



Caregiver Link:  
800.539.9767

## BEHAVIORAL CHANGES IN LEWY BODY DEMENTIA Care Brief #5 – Alternative Non-drug Therapies

Behavioral changes in LBD are so complex that there is no “one size fits all” approach, and treatment must be tailored to the person living with LBD and their care partner. LBD experts recommend non-drug approaches as the first line of treatment. Often, these approaches will be as or more effective than drugs, and they avoid the adverse effects of many of the drugs used to treat challenging behaviors. **This Care Brief addresses the non-drug therapies that can be used alone or in combination.** Some therapies require skilled professionals; others can be performed by care partners.

*See other briefs in this series for the definitions and causes of behavioral symptoms (#1-2), non-drug treatments that may help prevent and manage behavioral symptoms (#3-4), drug treatments (#6), and additional resources for care partners (#7).*

**Physical therapy** includes cardiovascular, strengthening, and flexibility exercises, as well as gait training. It can reduce frustration and accompanying behavioral changes by helping the person gain back some abilities, feel a sense of accomplishment, reduce fear of falling, and interact with people.

**General physical fitness programs** such as aerobic, strengthening, or water exercise provide the opportunity to acquire new skills, feel competent, gain confidence, and experience social support. In turn, the person may be less anxious, apathetic, or agitated.

**Occupational therapy** helps the person carry out activities of daily living more easily, such as eating and bathing. This promotes function and independence and can reduce anxiety and improve mood.

**Speech therapy** helps with low voice volume and voice projection, poor speaking ability, and swallowing difficulties. Improvements in these areas allow the person to interact with others more effectively and to enjoy eating and maintain weight thereby reducing problems that may trigger challenging behaviors.

**Art therapy** helps people find a calming way to communicate their emotions and thoughts. It may improve behavioral symptoms and the quality of life for people with dementia. It can gain and maintain the person's attention, provide pleasure, enhance self-esteem, and improve communication accompanied by a reduction in anxiety, agitation, and depression.

**Music therapy** uses music experiences (singing, listening to, playing, discussing, and moving to music) to improve cognitive functioning, motor skills, and social skills. Music can relax a person who is agitated or stimulate a person who is feeling apathetic. It can be integrated with care procedures, such as bathing, to prevent or reduce agitation or aggressive behaviors. Music therapy assists with memory recall, enhances moods and emotional states, provides a sense of control, stimulates interest, and promotes social interaction. Music is an effective way to communicate with people throughout their Lewy journey because a person can engage in music late into the disease process,

**Aromatherapy** is an alternative therapy that uses pure essential oils to improve a person's mood, cognitive function, and behavioral symptoms. Some evidence exists for the use of lavender oil and Melissa oil (lemon balm) to reduce agitation in people with dementia. Pure essential oils can be diffused in the air or applied topically mixed with a carrier such as coconut oil for massage, baths, compresses, and skin care.

**Reminiscence Therapy** engages the person in discussion of activities, events, and experiences in their life with the use of aids such as photographs, familiar items, and music.

**Touch Therapy** includes therapeutic touch and craniosacral techniques which are performed by trained therapists, but care partners can learn how to use slow stroke hand massage and gentle touch as ways to prevent agitation and help calm an agitated person. People living with LBD maintain their capacity for human emotion and appreciate caring touch even in late stages of the disease.

**Massage Therapy** is most often performed by a trained therapist, but care partners can learn how to give therapeutic massages. Often essential oils are used. Massages can reduce rigidity and tremor, improve sleep, increase stamina, reduce anxiety, increase relaxation, increase body awareness and alertness, reduce feelings of confusion and anxiety, and build reassurance and trust.

**Pet therapy** or animal assisted therapy uses dogs, cats, and other animals as companions. Studies indicate that many people with dementia recognize animals as friendly and non-threatening, so they interact with them more readily than they do with people they don't trust. It appears that having a pet, especially one trained to be therapeutic, can reduce agitation, increase pleasure, increase physical activity, increase appetite, and lower blood pressure. People living with LBD may benefit from playing with the pet; feeding, brushing, and talking to the pet; and reminiscing about past pets.

**Nutrition Therapy** addresses the eating-related challenges faced by people living with LBD that can trigger challenging behavioral. These include cognitive issues (not being able to express needs or desires, not knowing how to use utensils, having visual-spatial challenges), behavioral and mood issues (depression, distress, agitation-related behaviors), physical problems (inability to hold utensils; tremors; vision impairment; mouth sores; gum disease; dry mouth), and environmental issues (too much stimulation, discomfort due to temperature, lighting). Care partners can follow tips to provide adequate nutrition and hydration while making mealtimes easier and more enjoyable.

**Light Therapy** is used to treat behavioral symptoms (particularly sundowning), sleep disorders, and depression when existing light alone is not enough to sustain a good mood and higher levels of energy. The person can do usual activities near a light box. This needs to be done regularly, at the same time, for the same duration, and at the same intensity.

**Validation Therapy** is based on accepting the reality of the person living with LBD. Rather than argue or try to reason with the person, the care partner acknowledges the reality of what the person is saying without disagreeing or presenting a reality that the person with LBD cannot understand. The goal is to avoid direct confrontation, decreasing an agitated or aggressive response.

**Support groups** allow people with LBD and their care partners to share experiences, express their frustrations, and gain insight from others. Most groups have facilitators to help people get emotional and social support.

**Individual and family therapy** helps people living with LBD and their families learn how to manage behavioral and mood symptoms and to develop strategies to address their specific needs.

*See Behavioral Changes in Lewy Body Dementia. Care Brief #7 for additional resources on this topic.*

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 judgement regarding the content and use of this information.