Translation, cross-cultural adaptation and applicability of the Brazilian version of the Frontotemporal Dementia Rating Scale (FTD-FRS)

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ABSTRACT. Background: Staging scales for dementia have been devised for grading Alzheimer’s disease (AD) but do not include the specific symptoms of frontotemporal lobar degeneration (FTLD). Objective: To translate and adapt the Frontotemporal Dementia Rating Scale (FTD-FRS) to Brazilian Portuguese. Methods: The cross-cultural adaptation process consisted of the following steps: translation, back-translation (prepared by independent translators), discussion with specialists, and development of a final version after minor adjustments. A pilot application was carried out with 12 patients diagnosed with bvFTD and 11 with AD, matched for disease severity (CDR=1.0). The evaluation protocol included: Addenbrooke’s Cognitive Examination-Revised (ACE-R), Mini-Mental State Examination (MMSE), Executive Interview (EXIT-25), Neuropsychiatric Inventory (NPI), Frontotemporal Dementia Rating Scale (FTD-FRS) and Clinical Dementia Rating scale (CDR). Results: The Brazilian version of the FTD-FRS seemed appropriate for use in this country. Preliminary results revealed greater levels of disability in bvFTD than in AD patients (bvFTD: 25% mild, 50% moderate and 25% severe; AD: 36.36% mild, 63.64% moderate). It appears that the CDR underestimates disease severity in bvFTD since a relevant proportion of patients rated as having mild dementia (CDR=1.0) in fact had moderate or severe levels of disability according to the FTD-FRS. Conclusion: The Brazilian version of the FTD-FRS seems suitable to aid staging and determining disease progression.

Key words: frontotemporal lobar degeneration, behavioral variant frontotemporal dementia, Alzheimer dementia, clinical staging, disease progression.

TRADUÇÃO, ADAPTAÇÃO TRANSCULTURAL E APLICABILIDADE DA ESCALE DE ESTADIAMENTO E PROGRESSÃO DA DEGENERAÇÃO LOBAR FRONTOTEMPORAL

RESUMO. Introdução: As escalas de estadiamento das demências, como a Clinical Dementia Rating (CDR), foram elaboradas para graduar a doença de Alzheimer (DA) e não incluem os sintomas específicos da degeneração lobar frontotemporal (DLFT). Objetivo: Realizar a tradução e adaptação cultural da Frontotemporal Dementia Rating Scale (FTD-FRS) para o contexto brasileiro e apresentar dados preliminares da sua aplicabilidade. Métodos: O processo de adaptação transcultural consistiu em: tradução, retrofitradução (realizadas por tradutores independentes), discussão com especialistas sobre a versão em português e equivalência com a versão original, desenvolvimento da versão final com pequenos ajustes. Foi feita uma aplicação piloto em 12 pacientes com diagnóstico de demência frontotemporal variante comportamental (DFTvc) e 11 com DA, pareados quanto à gravidade da demência (CDR=1). O protocolo de avaliação incluiu a Addenbrooke’s Cognitive Examination-Revised (ACE-R), Mini Exame do Estado Mental (MEEM), Executive Interview (EXIT-25), Inventário Neuropsiquiátrico (INP) e a Escala de Avaliação Clínica da Demência (CDR). Resultados: A FTD-FRS na versão brasileira pareceu apropriada. Resultados preliminares revelaram maiores níveis de incapacidade na DFTvc do que em pacientes com DA (DFTvc: 25% leve, 50% moderado, 25% grave; AD: 36.36% leve, 63.64% moderado). A CDR parece subestimar a gravidade da demência na DFTvc, uma vez que uma relevante proporção dos pacientes classificados com leves (CDR=1) de fato apresentaram nível moderado ou grave de comprometimento na FTD-FRS. Conclusão: A versão brasileira da FTD-FRS pode se mostrar adequada para auxiliar no estadiamento e determinar a progressão da DLFT.

