

Dementia with Lewy Bodies:

Clarity
Emerging from
Confusion

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Abbreviations

- DLB – Dementia with Lewy Bodies
- LB – Lewy Body
- LBD – Lewy Body Dementia
- MMSE – Mini Mental State Examination
- PDD – Parkinson's Disease Dementia
- REM – Rapid Eye Movement

Learning Objectives

Recognize it!

Know how it differs from other dementias

Understand LB is a spectrum of diseases

Treatment and Management issues

Family Care and Support Issues

The Slow Road of Discovery



Dr. Friedrich Lewy
identifies protein
1912

Hallmarks
described in 1996

Added to
International
Classification of
Diseases in 2005

Today, recognized
as the **second
most common
form of
progressive
dementia**

Micrograph of brain cells containing a Lewy body which is an abnormal aggregation of protein

Tau protein and tangles within a neuron cell

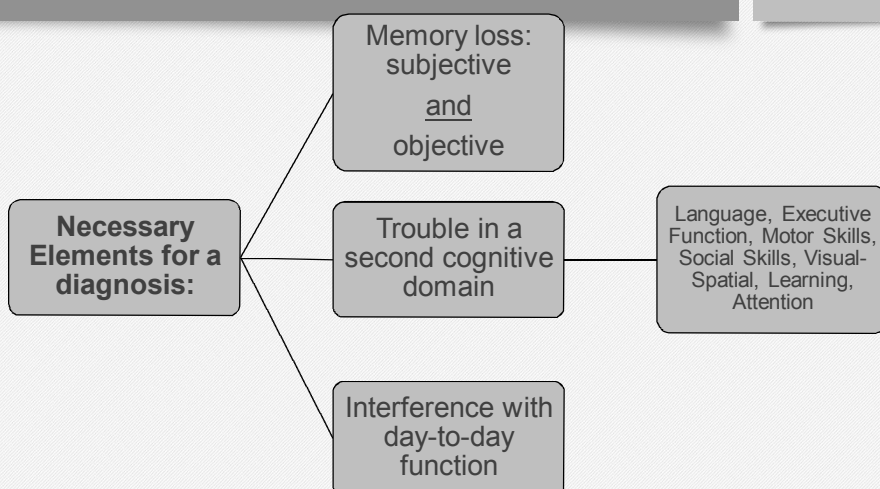
Lewy bodies can be more easily detected using special antibody staining against the α -synuclein protein

The Many Faces of Lewy Body

Case Scenario - Hal

- Hal, a veteran, retired from his work as an auto mechanic at age 68.
- His boss had noticed a number of Hal's repairs needed some review and "tweaking".
- Hal's wife noticed he is more forgetful, becomes confused when following directions, and has some difficulties finding "the right word" in conversation.
- Health is good with BP 134/84 and his only medications are a baby aspirin and a multi-vitamin daily.
- Smokes 1ppd.

Does He Have Dementia?



Another Look at Our Patient, Hal

Having been diagnosed with early dementia, Hal is seen again in 6 months. His wife notes some new problems:

- He is sleeping and barely rousable for long periods during the day
- He has become suspicious when his wife leaves the house, and thinks she is trying to sell their home
- Sleep at night is disrupted by nightmares with “hitting at something in the dream”
- A “sedative” was prescribed for the sleep problem, but it had paradoxical effects, raising his anxiety and restlessness

What Clues Can Suggest DLB?

- REM sleep behavior disorder
- Difficulty with complex mental activities
- Fluctuation – good days and bad days
- Day-time sleepiness
- Medication sensitivity – tranquilizers and neuroleptics
- Motor dysfunction
- Vivid hallucinations/Delusions
- Autonomic dysfunction
- Abnormal brain imaging

REM Sleep Behavior Disorder

- Acting out dreams
 - Sometimes injured by falling out of bed
 - Sometimes injure sleep mate
- May appear years before DLB diagnosis
- Red flag symptom

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Difficulty with Complex Mental Activities

- Executive function severely impaired
- Visuospatial dysfunction
- Decline in attention
- Memory often relatively spared in the early stage

