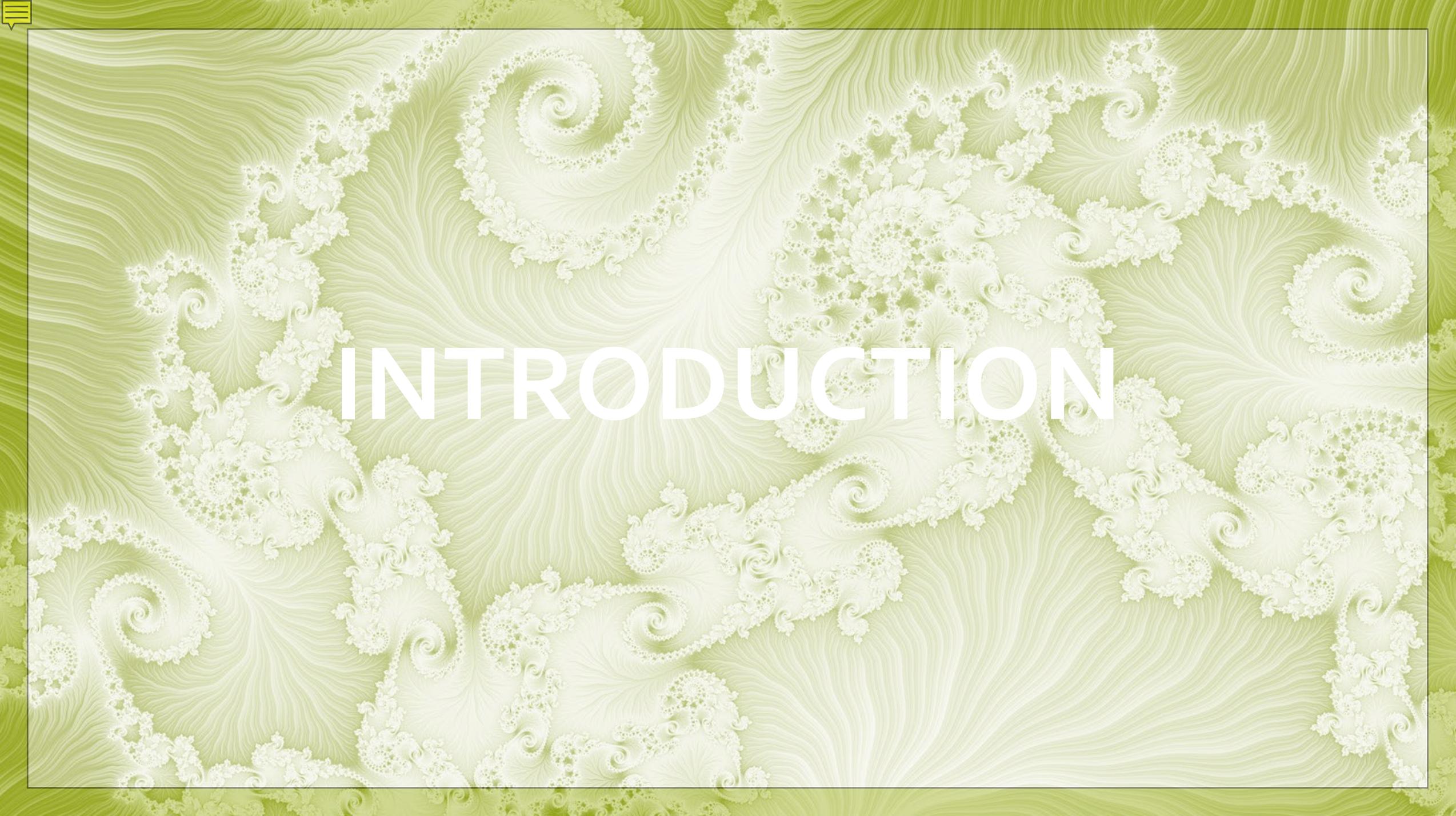
