Lewy body dementia: Management Overview

- Identify key problems under domain headings such as cognition; gait, balance and movement; hallucinations; fluctuations; behavior and mood; sleep, and autonomic system dysfunction.
- Establish which problems have high priority for treatment.
- Discuss benefits and risks of treatment.
- Be aware that symptom response is variable and that benefits in one might be at the cost of worsening of others
- Individual treatments may have global benefits e.g. cholinesterase inhibitors.

COGNITIVE

Non-pharmacological

- cognitive stimulation, use of memory aids, increased social interaction and stimulation, and exercise.

Pharmacological

- **Cholinesterase inhibitors** first-line.
- **Memantine** second line.

NEUROPSYCHIATRIC

Psychosis

- Non-pharmacological includes orientation, validation, reassurance, distraction.
- May respond to **cholinesterase inhibitors** especially visual hallucinations.
- Be cautious in the use of antipsychotics.
- **Quietiapine and clozapine** are least apt to worsen parkinsonism. ⚠

Mood

- Use of **social interventions** may enhance mood.
- SSRIs or SNRIs first line ⚠
- Avoid agents with significant anti-cholinergic side effects.
  Avoid antipsychotics for non-psychotic mood disorders

SLEEP

Insomnia

- Work on **sleep hygiene.**
- **Review all medications** that could be affecting sleep.
- **Melatonin** 1 hour prior to bedtime

⚠ **Cautious consideration for other sleep aids**

REM-sleep behavior disorder

- Consider **non-pharmacological** as first-line and only treat if troublesome.
- **Melatonin is first line**

⚠ **Clonazepam** may help although **possible** side effects

Motor related sleep disturbances

- May be improved with long-acting levodopa.

Other

Evaluation for OSA

AUTONOMIC

Orthostatic hypotension

- **non-pharmacological** management e.g. compression stockings, fluid/salt intake, stand slowly.
- pharmacological e.g. fludrocortisone, midodrine, droxidopa

✕ Reduce/remove exacerbating drugs e.g. antihypertensives.

Constipation

- **Hydration and fiber intake.**
- **Stool softeners or mild laxatives like polyethylene glycol**

Gastroparesis

- **Non-pharmacological: smaller, more frequent meals**

X Avoid using metoclopramide.

Urinary dysfunction

- **Non-pharmacological** first-line e.g. pads, sheath catheter etc.

Pharmacological: based on etiology. Consideration for referral to Urology. Agents like, Mirabegron can be considered. Botox may be considered for overactive bladder. Avoid centrally acting anticholinergics.

Sexual dysfunction

⚠ **Phosphodiesterase-5 inhibitors** may be considered with caution in men

Sialorrhea

✕ Anticholinergics should not generally be used

- **Botulinum toxin injections** to salivary glands is an effective treatment

MOTOR

- Preferred pharmacological treatment of parkinsonism in LBD is **levodopa monotherapy.**
- Use **minimal dose** needed for benefit.

Monitor for potential neuropsychiatric side effects, if present:

X Withdraw in order, one at a time: anticholinergic drugs, amantadine, selegiline, dopamine agonists and catechol-O-methyltransferase inhibitors.

- Remember that LBD patients may exhibit exaggerated responses to medications.
- Severe antipsychotic sensitivity can occur in up to 50% of patients therefore use antipsychotic agents with caution.
- Review the need for drugs which can affect brain function and/or cause sedation and falls (see Beers List).
- Minimize anticholinergic burden as this may worsen cognition and behavior, and counteract cholinesterase inhibitors.