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Impact of Neurologic Illness on Emotion and Behavior

Frontotemporal Dementia (FTD) – FTD is associated with atrophy of the prefrontal cortex, anterior cingulate, insula, and ventral striatum. When this atrophy is predominately right sided, FTD is almost always associated with changes in behavioral and emotional function. The changes most commonly associated with FTD are apathy, Disinhibition, aberrant motor behaviors, and eating disorders (specifically increases in appetite and strong preferences for sweets or other particular foods). Other behavioral changes in FTD include elation and euphoria, aggression, irritability, sleep disturbances, depression, and anxiety. Sometimes patients with FTD also develop addictive behaviors late in life.

Semantic Dementia (SD) – SD results from atrophy of the anterior temporal lobes (including the Amygdala), insula, prefrontal cortex, and anterior cingulate. Though more commonly thought of as a language disorder, SD is often associated with dramatic changes in behavioral and emotional function. Disinhibition and compulsive behaviors are the most common changes in SD. Other common changes include apathy, eating disorders, sleep disturbances, elation and euphoria, as well as depression, anxiety, irritability, and aggression.

Alzheimer's Disease (AD) – The behavioral and emotional changes seen in AD, on average, are less severe than those that occur in FTD and SD particularly in the early stages. The most common behavioral change associated with AD is apathy. Also common in AD are irritability, agitation, depression, anxiety, sleep disturbances, and eating disorders (especially a decreased appetite and loss of weight).

Dementia with Lewy Bodies (DLB) – DLB may be associated with many of the same changes seen in AD. DLB is often associated with vivid hallucinations.