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Poster #35

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Background

Agitation is **common** and **disabling** across Frontotemporal Lobar Degeneration (FTLD)-related syndromes.

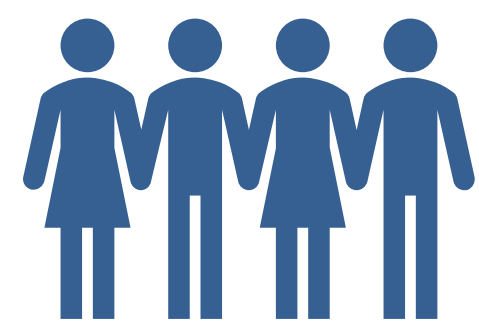
The majority of research in dementia use the **Neuropsychiatric Inventory (NPI)**⁽¹⁾ to detect detect agitation.

A **composite score** of agitation-related symptoms may support **detection** and **understanding** of agitation in FTLD-related syndromes.

Objective

To evaluate whether an agitation composite score predicts the **clinical severity** and **functional disability** in FTLD, and whether this **differs by syndrome**.

Methods



Cohorts: National Alzheimer's Coordinating Center (NACC) & ARTFL-LEFFTDS Longitudinal FTLD (ALLFTD)
NPI-Q-4-A/A composite^(2,3): sum of 4 NPI-Q severities (each 0–3; total 0–12)

Agitation / Aggression

Irritability / Lability

Disinhibition

Aberrant Motor Behaviour

Outcomes: Clinical dementia severity



Clinical Dementia Rating® plus NACC FTLD
Sum of boxes (CDR® plus NACC-SB)⁽⁴⁾

Functional disability



- Functional Activities Questionnaire (FAQ)⁽⁵⁾

Linear regression adjusted for age, sex, Montreal Cognitive Assessment (MoCA)⁽⁶⁾. Pooled and phenotype-specific models; agitation × phenotype interaction.

