

SYMPTOMS OF LEWY BODY DEMENTIA

Lewy body dementia (LBD) has variable presentations that include cognitive difficulties associated with motor dysfunction, perceptual disturbances, and/or sleep/wake cycle alterations.

Cognitive

Cognitive impairment in Lewy body dementia (LBD) is often misdiagnosed as Alzheimer's disease (AD).

- Early and significant deficits in executive function, such as impaired planning, problem solving and judgment
- Visuospatial dysfunction, resulting in difficulty recognizing familiar people or objects, problems with depth perception, or impaired hand-eye coordination.
- Reduced attention or ability to concentrate, which may mimic memory deficits.
- Slowed thinking (bradyphrenia) and speech difficulties may also occur.
- Fluctuating cognition is common and refers to changes in levels of attention, concentration and functional ability. Fluctuations may present as staring spells or confusion that lasts from minutes to hours.

The Mini Mental Status Exam is often not sensitive enough to detect cognitive deficits in early LBD. Memory may be well preserved in early LBD compared to AD, though it usually becomes evident as the disease progresses. Mild cognitive impairment or unexplained delirium may be the earliest signs of impending LBD.

Motor

The onset timing of spontaneous parkinsonism in LBD varies and may be subtle at first. Signs and symptoms include:

- Reduced facial expression (masked facies)
- Postural instability
- Gait difficulty
- Slowness of movement (bradykinesia)
- Tremor at rest (although less commonly than in Parkinson's disease) or with action
- Falls, which are often a result of parkinsonism and postural instability

Psychiatric

Recurrent, visual hallucinations occur in up to 80% of people with LBD, and if developed early in the course of dementia, strongly suggests LBD over Alzheimer's disease. People with LBD frequently report seeing people, animals or insects and can often describe them in great detail. Delusions are also common and may relate to visual hallucinations. Apathy, anxiety, and depressive symptoms and signs are also frequently seen in LBD patients.

Sleep

REM sleep behavior disorder (RBD) may present years or even decades before other signs of LBD. RBD results from the absence of sleep paralysis that normally occurs during REM sleep, leading people to physically move about in their dreams. Patients may experience vivid nightmares and can shout, thrash, punch or kick during their dreams, sometimes injuring themselves or their bed partners.

Other sleep disorders include excessive daytime sleepiness, restless leg syndrome, insomnia, obstructive sleep apnea, and periodic limb movement. A formal sleep study and treatment is recommended to resolve significant disruptions of sleep.

Autonomic

Severe autonomic dysfunction may occur in LBD, including orthostatic hypotension, syncope, impotence, urinary incontinence and constipation. Other signs of autonomic dysfunction include excessive saliva and drooling (sialorrhea), altered sweating and a chronic, scaly skin condition (seborrhea).

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