I have a disorder of the brain known as **LEWY BODY DEMENTIA (LBD)** which could make me appear confused and have difficulty moving or speaking normally.

**Please call my family or my physician!**

Thank you to the LBDA Scientific Advisory Council for their medical review in the creation of this card.

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Emergency treatment of Psychosis in LBD

Psychotic symptoms such as visual hallucinations of people or animals, or misidentifying one’s spouse or one’s home are common in LBD. The goal of addressing these symptoms, is to ensure the safety of the patient and others.

**WARNING**
Up to 50% of patients with LBD who are treated with any antipsychotic medication may experience severe neuroleptic sensitivity (worsening condition, heavy sedation, increased or possibly irreversible parkinsonism, or symptoms resembling neuroleptic malignant syndrome, which can be fatal).

1. Identify possible etiologies of delirium, e.g., pain, infection, metabolic stress, alcohol withdrawal.

2. Reduce or eliminate anticholinergic medications, such as over-the-counter sleep agents and bladder-control medications, and reduce dopaminergic drugs used to treat Parkinson’s disease, if clinically indicated.

3. Consult with a doctor experienced in treating LBD. Cholinesterase inhibitor drugs may improve cognition and psychiatric symptoms, although such effects are not usually immediate.

4. Antipsychotic agents may be indicated if psychotic symptoms are severe and pose a significant safety risk. **AVOID traditional antipsychotic agents (e.g., haloperidol).** Newer atypical antipsychotic agents (e.g., quetiapine, clozapine) should only be used with caution at the lowest dose possible, under close supervision of a physician and a registered nurse (RN), and should be switched to a safer medication as soon as possible.

A more comprehensive physician’s guide to treating behavioral disturbances in LBD patients can be found at: [www.lbda.org/go/ER](http://www.lbda.org/go/ER)