

## **In-depth overview of Lewy Body Dementia**

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In previous articles, we have discussed what exactly is dementia, and the many different types of dementia. It's helpful knowing that dementia is an umbrella term that describes a set of symptoms, such as memory loss, personality changes, poor judgment, and language processing issues. We've explored the most common type of dementia, Alzheimer's disease, and its specific progression and common symptoms. We've had several community members approach us for information and resources about Lewy Body Dementia, and decided to dedicate this month's *Memory Moment* to an in-depth overview of the disease.

Lewy Body Dementia (LBD) is actually an umbrella term itself for the diagnoses of Parkinson's disease dementia and dementia with Lewy bodies. LBD affects more than a million Americans, and is one of the most common types of dementia after Alzheimer's disease. Although symptoms can vary person to person, the central feature is progressive dementia symptoms that affect functioning and memory over time. Especially in early stages of the disease, executive dysfunction (trouble with complex tasks, problem-solving or decision-making) and deficits in attention are the most common beginning symptoms. These symptoms alone make it very challenging to distinguish LBD from other types of dementia which also have common early symptoms of functioning and memory impairment as well as executive dysfunction. LBD has several core features that help distinguish itself during the diagnostic process, which are listed below.

- Hallucinations – Although visual hallucinations are most common, some individuals also experience hallucinations that focus around the other senses, smell, taste, sound, or touch. In my experience, most individuals are not frightened by the hallucinations, although they can be very upsetting to family members or friends.
- Features of Parkinsonism (rigid movements, movement challenges) – An individual may walk very stiffly or 'shuffle' when walking. Falling can be a very significant challenge with this symptom.
- REM Sleep Behavior Disorder – This disorder is considered to be a significant risk factor for developing LBD later in life, and can occur years before the onset of LBD.
- Sensitivity to anti-psychotic medications – This symptom alone shows the importance of seeking a diagnosis if experiencing dementia symptoms. If a person with LBD is prescribed an anti-psychotic, the medication might worsen the Parkinsonian symptoms of rigidity and stiffness, decrease cognitive functioning, and/or increase hallucinations. Although not specifically approved for dementia, anti-psychotic medications are often prescribed for challenging behaviors and agitation by many physicians. Receiving a specific diagnosis of LBD can help inform physicians that anti-psychotics should not be in that individual's treatment plan.

Much of the information in this article has been condensed from the Lewy Body Disease Association website, which also has valuable resources and guidance for families dealing with this disease. Our Forget-Me-Not Resource centers housed in local libraries in Coles, Clay, Cumberland, Effingham, Fayette, Jasper, and Shelby counties, also has valuable books and DVDs devoted to LBD.

*For more information about Memory Moment articles & Effingham Area Alzheimer's Awareness, check out their website at [www.effinghamalz.org](http://www.effinghamalz.org). If you are a caregiver & have specific questions or situations you would like information on, please feel free to call Shannon Nobsch at 217-663-0010 or Amy Sobrino at 618-363-8372.*