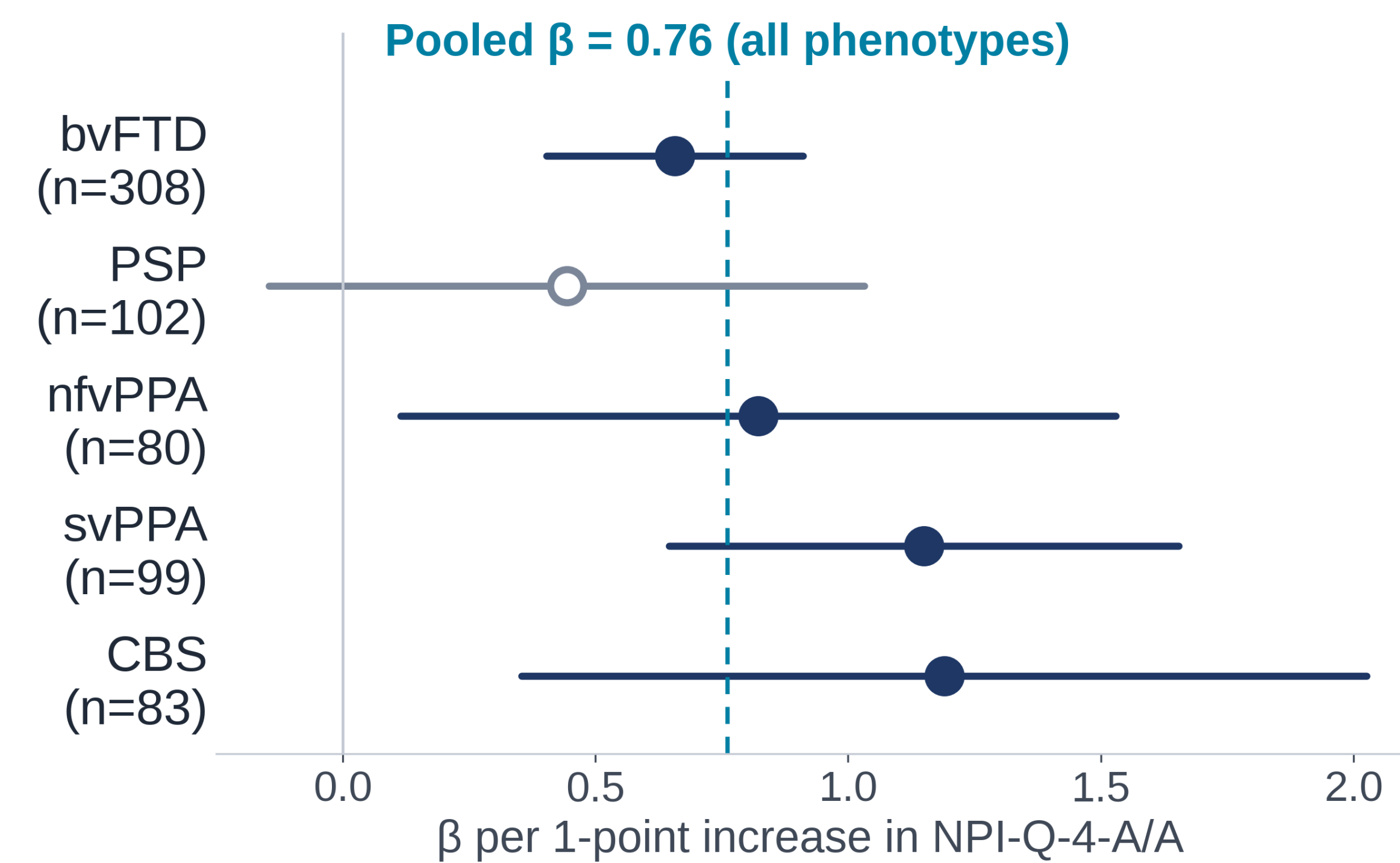
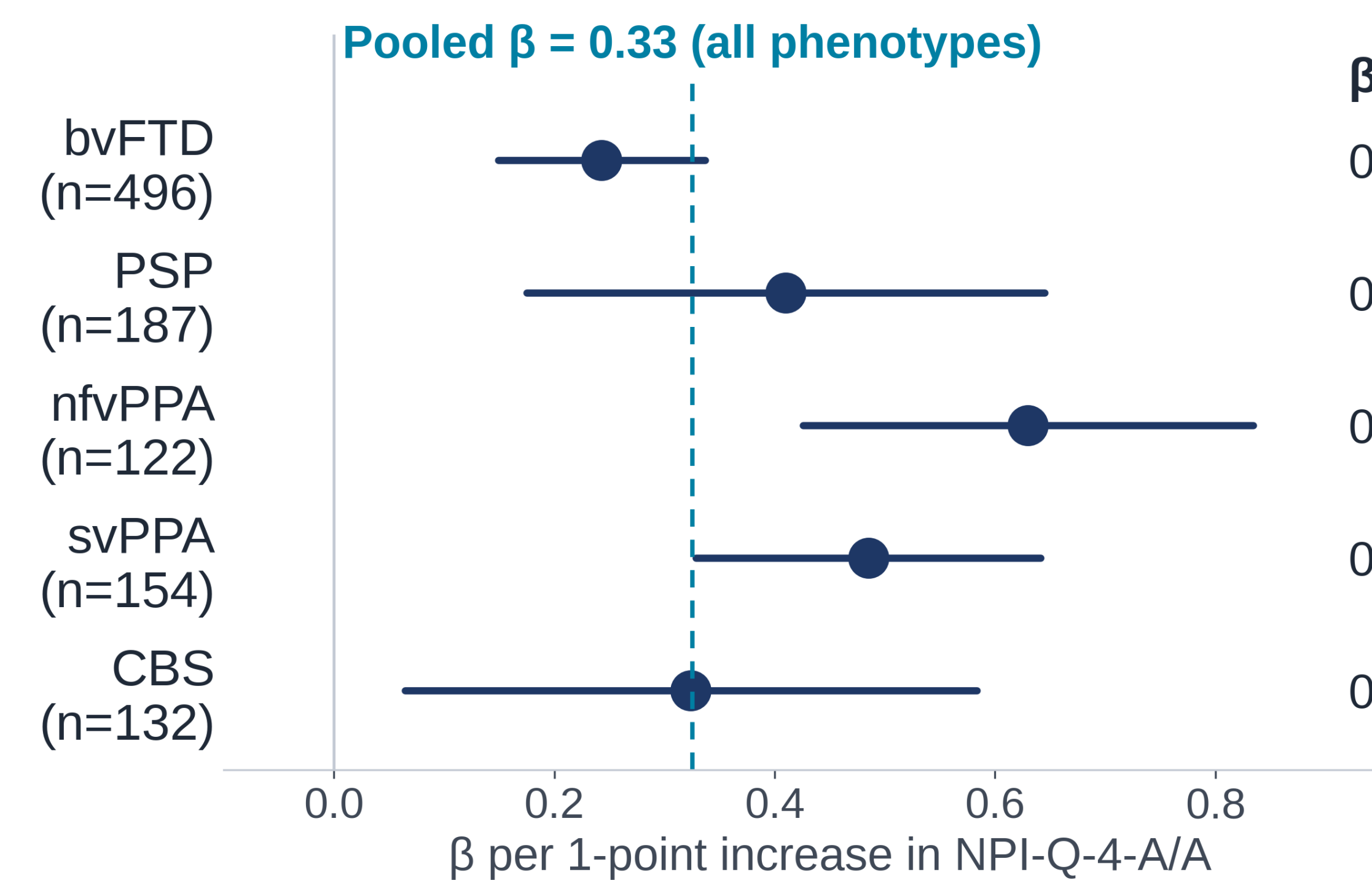
Participants (n)	CDR®SB	FAQ
Behavioural variant FTD (bvFTD)	496	308
Progressive supranuclear palsy (PSP)	187	102
Nonfluent variant PPA (nfvPPA)	122	80
Semantic variant PPA (svPPA)	154	99
Corticobasal syndrome (CBS)	132	83
Total	1,091	672

