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HYPOCHONDRIAL SYMPTOMS AS THE FIRST SIGN OF FRONTOTEMPORAL DEMENTIA (FTD)

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Introduction: Psychiatric symptoms are very prevalent in FTD, in particular in its behavioural variant. Among these, hypochondrial symptoms can be found, usually along the course of the disease.

Clinical case: A 70-year-old previously healthy woman was seen for progressive behavioural disturbances. Nine years before she started complaining of having almost all possible diseases. Every time that she saw a documentary or any news describing a disease, she said she had all its symptoms, so she must have the disease. The family started to find this strange, as every time she sought medical help, everything was fine. Even more strange was when she feared having completely inadequate diseases, like the "blue baby syndrome". Several months after, she started having incomprehensible fears, refused to be left alone, locked all doors and windows and did not want to go outside because she was afraid that someone would harm her. Over the next years the full-blown FTD picture developed, with reduction of speech output, verbal and sexual disinhibition, impulsivity, hyperphagia and aggressivity, with total lack of insight. Upon examination she was coprolalic, inadequate, perseverant and had frontal release signs. MRI showed bilateral frontotemporal atrophy and PET revealed frontotemporal hypometabolism.

Conclusion: Although hypochondrial symptoms are one of the affective classical symptoms in FTD, they are unusual in first stages of disease, and has not been, to our knowledge, reported as a presenting sign. These findings highlight the need to bear in mind this diagnosis in all patients presenting with novel psychiatric symptoms in late life.