

SHORT COMMUNICATION

Impact of trauma and healthcare response to frontotemporal dementia

Impacto del trauma y la respuesta sanitaria ante la demencia frontotemporal

Fabiane Simone Deprá¹ , Liliana Lombisani¹ 

¹Universidad Abierta Interamericana, Facultad de Medicina y Ciencias de la Salud, Carrera de Medicina. Buenos Aires, Argentina.

Cite as: Simone Deprá F, Lombisani L. Impact of trauma and healthcare response to frontotemporal dementia. South Health and Policy. 2024; 3:111. <https://doi.org/10.56294/shp2024111>


Submitted: 05-07-2023

Revised: 15-10-2023

Accepted: 03-03-2024

Published: 04-03-2024

Editor: Dr. Telmo Raúl Aveiro-Róbalo 

Corresponding author: Fabiane Simone Deprá 

ABSTRACT

Frontotemporal dementia is a neurodegenerative disease that mainly affects the frontal and temporal lobes of the brain, causing changes in behaviour, personality and language. Although its cause was mainly genetic, traumatic events were also considered to act as triggers or accelerators of its clinical onset. In Latin America, particularly in Argentina, Brazil, and Uruguay, this relationship has become especially relevant due to population ageing, stigmatisation, and deficiencies in mental health systems. In Argentina, the lack of a specific national plan hampered comprehensive care; Brazil implemented community-based policies, albeit with regional inequalities; and Uruguay led regional cooperation efforts but still faced limitations in specific policies for dementia. It was concluded that public strategies including prevention, early diagnosis and support for caregivers needed to be developed.

Keywords: Dementia; Trauma; Ageing; Public Policy; Diagnosis.

RESUMEN

La demencia frontotemporal es una enfermedad neurodegenerativa que afecta principalmente los lóbulos frontal y temporal del cerebro, generando cambios en la conducta, la personalidad y el lenguaje. Aunque su causa fue mayormente genética, también se consideró que eventos traumáticos actuaron como desencadenantes o aceleradores de su aparición clínica. En América Latina, particularmente en Argentina, Brasil y Uruguay, esta relación adquirió especial relevancia debido al envejecimiento poblacional, la estigmatización y las deficiencias en los sistemas de salud mental. En Argentina, la falta de un plan nacional específico dificultó la atención integral; Brasil implementó políticas con enfoque comunitario, aunque con desigualdades regionales; y Uruguay lideró esfuerzos de cooperación regional, pero aún enfrentó limitaciones en políticas específicas para demencias. Se concluyó que era necesario desarrollar estrategias públicas que incluyeran prevención, diagnóstico temprano y apoyo a cuidadores.

Palabras clave: Demencia; Trauma; Envejecimiento; Políticas Públicas; Diagnóstico.

BACKGROUND

Frontotemporal dementia (FTD) is a neurodegenerative disease that primarily affects the frontal and temporal lobes of the brain, causing significant changes in behavior, personality, and language. Although its etiology is mainly genetic, traumatic events have been observed to act as triggers or accelerators of its clinical manifestation. In the context of Latin America, particularly in Argentina, Brazil, and Uruguay, the relationship between traumatic events and the onset of FTD is relevant due to sociocultural factors and challenges in

mental health systems.⁽¹⁾

VIU Online University

FTD is characterized by progressive degeneration of the frontal and temporal lobes, resulting in alterations in behavior, decision-making, and language. Although most cases have a genetic basis, recent studies suggest that environmental factors, such as post-traumatic stress, may influence the onset or progression of the disease. Traumatic events, such as abuse, violence, or disasters, can act as precipitating factors in genetically predisposed individuals, although evidence in this field is still limited and requires further research.⁽²⁾

In Argentina, dementia represents a growing challenge for the health system, mainly due to the aging population. It is estimated that almost 12 % of Argentines are over 65, which is expected to rise to 20 % by 2050. The lack of a specific national plan to address dementia has led organizations such as INECO to call for public policies that guarantee comprehensive care for patients and their families.⁽³⁾

Brazil faces similar challenges, with a dementia incidence ranging from 11,2 to 26,1 per 1 000 person-years in people over 65. The country has implemented mental health policies that include community care and service integration, but significant gaps in coverage and quality of care remain, especially in rural and disadvantaged regions.⁽⁴⁾

