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MADISON NEUROLOGY LLC

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Neurology Care 7 days a Week. Because Your Brain Matters.

Lewy Body Dementia

Patient education guide · Neurodegenerative & Memory · Madison Neurology LLC

What is it?

Lewy body dementia (LBD) is the second most common degenerative dementia, caused by deposits of alpha-synuclein protein (Lewy bodies) in brain cells. Its signature features are fluctuating alertness, vivid visual hallucinations, REM sleep behavior disorder (acting out dreams), and Parkinson's-like movement problems alongside memory and thinking decline.

How does it happen?

The cause is unknown in most cases; age is the main risk factor, and it is slightly more common in men. It shares biology with Parkinson's disease dementia — the two are considered points on the same spectrum, distinguished mainly by whether dementia or movement problems appear first.

Common symptoms

- Fluctuating attention and alertness — good days and bad days, sometimes hour to hour
- Well-formed visual hallucinations, often of people or animals
- REM sleep behavior disorder: physically acting out dreams
- Parkinsonism: slowness, stiffness, shuffling walk
- Extreme sensitivity to antipsychotic medications (a critical safety issue)

How is it diagnosed?

Diagnosis is clinical, supported by sleep studies confirming REM behavior disorder, DaTscan imaging, and autonomic or cardiac imaging tests. MRI helps exclude other causes.

How is it treated?

Cholinesterase inhibitors (rivastigmine, donepezil) help cognition, hallucinations, and fluctuations and are usually first-line. Parkinsonism may respond cautiously to levodopa. Melatonin or clonazepam

treats dream-enactment. It is essential to avoid typical antipsychotics and to review all medications for those that worsen cognition. Exercise, routines, and caregiver education are foundational.

What does the future hold?

LBD is progressive, typically over 5-8 years, with a course often more variable than Alzheimer's. Medication review and fall/injury prevention make a large practical difference. Caregiver support is especially important given hallucinations and fluctuations.

Questions patients commonly ask

Q: Are the hallucinations dangerous?

A: They are usually not frightening to the person, but they signal the disease and should be reported; treatable triggers like infections or medications should be ruled out first.

Q: Why must certain antipsychotics be avoided?

A: People with LBD can have severe, sometimes dangerous reactions (worsening rigidity, sedation, even neuroleptic malignant syndrome) to many antipsychotics; always check with the neurology team before any such drug is given.

Q: How is this different from Alzheimer's?

A: LBD typically starts with fluctuations, hallucinations, sleep behavior changes, and movement problems, while memory loss is less prominent early.

National support groups & resources

- **Lewy Body Dementia Association** — lbda.org
- **Alzheimer's Association (24/7 Helpline)** — alz.org — 1-800-272-3900
- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org

(Organization contact details were current at the time of compilation; please verify online.)

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