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CLINICOPATHOLOGIC DIFFERENCES AMONG PATIENTS WITH BEHAVIORAL VARIANT FRONTOTEMPORAL DEMENTIA

Michael Hornberger, Sydney: Mendez et al.¹ found that distinguishing between pathologically confirmed bvFTD and AD can be determined by personality changes, problem-solving, and episodic memory deficits. This could have implications on future bvFTD diagnostic criteria. The higher incidence of episodic memory problems in AD raises the controversial issue: is a memory deficit a reliable diagnostic criterion in distinguishing between the pathologies? There is increasing evidence that an episodic memory deficit is a poor diagnostic predictor for bvFTD and AD, even in pathologically proven cases.^{2–5} Closer inspection of the authors' findings reveals that their neuropsychological memory measures confirm these findings by showing no episodic memory difference between bvFTD and AD. The authors based their recommendation on the binary informant-based decision of episodic memory deficits presence, which does not converge with their more objective neuropsychological findings. This discrepancy is concerning. The recommendation to discriminate between bvFTD and AD on the basis of memory deficits may not be war-

ranted by their data. The authors should have mentioned this caveat in their publication.

Author Response: Mario F. Mendez, Los Angeles:

We thank Dr. Hornberger for his comments and agree that there is a discrepancy between the informant-based and neuropsychological memory deficits. We also agree that this should have been discussed further in our article. Dr. Hornberger and colleagues have shown that episodic memory deficits may not be good discriminators of bvFTD from AD.

However, our study was not a direct comparison of patients with bvFTD and AD. It was a select group of patients who were clinically diagnosed with bvFTD—some with proven AD on pathology. In this group, their presenting symptoms—including reports of memory deficits (not episodic memory impairments on testing)—appeared helpful in distinguishing those who then showed AD on neuropathology.

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Clinicopathologic differences among patients with behavioral variant frontotemporal dementia

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