Palavras-chave: degeneração lobar frontotemporal, demência frontotemporal variante comportamental, doença de Alzheimer, estadiamento clínico, progressão da doença.
INTRODUCTION

The term Frontotemporal Lobar Degeneration (FTLD) was first introduced in 1998 by a group of Swedish and English researchers,1 who used it to describe a clinical syndrome characterized by progressive behavioral changes associated with atrophy of the frontal lobes and of the anterior portions of the temporal lobes. The term was introduced in order to replace terminology such as “frontal lobe degeneration of non-Alzheimer type” and “dementia of frontal lobe type”.1 Three main conditions are described in the FTLD group: frontotemporal dementia (FTD) or behavioral variant frontotemporal dementia (bvFTD),2,3 semantic dementia (SD),4 and progressive non-fluent aphasia (PNFA).4,6

Recent studies have suggested that FTLD-related diseases have a significant impact on the ability to carry out daily activities. However, studies on disability severity in these conditions are scarce. In addition, disease staging in FTLD remains a challenge as most dementia staging tools have been developed for Alzheimer’s disease (AD). For instance, the Clinical Dementia Rating,7 and other similar instruments may not capture the functional changes that are specific to FTLD. A recently developed scale specifically designed to examine the behavioral and functional changes associated with FTLD, the Frontotemporal Dementia Rating Scale (FTD-FRS), has been found to be helpful for assessing severity and the rate of functional decline.8

In the validation study of the FTD-FRS,9 by cross-sectional analyses involving a sample with three FTLD variants (bvFTD, n=29; SD, n=20; PNFA, n=28), the authors were able to identify six levels of disease severity (very mild, mild, moderate, severe, very severe and advanced/profound) with the use of the FTD-FRS. There was greater severity of functional impairment in bvFTD than in language variants, and limited correlation with cognitive measures. Follow-up analyses of a sub-sample carried out using the FRS after 12 months revealed that patients with bvFTD advanced more rapidly through the severity stages than the other variants. Therefore, the FTD-FRS was able to distinguish the functional profile of FTLD variants and identify differential rates of decline.

In Brazil, no studies investigating FTLD staging have yet been conducted and validated tools for this purpose are lacking. Therefore, the primary aim of the present study was to translate the FTD-FRS to Brazilian Portuguese and adapt it to the Brazilian cultural context.

METHODS

The translation and cross-cultural adaptation processes consisted of the following steps: translation, back-translation (prepared by independent translators), evaluation of the back-translated version against the original version, discussion of the Portuguese version of the FTD-FRS with specialists, development of a final version after minor adjustments, and pilot application in patients with diagnoses of bvFTD and AD. The original instrument, translation, back-translation and the final version of the FTD-FRS are given in Table 1 and Appendix A. Table 2 shows percentage scores and logarithmic score conversion for the FTD-FRS correction.

Participants. For this stage of the study it was decided to include in the research sample only patients with bvFTD. Additionally, this variant of FTLD presents features discussed in the scale (disorders of behavior and impact on activities of daily living) that could help in the detection of its applicability in Brazil.

The study sample consisted of 23 individuals aged 45 or older, with at least two years of formal education. Twelve had been diagnosed with bvFTD and 11 with AD. Patients were matched for disease severity (CDR=1.0). This study was conducted from February 2011 to July 2013.

Dementia was diagnosed according to the Diagnostic and Statistical Manual of Mental Disorders – DSMIV criteria.9 For the bvFTD diagnosis, the international consensus criteria were used.7 AD diagnosis followed the National Institute of Neurological and Communication Disorders and Stroke and the Alzheimer’s Disease and Related Disorders Association – NINCDS-ADRDA criteria for probable AD dementia.10

The exclusion criteria were as follows: CDR>1, visual, hearing or motor impairments which could hinder comprehension of instructions and execution of cognitive tasks, uncontrolled clinical conditions, severe psychiatric disorders, and significant cerebrovascular disease on neuroimaging.

Evaluation procedures. The evaluation protocol included: sociodemographic and clinical questionnaires; Addenbrooke’s Cognitive Examination-Revised (ACE-R) Mini-Mental State Examination (MMSE); Executive Interview (EXIT-25). The protocol for caregivers included the Cornell Scale for Depression in Dementia, Disability Assessment for Dementia (DAD), Neuropsychiatric Inventory (NPI), the Frontotemporal Dementia Rating Scale (FRS) and Clinical Dementia Rating scale (CDR).

The ACE-R and the EXIT-25 were applied to assess cognitive performance. The ACE-R consists of a brief cognitive assessment battery testing five different cog-
Table 1. Original version, translation, back-translation and the final version of the FTD-FRS in Portuguese.

