

LEWY BODY DEMENTIA DIAGNOSTIC SYMPTOMS

Patient Instructions

Add a check mark next to any symptoms you are experiencing. Bring this form with you to your next appointment or send it to the doctor in advance. For more information on Lewy body dementia please visit www.lbda.org.

	COGNITIVE SYMPTOMS
	Forgetfulness
	Trouble with problem solving or analytical thinking
	Difficulty planning or keeping track of sequences (poor multi-tasking)
	Disorganized speech and conversation
	Difficulty with sense of direction or spatial relationships between objects
	FLUCTUATIONS
	Fluctuating levels of concentration and attention
	Unexplained episodes of confusion
	Excessive daytime sleepiness
	PARKINSON'S-LIKE SYMPTOMS
	Rigidity or stiffness
	Shuffling walk
	Balance problems or repeated falls
	Tremor
	Slowness of movement
	Decrease or change in facial expression
	Change in posture
	BEHAVIOR AND MOOD CHANGES
	Hallucinations - Seeing things that are not really present
	SLEEP CONCERNS
	Acting out dreams during sleep, sometimes violently, falling out of bed
	REACTIONS TO MEDICATIONS FOR HALLUCINATIONS (ANTIPSYCHOTICS)
	Increased parkinsonism (stiffness, rigidity, etc.)
	Increased confusion
	Increased sleepiness

FOR PHYSICIANS

There are two clinical diagnoses that fall within the Lewy body dementia spectrum. *This form may be helpful in diagnosing one of those disorders, dementia with Lewy bodies (DLB), also commonly referred to as Lewy body dementia.* (The other form of LBD is Parkinson's disease dementia.)

When making a dementia diagnosis, check for medication side effects that may mimic DLB symptoms. A referral to a neurologist is recommended for a differential diagnosis.

Dementia plus any one of the following is sufficient for a possible DLB diagnosis.

- Fluctuation cognition with pronounced variations in attention and alertness
- Recurrent visual hallucinations
- Spontaneous features of parkinsonism
- REM sleep behavior disorder
- Severe neuroleptic sensitivity
- Low dopamine transporter uptake in basal ganglia demonstrated by SPECT or PET imaging

In addition to the features on the front page, the following are supportive features (commonly present but not proven to have diagnostic specificity)

- Repeated falls and syncope
- Transient, unexplained loss of consciousness
- Severe autonomic dysfunction, e.g., orthostatic hypotension, urinary incontinence
- Hallucinations in other modalities
- Systematized delusions
- Depression
- Relative preservation of medial temporal lobe structures on CT/MRI scan
- Prominent slow wave activity on EEG with temporal lobe transient sharp waves

A diagnosis of DLB is *less likely*:

- In the presence of cerebrovascular disease evident as focal neurologic signs or on brain imaging
- In the presence of any other physical illness or brain disorder sufficient to account in part or in total for the clinical picture
- If parkinsonism only appears for the first time at a stage of severe dementia

The information set forth in this material is intended for general informational use only. It is not intended to be medical, legal or financial advice or to take the place of competent medical, legal or financial professionals who are familiar with a particular person's situation. Each individual is advised to make an independent judgment regarding the content and use of this information.