Navigating LBD: Is This a Crisis?

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Housekeeping Notes

• All attendee lines are automatically muted.
• This webinar is being recorded and will be posted on LBDA’s Youtube page.
• Throughout the event, please submit your questions using the “Q&A” option.
About our Presenters

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  • Psychiatrist at the Parkinson’s Disease Research, Education and Clinical Center (PADRECC) at the Philadelphia Veterans Affairs (VA) Medical Center.
  • Co-investigator for the LBDA Research Center of Excellence and member of LBDA’s Scientific Advisory Council

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Scenarios

- Psychosis
- Agitation and insomnia
- Delirium
- REM sleep behavior disorder (RBD)
- Antipsychotic sensitivity
- Serotonin syndrome
- Severe anxiety
- Paradoxical activation (benzodiazepines)
Psychosis

Avoid confrontation or challenging, but also don’t endorse symptoms

Differentiate chronic from acute psychosis, the latter more likely to be delirium

If antipsychotics used, should be atypical antipsychotics (e.g., quetiapine)

Need for ongoing antipsychotic treatment should be re-evaluated
Agitation and Insomnia

Often occurs in context of other psychiatric symptoms

- Such as psychosis, anxiety, depression

Agitation

- Medications used are antidepressants, antipsychotics, mood stabilizers, as needed benzodiazepines

Insomnia

- Trazodone most commonly used medication for insomnia
- Melatonin and mirtazapine can also be used
- Benzodiazepines and other sedative-hypnotics have to be used very cautiously, and typically for short-term (NOTE: Beware sedation, confusion, balance problems)
Delirium

Reversible cause of changes in alertness, attention, agitation, psychosis

Mindful also of medications with anticholinergic properties leading to delirium

Behavioral / cognitive symptoms can take a long time to resolve after cause addressed

Antipsychotics are still treatment of choice, although effect unclear
REM Sleep Behavior Disorder

Different than psychosis

• Psychosis happens during waking state

Patient typically unaware

• Bed partner usually suffers the most

No adequate treatment trials

• Clonazepam first-line treatment, but caution when using in dementia patient
• Melatonin also used
Antipsychotic Sensitivity

Also called neuroleptic malignant syndrome

- Fever, altered mental status, rigidity, autonomic changes

Greatest concern for dementia with Lewy bodies (DLB) patients

Thought to happen with typical (i.e., older) compared with atypical (i.e., new antipsychotics)

Actual literature on this sparse
Serotonin Syndrome

Potential interaction with MAO-B inhibitor (selegiline, rasagiline) and any antidepressant
- Due to excess of serotonin

Medical emergency when it occurs
- Mental status changes, rigidity, fever

Appears to be rare
Severe Anxiety

Anxiety can be more disabling than depression in Lewy body dementia

Sometimes occurs when patient unable to perform cognitively

Can also happen in social situations, when left alone

Primary medications are antidepressants, then benzodiazepines and antipsychotics
Paradoxical Activation

Also called paradoxical reaction

Occurs with benzodiazepines

Instead of sedating effect, patient develops psychomotor agitation instead, with increased talking, emotions and activity

Also happens uncommonly
Q & A

• Type your questions for today’s presenters into the Q&A box.

• Our moderator will ask as many as possible within the allotted time.
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