52 years, symmetrical MRI, bvFTD with parkinsonian syndromes, 1998 (tau aggregation)

Therapy: turn off or degrade tau

2

GRN

62 years, asymmetric MRI, bvFTD, PPA, PD, AD, 2006 (TDP A), haploinsufficient

Therapy: replace PGRN

3

C9orf72

56 years, symmetric MRI, cerebellar involvement (subtler frontal involvement), bvFTD and ALS, 2011 (TDP B, dipeptides) (hexanucleotide repeat)

Therapy: turn off gene

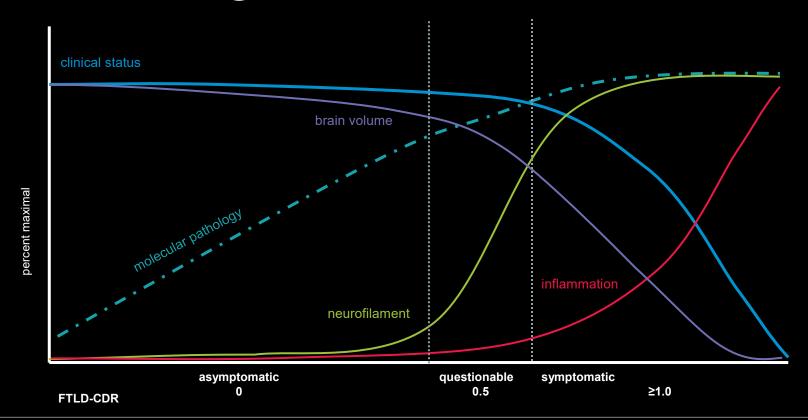


ARTFL / LEFFTDS Longitudinal FTLD



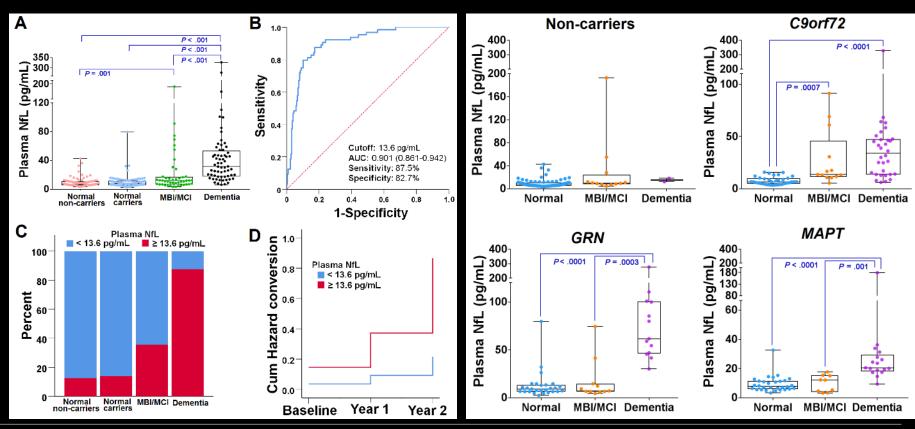


Disease Progression in FTLD





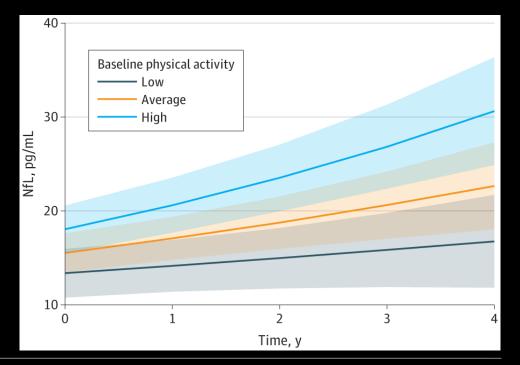
Neurofilament Predicts State/Decline





Baseline Activity Levels and Rate of Plasma NfL Progression in FTLD Variant Carriers

- Higher physical activity is associated with slowed cognitive and functional declines over time
- Even in autosomal dominant variants of frontotemporal lobar degeneration (FTLD)





Treatment of FTD

- MAPT
 - Antibody delivery
 - CRISPR
- C90rf72
 - Antisense oligonucleotides
 - CRISPR
 - Small molecules
- GRN
 - Antibody delivery via transferrin receptor
 - AAV delivery
 - Anti-sortilin antibody



Creativity



Cave Painting Lascaux 15,000 BCE



Creativity Networks in the Brain

The whole is more than the sum of its parts.

