

- 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.