

Distinct emotion regulation profiles in patients with FTLN syndromes and psychiatric disorders: initial ALLFTD neuropsychiatric data

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State of the Art: While changes in self-reflective emotion processing have been well-studied in neuropsychiatric disorders, only more recently has this been examined in patients with FTD, and very few studies have compared these patient groups directly.

Methodology: 183 participants from ALLFTD and UCSF (80 behavioral variant frontotemporal dementia, 18 semantic variant PPA, 26 nonfluent PPA, 18 progressive supranuclear palsy (PSP), 16 bipolar/unipolar depression (PSYCH), and 24 age-matched healthy controls (NC)) completed the Difficulties in Emotion Regulation Scale (DERS), including six subscales (Non-acceptance, Goals, Impulse, Awareness, Strategies, Clarity). Participants with CDR®+NACC FTLN Total (FTLN-CDR)>12 were excluded to limit the sample to early-stage disease. Models controlled for age and sex.

Results: Patient ages ranged from 46-86yo (66.0±8.3), and FTLN-CDR from 1-12 (4.6±3.3). The PSYCH group reported higher Difficulty Engaging in Goal Directed Behavior scores (adjusted mean=15.8±SE=1.15) than NCs (10.2±0.9) and all other patient groups (p<0.01). The PSYCH group also showed significantly higher scores than NCs for Non-Acceptance of Emotions (12.7±1.23 vs. 7.8±0.9, p<0.05), while no FTD group scored abnormally. However, PSP patients reported higher Lack of Emotional Awareness scores (18.8±1.3) than NCs (12.1±1.1, p<0.01), though other FTD and PSYCH groups were not abnormal. Regardless of diagnosis, DERS scores predicted Zarit caregiver burden and RSMS socioemotional sensitivity scores (p<0.05).

Conclusions: Psychiatric patients self-report distinctly elevated emotion dysregulation compared to early FTD patients, though PSP patients report more difficulty understanding their emotions than any other group. Inability to attend to and regulate emotions leads to poorer interpersonal sensitivity and higher caregiver burden.

Conflicts of interest

N/A