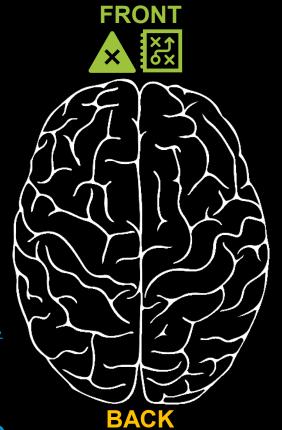


LEFT

Lorem ipsum dolor sit amet



 $ax^2 + bx + c = 0$













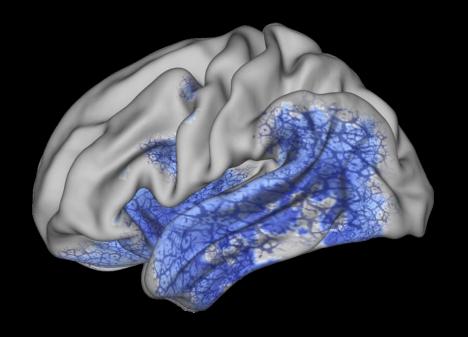






Clinical Diagnosis of svPPA

- Both core features must be present:
 - Impaired confrontation naming
 - Impaired single-word comprehension
- ≥3 of the following must be present:
 - Impaired object knowledge, particularly for low-frequency or lowfamiliarity items
 - Surface dyslexia or dysgraphia
 - Spared repetition
 - Spared speech production (grammar and motor speech)



Creativity in FTD Not Rare

Anatomy is Evident



Patients with FTD can develop new artistic skills after disease onset*



Visual creativity more common when anterior temporal lobes or left frontal lobe show focal degeneration



12 patients showing emergence of musical or visual ability, all with FTD*



Art in FTD is not a coincidence!



Associated with language variants



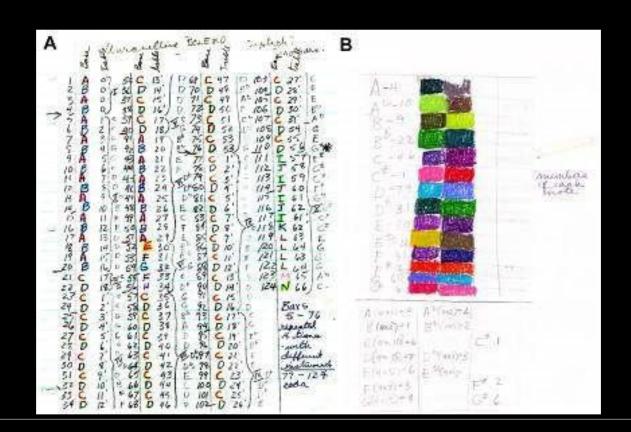








Each Bar Favorite Note Has a Color





Meter 321 Change of Key

"The colored, treble parts are embellished with geometric shapes in black and also engraved into the paper to represent the quality of tone of each note. When the modulation finally does occur I use gaudy fluorescent colors to make the few #'s in the piece. The music soon collapses and dies in the final two bars.

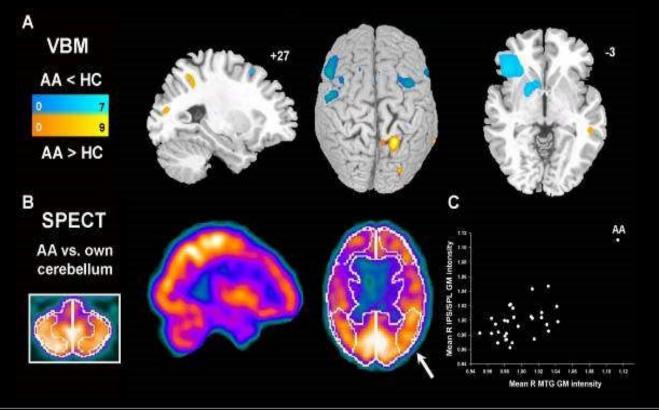
I find Bolero an exciting experiment in sound, one which Ravel didn't really consider true 'music'."







