

Clinically preferred pharmacological treatment for behavioral symptoms in bvFTD

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The behavioral variant of frontotemporal dementia (bvFTD) primarily affects personality traits and behavior. With no curative treatment for bvFTD available, psycho-active drugs are clinically prescribed for symptomatic treatment of behavioral symptoms, including some with empirical support through randomized controlled trials (RCT). Clinical guidelines for the treatment of behavioral symptoms in bvFTD lack and a variety of drugs is prescribed by clinicians. We set out to assess the current pharmacological treatment in bvFTD among clinicians to study the best practice and inspire potential RCTs.

A questionnaire concerning pharmacological treatment in bvFTD was sent to all members of the Neuropsychiatric International Consortium for Frontotemporal Dementia (NIC-FTD) in February 2021. 22 clinicians of NIC-FTD responded to the questionnaire.

SSRIs were the most prescribed class of psychoactive drugs by clinicians (72.7% of the clinicians selected SSRIs), followed by SNRI (13.6%) atypical antipsychotics (9.1%) and typical antipsychotics (4.5%) to treat behavioral symptoms in bvFTD. Clinicians favored quetiapine (23.5%) if they were to design an RCT targeting behavioral symptoms in bvFTD, followed by trazodone (11.8%) and SSRI (11,8%). Also mentioned: olanzapine, lamotrigine, fluvoxamine, escitalopram, sertraline, bupropion, mirtazapine and nabilone. Five clinicians didn't respond.

SSRIs seem the preferred pharmacological intervention to pragmatically treat behavioral symptomatology in bvFTD. Interestingly, clinicians chose quetiapine as the most promising pharmacological treatment to study in a RCT. We set out to further examine both the drug of preference to treat symptoms of bvFTD and suggestions for a future RCT during a live voting system at a poster during the ISFTD conference.

Conflicts of interest

Nothing to Declare