

Frontotemporal dementia (FTD)



Be aware that MND may first present with cognitive features, including:

- behavioural changes
- emotional lability (not related to dementia)
- frontotemporal dementia.



Be aware that people with FTD may lack mental capacity.

- Care should be provided in line with the Mental Capacity Act (MCA) 2005.
- Tailor all discussions to the person's communication ability, cognitive status and mental capacity.

If someone with MND has FTD:



Pay attention to their nutritional and hydration needs, especially if they lack mental capacity.

- When considering interventions, the multidisciplinary team (MDT) should assess the person's ability to understand the risks of swallowing difficulties and the support they need from carers.



When assessing respiratory symptoms, decide respiratory function tests based on the person's needs, such as:

- the person's ability to give consent
- their understanding of the tests, tolerance of them and willingness to undertake them
- the impact on family and carers
- whether they can receive non-invasive ventilation (NIV).



Before deciding on the use of gastrostomy, the neurologist from the MDT should assess:

- the person's ability to make decisions and give consent, in line with the MCA 2005
- the severity of FTD and cognitive problems
- whether the person is likely to accept or cope with treatment.

The neurologist should also talk with family members and/or carers as appropriate and with the person's consent, if they can give it.

Before deciding on the use of NIV, the MDT and ventilation services should assess:

- the person's capacity to make decisions and give consent, in line with the MCA 2005
- the severity of dementia/cognitive issues
- whether the person is likely to accept NIV
- whether the person is likely to achieve improvements in sleep-related symptoms and/or behavioural improvements
- input from family and/or carers (with the person's consent if can give it).