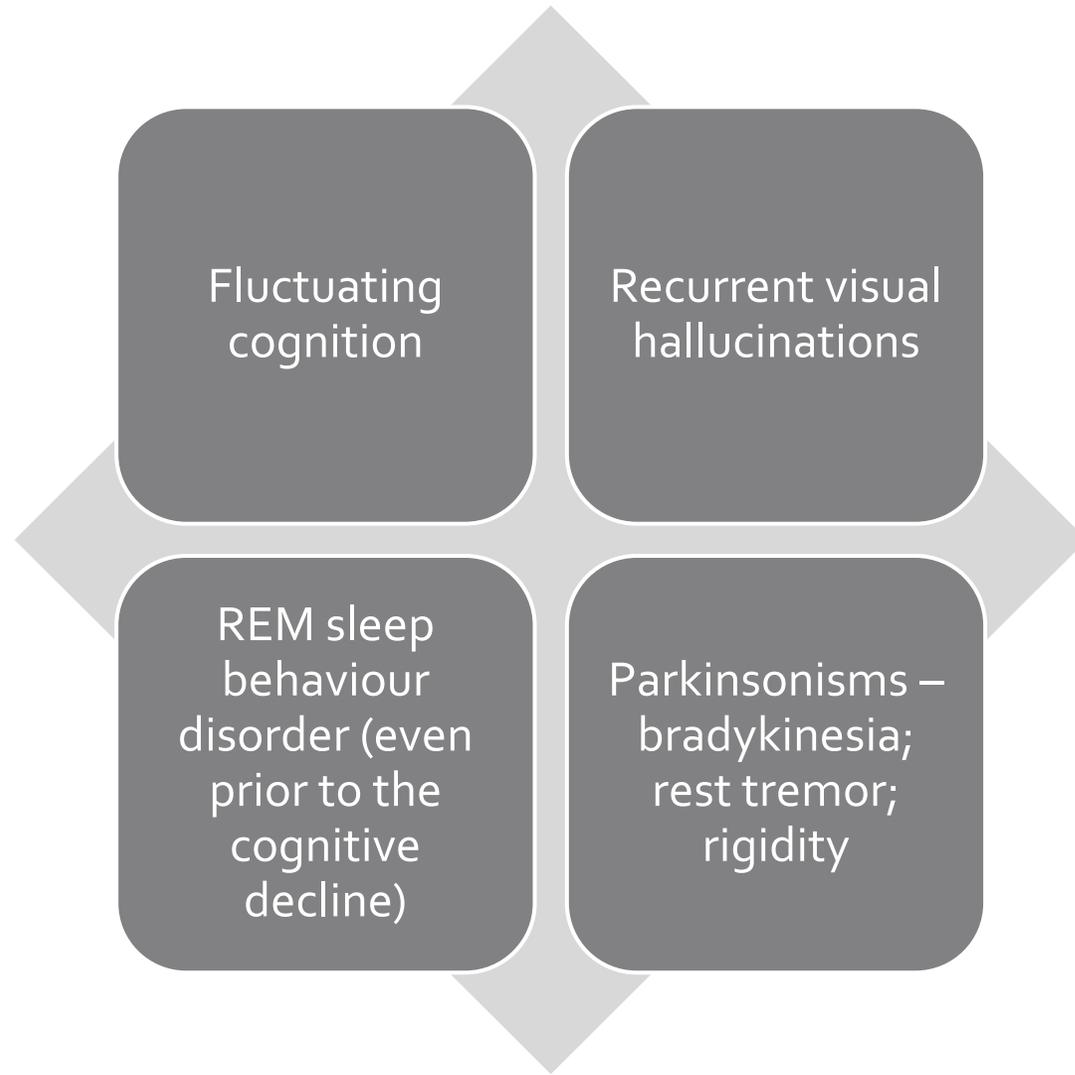