Uruguay has shown progress in regional cooperation to address mental health issues, leading initiatives in MERCOSUR to improve Access to medicines and strengthen health systems. However, the implementation of specific policies for dementia is still limited, and a more comprehensive approach that includes prevention, early diagnosis, and support for caregivers is needed.⁽⁵⁾

Similarities between the countries mentioned above:

- Population aging: All three countries are facing an increase in the proportion of older adults, which increases the prevalence of dementia.
- Challenges in diagnosis: DFT is often confused with primary psychiatric disorders, which delays proper diagnosis and treatment.
- Stigmatization: There is a lack of public awareness about dementia, which contributes to stigma and makes it difficult for those affected and their families to seek help.

Differences:

- Public policies: While Argentina lacks a specific national plan for dementia, Brazil and Uruguay have implemented more structured mental health policies, although they have encountered challenges.
- Access to services: Due to its size and regional diversity, Brazil faces greater disparities in Access to mental health services compared to Uruguay, which has a smaller population and more centralized health systems.
- Regional cooperation: Uruguay has led efforts in MERCOSUR to address mental health issues jointly, which could serve as a model for other countries in the region.

Frontotemporal dementia, mainly when it manifests after traumatic events, represents a significant challenge for mental health systems in Argentina, Brazil, and Uruguay. Although there are similarities in the challenges these countries face, there are also differences in their approaches and capacities to address the disease. Comprehensive public policies must be developed that include prevention, early diagnosis, treatment, and support for caregivers, as well as awareness campaigns to reduce the stigma associated with dementia.

BIBLIOGRAPHICAL REFERENCES

1. Bonanni L, Parnetti L, Aarsland D, et al. Post Traumatic Stress Disorder Heralding Frontotemporal Degeneration. *J Neurochem*. 2018;144(5):795-808. Available from: <https://doi.org/10.1111/jnc.14519>
2. Desmarais P, Weerasimhan S, Demarco J, et al. The Interplay Between Posttraumatic Stress Disorder and Dementia: A Systematic Review. *Aging Ment Health*. 2019;23(12):1628-38. Available from: <https://doi.org/10.1080/13607863.2019.1617027>
3. Günak M, Barnes H, Dowling G. Post-Traumatic Stress Disorder as a Risk Factor for Dementia: A Systematic Review and Meta-Analysis. *PLoS One*. 2020;15(7):e0236006. Available from: <https://doi.org/10.1371/journal.pone.0236006>
4. Kuring J, Matheson R, Smith A. Risk of Dementia in Persons Who Have Previously Experienced Clinically Significant Depression, Anxiety, or PTSD. *Am J Geriatr Psychiatry*. 2020;28(10):1006-13. Available from: <https://doi.org/10.1016/j.jagp.2020.05.005>

5. Saeger C, Lang U, Brandt E. Psychedelic-Inspired Approaches for Treating Neurodegenerative Disorders. J Neurochem. 2021;158(4):914-27. Available from: <https://doi.org/10.1111/jnc.15348>.

FUNDING

None.

CONFLICT OF INTEREST

None.

AUTHOR CONTRIBUTION

Conceptualization: Fabiane Simone Deprá, Liliana Lombisani.

Data curation: Fabiane Simone Deprá, Liliana Lombisani.

Formal analysis: Fabiane Simone Deprá, Liliana Lombisani.

Research: Fabiane Simone Deprá, Liliana Lombisani.

Methodology: Fabiane Simone Deprá, Liliana Lombisani.

Project management: Fabiane Simone Deprá, Liliana Lombisani.

Resources: Fabiane Simone Deprá, Liliana Lombisani.

Software: Fabiane Simone Deprá, Liliana Lombisani.

Supervision: Fabiane Simone Deprá, Liliana Lombisani.

Validation: Fabiane Simone Deprá, Liliana Lombisani.

Visualization: Fabiane Simone Deprá, Liliana Lombisani.

Writing - original draft: Fabiane Simone Deprá, Liliana Lombisani.

Writing - review and editing: Fabiane Simone Deprá, Liliana Lombisani.