

risk factors

Advanced age is considered to be the greatest risk factor for Lewy body dementia, with onset typically, but not always, between the ages of 50 and 85. Some cases have been reported much earlier. It appears to affect slightly more men than women.

Having a family member with Lewy body dementia may increase a person's risk.

Observational studies suggest that adopting a healthy lifestyle (exercise, mental stimulation, nutrition) might delay age-associated dementias.

diagnosis

An experienced clinician within the medical community should perform a diagnostic evaluation. If one is not available, the neurology department of the nearest medical university should be able to recommend appropriate resources or may even provide an experienced diagnostic team skilled in Lewy body dementia.

A thorough dementia diagnostic evaluation includes physical and neurological examinations, patient and family interviews (including a detailed lifestyle and medical history), and neuro-psychological and mental status tests. The patient's functional ability, attention, language, visuospatial skills, memory and executive functioning are assessed. In addition, brain imaging (CT or MRI scans), blood tests and other laboratory studies may be performed. The evaluation will provide a clinical diagnosis. Currently, a conclusive diagnosis of LBD can be obtained only from a postmortem autopsy for which arrangements should be made in advance. Some research studies may offer brain autopsies as part of their protocols. Participating in research studies is a good way to benefit others with Lewy body dementia.

The LBDA is a non-profit charitable organization, dedicated to raising awareness of Lewy body dementia, assisting caregivers and families and encouraging scientific advancements. For more information on LBD or to contact us, please visit our website:

www.lewybodydementia.org

Or call our Caregivers' Helpline

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Lewy body dementia

Lewy body dementia, a progressive brain disease, is the second leading cause of degenerative dementia in the elderly. Although symptoms vary, hallucinations and fluctuating cognition are usually present, along with features of either Alzheimer's disease (AD), Parkinson's disease (PD) or both. Recent scientific advances, including definition of the clinical assessment criteria in 1996, provided physicians with the knowledge to more accurately diagnose this neurodegenerative disease.

In the early 1900's, while researching Parkinson's disease, the scientist Friederich H. Lewy discovered abnormal protein deposits that disrupt the brain's normal functioning. These Lewy body proteins are found in an area of the brain stem where they deplete the neurotransmitter dopamine, causing Parkinsonian symptoms. In Lewy body dementia, these abnormal proteins are diffuse throughout other areas of the brain, including the cerebral cortex. The brain chemical acetylcholine is depleted, causing disruption of perception, thinking, and behavior. Lewy body dementia exists either in pure form, or in conjunction with other brain changes, including those typically seen in Alzheimer's disease and Parkinson's disease.

prognosis

No cure or definitive treatment for Lewy body dementia has been discovered as yet. The disease has an average duration of 5 to 7 years. It is possible, though, for the time span to be anywhere from 2 to 20 years, depending on several factors, including the person's overall health, age and severity of symptoms.

symptoms

The symptoms of Lewy body dementia vary from person to person, and can mimic other diseases, especially in the early years. As a result, it is not uncommon for people with Lewy body dementia to be diagnosed with AD, PD, or similar brain diseases.

Progressive cognitive decline plus two of the following are necessary for a diagnosis of probable LBD (one for possible LBD):

- Fluctuation of cognition and alertness
- Recurrent visual hallucinations
- Parkinsonian symptoms (*see below*)

Other possible LBD symptoms:

- Repeated falls, fainting, myoclonus
- Hallucinations of sound, touch, smell, taste
- Sensitivity to neuroleptics (meds used to treat psychiatric symptoms), and other drugs
- Visuospatial impairment: directional sense, depth perception, object orientation, illusions
- Sleep/REM disturbances including acting out dreams, yelling, flailing limbs, nighttime insomnia, daytime drowsiness
- Transient/unexplained unresponsiveness
- Autonomic dysfunction: blood pressure & temperature fluctuations, constipation, urinary problems, sexual difficulties
- Delusions (false beliefs)
- Anger, sadness, depression
- Difficulty swallowing, weak voice

Alzheimer's-like (cognitive) symptoms:

- Progressive memory loss
- Changes in mood, behavior
- Decreased judgment, loss of initiative
- Disorientation regarding time and place
- Difficulty with language and tasks

Parkinsonian (motor) symptoms:

- Muscle stiffness and rigidity
- Very slow movements, frozen stance
- Balance difficulties, shuffling gait
- Tremors (resting tremor less common)
- Stooped posture (pronounced leaning, generally to one side or forward)
- Blank facial expression
- Restless leg syndrome (RLS)

treatments

An accurate diagnosis is needed to guide treatment. Medical management of Lewy body dementia is complex because of increased sensitivity to many drugs. Some medications prescribed for AD and PD symptoms can adversely affect people with Lewy body dementia. Even Lewy body dementia-experienced doctors often have difficulty finding tolerable and effective treatments for movement disorder symptoms and persistent hallucinations. All prescription and over-the-counter drugs should be initiated at the lowest effective dose and managed by a Lewy body dementia-experienced physician (eg., a neurologist or neuropsychiatrist).

Clinically proven medications for LBD:

- Cholinesterase Inhibitors (AD medications): Improve alertness and cognition; potentially reduce hallucinations & behavioral symptoms
- Drugs for parkinsonian symptoms may benefit some people (*see PD drug side effects*)

Treatments observed to benefit some people:

- Some antidepressants may lessen depression and anxiety, and improve sleep (*see warning below*)
- Anticonvulsants may reduce anxiety, agitation (*potential side effects, use with caution*)
- Some neuroleptics may reduce agitation, severe hallucinations, aggression, delusional beliefs. (*see neuroleptic warning below*)
- Physical therapy, massage, exercise, redirection techniques, music, aromatherapy

Some drugs with possible side effects:

- Some neuroleptic drugs may cause adverse reactions in persons with Lewy body dementia (cognitive reduction, parkinsonism, heavy sedation, neuroleptic malignant syndrome)
- Some drugs with possible side effects of sedation, motor impairment or confusion (including benzodiazepines, anticholinergics and some surgical anesthetics, antidepressants and over-the-counter medications)
- Some medicines useful for Parkinsonian symptoms may increase confusion, delusions, hallucinations