# **LEWY BODY DEMENTIA**

Dr Susan Coetzer

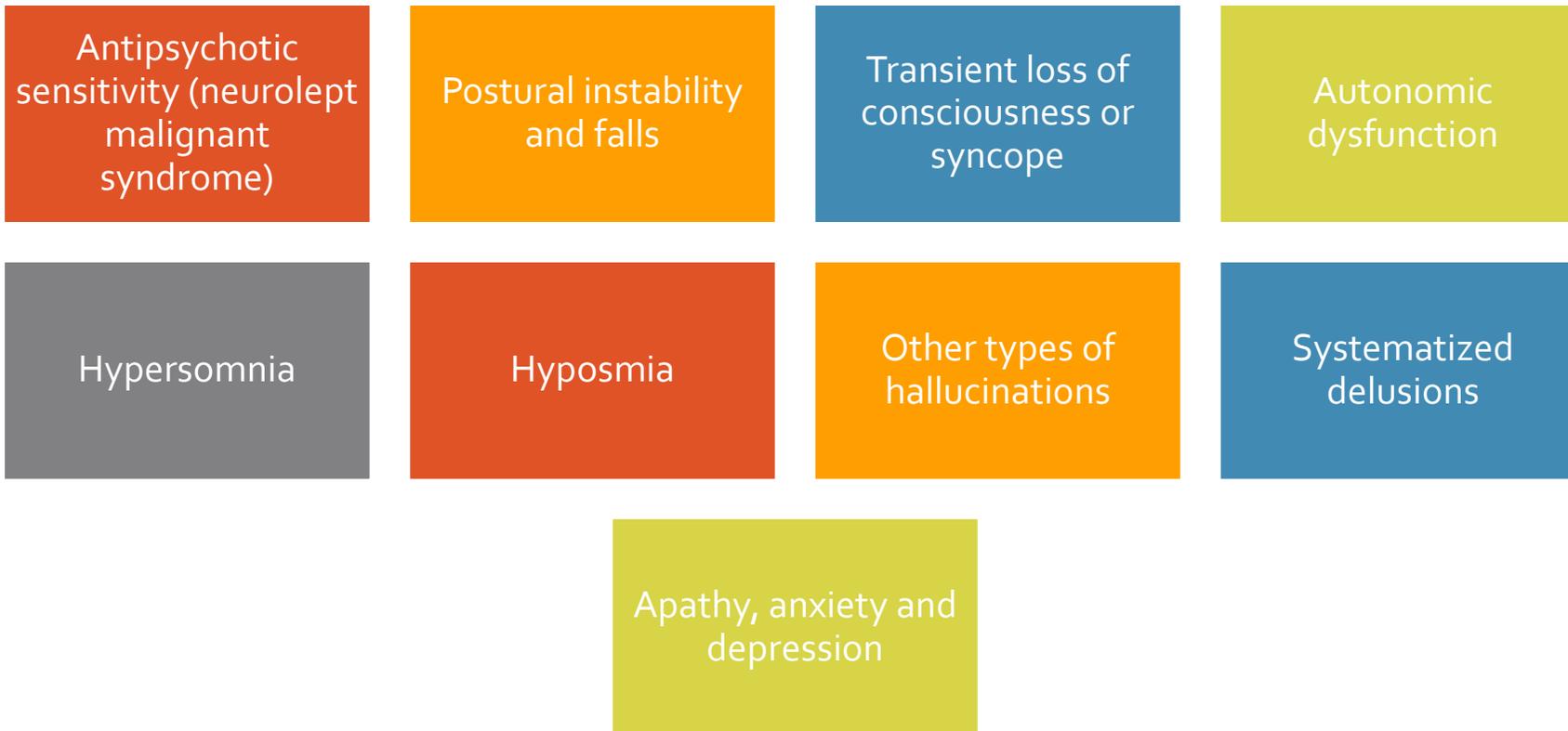
The image features a complex fractal pattern in shades of white and light green, set against a background that transitions from a darker green at the top to a lighter green at the bottom. The fractal consists of numerous intricate, self-similar shapes, including spirals and branching structures, creating a dense and detailed texture. In the center of the image, the word "INTRODUCTION" is written in a large, bold, white, sans-serif font, which stands out prominently against the lighter green background.

# INTRODUCTION



# CORE clinical features

# SUPPORTIVE clinical features



# DIAGNOSIS

- Clinical and cognitive screening
- Other tests done to exclude other conditions that may mimic LBD
  - Blood tests
  - Brain scan
  - SPECT or PET scans that look at dopamine transporter uptake
  - Sleep evaluation (polysomnography)

# PROGNOSIS



1.8 TO 8.5 YEARS (LIMITED STUDIES)



COGNITIVE DECLINE – MEDIAN TIME  
TO SEVERE DEMENTIA IS 5YRS

# TREATMENT

- Multidisciplinary team including social support and palliative care
  - Education for patient and caregivers about risks, benefits and limitations of treatment

# TREATMENT

Non-pharmacological approach

## dementia

- Routine activity.
- Separate the person from what seems to be upsetting them.
- Assess for the presence of pain, constipation, or other physical problem.
- Review medications, especially new medications.
- Travel with them to where they are in time.
- Don't disagree; respect the person's thoughts even if incorrect.
- Physical interaction: Maintain eye contact, get to their height level, and allow space.
- Speak slowly and calmly in a normal tone of voice. The person may not understand the words spoken, but they may pick up the tone of the voice behind the words and respond to that.
- Avoid finger-pointing, scolding, or threatening.
- Redirect the person to participate in an enjoyable activity or offer comfort food they may recognize and like.
- If you appear to be the cause of the problem, leave the room for a while.
- Validate that the person seems to be upset over something. Reassure the person that you want to help and that you love them.
- Avoid asking the person to do what appears to trigger an agitated or aggressive response.

# TREATMENT

## pharmacological

- BEHAVIOUR / COGNITIVE SYMPTOMS
  - Cholinesterase inhibitors eg donepezil (risks = weight loss, tremor, urinary and bowel frequency)
  - Memantine (risks = worsening of delusions and hallucinations, seizures)
  - Antipsychotics BEWARE OF HIGH RISK OF MORTALITY AND NEUROLEPT MALIGNANT SYNDROME
    - Quetiapine
    - Clozapine
- Anti-depressants

# TREATMENT

## pharmacological

### Parkinsonian symptoms

- Similar to PD but less successful (esp levodopa)

### Orthostatic hypotension

- Non-pharmacologic
  - Increased salt and water intake
  - Head raised when sleeping
  - Physical countermeasures (eg slowly, buttock clenching, fist or toes wiggle)
  - Avoid straining; or hot environment exposure (eg sauna)
  - Compression stockings
- Fludrocortisone



# LEWY BODY DEMENTIA

- Thank you for your attention!
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