CONDITION

Pick's disease

Pick's disease is a progressive brain condition that mainly affects behaviour, personality, judgment, and language.

WHAT IT IS
Frontotemporal brain degeneration linked to abnormal tau protein

BODY SYSTEM
Brain and nervous system

MAIN SYMPTOMS
Personality change, poor judgment, language problems, apathy

WHAT CAUSES IT
Abnormal tau buildup; underlying trigger usually unknown

HOW IT IS DIAGNOSED
Clinical assessment and brain imaging; brain tissue confirms

MAIN TREATMENT
Supportive care, therapies, and symptom-targeted medicines

CAN IT BE CURED?
No - treatments cannot stop progression

IS IT AN EMERGENCY?
Sometimes - immediate danger, choking, or stroke-like symptoms

LONG-TERM OUTLOOK
Progressive decline requiring increasing care over time

Overview

Pick's disease is a progressive condition that damages the frontal and temporal lobes of the brain. These areas help control behaviour, personality, judgment, planning, emotions, and language.

The name is sometimes used loosely for frontotemporal dementia , or FTD. Strictly speaking, Pick's disease is one particular form of frontotemporal brain degeneration. It is associated with rounded deposits called Pick bodies , which contain an abnormal form of a protein called tau.

Doctors can often diagnose a frontotemporal dementia syndrome during life. However, they usually cannot know with certainty that the underlying condition is Pick's disease without examining brain tissue after death. A brain biopsy is not normally used because it is invasive and usually would not change treatment.

Pick's disease differs from Alzheimer's disease. Early changes in behaviour, personality, judgment, or language are often more noticeable than memory loss. Memory can still become affected as the condition progresses.

Symptoms

Symptoms usually develop gradually. The first changes may be mistaken for stress, depression, relationship problems, or deliberate behaviour. The person affected may not recognise that anything has changed. This lack of awareness is part of the condition rather than stubbornness.

Early behavioural and personality changes may include:

Some people mainly develop language problems. They may struggle to find or understand words, speak less, use simpler sentences, or lose knowledge about familiar objects and people. These patterns fall within a group of conditions called primary progressive aphasia , meaning a gradual loss of language ability.

Memory may be fairly strong early on, particularly for recent events and familiar places. It does not always remain unaffected. Later symptoms can include confusion, memory loss, difficulty recognising people, and a greater need for help with daily activities.

Movement problems can also occur. These may include stiffness, slowness, poor balance, falls, muscle weakness, or difficulty coordinating movement. Swallowing and bladder or bowel control can become affected in later stages.

Symptoms that appear suddenly are not typical of Pick's disease. A sudden change may be caused by a stroke, infection, medication effect, seizure, injury, or another medical problem.

- Acting impulsively or without considering consequences
- Losing interest, motivation, or emotional warmth
- Becoming socially inappropriate or less sensitive to other people
- Repeating the same action, phrase, route, or routine
- Developing strong cravings or changes in food preferences
- Having difficulty planning, organising, solving problems, or managing money

Causes and risk factors

Pick's disease involves the loss of brain cells and an abnormal buildup of tau protein inside

nerve cells. Tau normally helps support the internal structure of these cells. In Pick's disease, an abnormal form of tau collects into Pick bodies and interferes with normal cell function.

Why this happens is usually unknown. Pick's disease itself is generally considered sporadic, meaning it occurs without a clear inherited cause.

Some other forms of frontotemporal dementia are caused by inherited gene changes. A family history of FTD, motor neurone disease, or unexplained dementia at a younger age may make a genetic cause more likely. Having a relative with dementia does not by itself mean that you have inherited the condition.

Pick's disease is not caused by a person's character, parenting, relationships, or ordinary emotional stress. Behavioural changes result from damage to brain systems that normally control judgment and social behaviour.

Diagnosis

There is no single blood test or routine brain scan that confirms Pick's disease during life. Assessment usually focuses on identifying the pattern of symptoms, checking how it has changed over time, and ruling out other causes.

Because the affected person may not notice their own symptoms, information from somebody who knows them well is especially important. Assessment may include:

MRI may show shrinkage in the frontal or temporal lobes. This supports an FTD diagnosis but does not prove that Pick bodies are present. Specialised scans, such as FDG-PET, may show reduced activity in affected brain regions when the diagnosis remains uncertain.

Other tests may be used to distinguish FTD from Alzheimer's disease, psychiatric conditions, movement disorders, or other causes of dementia. Genetic counselling and testing may be offered when the family history or symptom pattern suggests an inherited form of FTD.

During life, the diagnosis may be recorded as behavioural variant frontotemporal dementia or a form of primary progressive aphasia. Definite confirmation of Pick's disease requires microscopic examination of brain tissue, usually after death.

- A detailed history of behaviour, language, memory, work, and daily activities
- Physical and neurological examinations
- Tests of thinking, language, attention, planning, and social understanding
- Blood tests to look for treatable causes of cognitive or behavioural change
- MRI or CT scans to assess the brain and exclude problems such as a tumour or stroke

Treatment and management

There is currently no treatment that removes Pick bodies, reverses existing brain damage, or stops the condition from progressing. Care aims to preserve independence, reduce distress, manage specific symptoms, and support everyone involved.

A regular routine and calm surroundings can make daily life more manageable. Clear, brief instructions are often easier to follow than lengthy explanations. Reducing access to unsafe spending, driving, online activity, or risky equipment may be necessary when judgment changes.

