The text below can be used to add a separate, distinct entry to supplement the existing section in The Brain Foundation's A-Z of disorders, under Dementia (Non-Alzheimer type):

"Frontotemporal dementia [or Pick's disease] in which there is a slow deterioration in social behaviour, problems using language, intellectual impairment, and personality change. Its cause is unknown."

Pick's disease:

This type of dementia is relatively rare and affects parts of the brain differently to that seen in more common types of dementia, such as Alzheimer's disease. It falls within a group of brain diseases collectively termed *Frontotemporal dementia*.

Pick's disease is characterised by shrinkage in parts of the brain in the temporal and frontal lobes which control speech and personality. The disease progressively worsens over time and there is currently no cure. Pick's disease usually begins between the ages of 40 to 60 but can occur earlier. The average age at which it begins is in the mid-50s and the average lifespan once diagnosed is usually between 2-12 years.

The symptoms associated with Pick's disease are often first noticeable as behavioural changes. This may include a loss of normal social norms and etiquette and a change in the person's character generally. Other behavioural changes that occur with the progression of Pick's disease include repetitive or inappropriate behaviour, problems with personal hygiene, a lack of interest in daily activities and a withdrawal from social life. Sufferers may become easily distracted and have a poor attention span. Emotional changes may also occur such as mood changes, including irritability or aggressiveness and a loss of empathy or caring about others. Often these signs occur before any noticeable memory loss, enabling it to usually be distinguished from Alzheimer's disease, where memory loss is one of the earliest signs of this type of dementia.

The other area affected is usually speech, where sufferers may display early difficulties being able to coordinate speech, or speech may become hesitant and require much effort. Sufferers may mispronounce, stutter and mumble words or repeat words and their sentences may be incomplete or disorganised. Motor coordination in Pick's disease may also be affected as a result, with sufferers exhibiting a difficulty in writing, driving and other daily activities. As the disease progresses, muscle rigidity, weakness, lack of movement and loss of coordination occurs and tasks such as eating and chewing may become difficult. As a result, people affected by Pick's disease will eventually develop severe impairments in intellect, memory and speech. Pick's disease may also result in the development of incontinence at later stages.

The brain pathology of Pick's disease can usually enable a final confirmation to be made of the original clinical diagnosis. The brain itself will show characteristic shrinkage of the frontal and temporal regions from which this type of dementia is termed. Under the microscope, brain tissue is characterised by a build-up of abnormal cells called 'Pick cells' and proteins such as *tau* in nerves in the brain, accumulating into a consistent pattern and shape termed 'Pick bodies'. Affected nerve cells may have an enlarged, ballooned appearance.

There are no specific medications used to treat Pick's disease and treatment options are limited and largely supportively. Certain antidepressants and antipsychotics may help manage emotional and behavioural changes related to Pick's disease. It is unclear whether the benefits of specific drug treatments for Alzheimer's disease (such as cholinesterase inhibitors) extend to the treatment of Pick's disease.

Support for people affected by Pick's disease and their family is important. Depending on the symptoms and severity of the disease, the patient may require monitoring, help with personal hygiene, assistance with movement, cleaning and feeding and other aspects of self-care. Eventually, there may be a need for continuous or assisted care and monitoring at home or in a nursing facility.