<table>
<thead>
<tr>
<th>Question</th>
<th>Original Version</th>
<th>Translation</th>
<th>Backtranslation</th>
<th>Final Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introdução/Introduction</td>
<td>For each sentence, circle the frequency of the problem on the right hand side. If the question does not apply for them, e.g., he/she did not cook before, then mark N/A. Please refer to scoring and interview guides before administering the scale.</td>
<td>À direita de cada frase, faça um círculo na frequência com que o problema ocorre. Caso a questão não se aplique, por exemplo, se a pessoa não cozinhava antes, marque como &quot;não se aplica&quot; (N/A). Por favor, consulte o manual de pontuação e aplicação da entrevista antes de aplicar a escala.</td>
<td>To the right of each sentence, circle the frequency with which the problem occurs. If the question is not applicable, for example, the person did not cook previously, mark as not applicable (N/A). Please consult the manual for scoring and application of the interview before applying the scale.</td>
<td>À direita de cada frase, faça um círculo na frequência com que o problema ocorre. Caso a questão não se aplique (por exemplo, se a pessoa não cozinhava antes), marque como &quot;não se aplica&quot; (N/A). Por favor, consulte o manual de pontuação e aplicação da entrevista antes de aplicar a escala.</td>
</tr>
<tr>
<td>Behaviour/Comportamento</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Lacks interest in doing things - their own interests/leisure activities/new things</td>
<td>Não tem interesse / se interessa por fazer as coisas – seus próprios interesses / atividades de lazer / novidades</td>
<td>Has no interest in doing things – their own interests / leisure activities / new things</td>
<td>Não tem interesse em fazer as coisas – seus próprios interesses / atividades de lazer / novidades</td>
</tr>
<tr>
<td>2</td>
<td>Lacks normal affection, lacks interest in family members worries</td>
<td>Parece distante emocionalmente, não se interessa por preocupações de familiares</td>
<td>Shows no affection, not concerned with worries of family members</td>
<td>Parece distante emocionalmente, não se interessa por preocupações de familiares</td>
</tr>
<tr>
<td>3</td>
<td>Is uncooperative when asked to do something; refuses help</td>
<td>Não coopera quando lhe pedem para fazer algo; recusa ajuda</td>
<td>Does not cooperate when asked to do something; refuses help</td>
<td>Não coopera quando lhe pedem para fazer algo; recusa ajuda</td>
</tr>
<tr>
<td>4</td>
<td>Becomes confused or muddled in unusual surroundings</td>
<td>Fica confuso ou desnorteado em ambientes estranhos</td>
<td>Becomes confused or disoriented in unfamiliar environments</td>
<td>Fica confuso ou desnorteado em ambientes estranhos</td>
</tr>
<tr>
<td>5</td>
<td>Is restless</td>
<td>É agitado/inquieto</td>
<td>Becomes agitated/restless</td>
<td>É agitado/inquieto</td>
</tr>
<tr>
<td>6</td>
<td>Acts impulsively without thinking, lacks judgement</td>
<td>Age impulsivamente sem refletir, não tem bom senso</td>
<td>Acts impulsively without reflecting, has no discernment</td>
<td>Age impulsivamente sem refletir, não tem bom senso</td>
</tr>
<tr>
<td>7</td>
<td>Forgets what day it is</td>
<td>Esquece em que dia está</td>
<td>Forgets what day it is</td>
<td>Esquece em que dia está</td>
</tr>
<tr>
<td>Outing and Shopping</td>
<td>Passeios e compras</td>
<td>Journeys and shopping</td>
<td>Passeios e compras</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Has problems taking his/her usual transportation safely (car if has a driver licence; bike or public transport if does not have a driver licence)</td>
<td>Tem dificuldades para usar seu meio de transporte habitual com segurança (carro, caso tenha habilitação; bicicleta ou transporte público, caso não tenha habilitação)</td>
<td>Has problems using their usual mode of transport safely (car, if holding driving license; bicycle or public transport, if not holding driving license)</td>
<td>Tem dificuldades para usar seu meio de transporte habitual com segurança (carro, caso tenha carteira de habilitação; bicicleta ou transporte público, caso não tenha habilitação)</td>
</tr>
<tr>
<td>9</td>
<td>Has difficulties shopping on their own (e.g., to go to the local shops to get milk and bread if not use to do the main shopping)</td>
<td>Tem dificuldades para fazer compras sozinho (por exemplo, ir à padaria para comprar leite e pão, caso não faça as compras da casa)</td>
<td>Has difficulties doing shopping alone (for example, going to local shops to buy milk and bread if not doing the house shopping)</td>
<td>Tem dificuldades para fazer compras sozinhos (por exemplo, ir à padaria para comprar leite e pão caso não faça as compras da casa)</td>
</tr>
</tbody>
</table>