Speech and language therapy can help people use communication strategies, picture boards, gestures, or electronic aids. Occupational therapy can suggest practical changes at home and help maintain safer routines. Physiotherapy may support movement, balance, and mobility.

Medicines are sometimes used for distressing or unsafe symptoms. Certain antidepressants like sertraline or fluoxetine may reduce compulsive behaviour, irritability, or overeating in some people. Antipsychotic medicines are reserved for selected situations because people with dementia may be especially vulnerable to serious side effects. Treatment decisions should consider the symptom being targeted and the possible harms.

Medicines used for Alzheimer's disease do not reliably improve frontotemporal dementia and may sometimes worsen behaviour. They may still be considered if the diagnosis is uncertain or more than one brain condition is present.

Planning should also cover nutrition, swallowing, dental care, sleep, continence, mobility, and caregiver support. Early discussions about finances, driving, legal authority, and future care allow the person to participate while they can still express their preferences.

Complications

Poor judgment can lead to unsafe driving, spending, scams, conflict, or legal difficulties. Loss of inhibition may cause behaviour that is upsetting or out of character. Families may need support to understand that these changes come from the condition.

Eating changes can cause weight gain, weight loss, or nutritional problems. Swallowing difficulty can allow food or liquid to enter the airway. This is called aspiration and can lead to choking or pneumonia.

Movement problems may result in falls, injuries, reduced mobility, and increasing dependence. In later stages, complications can include dehydration, infections, pressure injuries from limited movement, and loss of bladder or bowel control.

Caregiving can become physically and emotionally demanding, particularly when the person lacks awareness of their needs. Respite services, support groups, and practical care assessments may help families plan sustainable support.

Prevention

There is no established way to prevent Pick's disease. Its underlying trigger is usually unknown, and it is not caused by a specific lifestyle choice.

General measures such as staying physically active, avoiding smoking, treating high blood pressure, and maintaining social contact support overall health. They have not been proven to prevent Pick's disease or stop its progression.

If several close relatives have had frontotemporal dementia, motor neurone disease, or dementia at an unusually young age, genetic counselling can clarify whether testing may be useful. Testing cannot prevent an inherited gene change, but it may help with informed family planning and future decisions.

Living with it and what to expect

Pick's disease progresses over months and years, although the pace and sequence of changes differ between people. Abilities that are relatively preserved at first may decline later.

In the earlier stages, a person may remain physically active and remember familiar information while having serious problems with judgment, empathy, language, or self-control. This mismatch can be confusing for relatives and may make the condition less visible to others.

Over time, most people need increasing help with finances, travel, meals, medicines, washing, dressing, and communication. Driving usually becomes unsafe at some stage. Regular reviews can identify changes in function, movement, swallowing, nutrition, and care needs.

Later stages often involve limited speech, reduced mobility, swallowing problems, incontinence, and full-time care. The long-term outlook is poor because the underlying brain damage continues. No exact timeline can be predicted for an individual.

Relationships and emotional connection can still matter even when speech and social responses change. Familiar music, photographs, activities, and calm companionship may remain meaningful. Care plans may need to focus more on comfort and safety as the condition advances.

When to get medical help

Arrange a routine medical assessment for gradual changes in personality, judgment, language, organisation, or social behaviour. These symptoms can have several causes, including treatable ones, and deserve a careful evaluation.

During routine follow-up, report falls, weight change, coughing during meals, medication side effects, sleep disruption, wandering, or increasing difficulty with daily care.

Seek urgent same-day help for a sudden major change in alertness or behaviour, fever with worsening confusion, repeated falls, inability to swallow liquids, signs of dehydration, or a person who has wandered and cannot be found. A rapid change is not the expected course of Pick's disease and may have another cause.

Call emergency services for:

- Sudden facial drooping, one-sided weakness, or new speech difficulty
- Choking with an inability to breathe or cough
- A seizure lasting several minutes or repeated seizures without recovery
- Loss of consciousness or a serious head injury
- Behaviour creating immediate danger to the person or someone else
- Suicidal actions or an immediate threat of self-harm

Common questions

Is Pick's disease the same as frontotemporal dementia?

Not exactly. Frontotemporal dementia is a broad group of conditions affecting the frontal and temporal lobes. Pick's disease is a specific form associated with Pick bodies made from abnormal tau protein. The terms have often been used interchangeably in the past.

Is Pick's disease inherited?

Usually, no clear inherited cause is found in Pick's disease. However, some other forms of frontotemporal dementia are inherited. Genetic counselling may be appropriate when several relatives have had FTD, motor neurone disease, or early-onset dementia.

Does Pick's disease cause memory loss?

It can, especially later. Early symptoms more often involve behaviour, personality, planning, judgment, or language. A person may remember recent events while still making unsafe decisions or behaving very differently.

Can an MRI confirm Pick's disease?

No. MRI can show shrinkage in frontal or temporal brain regions and help rule out other conditions. It cannot show Pick bodies. Definite confirmation requires microscopic examination of brain tissue.

How quickly does Pick's disease progress?

It is progressive, but there is no reliable timetable for one person. Symptoms generally increase over years, and the order in which language, behaviour, movement, and daily abilities change is not the same for everyone.

Can Pick's disease be cured?

No. Current treatment cannot reverse the brain changes or stop progression. Therapies, structured support, safety planning, and carefully selected medicines may help with particular symptoms and daily life.

Sources

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