Right Posterior Cortex is Hypermetabolic and Thicker than Matched Controls

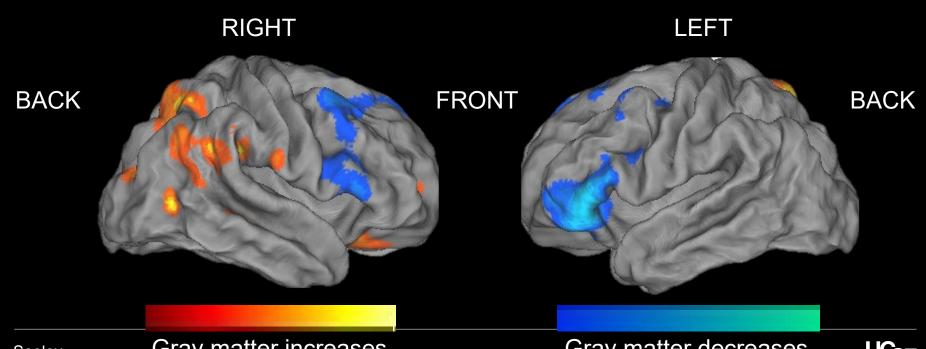






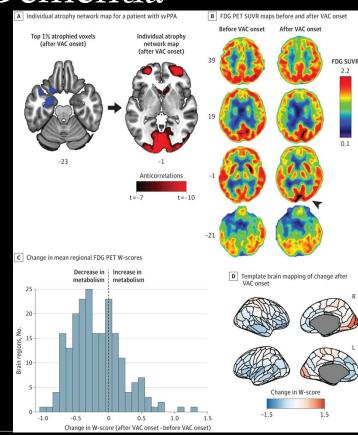
Complementary Network Strengths

Focal left frontal injury accompanied by right posterior enhancements



Review of 17 Artists with Dementia

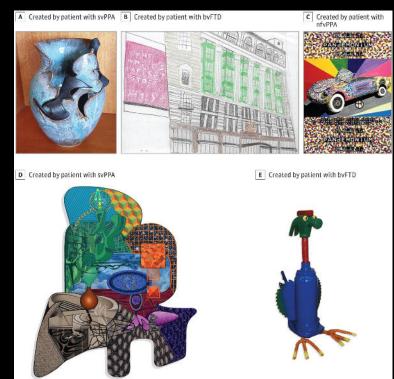
- Of 689 FTD-spectrum patients, 17 artists (2.5%)
 - 8 of 17 artists had temporal variant of FTD (6.7%)
 - 8 de novo, 7 some interest, 2 artists who changed
 - Most severe atrophy anterior temp, amygdala striatum insula (left >right), amygdalae, striatum, and left insula
- Same region correlated with left motor strip (hand), no correlation in FTD or healthy controls
- Visual artistic creativity occurred early in FTD
- Disproportionately temporal lobe degeneration
- Damaged brain regions normally suppress dorsomedial greater occipital cortex function





Prevalence, Timing, and Network Localization of Emergent Visual Creativity in FTD

- Bright colors common, art rarely focused on human faces
- 2 svPPA patients generated animal sculptures lacking features of species
- When present, facial expressions bizarre and did not convey natural emotions





Conclusions

- Art uses both hemispheres
 - Double consciousness?
- Artistic creativity may emerge in association with left hemisphere dysfunction
 - Rewiring of posterior brain?
- Insights into the degenerative process: strengths important in diagnosis & care
- Insights into our humanity: brain asymmetry is at core of our strengths and weaknesses



Join Us for UnRavelled

a play by Jake Broder



Best Scientific Play

This Week in New York
Pandemic Award

Streaming Design

Los Angeles Drama Critics Circle Award Writing, Production Ensemble & Lead Performance

Los Angeles Drama
Critics Circle Nominations

- Award-winning cast, with projection, sound design and a finale of Ravel's Bolero performed by musicians from the San Francisco Conservatory of Music.
- July 21, 2023, at the San Francisco Conservatory of Music
- In association with the Global Brain Health Institute, The Association for Frontotemporal Degeneration and San Francisco Conservatory of Music, Jake Broder, James Bonas and Cath Brittan





University of California San Francisco