Continue
<table>
<thead>
<tr>
<th>Question</th>
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</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Lacks interest or motivation to perform household chores that he/she used to perform in the past</td>
<td>Não tem interesse ou motivação para desempenhar tarefas domésticas que realizava no passado</td>
<td>Has no interest or motivation to perform domestic tasks which they used to do in the past</td>
<td>Não tem interesse ou motivação para desempenhar tarefas domésticas que realizava no passado</td>
</tr>
<tr>
<td>11</td>
<td>Has difficulties completing household chores adequately that he/she used to perform in the past (to the same level)</td>
<td>Tem dificuldade para concluir adequadamente tarefas domésticas que realizava no passado (com a mesma qualidade)</td>
<td>Has difficulties completing domestic tasks properly which they used to do in the past (with the same quality)</td>
<td>Tem dificuldades para concluir adequadamente tarefas domésticas que realizava no passado (com a mesma qualidade)</td>
</tr>
<tr>
<td>12</td>
<td>Has difficulty finding and dialing a telephone number correctly</td>
<td>Tem dificuldade para encontrar e discar um número de telefone corretamente</td>
<td>Has difficulties finding and dialing a telephone number correctly</td>
<td>Tem dificuldade para encontrar e discar um número de telefone corretamente</td>
</tr>
<tr>
<td>13</td>
<td>Lacks interest in his/her personal affairs such as finances</td>
<td>Não tem interesse por seus assuntos pessoais, como, por exemplo, suas finanças</td>
<td>Has no interest in their personal affairs, such as finances for example</td>
<td>Não tem interesse por assuntos pessoais, como, por exemplo, suas finanças</td>
</tr>
<tr>
<td>14</td>
<td>Has problems organizing his/her finances and to pay bills (cheques, bankbook, bills)</td>
<td>Tem problemas para organizar suas finanças e pagar contas (cheques, controlar a conta do banco, contas a pagar)</td>
<td>Has problems organizing their finances and paying bills (cheques, managing bank account, bills payable)</td>
<td>Tem problemas para organizar suas finanças e pagar contas (cheques, controlar a conta do banco e as contas a pagar)</td>
</tr>
<tr>
<td>15</td>
<td>Has difficulties organizing his/her correspondence without help (writing skills)</td>
<td>Tem dificuldade na organização da correspondência (separar as contas, de propagandas ou os destinatários)</td>
<td>Has difficulties organizing correspondence without help (writing ability)</td>
<td>Tem dificuldade na organização da correspondência (separar as contas, de propagandas ou os destinatários)</td>
</tr>
<tr>
<td>16</td>
<td>Has problems handling adequately cash in shops, petrol stations, etc (give and check change)</td>
<td>Tem problemas para lidar adequadamente com dinheiro em lojas, postos de gasolina, etc. (pagar e conferir o troco)</td>
<td>Has problems handling money properly in shops, garages, etc. (paying and checking change)</td>
<td>Tem problemas para lidar adequadamente com dinheiro em lojas, postos de gasolina, etc. (pagar e conferir o troco)</td>
</tr>
<tr>
<td>17</td>
<td>Has problems taking his/her medications at the correct time (forgets or refuses to take them)</td>
<td>Tem problemas para tomar suas medicações no horário correto (esquece ou se recusa a tomar-lás)</td>
<td>Has problems taking their medications at the right time (forgets or refuses to take them) (esquece ou se recusa a tomá-las)</td>
<td>Tem problemas para tomar suas medicações no horário correto (esquece ou se recusa a tomá-las)</td>
</tr>
<tr>
<td>18</td>
<td>Has difficulties taking his/her medications as prescribed (according to the right dosage)</td>
<td>Ten dificuldade para tomar suas medicações como foram prescritas (na dosagem correta)</td>
<td>Has difficulties taking their medications in the manner prescribed (at the right dose)</td>
<td>Tem dificuldade para tomar suas medicações como foram prescritas (na dosagem correta)</td>
</tr>
<tr>
<td>19</td>
<td>Lacks previous interest or motivation to prepare a meal (or breakfast, sandwich) for himself/herself (rating based on pre-morbid functioning; score same task for questions 19, 20 and 21))</td>
<td>Não tem o interesse ou motivação de costume para preparar uma refeição (ou café-da-mana, sanduíche) para si próprio (avaliação com base no desempenho pré-morbid; pontuar a mesma tarefa para questões 19, 20 e 21))</td>
<td>Does not have the customary/usual interest or motivation to prepare a meal (or breakfast, snack, or sandwich) for themselves (rating based on pre-morbid performance; score the same task for questions 19, 20 and 21))</td>
