



IN TOUCH

HOSPICE OF THE VALLEY DEMENTIA NEWSLETTER

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Lewy Body Dementia has distinctive features requiring special treatment

Dementia is a general term that describes a category of diseases that causes problems with memory, thinking and reasoning; language; function, sequencing and planning; personality, behavior and mood; insight and judgment; and visual recognition and spatial orientation.

Lewy Body dementia (LBD) is the second most common neurodegenerative dementia (Alzheimer's being the most common). Accounting for up to 20 percent of dementia disorders, LBD shares the symptoms of Alzheimer's and Parkinson's disease and is characterized by:

- Distinct fluctuation of cognitive ability; dramatic change of good and bad days.
- Early and persistent visual hallucinations.
- Motor features of Parkinsonism:
 - Bradykinesia (slowed movement)
 - Muscle stiffness/rigidity
 - Resting tremor, trembling of the limbs
 - Shuffling gait
 - Loss of facial expression—flat affect
- Memory impairment that may not be early, although it usually appears with progression of the disease.
- Depression.
- Vivid and violent dreams.

LBD is named after Dr. Frederich Lewy who first identified Lewy bodies (abnormal proteins) in the brain cells of people with the disease in 1912. These microscopic, spherical proteins interrupt the brain's normal function, interfering with chemical messengers, such as acetylcholine and dopamine.

MANAGEMENT STRATEGIES FOR LBD

Research supports the use of non-pharmacologic approaches to care.

- Refer to the person's *About Me* form to maximize quality of life, such as singing *Take Me Out to the Ballgame*, looking at pictures of puppies, eating homemade cookies or going outside to smell fresh flowers.
- Modify the environment to maximize comfort. For example, use lighting at night to reduce shadows; promote a calm atmosphere; eliminate most TV programs, especially disturbing news, history or crime shows.

Pharmacologic management options in LBD are limited, considering that:

- Only 5% of people with LBD may respond positively to Parkinson's meds [levodopa/carbidopa (Sinemet)]. Watch closely for psychotic symptoms when Sinemet is given.
- Cholinesterase inhibitors [(donepezil (Aricept), rivastigmine (Exelon), galantamine (Razadyne)) and memantine (Namenda)] may not offer any benefit in 67% of persons. In addition, these medications cause adverse effects (nausea, vomiting, diarrhea, weight loss, insomnia, etc.) in approximately 33% of persons. Consider tapering these medications in hospice patients to see if they improve.

It is important to avoid the antipsychotic medication haloperidol (Haldol) because it can increase Parkinson's symptoms.



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