

Scientific Symposium: Clinical Advances in Frontotemporal Dementia

- ◆ 10:00-10:20 fMRI and the default network in AD and FTD, Michael Greicius MD, Stanford University
- ◆ 10:20-10:45- Von Economo neurons: selective vulnerability of phylogenetically new neurons, William Seeley, MD, UCSF
- ◆ 10:45-11:10 Social cognition: vulnerable neurons involved in FTD, Kate Rankin, PhD, UCSF
- ◆ 11:10-11:35 Progranulin mutations in FTD - from gene to phenotype, Michael Hutton PhD, Merck Research Labs, Boston, Mass
- ◆ 11:35-12:00 TDP-43 and tau - from molecule to clinical phenotype, Keith Josephs, MD, Mayo Clinics

Frontotemporal Dementia

Bruce L. Miller, MD

Professor of Neurology and Psychiatry
UCSF School of Medicine

Prevalence

- ◆ Common cause pre-senile dementia
 - Ratnavalli 1:1 with AD 45-64 years (Neurology 2002)
 - Knopman more common than AD below 60 years (Neurology 2004)
- ◆ Broader spectrum even more common (PSP, CBD, ALS)
- ◆ Less common after 70?

Clinical Heterogeneity

- ◆ Progressive frontotemporal dementia
- ◆ Genetic (40%) sporadic (60%)
- ◆ Frontal, temporal, left or right predominance of degeneration
- ◆ Motor overlap with PSP, CBD, ALS

FTD

- ◆ Important and common dementia syndrome
- ◆ Insight into functions frontal & anterior temporal lobes
 - Emotion & behavior
 - Executive control & language
 - Creativity
- ◆ Insight into new genes, molecules, cells, cell components
 - Tau (microtubule)
 - TDP-43/Progranulin
 - ESCRTIII (endosome, multivesicular body)
 - Valosin (mitochondria)
 - Von Economo neurons
- ◆ FTD treatments will be treatments for related disorders
 - CBD
 - PSP
 - ALS
 - AD

Memory & Aging Center 2007

