

Wendy Williams has aphasia and frontotemporal dementia. What are these diseases?

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Wendy Williams answers questions before a live audience at the Fillmore in Silver Spring on July 31, 2018. Williams has been diagnosed with aphasia and frontotemporal dementia. (Marvin Joseph/The Washington Post)

Wendy Williams, a former talk-show host, has been diagnosed with aphasia and frontotemporal dementia, her care team announced Thursday. Williams, 59, is best known for dishing celebrity gossip on “The Wendy Williams Show,” which was one of the top-ranked daytime talk shows when it aired 2008-2022. Before having her show, she was a radio host in Philadelphia and New York City.

Actor Bruce Willis, 68, was also diagnosed with aphasia, a communication disorder, in March 2022, and his family said he was retiring. Last year, his family announced that he had been diagnosed with frontotemporal dementia, a rare form of dementia.

We asked neurologists and other health-care experts questions about the conditions, and here are their answers:

What is frontotemporal dementia and aphasia?

Frontotemporal dementia is a category of neurodegenerative diseases in the same family as Alzheimer’s disease and Parkinson’s. About 50,000 to 60,000 people in the United States have FTD. It mostly affects people between the ages of 40 and 60.

The most accurate term would be frontotemporal lobar degeneration, which is more specific to the process going on in the brain, said Joel Salinas, a behavioral neurologist, assistant professor of neurology at NYU Langone Health and chief medical officer of Isaac Health.

FTD is a category of dementias that specifically affects the brain's frontal and temporal lobes. "Sometimes it's more the frontal, sometimes it's more the temporal, and over time it usually involves both," Salinas said last year. When the abnormality develops in the temporal lobe, in particular the temporal side of the brain that involves speech and language, a patient could have primary progressive aphasia.

Aphasia, which has various forms, including primary progressive aphasia, is a disorder caused by damage to the brain tissue responsible for language, usually on the left side of the brain. The condition can manifest as difficulty understanding language, producing language or both. It most often occurs in middle age or later.

Strokes are the most common cause, and about 25 to 40 percent of stroke survivors develop aphasia, according to the National Aphasia Association. Other acute events, including brain hemorrhages, tumors or brain injuries caused by a car accident, can also serve as the origin. Less frequently, aphasia develops slowly and worsens over time.

Aphasia is not a cognitive disorder and doesn't affect a person's intelligence. But cognitive issues may occur simultaneously as another result of the event that caused the aphasia, said Swathi Kiran, director of the Aphasia Research Laboratory at Boston University, in March 2022.

What are the symptoms of FTD and aphasia?

Symptoms of FTD can vary and depend on where the abnormal proteins begin to accumulate — in the frontal or temporal lobe. It can take a few years for a patient to be diagnosed with FTD since the symptoms are varied and also may be seen in people with other diseases, the experts said.

A patient with frontal lobe-focused abnormality would show behavioral issues of impulsivity and disinhibition. That's called behavioral variant activity, which is the more common subvariant of FTD.

“For example, a polite person may become rude and a kind person may become self-centered,” said Andrew Budson, chief of cognitive and behavioral neurology, associate chief of staff for education, and director of the Center for Translational Cognitive Neuroscience at the Veterans Affairs Boston Healthcare System, last year. “There may also be a lack of self-control that sometimes causes overeating of foods, such as an entire jar of mayonnaise, which one of my patients ate.”

Social disinhibition is one symptom, said Ryan Darby, assistant professor of neurology and director of the Frontotemporal Dementia Clinic at Vanderbilt University Medical Center. “They may even commit crimes because of their disinhibition and socially inappropriate behaviors,” he said last year. “They lose empathy and compassion toward others.”

There are two major subtypes of aphasia — the agrammatic type or the semantic type — that are caused by FTD, said Brad Dickerson, director of the Frontotemporal Disorders Unit at Massachusetts General Hospital, neurologist and professor of neurology at Harvard Medical School. “The agrammatic type is more of a problem with producing grammatically constructed sentences, syntax, whereas the semantic type is really the meanings of words,” he said last year. “The agrammatic type tends to be due to the tau problem in the brain, which affects the frontal lobe, mostly. Whereas the semantic type tends to be due to the TDP-43 type, which tends to affect the temporal lobe of the brain.”

Some others can develop abnormal protein in parts of the brain associated with motor functioning and eye movement, the experts said.

Aphasia manifests in varying ways, even in patients with the same type of the condition. Some people struggle to remember the names of objects or formulate sentences that reflect what they’re thinking. Others have difficulty comprehending what those around them are saying because the words may sound rushed or confusing.

As a result, socializing can be a very stressful experience. Some aphasia patients limit their interactions with others, causing them to suffer from isolation.

“They try to stay away from situations because it’s tough for them to talk and they would rather not talk, and that actually ends up being much more debilitating,” Kiran said.

Among the most common forms of the disorder is **Wernicke’s aphasia**, which is caused by damage to the brain’s temporal lobe and may make someone have trouble understanding spoken language. Their speech may sound relatively normal if you’re not listening closely, but they might use words that don’t fit, make up words or say complete sentences with no meaning, Ellyn Riley, director of Syracuse University’s Aphasia Research Lab, said in March 2022. Someone with **Broca’s aphasia**, caused by injury to the brain’s frontal lobe, may understand other people’s speech but struggle to form their own sentences. They might speak in short phrases and omit small words, such as “and.”

Global aphasia results from extensive damage to the parts of the brain responsible for language. People with this type of the condition may have difficulty with both understanding language and formulating it themselves. They also usually cannot read or write.

The gradual form of aphasia, called **Primary Progressive Aphasia**, causes a person’s brain tissue — and, therefore, language abilities — to deteriorate over time. While the National Aphasia Association says this type of the condition is caused by neurodegenerative diseases, such as Alzheimer’s disease, Kiran said scientists have not reached universal agreement on that point.

Is there a cure for frontotemporal dementia and aphasia?

There is no cure for FTD. “Just like Alzheimer’s, at this time, there is no disease-modifying therapy, no curative therapy,” Chi-Ying “Roy” Lin, a neurology professor at Baylor College of Medicine, said last year.

There also is no cure for aphasia once someone develops it, and the National Aphasia Association says complete recovery is unlikely for people whose symptoms persist for more than two or three months after the acute event.

How fast do frontotemporal dementia and aphasia progress?

Progress of FTD can vary, the neurologists said.

The average life expectancy is about 7 to 13 years; however, some patients die within a few years, and others can live 20 years after diagnosis, Salinas said. Aphasia can be treated, and treatments can significantly enhance patients' ability to communicate. Speech language pathologists can help people maintain the language skills they still possess or relearn language and grammar. "Many of them can go back to their old jobs and lead lives from before," Kiran said. "Sometimes the road to rehabilitation is long and hard, but it's possible to improve."

The progressive form of aphasia can't be reversed, but research suggests that rehabilitation can stall or slow the decline of a patient's communication abilities. Ongoing research is examining whether electrical brain stimulation could eventually be paired with behavioral treatments for maximum impact.

Samantha Chery contributed to this article.

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