Middelheim Frontality Score may be useful for differentiating between Alzheimer’s disease and frontotemporal dementia


Q Does the Middelheim Frontality Score differentiate between Alzheimer’s disease and frontotemporal dementia?

METHODS

Diagram

- Design: Prospective cohort study.
- Setting: Memory Clinic, Middelheim General Hospital, Belgium.
- Patients: 462 people with probable Alzheimer’s disease or frontotemporal dementia.
- Test: Middelheim Frontality Score.
- Diagnostic standard: Clinical diagnosis made by consensus of at least two neurologists. Alzheimer’s disease diagnosis based on NINCDS/ADRDA criteria and frontotemporal dementia based on criteria described by Neary et al.
- Outcomes: Mean total Middelheim Frontality Score, sensitivity, specificity, positive predictive value, negative predictive value.

MAIN RESULTS

Mean total Middelheim Frontality Score was significantly higher for frontotemporal dementia than for Alzheimer’s disease (6.3 for frontotemporal dementia vs 3.1 for Alzheimer’s disease; p<0.001). Calculation of sensitivity and specificity at different cut-off points for the Middelheim Frontality Score showed that >3 was the optimum threshold score for discriminating frontotemporal dementia from Alzheimer’s disease (sensitivity 88.7%; specificity 89.0%; positive predictive value 0.37; negative predictive value 0.98).

CONCLUSIONS

Middelheim Frontality Score adequately differentiates between frontotemporal dementia and Alzheimer’s disease.

Notes

The authors note that further validation of this scale is needed, using autopsy to confirm the diagnosis of frontotemporal dementia or Alzheimer’s disease.
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