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Cognitive Fluctuation

- Most difficult to define and identify
- Fluctuation of MMSE scores by ≥ 5 points up & down over 6-month period
- Family members say:
 - *“appears drowsy, but awake”, “looks dazed”*
 - *“not aware of what is going on”*
 - *“can be fine one day and confused the next”*
- Minutes, hours or days between periods

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Hallucinations and Delusions

Hallucinations
– usually
visual

- more frequent in patients with poor eyesight
- not unpleasant, but very real

Delusions –
usually
misidentification type

- someone is present in the room
- phantom boarder delusion
- people are stealing things

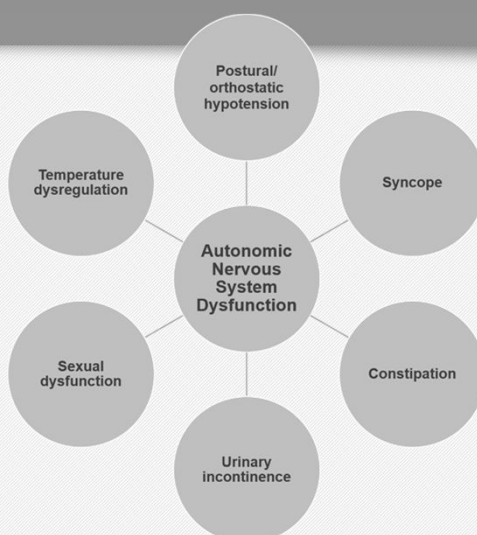
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Motor Dysfunction

- Fine motor skills are lost
- Rigidity
- Parkinson symptoms
 - Tremor
 - Slowness of movement (bradykinesia)
 - Shuffling gait
 - Loss of balance
 - Falls

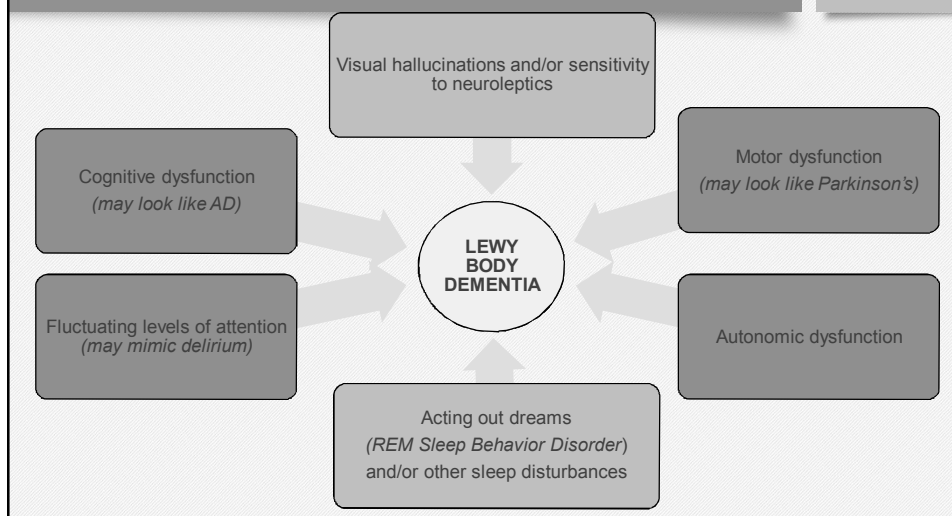
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Autonomic Dysfunction



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Putting it All Together



Is it DLB, PDD, or LBD?

