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Saturday

The clinical spectrum of movement disorder in initial presentation of suspected Frontotemporal Lobar Degeneration (FTLD)-Tauopathy

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State of the art
Movement disorder phenomenology in Frontotemporal Lobar Degeneration (FTLD)-Tauopathy is reported but less understood than other clinical features. Here, we evaluated the prevalence and significance of movement disorder (MD) on initial diagnosis of behavioural-variant Frontotemporal Dementia (bvFTD), Progressive Supranuclear Palsy (PSP), Corticobasal Syndrome (CBS) and Progressive Non-Fluent Aphasia (PNFA).

Methodology
The initial presenting features of 231 patients were evaluated through retrospective review of records. We studied clinical features and overall cognition using the Addenbrooke's cognitive examination-III (ACE-III), comparing patients with and without movement disorder (MD).

Results
Sixty-nine of the 231 patients (30%) had MD at initial presentation, with the following breakdown: bvFTD: 12/120 (10%), PSP: 15/21 (71%), CBS: 33/38 (87%), PNFA: 5/42 (12%) and CBS/PNFA overlap: 4/10 (40%). Bradykinesia and rigidity were the most common MD features. Patients with MD tended to present later than those without MD (3.9 vs 2.61 years from symptom onset) with the exception of PNFA (3 vs 3.71 years). PNFA patients with MD were older on initial presentation. PNFA and CBS/PNFA overlap patients with MD tended to have lower total ACE-III, attention and memory scores than PSP and CBS with MD. Attention, memory and total ACE-III scores were significantly lower in PNFA patients with MD than without.

Conclusion
Movement disorder is an important clinical presentation of FTLD-Tauopathy and may aid with clinicopathological correlations. PSP and CBS may not initially present with parkinsonism. Conversely, MD is seen in the initial stages of PNFA and can correlate with earlier presentation and reduced cognition scores.

Conflicts of interest

I have no disclosures.