

Dementia with Lewy bodies

Dementia with Lewy bodies is a common form of degenerative dementia. Dementia with Lewy bodies may be diagnosed if a person experiences cognitive changes alone, or in conjunction with movement changes. If cognitive changes appear after movement changes occur, a diagnosis of Parkinson's disease dementia may be made. These conditions have some different characteristics to other dementias and a specific treatment approach, and accurate diagnosis is essential.

The brain of a person with Lewy body dementia typically shows less overall shrinkage than the brain of someone with Alzheimer's or frontotemporal dementia. Instead, tiny deposits of protein (Lewy bodies) are seen in the cerebral cortex, limbic system and brain stem.

Early damage is seen in the visual pathways and in the frontal lobes. This may explain why problems with vision and attention are common early symptoms of Lewy body dementia.

Lewy bodies in the brain stem have been linked to problems with movement, as seen in Parkinson's disease. Approximately 25 per cent of people with Parkinson's are expected to develop dementia within 10 years of diagnosis.

Symptoms

Symptoms for dementia with Lewy bodies may include:

- » Fluctuating levels of cognitive ability
- » Changes with attention or alertness
- » Changes in speech and movement
- » Visual hallucinations
- » REM sleep Behaviour Disorder (RBD): characterised by changes in rapid eye movement sleep where people physically act out their dreams
- » Severe sensitivity to medications prescribed for hallucinations
- » Difficulties with complex mental activities
- » Loss of sense of smell
- » Noticeable daytime sleepiness.

Causes

Risk factors include:

- » Parkinson's disease
- » REM sleep Behaviour Disorder (RBD)
- » Advanced age
- » Genetics: Although family history of Lewy body dementia or Parkinson's may increase risk, it is not normally considered a genetic disease.

Types of dementia: Dementia with Lewy bodies

Diagnosis

Establishing a diagnosis can take some time and may include the following steps:

- » Clinical consultation (initially with a general practitioner, then via referral to a specialist physician)
- » Medical history assessment
- » Physical and neurological examination
- » Assessment of cognitive function
- » CT and MRI scans
- » Blood tests
- » Neuropsychological testing.

New research suggests skin biopsies may hold strong potential to help diagnose dementia with Lewy bodies. The subjects of this research also had biomarker test results or clinical symptoms highly suggestive of the presence of Lewy bodies in the brain. None had a family history of dementia or Parkinson's.

Risk reduction

Current research confirms that a healthy active lifestyle, normal body weight and blood pressure, positive social interactions, mental stimulation and management of stress appear to be key factors in preventing the onset of dementia.

Ways you can modify your lifestyle to minimise risk:

- » Exercise
- » Nutrition: Wholefood diet (high in vegetables, quality sources of protein, low in sugar, minimal processed foods) and limit alcohol intake (two standard drinks or less on any given day)
- » Rest
- » Involvement: Stay socially connected
- » Challenge yourself: Try learning something new
- » Healthy heart
- » Quit smoking
- » Manage stress.

Treatment

Medication and support services can assist in reducing the impact of symptoms of the disease on a person's life, however there is no cure. Cholinesterase inhibitor drugs have been found to be beneficial in reducing some symptoms for some people.

Further information

For support and information please contact us on **1300 66 77 88**
or visit alzheimerswa.org.au