LEWY BODY DEMENTIA

Overview

Lewy body dementia (LBD) is the second most common type of dementia. Although LBD is common, many people are not familiar with this form of dementia. Lewy body dementia is clinically similar to Alzheimer’s and Parkinson’s disease. Due to the similarities, LBD is generally underdiagnosed.

Lewy bodies are abnormal protein deposits that interrupt brain function. Typically they are located in the brainstem where they reduce the release of dopamine which leads to Parkinson-like symptoms. Lewy bodies can disperse to other areas of the brain which leads to the development of additional problems, such as confusion.

Lewy body dementia is a progressive disease making early detection important for management of this illness. The cause of LBD is unknown.

Signs and Symptoms

The following is a list of signs and symptoms associated with Lewy body dementia:

- Visual hallucinations are one of the early symptoms. People may also suffer from auditory, smell, and tactile hallucinations.
- Cognitive problems, such as memory loss, confusion, and decreased attention span are associated with this condition. People close to the patient will be more aware of the fluctuation in cognition. One minute the person will be attentive and then unexpectedly become confused.
- Lewy body dementia may alter areas of the brain that control the autonomic system. The patients could experience fluctuation in blood pressure, excessive sweating, decrease heat tolerance or bladder/bowel dysfunction.
- Parkinson’s like symptoms, also known as Parkinsonism, is connected to Lewy body dementia. Patient may stand in a stooped or hunched posture. Typically, gait is altered and he or she shuffles his or her feet while walking. This may increase the person’s fall risk. Other traits are body stiffness, tremors, and lack of facial expressions.
- REM sleep behavior disorder (RBD) may affect people with LBD. RBD is demonstrated by acting out ones dream while sleeping.
**Risk Factors**

The following is a list of risk factors associated with Lewy body dementia:

- Ages between 50 to 85 years are at greatest risk of LBD.
- REM sleep behavior disorder is a risk factor for LBD and Parkinson’s disease.
- Family history of LBD can also put a person at greater risk.
- Males are at greater risk than females.

**Complications**

People with Lewy body dementia may experience adverse effect to certain neuroleptic or antipsychotic medication. Often prescribed to people with Alzheimer’s anti-psychotic drugs can increase Parkinson’s like symptoms in people with LBD. It is important for doctors to properly diagnose LBD to avoid adverse effect of such medications.

**Tests and diagnosis**

There is not one particular test that diagnosis Lewy body dementia. Physicians recognize signs and symptoms and connect them together like a puzzle. Doctors complete a physical and neurological examination to see if the musculoskeletal and nervous system is working appropriately. Then the physician will do a mental examination to determine if the patient has any cognitive deficits. Other test, such as blood tests, Electroencephalogram (EEG) and Brain scans are useful in linking the puzzle pieces together.

**Treatment**

At this time there is no cure for Lewy body dementia. Doctors can prescribe medication to relieve cognitive, musculoskeletal, and behavior type problems. Other treatments for LBD are the following: physical therapy, speech therapy, occupational therapy, and individual and family psychotherapy. Lewy body dementia is a progressive disease and early detection helps stall the disease.

**Helpful Tips**

The following is a list of helpful tips when dealing with LBD:

- One should try to avoid stressful situations because stress can intensify symptoms
- A balanced diet in addition to a regular exercise routine can contribute to decreasing stress.
- Not only is it important to exercise the body, it is also important to exercise the brain. This can be accomplished through brain teasers, such as cross-word and Sudoku puzzles.

**References**

- www.mayoclinic.com
- http://www.lbda.org/category/3437/what-is-lbd.htm

**Other News:**

**If you have any suggestions for newsletter topics, please contact Dean Susan Hanrahan at hanrahan@astate.edu.**

The Arkansas State University Employee Wellness Newsletter is published monthly during the academic year by the College of Nursing and Health Professions. Health questions can be addressed to Dean Susan Hanrahan, Ph.D., ext. 3112 or hanrahan@astate.edu. Produced by Kayla James, graduate student in the College of Nursing and Health Professions, Physical Therapy Program.