

**The modified Frontal Behavioral Inventory in the follow-up of working-aged memory clinic patients**

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State of the art: The Frontal Behavioral Inventory assesses behavioral changes typical for frontotemporal dementia (FTD) and has been modified into a self-administered caregiver questionnaire (FBI-mod). Previous studies have shown the utility of the FBI-mod in differentiating FTD patients from other dementia subtypes and mild cognitive impairment (MCI). However, it is unclear how the FBI-mod scores change over time in different patient groups.

Methodology: We evaluated the FBI-mod scores at baseline and 12 months follow-up in memory clinic patients with cognitive symptom onset  $\leq 65$  years. All patients completed the INECO Frontal Screening (IFS) test. Patients were divided into four groups: Early onset dementia (EOD) group (N=40) consisting of Alzheimer's disease (N=25), FTD (N=6), and other neurodegenerative disease (N=9) patients; MCI (N=28); cognitive impairment due to psychiatric or other potentially reversible causes (CI-other, N=76); and subjective cognitive decline group without objective cognitive impairment (SCD, N=17).

Results: The EOD group scored higher on the FBI-mod negative subscale at baseline and follow-up than MCI and SCD patients ( $p < .05$ ). The FBI-mod scores tended to increase at follow-up in EOD group, while the pattern was opposite in the other groups. However, the difference between baseline and follow-up was not statistically significant in most of the groups. Furthermore, there was a negative correlation between the FBI-mod and IFS ( $r = -.172$ ).

Conclusion: The FBI-mod may be a useful tool when differentiating EOD from other causes of cognitive impairment requires follow-up. The FBI-mod and IFS seem to identify co-occurring frontal features in working-aged patients with neuropsychological symptoms.

**Conflicts of interest**

N/A