<td>Não tem o interesse ou a motivação de costume para preparar uma refeição (ou café-da-mana, um lanche, ou sanduíche) para si próprio (avaliação com base no desempenho pré-morbid; pontuar a mesma tarefa para questões 19, 20 e 21))</td>
</tr>
<tr>
<td>Question</td>
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<tr>
<td>20</td>
<td>Has difficulties organizing the preparation of meals (or a snack if patient was not the main cook) (choosing ingredients; cookware; sequence of steps)</td>
<td>Tem dificuldade para organizar o preparo de refeições (ou um lanche, caso o paciente não seja o responsável pela cozinha) (escolha de ingredientes; apetrechos de cozinha; sequência de passos; no preparo)</td>
<td>Has difficulties organizing the preparation of meals (or snack if patient is not responsible for cooking) (choosing ingredients; cooking utensils; order of steps)</td>
<td>Tem dificuldade para organizar o preparo de refeições (ou um lanche, caso o paciente não seja o responsável pela cozinha) (escolha de ingredientes; apetrechos de cozinha; no preparo)</td>
</tr>
<tr>
<td>21</td>
<td>Has problems preparing or cooking a meal (or snack if applicable) on their own (needs supervision/help in kitchen)</td>
<td>Tem problemas para preparar uma refeição (ou lanche quando aplicável) sem ajuda (precisa de supervisão/ajuda na cozinha)</td>
<td>Has problems preparing a meal (or snack when applicable) without help (needs supervision/help in the kitchen)</td>
<td>Tem problemas para preparar uma refeição (ou lanche quando aplicável) sem ajuda (precisa de supervisão/ajuda na cozinha)</td>
</tr>
<tr>
<td>22</td>
<td>Lacks initiative to eat (if not offered food, might spend the day without eating anything at all)</td>
<td>Não tem iniciativa para se alimentar (se não lhe oferecerem comida, pode passar o dia todo sem comer)</td>
<td>Has no initiative for feeding (if not offered food, can go the whole day without eating)</td>
<td>Não tem iniciativa para se alimentar (se não lhe oferecerem comida, pode passar o dia todo sem comer)</td>
</tr>
<tr>
<td>23</td>
<td>Has difficulties choosing appropriate utensils and seasonings when eating</td>
<td>Tem dificuldade para selecionar os talheres e temperos apropriados quando se alimenta</td>
<td>Has difficulty selecting the appropriate utensils and condiments when feeding</td>
<td>Tem dificuldade para selecionar os talheres e temperos apropriados quando se alimenta</td>
</tr>
<tr>
<td>24</td>
<td>Has problems eating meals at a normal pace and with appropriate manners</td>
<td>Tem problemas para comer suas refeições em um ritmo normal e de forma educada (com modos apropriados)</td>
<td>Has problems eating their meals at a normal pace and in an educated way (with appropriate manners)</td>
<td>Tem problemas para comer suas refeições em um ritmo normal e de forma educada (com modos apropriados)</td>
</tr>
<tr>
<td>25</td>
<td>Wants to eat the same foods repeatedly</td>
<td>Quer comer as mesmas comidas repetidamente</td>
<td>Wants to eat the same foods repeatedly</td>
<td>Quer comer as mesmas comidas repetidamente</td>
</tr>
<tr>
<td>26</td>
<td>Prefers sweet foods more than before</td>
<td>Prefere alimentos doces, mais do que antes</td>
<td>Has a greater preference for sweet foods than before</td>
<td>Prefere alimentos doces mais do que antes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Self care and mobility</th>
<th>Autocuidado e mobilidade</th>
<th>Self-care and mobility</th>
<th>Autocuidado e mobilidade</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Has problems choosing appropriate clothing (with regard to the occasion, the weather or colour combination)</td>
<td>Tem problemas para escolher a vestimenta adequada (de acordo com a ocasião, o clima, ou a combinação de cores)</td>
<td>Has problems choosing suitable attire (fitting for the occasion, weather or colour combination)</td>
</tr>
<tr>
<td>28</td>
<td>Is incontinent</td>
<td>Tem incontinência</td>
<td>Has incontinence</td>
</tr>
<tr>
<td>29</td>
<td>Cannot be left at home by himself/herself for a whole day (for safety reasons)</td>
<td>Não pode ser deixado sozinho em casa por um dia inteiro (por razões de segurança)</td>
<td>Cannot be left alone at home for a whole day (for safety reasons)</td>
</tr>
<tr>
<td>30</td>
<td>Is restricted to the bed</td>
<td>Está restrito à cama</td>
<td>Is bedridden</td>
</tr>
</tbody>
</table>
nitive domains. The highest score is 100 points, distributed as follows: attention and orientation (18); memory (35); verbal fluency (14); language (28); and visuo-spatial abilities (5). Higher scores indicate better performance. The scores regarding each of the six domains can be computed separately and their sum generates the total ACE-R score of which 30 points corresponds to the MMSE.\(^{11,12}\)

