INTRODUCTION
A limited number of previous studies have focused on the driving behavior of patients with frontotemporal dementia (FTD). Previous research (Ernst et al., 2010; Fugito et al., 2016) has revealed that patients with FTD have increased driving difficulties compared to patients with Alzheimer’s dementia (AD).

According to the observed pattern of findings, patients with FTD appear to adopt an aggressive and risky style of driving behavior that is related to their frontal pathology (Ernst et al., 2010; Fugito et al., 2016; Turk & Dugan, 2014).

Data from a simulator experiment indicated that drivers with FTD have increased risk to commit various types of driving errors namely speed limit and stop sign violations as well as of-road crashes (de Simone et al., 2007).

Scope of the present research was to explore the driving profile of patients with FTD by focusing on two critical driving indexes, namely reaction time and accident risk. In contrast to previous research, the subtype of FTD namely behavioral variant (bv-FTD), Semantic Dementia (SD) & Primary Progressive Aphasia (PPA) was taken under consideration in the analysis.

RESULTS

PATIENTS & METHODS

- Six patients (mean age=64.8±9.6) with FTD (bv-FTD=4, SD=1, PPA=1) were included in the study.
- Each participant was examined by a neurologist to verify the diagnosis of FTD according to the established criteria (Finger, 2016). In addition, a detailed neuropsychological evaluation was applied.
- The participants were assessed for their driving ability during a driving simulator experiment that measured the following driving indexes: average speed, headway distance, reaction time, accident risk.
- Inclusion criteria included: (a) a valid driver’s license, (b) regular driving without any previous significant traffic accident, (c) absence of serious medical or psychiatric condition, (d) absence of dizziness or nausea while driving, (e) absence of any important vision disorder.
- For computing the z-scores of the FTD patients on the various driving indexes we used a reference group of healthy control drivers similar age and driving experience.

REFERENCES/ACKNOWLEDGEMENTS


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