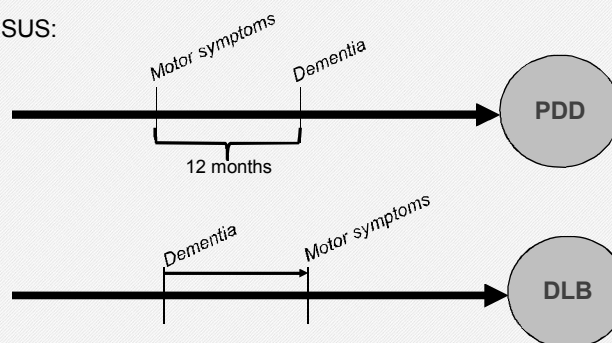


Taxonomy is somewhat arbitrary

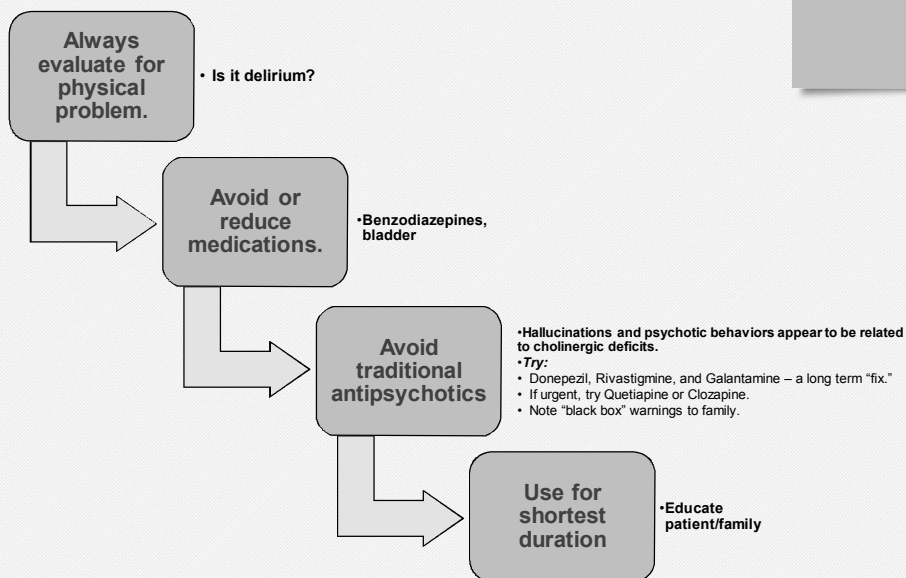
- No major clinical differences, both, DLB and PDD are LBD
- ICD-9 codes are the same – 331.82

BY CONSENSUS:

IF



Treating Behavior LBD Disturbances



Research Needed: Racial and Socioeconomic Disparities

Parkinson's Disease	African Americans	Whites
Disease prevalence may be higher		X
Seek care earlier at specialty clinic		X
Greater disability	X	
Greater disease severity	X	
More likely to be prescribed dopaminergic medications, especially newer ones		X
More likely to be prescribed antipsychotics	X	

Importance of an Early Diagnosis

- These patients respond differently to:
 - Neuroleptic medications
 - Anti-cholinesterase inhibitors
 - Parkinson's medications
- Different progression than Alzheimer's
- Shorter prognosis
- Need advance planning
- More family support needed
- New research emerging at rapid rate

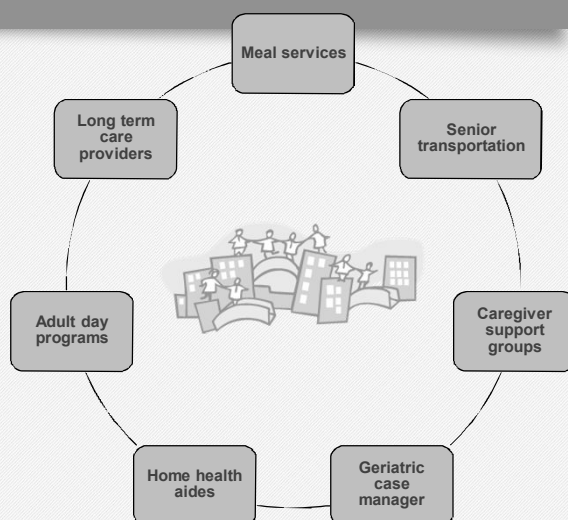
Quality of Life Matters

- Comprehensive care of LBD symptoms improves quality of life and reduces caregiver burden
 - *Coordinate treatment with patient's other doctors to avoid exacerbating symptoms*
- Consider referrals to Physical Therapist, Occupational Therapist and Speech Therapist

Caregiver burden

- Treat the primary caregiver as a second patient
- Burden is associated with cognitive, behavioral or affective symptoms
 - Especially disturbances in mood and sleep
- Caregivers should expect crises, especially trips to the emergency room

