

DEMENTIA WITH LEWY-BODIES (DLB)

Also known as:

- Lewy-Body Dementia (LBD)
- Diffuse Lewy-Body Dementia
- Cortical Lewy-Bodies

Introduction

Dementia with Lewy-Bodies sometimes occurs alone as the presenting illness and sometimes it occurs simultaneously with Alzheimer's or Parkinson's disease. Dementia with Lewy-Body is the second most frequent cause of dementia in elderly adults. It is a neurodegenerative disorder associated with abnormal structures (Lewy-Bodies) found in certain areas of the brain. Lewy-bodies are named after smooth round protein lumps, which are found in the nerve cells of affected brains. The Lewy-Bodies are found throughout the outer layer of the brain (the cerebral cortex) and deep inside the midbrain and brainstem.

Frederich Lewy, a neurologist and contemporary of Alois Alzheimer, first described these abnormal protein structures in 1912. Because these structures and many of the symptoms of dementia with Lewy bodies are associated with Parkinson's and Alzheimer's disease, researchers do not yet understand whether dementia with Lewy bodies is a distinct clinical entity or perhaps a variant of Alzheimer's or Parkinson's disease. Symptoms can range from traditional parkinsonian effects, such as loss of spontaneous movement (bradykinesia), rigidity (muscles feel stiff and resist movement), tremor, and shuffling gait, to effects similar to those of Alzheimer's disease, such as acute confusion, loss of memory, and loss of, or fluctuating, cognition.

Visual hallucinations may be one of the first symptoms noted, and patients may suffer from other psychiatric disturbances such as delusion and depression. Onset of the disorder usually occurs in older adults, although younger people can be affected as well.

Symptoms

- Progressive cognitive decline, memory loss, confusion
- Fluctuating cognition with pronounced variation in attention
- Recurrent visual hallucination that are typically well formed and detailed
- Spontaneous motor features of parkinsonism

Features supportive of the diagnosis are:

- Repeated falls
- Syncope
- Transient loss of consciousness
- Neuroleptic sensitivity
- Systematized delusion
- Hallucinations in other modalities

An extensive neurological and neuropsychological evaluation including brain image are essential for a diagnoses. Dementia with Lewy-Bodies is difficult to diagnose because it resembles and overlaps with other dementias like Alzheimer's disease and Vascular dementia and Parkinson's disease.

As in most dementias, a definitive diagnosis is only available after an autopsy.

Treatment

Caution must be used in treating a person whom are suspected of having DLB. Medications must be monitored closely for proper balance because some patients are very sensitive to medication changes and are adversely affected. Neuroleptic (tranquilizing) anti-psychotic drugs such as haloperidol or thioridazine that are sometimes given to Alzheimer's patients to help lessen symptoms such as agitation or hallucinations can cause extreme adverse reactions in many DLB patients and can bring on motor-related symptoms. A patient treated with these drugs could become catatonic, lose cognitive function and/or develop more muscle rigidity, results that could threaten life. Levodopa is usually given to treat the parkinsonian features of the DLB and Aricept and Cholinesterase inhibitors, is given to treat the hallucinations.

Caregiving

DLB patients can live at home with frequent reassessment and careful monitoring and supervision. Caregivers must watch them closely because of the tendency to fall or lose consciousness. Dementia prevents patients from learning new actions that might help them overcome movement problems. They may need more assistance some days than others, and can be reassured by a caregiver's help in turning attention away from hallucinations.