Lewy body dementia: Management overview

- Identify key problems under domain headings such as cognition; gait, balance and movement; hallucinations; fluctuations; behaviour 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**
- May respond to cholinesterase inhibitors especially visual hallucinations.
- Be cautious in the use of antipsychotics.

**Mood**
- Use of social interventions may enhance mood.
- No evidence for antidepressants in LBD to treat mood therefore use pragmatically and avoid agents with significant anti-cholinergic side effects.

**SLEEP**

**Insomnia**
- Give advice on sleep hygiene.
- Review all medications that could be affecting sleep.
- Melatonin may help some.
- Z-drugs may have a role but use cautiously.

**REM-sleep behaviour disorder**
- Consider non-pharmacological as first-line and only treat if troublesome.
- Clonazepam may help although significant side effects
- Melatonin may be alternative.

**Motor related sleep disturbances**
- May be improved with long-acting levodopa.

**AUTONOMIC**

**Orthostatic hypotension**
- Non-pharmacological management e.g. compression stockings, fluid/salt intake, stand slowly etc.
- Pharmacological e.g. fludrocortisone, midodrine
- Reduce/remove exacerbating drugs e.g. antihypertensives.

**Constipation**
- Stool softeners.
- Mild laxatives/suppositories.

**Urinary dysfunction**
- Non-pharmacological first-line e.g. pads, sheath catheter etc.
- Avoid centrally acting anticholinergics.

**Gastroparesis**
- Avoid using metoclopramide.
- Domperidone can be used but is cardiotoxic.

**Sexual dysfunction**
- Phosphodiesterase-5 inhibitors may be considered with caution in men.

**Sialorrhoea**
- 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.
- 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 a high degree of caution.
- Review the need for common drugs which can affect brain function and/or cause sedation and falls.
- Minimise anticholinergic burden as this may worsen cognition and behaviour, and counteract cholinesterase inhibitors.