

## 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](http://www.lbda.org).

	<b>Cognitive Symptoms</b>
	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
	<b>Fluctuations</b>
	Fluctuating levels of concentration and attention
	Unexplained episodes of confusion
	Excessive daytime sleepiness
	<b>Parkinson's-like Symptoms</b>
	Rigidity or stiffness
	Shuffling walk
	Tremor
	Slowness of movement
	<b>Behavior and Mood Changes</b>
	Hallucinations - Seeing things that are not really present
	<b>Sleep Concerns</b>
	Acting out dreams during sleep, sometimes violently, falling out of bed

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.

**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).*** The other form of LBD is Parkinson's disease dementia (PDD).

Please see Page 2 for a summary of the diagnostic criteria for DLB, which was revised in 2017.



### For Physicians:

<b>2017 Revised Diagnostic Criteria for Dementia with Lewy Bodies</b>	
<p><b>Full version available via open access:</b> McKeith IG, Boeve BF, Dickson DW, et al. Diagnosis and management of dementia with Lewy bodies: Fourth consensus report of the DLB Consortium. <i>Neurology</i>. 2017 Jul 4;89(1):88-100.</p> <p><b>When diagnosing DLB, use ICD 9 = 331.82; ICD 10 = G31.83 [F02.80 without behavioral features or F02-81 with behavioral features].</b></p>	
<p><b>Dementia in DLB:</b> Patient must exhibit a progressive cognitive decline of sufficient magnitude to interfere with normal social or occupational functions, or with usual daily activities. Deficits on tests of attention, executive function and visuo-perceptual ability may be especially prominent and occur early. Prominent or persistent memory impairment may not necessarily occur in the early stages but is usually evident with progression. When making a dementia diagnosis, check for medication side effects that may mimic LBD symptoms. <i>A referral to a neurologist is recommended for a differential diagnosis.</i></p> <p><b>Probable DLB</b> requires <b>dementia plus:</b> 2 or more core clinical features below <b>OR</b> 1 core clinical feature <b>plus</b> 1 or more positive indicative biomarkers below. (DLB should not be diagnosed on the basis of biomarkers alone.)</p> <p><b>Possible DLB</b> requires <b>dementia plus:</b> 1 core clinical feature below <b>OR</b> 1 or more positive indicative biomarkers.</p>	
<b>Core clinical features</b>	<b>Indicative biomarkers</b>
<p><b>Fluctuating cognition</b> may present as pronounced variations in attention and alertness.</p> <p><b>Recurrent visual hallucinations</b> are usually well formed and detailed.</p> <p><b>REM sleep behavior disorder (RBD)</b> (acting out dreams) may precede cognitive decline by several or many years.</p> <p><b>One or more spontaneous cardinal feature of parkinsonism,</b> specifically slowness of movement or reduced in amplitude or speed, resting tremor, or rigidity.</p>	<p>Reduced dopamine transporter (DaT) uptake in basal ganglia via SPECT or PET</p> <p>Abnormal results on <sup>123</sup>Iodine-MIBG myocardial scintigraphy</p> <p>Polysomnographic evidence of REM sleep without atonia</p>
<p><b>Supportive clinical features and biomarkers are also helpful signposts of DLB:</b></p> <p>Two new clinical features were added in 2017: anosmia and excessive daytime sleepiness. Other supportive symptoms include severe sensitivity to antipsychotic agents; postural instability; repeated falls; syncope or other transient episodes of unresponsiveness; severe autonomic dysfunction e.g. constipation, orthostatic hypotension, urinary incontinence; hallucinations in other modalities; systematized delusions; apathy, anxiety and depression.</p> <p>Supportive biomarkers include relative preservation of medial temporal lobe structures on CT/MRI scan, generalized low uptake on SPECT/PET perfusion/metabolism scan with reduced occipital activity +/- the cingulate island sign on FDG-PET imaging, and prominent posterior slow wave activity on EEG with periodic fluctuations in the pre-alpha/theta range.</p>	

**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

