Pick’s disease – an overview

Dementia caused by the shrinking of brain cells in the frontal, temporal and anterior portion of the brain is known as Front temporal dementia or simply Pick’s disease named after Arnold Pick who first described the disorder in 1892. It is a degenerative disease of the brain which causes severe atrophy of nerve cells and sometimes the swelling of neurons or addition of Pick bodies in the frontal or temporal regions of the brain (National Institute of Health)..

The symptoms of Pick’s disease are not easy to discern as they show as deteriorating psychological health as opposed to a decline in organic functions. For example, the patient experiences a general loss of ability and displays a generalized indifference. He/she also displays poor social skills. This includes behavioral, cognitive and sexual irregularities. Even if memory loss is not a common occurrence, the patient spirals toward a state of mental and physical inertness. The afflicted individual loses his/her ability to make independent judgments and performs poorly in activities requiring foresight, planning and abstract thinking (American Psychiatric Association).

The early signs of poor interpersonal skills gradually worsen and the patient ends up isolated and non-communicative. Language skills take a nose dive as word utterances become ever more difficult and distorted. Propensity to remain inert scales alarming levels. Abnormal sexual urges, difficulty in concentrating and complete loss of the vocalization are the other telltale signs of the illness. When these symptoms don’t abate or revert, the patient enters a vegetative state (Kertesz & Munoz)..

Since the disease is often confused with other forms of dementia the medical practitioner needs to carry out certain tests to rule out other possibilities. These can include a cerebrospinal fluid examination, a brain MRI, a CT scan (to show the tissue loss), an EEG (Electroencephalogram), PET, SPET and Neuropsychological exams of the patient’s cognitive impairment (Kertesz & Munoz).

The cause for the disorder is not yet manifest though new research has pointed towards a deposit of an abnormal form of protein Tau in the affected cells. It is incident more in women compared to men. The average age when the disease initiates is usually between forty and sixty. The disease is not genetic in nature. Of late research has pointed to the presence of Pick bodies and cells in the damaged area of the brain and an abnormal form of protein Tau (American Psychiatric Association).

There is NO treatment per se for Picks Disease. The affected individual needs constant care and monitoring in Toto. Drugs to ease the associated symptoms such as confusion, failing cognitive functions, hostile/ harmful behavior towards others or self should be administered. Psychotherapy for the patient is not recommended as it may lead to disorientation of the victim (emedicinehealth. com).

The patient needs constant monitoring from family members or a healthcare provider as the disease worsens. Supervised social activities, interacting with members in a self help group etc. can be encouraged. Certain modifications in lifestyle to suit the person’s limitations and to minimize confusion will be of huge assistance. Hazardous chemicals, drugs, equipments and gadgets

should be cleared from the victim’s vicinity in order to avoid unintentional self-harm or self-induced mutilation. The convalescent needs the relentless emotional support of a caregiver in leading a near normal daily life. When this is combined with appropriate medication the victim can hope to re-orient his/her life (National Institute of Health).

Internet sources:

Books:

Diagnostic and Statistical Manual of Mental Disorders: DSM-IV-TR, American Psychiatric Association, Published by American Psychiatric Publications Inc., 1994

Andrew Kertesz (Editor), David G. Munoz (Editor), Pick’s Disease and Pick Complex, Published by Wiley-Liss, Published March 1998, ISBN: 047117792X

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