**Introduction LBD**

Lewy body dementias (LBD) are the second most common form of degenerative dementia. LBD is an umbrella term for dementia associated with the presence of Lewy bodies (abnormal protein deposits called alpha-synuclein) in the brain.

**Three Groupings**

- **Group 1** starts out with a movement disorder leading to the diagnosis of Parkinson's disease and later develop dementia (Parkinson’s disease dementia).
- **Group 2** starts a cognitive/memory disorder commonly mistaken for AD, but over time two or more distinctive features become apparent leading to the diagnosis of dementia with Lewy bodies’ (DLB).
- **Group 3** initially presents neuropsychiatric symptoms, which can include hallucinations, behavioral problems, and difficulty with complex mental activities.

Regardless of the initial symptoms, over time all three Groups will develop very similar cognitive, physical, sleep and behavioral features.

**Common Symptoms**

- **Impaired thinking**: Loss of executive function (planning, processing information), memory, or the ability to understand visual information.
- **Fluctuations in cognition**: Attention or alertness.
- **Problems with movement**: Including tremors, stiffness, slowness and difficulty walking.
- **Visual hallucinations**: Seeing things that are not present.
- **Sleep disorders**: Such as acting out one’s dreams while asleep.
- **Behavioral & mood symptoms**: Including depression, apathy, anxiety, agitation, delusions or paranoia.
- **Changes in autonomic body functions**: Such as blood pressure control, temperature regulation, and bladder/bowel function.

**Early and Accurate Diagnosis**

Early and accurate diagnosis is important because LBD patients may react to certain medications differently than AD or PD patients. A variety of drugs, including anticholinergics and some antiparkinsonian medications, can worsen LBD symptoms. Early recognition, diagnosis and treatment of LBD can improve the patients’ quality of life: LBD may affect an individual’s cognitive abilities, motor functions, and ability to complete activities of daily living. Treatment should always be monitored by a physician and may include: prescriptive and other therapies, exercise, diet, sleep habits, changes in behavior and daily routines.

**Many Antipsychotic Meds are Contraindicated**

Many common anti-psychotic medications (for example, haloperidol, thioridazine) are sometimes prescribed for individuals with Alzheimer’s disease and other forms of dementia to control behavioral symptoms. However, LBD affects an individual’s brain differently than other dementias. As a result, these medications can cause a severe worsening of movement and a potentially fatal condition known as neuroleptic malignant syndrome (NMS). NMS causes severe fever, muscle rigidity and breakdown that can lead to kidney failure.

**Education is Urgently Needed**

Many general practitioners, neurologists, and other medical professionals are just beginning to learn to recognize and differentiate the symptoms of LBD – the most misdiagnosed dementia – from other diseases. More education on the diagnosis and treatment of LBD is essential.

For more information contact: Lewy Body Dementia Association (LBDA)

http://www.lbda.org/