Lewy Body dementia

What is Lewy body dementia?

Lewy body dementia (LBD)—also sometimes known as dementia with Lewy bodies—is a form of dementia characterized by abnormal deposits of a protein called alpha-synuclein. These deposits, more simply called “Lewy bodies,” form inside the brain’s nerve cells.

Quick facts

• Lewy bodies are named after Friedrich H. Lewy, the scientist who first described them.
• In a person living with Lewy body dementia, the areas of the brain that direct thinking and moving are affected, causing the symptoms we associate with Lewy body dementia.
• Lewy body dementia can sometimes co-occur with Alzheimer’s disease, the most common form of dementia. Lewy bodies are found in up to 50% of people living with Alzheimer’s disease.
• What causes Lewy bodies to form in the brain’s nerve cells is currently unknown – though scientists are investigating possible causes, which could lead to better treatments.

What’s the difference between Lewy body dementia and Parkinson’s disease?

Lewy bodies are also found with Parkinson’s disease. How we distinguish Lewy body dementia versus Parkinson’s disease depends on the area of the brain where the Lewy bodies first appear.

How does Lewy body dementia affect a person?

A person living with Lewy body dementia will experience a decline in thinking and memory over time. Even in the early stage, Lewy body dementia can affect the ability to plan and organize. It can also affect how quickly the brain can process information. Lewy body dementia also affects visual-spatial perception—how accurately we can perceive objects in relation to each other. For example, visual-spatial perception helps a person place a pencil on a table without having to consciously concentrate on that action.

Other symptoms may include:

• Changes in attention and alertness; a state of confusion that comes and goes.
• Recurring visual hallucinations (seeing things that are not real) which can be worse during times of increased confusion.
  o These visual hallucinations typically consist of people, children or animals. People living with Lewy body dementia may also have fixed false beliefs, also known as delusions. These are often related to their hallucinations.
  o As well, hallucinations may lead people living with Lewy body dementia to make errors in perception, such as seeing faces in a carpet pattern.
• Impacts on motor functioning (that is, on moving and controlling muscles). This may include rigidity (muscle stiffness); tremors (shaking); stooped postures; or slow, shuffling movements. A person’s sensitivity to medications, especially some sedatives, may increase these symptoms.
• Disruptions during sleep, such as acting out dreams through rapid eye movements, talking or moving. This may occur years before the development of other symptoms. Lack of sleep may make some symptoms more pronounced, so it can be helpful to find time to rest at some point throughout the day to help with fatigue.
How is Lewy body dementia diagnosed?

No single test can diagnose Lewy body dementia. If a person is concerned they might have Lewy body dementia, it is best to consult with a doctor. Doctors can diagnose it by eliminating other diseases and conditions that can cause similar symptoms. An assessment may include a neurological exam that emphasizes gait (how a person walks), posture and degree of rigidity. Medical history, brain imaging (such as an MRI), physical testing and neuropsychological testing can also be helpful in making a diagnosis of Lewy body dementia.

What are the risk factors for Lewy body dementia?

At present, there is no known cause of Lewy body dementia, and risk factors have not been identified. However, as mentioned earlier, Lewy bodies are also found in Parkinson's disease. And Lewy bodies are often found in the brains of people living with Alzheimer’s disease as well. Genetics may play a role—if a person has a family member who has Lewy body dementia, there may be an increased risk for that person developing it. Lewy body dementia is also more common in men than in women. More research is being done to understand Lewy body dementia.

Can Lewy body dementia be treated?

There is no cure for Lewy body dementia at this time. However, it is sometimes possible to treat symptoms using medications associated with treating Alzheimer’s disease, Parkinson’s disease and hallucinations.

Cholinesterase inhibitors are medications used to treat Alzheimer’s disease. They can improve alertness and cognition in some people with dementia and may reduce hallucinations and other distressing symptoms. However, due to the multiple types of symptoms of Lewy body dementia and Parkinson's disease, treatment of one symptom may worsen another. One strategy to prevent this is to treat symptoms in order of their severity.

Behavioural therapeutic strategies also help people living with Lewy body dementia. This can include using physical activity and music as treatments. Research shows that quality of life for people living with dementia and their caregivers is significantly improved by activities that use strengths and abilities. By understanding a person's personality, life experiences, support systems and ways of coping, a person-centred approach to care can preserve and improve quality of life for the person living with Lewy body dementia.

This is just a very brief overview of some of the medications and therapies used in cases of Lewy body dementia. Talk to your doctor, pharmacist or other specialist about what is right for you.

Support is available.

Contact your local Alzheimer Society for more information about Lewy body dementia and to find support. Visit alzheimer.ca/Find for more information.

More resources

• Lewy Body Dementia Association lbda.org