The EXIT-25 assesses different aspects of executive function. It consists of 25 sub-items with scores ranging from 0 to 2, with total score ranging from 0 to 50, and lower scores indicating better performance. It assesses verbal fluency, design fluency, anomalous sentence repetition, and interference, among others. Studies have suggested that a score higher than 15 is consistent with dementia.\(^{13,14}\)

For dementia staging, the CDR was completed. It evaluates six domains related to cognitive and functional performance: memory, orientation, judgment and problem solving, community affairs, home and hobbies,
A pre-defined algorithm allows the calculation of a total score, with 0 indicating preserved performance and higher scores indicating increased impairment.7

The Neuropsychiatric Inventory (NPI) in its short version is a 10-item questionnaire that makes it possible to determine the presence of neuropsychiatric and behavioral symptoms, their frequency and severity. Scores range from 0 to 144. Each behavior has a maximum score of 12 points, calculated by multiplying symptom frequency by its severity. The assessed behaviors are: delusions, hallucinations, agitation and aggression, dysphoria, anxiety, euphoria, apathy, disinhibition, irritability/lability, aberrant motor activity, nighttime behaviors, and changes in appetite. The higher the score, the greater the severity and frequency of these behaviors.18,19

The FTD-FRS was developed based on questions from the Cambridge Behavioral Inventory (CBI)20 and the Disability Assessment for Dementia (DAD).21 It is a 30-item questionnaire that assesses: Behavior, Outing and Shopping, Household Chores, Telephone, Finances and Correspondence, Medications, Meal Preparation, Eating, Self-care and Mobility. It was developed with the purpose of assessing disease severity and progression in FTLD.8 The response options for each question are: all the time=0; sometimes=0 and never =1. The examiner must add the number of alternatives marked as “never” and then divide by the number of questions answered. This will generate a percentage (an index of functional preservation) which takes into account the pre-morbid state of the patient (as the tasks which were never performed are not considered in the score). After calculating the percentage of preservation the score should be converted to a logarithm (Table 2) and the severity of the disease is established (very mild, mild, moderate, severe, very severe and profound).

The administration of the patient protocol took about 60 minutes. The interview with informants lasted about 45 minutes. The present study was approved by the Research Ethics Committee of the Hospital of Clinics, School of Medicine, University of São Paulo, under protocol number 311,601. Caregivers of patients with dementia filled out the informed consent form and were instructed regarding the research procedures.

### Statistical analysis.
The Chi-square test was used to compare categorical variables between the diagnostic groups. The Kolmogorov-Smirnov test determined the presence of a normal distribution in most of the continuous variables and therefore parametric tests were required, such as Student’s t-test. The data were entered in the Epidata software v.3.1. For statistical analysis, the SPSS v.17.0 and the Statistica v. 7.0 software packages were used. Statistical significance was set as a p-value<0.05.

### RESULTS
Table 3 shows the sociodemographic characteristics of participants. It can be noted that the groups were homogeneous with regards to gender, age and education. On the MMSE and the EXIT-25 there was a significant difference among the three groups, with the AD group

### Table 3. Sociodemographic characteristics, cognitive performance, neuropsychiatric symptoms and severity levels for dementia sub-types.

<table>
<thead>
<tr>
<th></th>
<th>bvFTD (n=12)</th>
<th>AD (n=11)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Women (%)</strong></td>
<td>33.33%</td>
<td>54.54%</td>
<td>0.305*</td>
</tr>
<tr>
<td><strong>Age (51 to 79 years)</strong></td>
<td>66.17</td>
<td>67.73</td>
<td>0.648</td>
</tr>
<tr>
<td><strong>Schooling (4 - 20 years)</strong></td>
<td>10.58</td>
<td>9.64</td>
<td>0.705</td>
</tr>
<tr>
<td><strong>MMSE (15 to 25 points)</strong></td>
<td>21.08</td>
<td>18.36</td>
<td>0.007</td>
</tr>
<tr>
<td><strong>EXIT-25 (10 to 25 points)</strong></td>
<td>18.67</td>
<td>15.00</td>
<td>0.017</td>
</tr>
<tr>
<td><strong>ACE-R (51 to 78 points)</strong></td>
<td>62.83</td>
<td>58.00</td>
<td>0.154</td>
</tr>
<tr>
<td><strong>NPI Total (9 to 44 points)</strong></td>
<td>18.83</td>
<td>17.00</td>
<td>0.621</td>
</tr>
<tr>
<td><strong>FTD-FRS (20 to 87 points)</strong></td>
<td>55.56</td>
<td>75.76</td>
<td>0.011</td>
</tr>
<tr>
<td><strong>FTD-FRS Categories</strong></td>
<td>Mild</td>
<td>25%</td>
<td>36.36%</td>
</tr>
<tr>
<td></td>
<td>Moderate</td>
<td>50%</td>
<td>63.64%</td>
</tr>
<tr>
<td></td>
<td>Severe</td>
<td>25%</td>
<td>0%</td>
</tr>
</tbody>
</table>

