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Lewy Line:

1-800-LEWYSOS

1-800-539-9767

The information on this card is intended for general informational use only. It is not intended to be medical advice or to take the place of competent medical professionals who are familiar with a particular patient's situation. Each individual is advised to make an independent judgment regarding the content and use of this information.

MEDICAL ALERT CARD

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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My name: _____

Address: _____

Person to call: _____

Address: _____

Phone: _____

Physician: _____

Phone: _____

Allergies: _____

Other medical conditions: _____

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