Results

A: Clinical severity (CDR® plus NACC-SB) $\beta = 0.33^{*}$**

B: Functional disability (FAQ)

$\beta = 0.76^{***}$



● β , $p < .05$
○ β , n.s.
& — 95% CI
! Pooled β

Figure A/B: β change in the outcome for each 1-point higher in NPI-Q-4-A/A composite agitation score, adjusting for age, sex & MoCA. **Pooled β :** model to assess average association of outcome impact (adjusted for phenotype) across FTLD.



- Significant in **all 5** phenotypes
- **Differs by syndrome: weakest in bvFTD**
- Interaction test: **p = .04***



- Significant in **4 of 5** (all except PSP, $p = .14$)
- **No significant difference** by syndrome
- Interaction test: $p = .12$ n.s.

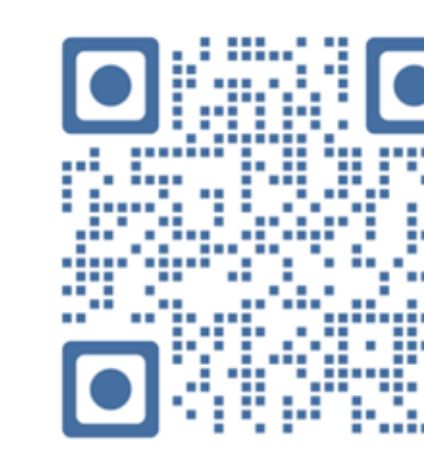
Conclusions

Higher agitation composite scores track **greater clinical severity and functional disability** across FTLD, **beyond cognition**.

Agitation is not simply a marker of disease stage and needs to be understood as **a distinct clinical target**.

Further investigation is needed to assess the impact of agitation across FTLD.

Contact



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