p-value refers to Student’s t-test, *Chi-square test. 1. MMSE: Mini-Mental State Examination; EXIT-25: Executive Interview; ACE-R: Addenbrooke’s Cognitive Examination – Revised; FTD-FRS: Frontotemporal Dementia Rating Scale. Variations in amplitude of test scores shown in parentheses.
exhibiting worst performance. Preliminary results for the FTD-FRS revealed greater levels of disability in bvFTD than in AD patients (bvFTD: 25% mild, 50% moderate and 25% severe; AD: 36.36% mild, 63.64% moderate), in spite of having similar CDR ratings (see Table 3 and Figure 1).

**DISCUSSION**

In this report, we present a culturally adapted, translated version of the FTD-FRS in Brazilian Portuguese. Confrontation between original and back-translated scales, and the preliminary staging results achieved in bvFTD patients suggest that our version is suitable for clinical purposes.

Results from the scale’s pilot application are in line with those from the validation study, as FTD-FRS seemed to be capable of capturing functional and behavioral change not identified by the CDR. All participants had a score on the CDR=1, and yet, according to the FTD-FRS, 25% of bvFTD patients were severely impaired. Also, in agreement with previous studies, our findings suggest that bvFTD is associated with greater functional loss and behavioral change compared to AD.

Determining disease severity in dementia, and especially in less prevalent sub-types, remains a controversial issue. There is currently a lack of consensus regarding the definition of severity in dementia and its ideal staging tools. Our study suggested that severity in bvFTD needs to be measured with a tool specifically designed to detect its early symptoms. Cognitive-based staging strategies are limited, since they are heavily dependent on language skills, which might overestimate disease severity, as observed in primary progressive aphasias. Additionally, in developing countries, cutoff scores in cognitive tests are unsuitable for dementia staging because of great variability in educational background. The FTD-FRS may provide a better understanding of disease progression in FTD, by showing which abilities are lost early and late in the disease, as it relies on collateral information. Also, in patients with AD, the scale showed sensitivity in detecting severity of dementia, where a great proportion of patients with a low CDR 1 had in fact moderate severity on the FTD-FRS (64%).

The Brazilian version of the FTD-FRS seems suitable to aid staging and determining disease progression.

This study had some potential limitations. The dementia groups consisted of patients currently attending our clinics, which excludes more impaired patients living in nursing homes. We were unable to include neuropathology, which is ideally needed to confirm a definitive diagnosis. Additionally, the analyses were cross-sectional, restricting some of our interpretations. As to the strengths of the study, we may cite the fact that the sample was homogeneous as only early dementia cases were included (CDR=1).

Our preliminary results suggest that the Brazilian version of the FTD-FRS is appropriate for clinical use, as it was easily understood by caregivers and family members. In addition, results are in line with previous studies using the scale, as they suggested greater functional and behavioral changes among bvFTD patients. Future studies should continue to examine the psychometric characteristics of this instrument as it may play an important role in the early diagnosis of FTLD.

**REFERENCES**

APPENDIX A.
Escala de Estadiamento e Progressão da Demência Frontotemporal
Frontotemporal Dementia Rating Scale – FTD-FRS

Nome do paciente:  
Data: ___/___/___

Respondente:  
Relacionamento/parentesco com o paciente:  

À direita de cada frase, faça um círculo na frequência com que o problema ocorre. Caso a afirmação não se aplique, por exemplo, se a pessoa não cozinhava antes, marque como não aplicável (N/A). Favor consultar o manual de pontuação e o roteiro de entrevistas antes de aplicar a escala (podem ser obtidos com os autores do artigo).

