

# “SOCIAL” ASPECTS OF DEMENTIA DIAGNOSIS. WHAT POSSIBLE RESPONSES ?

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**Case Report 1:** Z.S., man, 54 years old, sales manager of a multinational company. Diagnosis of frontotemporal dementia with linguistic debut. PET FDG positive for degeneration. Genetic positivity for C9orf (> 1500 repeats). Kept the awareness of his illness.

Family Context: His wife works part-time and was recently subjected to mastectomy. She's doing radio and chemotherapy. They have an 18 years old daughter, who took the high-school exam this year.

Support strategies given: Genetic counseling; assessment of disability from early-onset dementia (ex R.L. n° 4 February 19<sup>th</sup> 2008) with application of a common organizational protocol to AUSL and Azienda Policlinico di Modena; psychological support to the family.

**Case Report 2:** L.A. 56 years old man, council employee. Diagnosis of front temporal dementia with behavioral aspects of sexual disinhibition. PET FDG positive for degeneration. Complete unaware of the disease, quick clinical progression.

Family Context: his wife works as a teacher. Two daughters: the eldest, 20, left her family after her father's diagnosis, to go and live with her partner; the youngest is 14 and attends her first year in high school.

Support strategies given: assessment of disability from early-onset dementia (ex R.L. n° 4 February 19<sup>th</sup> 2008) with application of a common organizational protocol to AUSL and Azienda Policlinico di Modena; psychological support to the family; patient internment in clinical setting with other subjects of compatible age.

**Case Report 3:** N.T.M. 55 years old woman, nurse. Diagnosis of Alzheimer's Disease with short-term memory and planning impairment. PET FDG positive for degeneration. Liquor with positive TAU, Phospho-Tau and Amyloid beta 2. Partially aware of her illness.

Family Context: she has lived with a widowed man for the last 16 years. They have no children, but care for a disabled child.

Support strategies given: assessment of disability from early-onset dementia (ex R.L. n° 4 February 19<sup>th</sup> 2008) with application of a common organizational protocol to AUSL and Azienda Policlinico di Modena; psychological support to the family.

**Conclusions:** the issue about how to face youth dementia has recently been raised. Although the number of cases is, fortunately, lower than the number of kinds of dementia which can affect older people; we're talking about much more complex situation, with a highly variable clinical presentation. During dementia DTCP(diagnostic therapeutic care plan) in the county of Modena a dedicated topic was added with the aim to rising awareness, giving answers, and letting people affected by this disease know that their problems are also addressed concretely.

## References:

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