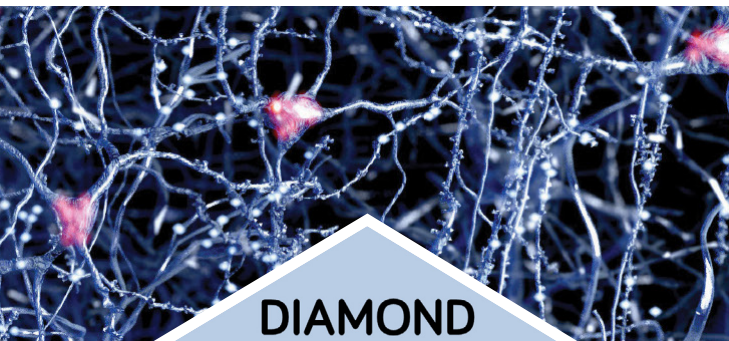




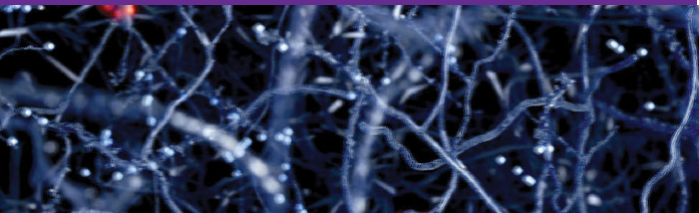
DIAMOND

L E W Y

LEWY BODY DEMENTIA:

Management Overview





The information provided in this brochure can help you:

- Identify key problems under domain headings such as cognition; gait, balance and movement; hallucinations; fluctuations; behavior and mood; sleep, and autonomic system dysfunction
 - Establish which problems have high priority for treatment
 - Discuss benefits and risks of treatment
 - Be aware that symptom response is variable and that benefits in one might be at the cost of worsening of others
 - Individual treatments may have global benefits e.g. cholinesterase inhibitors
-
- Remember that LBD patients may exhibit exaggerated responses to medications
 - Severe antipsychotic sensitivity can occur in up to 50% of patients therefore use antipsychotic agents with caution
 - Review the need for drugs which can affect brain function and/or cause sedation and falls (see Beers List)
 - Minimize anticholinergic burden as this may worsen cognition and behavior, and counteract cholinesterase inhibitors

COGNITIVE

Non-pharmacological

- Cognitive stimulation, use of memory aids, increased social interaction and stimulation, and exercise

Pharmacological

- Cholinesterase inhibitors first-line
- Memantine second line

NEUROPSYCHIATRIC

Psychosis

- Non-pharmacological includes orientation, validation, reassurance, distraction
- May respond to cholinesterase inhibitors especially visual hallucinations.
- Be cautious in the use of antipsychotics
- Quetiapine and clozapine are least apt to worsen parkinsonism

Mood

- Use of social interventions may enhance mood
- SSRIs or SNRIs first line ⚠
- Avoid agents with significant anti-cholinergic side effects
- Avoid antipsychotics for non-psychotic mood disorders

SLEEP

Insomnia

- Work on sleep hygiene
- Review all medications that could be affecting sleep
- Melatonin 1 hour prior to bedtime
- Cautious consideration for other sleep aids ⚠️

REM-sleep behavior disorder

- Consider non-pharmacological as first-line and only treat if troublesome
- Melatonin is first line.
- Clonazepam may help although possible side effects ⚠️

Motor related sleep disturbances

- May be improved with long-acting levodopa

Other

- Evaluation for OSA

MOTOR

- Preferred pharmacological treatment of parkinsonism in LBD is levodopa monotherapy
- Use minimal dose needed for benefit

Monitor for potential neuropsychiatric side effects, if present:

- ✕ Withdraw in order, one at a time: anticholinergic drugs, amantadine, selegiline, dopamine agonists and catechol-O-methyltransferase inhibitors

AUTONOMIC

Orthostatic hypotension

- Non-pharmacological management
e.g. compression stockings, fluid/salt intake, stand slowly
- Pharmacological e.g. fludrocortisone, midodrine, droxidopa
- ✗ Reduce/remove exacerbating drugs
e.g. antihypertensives

Constipation

- Hydration and fiber intake
- Stool softeners or mild laxatives like polyethylene glycol

Gastroparesis

- Non-pharmacological: smaller, more frequent meals
- ✗ Avoid using metoclopramide

Urinary dysfunction

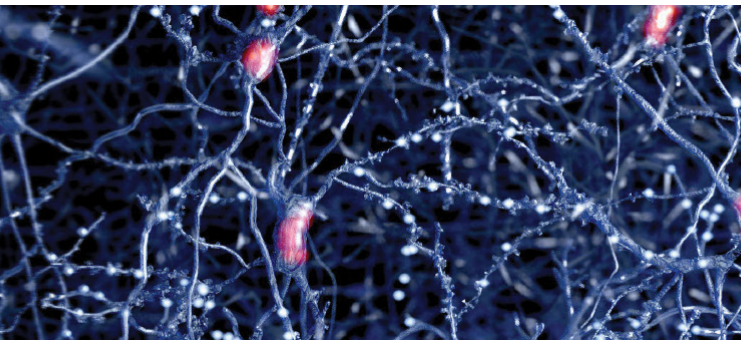
- Non-pharmacological first-line e.g. pads, sheath catheter etc. Pharmacological: based on etiology. Consideration for referral to Urology. Agents like, Mirabegron can be considered. Botox may be considered for overactive bladder. Avoid centrally acting anticholinergics

Sexual dysfunction

- Phosphodiesterase-5 inhibitors may be considered with caution in men ⚠

Sialorrhea

- ✗ Anticholinergics should not generally be used
- Botulinum toxin injections to salivary glands is an effective treatment



Visit lbda.org/diamond-lewy
to access the complete
DIAMOND Lewy™ Management
Toolkit, including in depth guidance
on managing cognitive, motor, psychiatric,
sleep and autonomic symptoms.



912 Killian Hill Road, SW Ste. 105
Liburn, GA 30047

lbda.org