<table>
<thead>
<tr>
<th>Comportamento</th>
<th>Frequência</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Não tem interesse / se interessa por fazeres as coisas – seus próprios interesses / atividades de fazer / novidades.</td>
<td>Sempre Às vezes Nunca</td>
</tr>
<tr>
<td>2. Parece distante emocionalmente, não se interessa por preocupações de familiares.</td>
<td>Sempre Às vezes Nunca</td>
</tr>
<tr>
<td>3. Não coopera quando lhe pedem para fazer algo; recusa ajuda.</td>
<td>Sempre Às vezes Nunca</td>
</tr>
<tr>
<td>4. Fica confuso ou desorientado em ambientes estranhos.</td>
<td>Sempre Às vezes Nunca</td>
</tr>
<tr>
<td>5. É agitado/insóbito.</td>
<td>Sempre Às vezes Nunca</td>
</tr>
<tr>
<td>6. Age impulsivamente sem reflexão, não tem bom senso.</td>
<td>Sempre Às vezes Nunca</td>
</tr>
<tr>
<td>7. Esquece em que dia está.</td>
<td>Sempre Às vezes Nunca</td>
</tr>
</tbody>
</table>

Passeios e compras
8. Tem dificuldade para usar seu meio de transporte habitual com segurança (carro, caso tenha habilitação; bicicleta ou transporte público, caso não tenha habilitação). | Sempre Às vezes Nunca |
9. Tem dificuldade para fazer compras sozinho (por exemplo, ir à padaria para comprar leite e pão, caso não faça as compras da casa). | Sempre Às vezes Nunca N/A |

Tarefas domésticas e telefone
10. Não tem interesse ou motivação para desempenhar tarefas domésticas que realizava no passado. | Sempre Às vezes Nunca N/A |
11. Tem dificuldade para concluir adequadamente tarefas domésticas que realizava no passado (com a mesma qualidade). | Sempre Às vezes Nunca N/A |
12. Tem dificuldade para encontrar e discar um número de telefone corretamente. | Sempre Às vezes Nunca |

Finanças
13. Não tem interesse por seus assuntos pessoais, como, por exemplo, suas finanças. | Sempre Às vezes Nunca N/A |
14. Tem problemas para organizar suas finanças e pagar contas (cheques, controlar a conta do banco, contas a pagar). | Sempre Às vezes Nunca N/A |
15. Tem dificuldade na organização da correspondência (esparar as contas, de propagandas ou os destinatários). | Sempre Às vezes Nunca N/A |
16. Tem problemas para lidar adequadamente com dinheiro em lojas, postos de gasolina, etc. (pagar e conferir o troco) | Sempre Às vezes Nunca |

Medicações
17. Tem problemas para tomar suas medicações no horário correto (esquece ou se recusa a tomar-las). | Sempre Às vezes Nunca N/A |
18. Tem dificuldade para tomar suas medicações como foram prescritas (na dosagem correta). | Sempre Às vezes Nunca N/A |

Preparo de refeições e alimentação
19. Não tem a iniciativa ou motivação de costume para preparar uma refeição (ou café-da-manhã, sanduíche) para si próprio (avaliação com base no desempenho pré-morbo; pontuar a mesma tarefa para questões 19, 20 e 21). | Sempre Às vezes Nunca N/A |
20. Tem dificuldade para organizar o preparo de refeições (ou um lanche, caso o paciente não seja o responsável pela cozinha) (escoha de ingredientes; apetrechos da cozinha; sequência de passos; no preparo). | Sempre Às vezes Nunca N/A |
21. Tem problemas para preparar uma refeição (ou lanche quando aplicável) sem ajuda (precisa de supervisão/ajuda na cozinha). | Sempre Às vezes Nunca N/A |
22. Não tem iniciativa para se alimentar (se não lhe oferecerem comida, pode passar o dia todo sem comer). | Sempre Às vezes Nunca |
23. Tem dificuldade para selecionar os talheres e temperos apropriados quando se alimenta. | Sempre Às vezes Nunca |
24. Tem problemas para comer suas refeições em um ritmo normal e de forma educada (com modos apropriados). | Sempre Às vezes Nunca |
25. Quer comer as mesmas comidas repetidamente. | Sempre Às vezes Nunca |
26. Prefere alimentos doces, mais do que antes. | Sempre Às vezes Nunca |

Autocuidado e mobilidade
27. Tem problemas para escovar a vestimenta adequada (de acordo com a ocasião, o clima, ou a combinação de cores). | Sempre Às vezes Nunca |
28. Tem incontinência. | Sempre Às vezes Nunca |
29. Não pode ser deixado sozinho em casa por um dia inteiro (por razões de segurança). | Sempre Às vezes Nunca |
30. Está restrito à cama. | Sempre Às vezes Nunca |

Outras observações:

396  Brazilian version of the Frontotemporal Dementia Rating Scale  Lima-Silva TB, et al.