

## Validation of the amnesic presentation of behavioral variant FTD

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Despite being considered as a neuropsychological sub-criterion for the revised diagnosis of bvFTD, the relative preservation of memory has become a controversial notion since the description of amnesia retrieved in several studies, in approximatively half of patients. Small samples size, clinical diagnosis & the full consideration of Rascovsky et al. criteria were limits to these studies.

We included 90 patients with possible or probable bvFTD (based on Rascovsky et al. criteria except the memory subcriteria) and 207 patients with AD (ATN criteria, all with CSF biomarkers suggestive of amyloid pathology). 37 patients with bvFTD and autopsy-confirmed FTLN pathology and 40 patients with autopsy-confirmed AD were included. All received the Free and Cued Selective Reminding Test at presentation.

In the clinical study, we retrieved a significative effect of diagnosis on immediate, free, total and free and total delayed recalls, suggesting that as a group, bvFTD outperformed AD patients in the FCSRT. Findings however revealed that 49% of patients with bvFTD had an abnormal total recall score, suggestive of a severe amnesia, and 23% of patients with AD had a normal total recall score. In the autopsy study, 60% of patients with bvFTD-FTLN had an abnormal total recall score, and 27% with confirmed AD had a normal score.

In line with previous findings, we confirm the sensitivity (81.2%) of the FCSRT but its poor specificity (48.9%) at presentation when it comes to differentiate bvFTD from AD. Similar results were observed (75% & 41%) when diagnoses were pathologically confirmed.

### Conflicts of interest

none