

## BEHAVIORAL CHANGES IN LEWY BODY DEMENTIA Care Brief #6 – Medications for Behavioral Changes in LBD

People living with Lewy body dementia (LBD) may exhibit one or more of the following behavioral changes: psychosis (hallucinations; illusions; delusions, including paranoia, misidentification, Capgras syndrome, and reduplicative paramnesia; disinhibition; wandering; catastrophic reactions; and verbal and physical agitation) and mood or affective changes (depression, apathy, anxiety). (See *Care Briefs #1 -2 for definitions, descriptions, examples, and causes.*) Treatments should be tailored to each person's unique needs. Non-medication treatments should be the first line of treatment (See *Care Briefs #3-5*). A physician with experience managing LBD-related behavioral changes may add drug treatment if needed. ***This Care Brief summarizes things to know about LBD treatments, in general; when to consider medication to treat behavioral and mood changes; medications that may reduce behavioral and mood changes; and medications that should be avoided or used with caution.***

***Things to know about LBD treatments, in general*** - Before considering what medications might help manage behavioral and mood symptoms, care partners should know the following:

- There are currently no medications that slow or stop the progression of LBD. However, there are drugs that may help with symptoms, including behavior and mood changes.
- No medications are approved by the U.S. Food and Drug Administration (FDA) to treat any symptom of dementia with Lewy bodies (DLB); only one, rivastigmine/Exelon, is approved to treat cognition in Parkinson's disease dementia (PDD). However, FDA-approved medications for other disorders such as Alzheimer's disease and Parkinson's disease are sometimes prescribed "off-label" in LBD.
- Some drugs prescribed to manage one LBD symptom can worsen others, so it is important to be aware of potential side effects and monitor for them. For example, drugs to treat movement symptoms may increase hallucinations and delusions. Significant caution is warranted in using antipsychotics, as noted below, because of their potential to worsen other symptoms such as Parkinsonism.
- The general rule is to start with a low dosage of a medication, increase the dosage slowly, monitor for effects (both positive and negative), adjust as needed, and periodically re-evaluate the need for its ongoing use.
- People living with LBD and their care partners should learn about a drug before it is started, discuss risks and benefits with the doctor, and keep a list of all current and previously used medications with their observed side effects.

***When to consider medication to treat behavioral and mood changes*** - Medication should be used to treat behavioral changes **only** when at least one of the following questions can be answered "yes" **after** non-medication strategies been tried without sufficient results.

- Does the behavior interfere with the person's care in a meaningful way?
- Does the behavior interfere with the person's safety or quality of life?
- Does the behavior interfere with someone else's safety or quality of life?

### ***Medications that may be helpful in reducing behavioral and mood changes in LBD***

- ***Acetylcholinesterase inhibitors*** (primarily donepezil/Aricept or rivastigmine/Exelon) are typically used to treat cognitive symptoms of LBD, but preliminary evidence suggests they may also help with behavioral and mood symptoms. As such, they are a first-line strategy. Side effects may include slightly slowed heart rate, lightheadedness or tremor.

- **Memantine/Namenda** may be effective in improving behavioral symptoms according to preliminary research. It is often prescribed with one of the acetylcholinesterase inhibitors.
- **Antidepressants** are used to treat depression, anxiety, and other mood symptoms. Only certain classes of antidepressants are typically prescribed for people with LBD, as tricyclic antidepressants should be avoided.
  - **SSRI (selective serotonin reuptake inhibitors)** such as citalopram hydrobromide/Celexa, paroxetine/Paxil, and sertraline/Zoloft.
  - **SNRI (serotonin-norepinephrine reuptake inhibitors)** such as duloxetine/Cymbalta and venlafaxine/ Effexor.
  - **An atypical serotonin antidepressant**, mirtazapine/Remeron.
- **Atypical antipsychotics** are a newer generation of antipsychotic drugs that differ from traditional (typical) antipsychotic drugs in their pharmacological action. An FDA “black box warning” highlights a low, but increased, risk of serious adverse events including stroke and death in persons with any form of dementia-related psychosis. These medications can also cause cardiac rhythm disturbances.
  - **Quetiapine/Seroquel** is preferred by some LBD experts when non-drug and drugs other than antipsychotics are not effective. Side effects may include sedation, autonomic symptoms such as lightheadedness; at higher doses it may worsen motor function.
  - If quetiapine is not tolerated or is not helpful, **clozapine/Clozaril** may be considered, but requires ongoing blood tests to avoid a rare but serious blood condition (low white blood cell count). Monitoring for sedation and low blood pressure is also recommended.
  - In very rare cases, a condition called neuroleptic malignant syndrome may occur. Symptoms of this acute, emergency condition include high fever, muscle rigidity, and muscle tissue breakdown that can lead to kidney failure.
- **Pimavanserin/Nuplazid** was approved in 2016 to treat hallucinations and delusions associated with psychosis in Parkinson’s disease, but it was not specifically tested in people with Parkinson’s disease dementia or dementia with Lewy bodies. As there is no data on its safety and efficacy in people with LBD, further research is needed. The most common side effects are swelling, usually of the ankles, legs, and feet; nausea; and increased confusion. This medication carries the same FDA “black box warning” for use in patients with dementia-related psychosis.

#### **Medications to USE WITH CAUTION**

**Benzodiazepines**, including lorazepam/Ativan, diazepam/Valium and alprazolam/Xanax are sometimes prescribed for anxiety and agitation, but they may cause sedation, confusion, unsteady gait, or paradoxical agitation in people with LBD. Low and cautious dosages, and as-needed use (instead of scheduled use) are advised. One medication in this class, clonazepam/Klonopin may be used conservatively in LBD to treat REM sleep behavior disorder (RBD).

#### **Medications to AVOID**

- **Traditional antipsychotics** – also called neuroleptics (chlorpromazine/Thorazine, droperidol/Inapsine which is typically used to treat nausea, fluphenazine/Prolixin, haloperidol/Haldol, loxapine/Loxitane, thioridazine, thiothixene/Navane, and trifluoperazine/Stelazine). Drugs in this class carry the same FDA “black box warning” because there is evidence of serious side effects in older adults with dementia-related psychosis. **WARNING:** Due to the risk of severe sensitivity to antipsychotic agents, these medications should be especially avoided in LBD.
- **Some newer ‘atypical’ antipsychotics, such as risperidone/Risperdal** have a high incidence of serious side effects in individuals living with LBD, such as severe neuroleptic sensitivity reactions, worsening motor function, sleepiness, and orthostatic hypotension.
- **Tricyclic antidepressants** may worsen hallucinations and sedation, especially in elderly and cognitively impaired people. Other symptoms include cardiac rhythm disturbances and dry mouth.

*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.