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Saturday

Autistic traits and schizotypy in presymptomatic familial frontotemporal dementia

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State of the art
Psychiatric symptoms are not uncommon in frontotemporal dementia (FTD), including hallucinations and delusions. The aim of this study was to investigate the presence of autistic traits and schizotypy in individuals at-risk of FTD.

Methodology
56 participants (non-carrier controls N=15; 41 mutation carriers (MCs) (*C9orf72*=20, GRN=8, MAPT=13) from the GENetic FTD Initiative (GENFI) at UCL completed self-report versions of the Broad Autism Phenotype Questionnaire (BAPQ) and short Oxford-Liverpool Inventory of Feelings and Experiences (sOLIFE). Bootstrapped linear regression models investigated differences between genetic groups.

Results
GRN and MAPT MCs scored significantly higher (GRN p=0.02, mean [M]= 2.87, standard deviation [SD]=0.62; MAPT p=0.02, M=2.91, SD=0.64) than C9orf72 MCs (M=2.43, SD=0.55) on BAPQ. On the BAPQ 'aloof' subscale GRN MCs scored significantly higher (p=0.003, M= 3.13, SD=0.72) compared to C9orf72 MCs (M=2.49, SD=0.82). On the rigid subscale MAPT MCs (M= 3.28, SD=0.83) scored significantly higher than controls (p=0.05, M=2.83, SD=0.83)) and C9orf72 MCs (p=0.002, M=2.50, SD=0.57).

GRN and MAPT MCs also scored significantly higher on sOLIFE, compared to C9orf72 MCs (M=7.45, SD=4.74) (GRN p=0.009, M= 11.63, SD=4.66; MAPT p=0.05, M=12.55, SD=8.45). GRN MCs (M=5.63, SD=2.97) scored significantly higher on the cognitive disorganisation subscale compared to non-carriers (p=0=0.023, M=3.40, SD=2.90) and C9orf72 MCs (p<0.001, M=2.00, SD=2.27). MAPT MCs (M=4.45, SD=3.42) also scored significantly higher than C9orf72 MCs on this subscale (p=0.021).

Conclusion
In this pilot study we demonstrate differing scores on the BAPQ and sOLIFE in presymptomatic gene carriers depending on gene group.

Conflicts of interest

N/A