LBDA
LEWY BODY DEMENTIA ASSOCIATION

Lewy Body Dementia Diagnostic Symptoms

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.

	Cognitive Symptoms
	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
	Fluctuations
	Fluctuating levels of concentration and attention
	Unexplained episodes of confusion
	Excessive daytime sleepiness
	Parkinson's-like Symptoms
	Rigidity or stiffness
	Shuffling walk
	Balance problems or repeated falls
	Tremor
	Slowness of movement
	Decrease or change in facial expression
	Change in posture
	Behavior and Mood Changes
	Hallucinations - Seeing things that are not really present
	Sleep Concerns
	Acting out dreams during sleep, sometimes violently, falling out of bed
	Reactions to Medications for Hallucinations (antipsychotics)
	Increased parkinsonism (stiffness, rigidity, etc.)
	Increased confusion
	Increased sleepiness

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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). **For DLB, use: ICD 9 = 331.82; ICD 10 = G31.83** [**F02.80** without behavioral features **or F02-81** with behavioral features].

When making a dementia diagnosis, check for medication side effects that may mimic LBD symptoms. A referral to a neurologist is recommended for a differential diagnosis.

2017 Criteria for the Clinical Diagnosis of Probable and Possible DLB

Essential for a diagnosis of DLB is dementia, defined as a progressive cognitive decline of sufficient magnitude to interfere with normal social or occupational functions, or with usual daily activities.

- Prominent or persistent memory impairment may not necessarily occur in the early stages but is usually evident with progression.
- Deficits on tests of attention, executive function and visuo-perceptual ability may be especially prominent and occur early.

Core clinical features

(NOTE: The first three typically occur early and may persist throughout the course)

- Fluctuating cognition with pronounced variations in attention and alertness.
- Recurrent visual hallucinations that are typically well formed and detailed.
- REM sleep behavior disorder (RBD) which may precede cognitive decline.
- One or more spontaneous cardinal feature of parkinsonism – these are bradykinesia (defined as slowness of movement and decrement in amplitude or speed), rest tremor, or rigidity.

Indicative biomarkers

- Reduced dopamine transporter (DaT) uptake in basal ganglia demonstrated by SPECT or PET
- Abnormal (low uptake) ^{123}iodine-MIBG myocardial scintigraphy
- Polysomnographic confirmation of REM sleep without atonia

To see examples of abnormal scan results:

McKeith IG, Boeve BF, Dickson DW, et al. Diagnosis and management of dementia with Lewy bodies: Fourth consensus report of the DLB Consortium. Neurology. 2017 Jul 4;89(1):88-100.

Supportive clinical features

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; hypersomnia; hyposmia; hallucinations in other modalities; systematized delusions; apathy, anxiety and depression.

Supportive biomarkers

- 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
- Prominent posterior slow wave activity on EEG with periodic fluctuations in the pre-alpha/theta range

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