

Dementia with Lewy Bodies

Dementia with Lewy Bodies (DLB) is increasingly acknowledged as one of the more common forms of degenerative dementia after Alzheimer's disease. Lewy bodies appear in deteriorating nerve cells and are often found in damaged regions deep within the brains of people with Parkinson's disease. However, when Lewy bodies are found in other areas of the brain, such as in the outer layer (cortex), a dementia occurs with symptoms similar to those of Alzheimer's disease. There are clinical features that help a physician distinguish DLB from Alzheimer's disease.

Symptoms that distinguish DLB from Alzheimer's disease:

- **Pronounced changes in attention and alertness.** For example, one day an individual may be able to hold a sustained conversation, yet the next day he may be drowsy, inattentive, and unable to speak or engage in simple conversation. These symptoms mirror delirium, so physicians often look for other medical problems such as an infection or stroke, thus overlooking what may be key symptoms in the diagnosis of DLB.
- **Persistent, complex and detailed visual hallucinations.** Individuals may describe seeing images of animals or people that they recognize, while others may see colored patterns or shapes. These hallucinations are not always distressing to the person.
- **Delusions.** In many people, visual hallucinations are accompanied by delusions, which are false, fixed ideas about another person or situation. One type of delusion is persecutory in nature where individuals become highly suspicious of others and their motives. The person may irrationally accuse others of stealing or intending harm.
- **Features that affect movement, posture, and gait (Parkinsonian-like symptoms).** The typical features that a clinician may see are: a flexed (bent) posture; a shuffling walk; reduced arm swing; a tendency to fall; and an absence of spontaneous movement. Tremor is the least common parkinsonian feature in individuals who present with DLB.
- **Sensitivity to anti-psychotic medications.** Individuals with DLB are often abnormally sensitive to medications that physicians use to treat delusions, agitation or hallucinations that a person may exhibit during the course of a dementing illness. When taking these kinds of drugs, individuals may experience dramatic side effects to the particular medication, which may be debilitating or even life-threatening.

Symptoms with DLB that are similar to Alzheimer's disease:

- **Impaired recent memory**
- **Mental inflexibility, indecisiveness, lack of judgment and loss of insight**
- **Prominent attentional deficits** - the inability to initiate, maintain or terminate an activity
- **Visuospatial deficits** - the inability to perceive direction, distance and the spatial relationship of objects to one's body and each other.

The Course of the Disease

In most individuals, DLB is relentless and progressive with an average course of 7 years from the onset of symptoms. The person develops a severe dementia and eventually, as with Alzheimer's disease, is unable to speak or move. The cause of death is most often due to pneumonia or other infections.

The Diagnosis of DLB

The diagnosis of any dementing illness requires a focused and comprehensive medical examination and history. Dementia with Lewy Bodies is no different. There are certain criteria that assist in the diagnosis of DLB, and as with Alzheimer's disease, a definitive diagnosis is possible only at autopsy.

The central requirement for a probable diagnosis of DLB is a progressive cognitive decline of sufficient magnitude to interfere with normal social or occupational function.

Some of the other symptoms that a physician may look for are:

- Fluctuating cognition (thinking) with pronounced changes in attention and alertness
- Visual hallucinations which are detailed, specific and occur regularly
- Difficulty with movement and gait, with repeated falls.

The Cause of DLB

Genetic studies are making some progress in revealing an array of different genes which may contribute to the development of DLB. There may be some overlaps between Alzheimer's and Parkinson's diseases, but at present the cause of this particular dementia is uncertain.

The Treatment of DLB

Just as in Alzheimer's disease, there is no known cure for DLB. Consistent and comprehensive medical evaluation, treatment and follow-up are essential in the care of individuals and family members affected by DLB. It is also critical that family caregivers and professionals are knowledgeable about the sensitivity to anti-psychotic drugs so that appropriate non-drug interventions for behavioral symptoms can be implemented. However, there is some evidence that the person with DLB may benefit from cholinesterase inhibitors (such as Exelon), which is used in the treatment of Alzheimer's disease. The outcome of any treatment must be carefully balanced with any side effects that may occur. It is important that families contact the Alzheimer's Association for education and support throughout the continuum of the disease process.

Please call Clarissa Rentz MSN, APRN at the Alzheimer's Association of Greater Cincinnati at (513) 721-4284 for more information about this and other dementing illnesses, as well as support services for individuals and families. (References/bibliography available upon request.)