Helpful Community Services



Caregiving Tips to Share



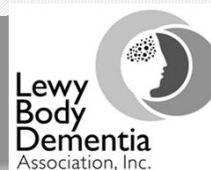
- Focus more on the individual than the disorder
- Maintain a sense of humor
- Limit noise and distractions
- Simplify questions and expectations
- Keep a regular routine
- Address underlying emotions instead of behavior.
- Stay flexible to fluctuating symptoms
- Don't accept sudden changes as a “normal” progression

Help Relieve Caregiver Burden



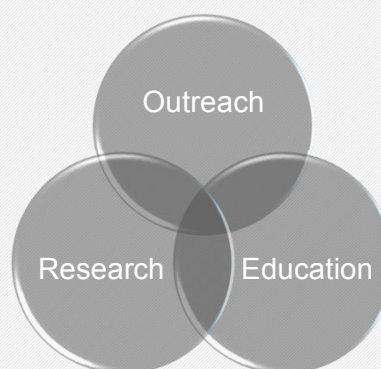
- If you or the family suspects LBD – **urge a second opinion at a specialty clinic**
- Encourage **learning about LBD** and talking with other caregivers
- LBD is likely to **overstress and burden** families.
 - Encourage them to accept help
 - Remind caregivers their well-being is equal to patient well-being
 - Recommend community-based services and resources
 - Watch for grieving

Help is Available



Family Services

LBD Caregiver Link
(800) LEWY SOS
(800) 539-9767
Caregiver support groups
An active online community



Educational Resources

Lewy Body Dementia
Diagnostic Symptoms

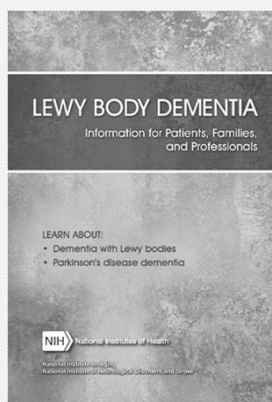
Patient Instructions
Add a check mark next to any symptoms you are experiencing. Bring this form with you to your next appointment or send it to the doctor in advance. For more information on Lewy body dementia please visit www.lbda.org.

<input type="checkbox"/>	Cognitive symptoms
<input type="checkbox"/>	Fluctuations
<input type="checkbox"/>	Trouble with problem solving or visual thinking
<input type="checkbox"/>	Difficulty planning or keeping track of activities (meal cooking)
<input type="checkbox"/>	Disorganized speech and conversation
<input type="checkbox"/>	Difficulty with sense of direction or spatial relationships between objects
<input type="checkbox"/>	Fluctuations
<input type="checkbox"/>	Fluctuating levels of consciousness and attention
<input type="checkbox"/>	Unexplained episodes of confusion
<input type="checkbox"/>	Excessive daytime sleepiness
<input type="checkbox"/>	Parkinson's like symptoms
<input type="checkbox"/>	Tremor or stiffness
<input type="checkbox"/>	Shaking while
<input type="checkbox"/>	Motor problems or rigid body
<input type="checkbox"/>	Tremor
<input type="checkbox"/>	Excessive or decreased
<input type="checkbox"/>	Decrease or change in facial expression
<input type="checkbox"/>	Change in posture
<input type="checkbox"/>	Behavior and Mood Changes
<input type="checkbox"/>	Hallucinations - Seeing things that are not really present
<input type="checkbox"/>	Sleep Changes
<input type="checkbox"/>	Acting out dreams during sleep, sometimes violently, falling out of bed
<input type="checkbox"/>	Reactions to medications for hallucinations (psychotherapy)
<input type="checkbox"/>	Increased parkinsonian problems, rigidity, etc.
<input type="checkbox"/>	Increased confusion
<input type="checkbox"/>	Increased depression

This questionnaire is only for the purpose of gathering information and is not intended to be a medical, legal or financial document. It is not a substitute for a professional diagnosis. It is not a guarantee of a diagnosis. It is not a substitute for a professional diagnosis. It is not a guarantee of a diagnosis.

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Download free diagnostic and comprehensive symptom checklists from LBDA.org



Order print copies of this 40 page booklet from NIA's Alzheimer's Disease Education and Referral Center

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