

# NON-FLUENT/AGRAMMATIC VARIANT OF PRIMARY PROGRESSIVE APHASIA

The effects of a multimodal approach for the treatment of Primary Progressive Aphasia

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### 1 Collaborating Centers

• ASST Spedali Civili Brescia

## 2 Cohort Description

Age Range: 53-81 Size N: 37 subjects

 ${f Recruitment}$ : 2020 - ongoing

Data collection: 2020 - ongoing

Healthy controls: no

Only at-risk gene carriers included: no

Diseases studied:

Frontotemporal Dementia (FTD)
Non fluent/agrammatic variant of Primary Progressive Aphasia, avPPA

#### Clinical Evaluation:

- Neuropsychological Assessments (tests performed): Mini Mental State Examination (MMSE) (Measso et al., 1993; Magni et al., 1996), Story Recall (Novelli et al., 1986), Rey-Osterrieth Figure Copy and Recall (ROCF) (Caffarra et al., 2002), Trail Making Test A and B (Giovagnoli et al., 1996), Phonological and semantic fluency (Novelli et al., 1986), Screening for Neurodegenerative Aphasia (SAND) (Catricala, et al. 2017), Naming subtest of Aachener Aphasie Test (Luzzatti et al., 1994), Picture Naming Task (Bates et al., 2000)
- Behavioural Assessments (tests performed): Edinburgh Handedness Inventory (Oldfield, 1971), Beck Depression Inventory (BDI-II) (Beck et al., 1996), Cognitive Reserve Index Questionnaire (CRI-Q) (Nucci et al., 2012), Stroke and Aphasia Quality of Life Scale (SAQOL-39) (Hilari et al., 2003), Frontotemporal Dementia-modified Clinical Dementia Rating scale (FTD-CDR) (Knopman et al., 2008; Borroni et al., 2010)

#### Imaging and Neurophysiology:

- MRI 3 T (carried out at ASST Spedali Civili Brescia)
- fNIRS (about the 62% of patients)

Genotyping: no

## Digital Data obtained from patients through electronic devices: no Biological Samples:

- CSF
- DNA (about the 54% of patients)
- Plasma (about the 97% of patients)
- Serum (about the 54% of patients)
- Lymphocytes (about the 54% of patients)

#### Follow-up:

- Number of Follow-ups planned: 2 (T1 and T2)
- Number of Follow-ups completed: T1: about the 97% of patients; T2: about the 76% of patients;
- Average duration between follow-ups (years): T1: 2 week from baseline; T2: after 3 months from baseline;
- Follow-ups type: Clinical evaluation (T0, T1, T2), MRI (T0, T1), fNIRS (T0, T1, T2) and biological samples (T0, T1)

data Storage: database elettronico (.xlxs)