Assessment Toolkit for Dementia with Lewy Bodies

Name:	Date of testing:
Date of birth:	Tester's name:
NHS No:	Informant:

Please use this Assessment toolkit in all people with cognitive decline. Below are the diagnostic features of dementia with Lewy bodies (DLB) at two levels of confidence (probable DLB and possible DLB) and on the following pages are specific questions to assist in the identification of the core and suggestive features of DLB.

DLB Diagnostic Criteria		**Tick**
1	Clinician diagnosis of dementia (cognitive decline sufficient to interfere with social/occupational function).	
2	Use screening questions below to cover the four domains of: cognitive fluctuation, visual hallucinations, RBD and parkinsonism.	
	Using your experience identify how many core and biomarker features of DLB are present (see below):	
3	**Core clinical features** • Fluctuation in cognition • Recurrent visual hallucinations • REM sleep behaviour disorder • One or more features of spontaneous parkinsonism	
4	**Indicative Biomarkers** • Dopaminergic abnormalities in basal ganglia on SPECT/PET • Low uptake on MIBG myocardial scintigraphy • Polysomnography (PSG) confirmation of REM sleep without atonia	

Diagnose **Probable DLB** if either 2 core features are identified or 1 core and 1 indicative biomarker feature.	
Diagnose **Possible DLB** if any one feature is present. In such circumstances consider whether to refer subject for a dopaminergic SPECT scan (DaTSCAN), or MIBG or PSG, depending on local availability.	

Other Diagnoses				
Parkinson's Disease Dementia (PDD) (PD >1 yr before cognitive symptoms)				
Alzheimer's Disease				
Other Dementia				
MCI				
Patient informed of diagnosis.	**Yes**		**No**	

Questions to Identify Symptoms of DLB

Please respond to each of the questions below, asking carer or patient as appropriate.

Cognitive Fluctuation (to carer)

If two or more of these are answered 'Yes' the subject is highly likely to have cognitive fluctuation

1	Does the patient show moderate changes in their level of functioning during the day?	**Yes**		**No**	
2	Between getting up in the morning and going to bed at night, does the patient spend more than one hour sleeping?	**Yes**		**No**	
3	Is the patient drowsy and lethargic for more than one hour during the day, despite getting their usual amount of sleep the night before?	**Yes**		**No**	
4	Is it moderately difficult to arouse the patient so they maintain attention through the day?	**Yes**		**No**	

REM Sleep Disorder
(to carer = bed partner)

Have you ever seen the patient appear to ''act out his/her dreams'' while sleeping (punched or flailed arms in the air, shouted or screamed)?	**Yes**		**No**	

If answered affirmatively, then RBD is highly likely to be present.

REM Sleep Disorder
(to patient <u>only</u> if no bed partner and they have sufficient cognitive ability to be confident their answer is reliable)

Have you ever been told that you seem to "act out your dreams" while sleeping (punched or flailed arms in the air, shouted or screamed)?	**Yes**		**No**	

Visual Hallucinations

For the participant: Some people see things that other people cannot see.

1	Do you feel like your eyes ever play tricks on you?	**Yes**		**No**	
2	Have you ever seen something (or things) that other people could not see?	**Yes**		**No**	

For the carer:

1	Does the patient have hallucinations such as seeing false visions?	**Yes**		**No**	
2	Does he / she seem to see things that are not present?	**Yes**		**No**	

If, according to clinical judgement, visual hallucinations are present, determine as far as possible their frequency and recurrence. As a guide, visual hallucinations associated with DLB should not only occur during delirium, and are often recurrent over a period of months.

Assessment of Parkinsonism (5-item UPDRS)

Parkinsonism in DLB requires the presence of at least one of bradykinesia, rest tremor or rigidity. The 5-item UPDRS is a brief and validated scale for identifying parkinsonism in DLB (See below for further details)

REST TREMOR OF THE HANDS			
Normal	No tremor.	0	
Slight	Tremor is present but less than 1 cm in amplitude.	1	
Mild	Tremor is at least 1 but less than 3 cm in amplitude.	2	
Moderate	Tremor is at least 3 but less than 10 cm in amplitude.	3	
Severe	Tremor is at least 10 cm in amplitude.	4	
KINETIC TREMOR OF THE HANDS			
Normal	No tremor.	0	
Slight	Tremor is present but less than 1 cm in amplitude.	1	
Mild	Tremor is at least 1 but less than 3 cm in amplitude.	2	
Moderate	Tremor is at least 3 but less than 10 cm in amplitude.	3	
Severe	Tremor is at least 10 cm in amplitude.	4	
FACIAL EXPRESSION			
Normal	Normal facial expression.	0	
Slight	Minimal masked facies manifested only by decreased frequency of blinking.	1	
Mild	In addition to decreased eye-blink frequency, masked facies present in the lower face as well, namely fewer movements around the mouth, such as less spontaneous smiling, but lips not parted.	2	
Moderate	Masked facies with lips parted some of the time when the mouth is at rest.	3	
Severe	Masked facies with lips parted most of the time when the mouth is at rest.	4	
GLOBAL SPONTANEITY OF MOVEMENT (BODY BRADYKINESIA)			
Normal	No problems.	0	
Slight	Slight global slowness and poverty of spontaneous movements.	1	
Mild	Mild global slowness and poverty of spontaneous movements.	2	
Moderate	Moderate global slowness and poverty of spontaneous movements.	3	
Severe	Severe global slowness and poverty of spontaneous movements.	4	
RIGIDITY			
Normal	No rigidity.	0	
Slight	Rigidity only detected with activation manoeuvre.	1	
Mild	Rigidity detected without the activation manoeuvre, but full range of motion is easily achieved.	2	
Moderate	Rigidity detected without the activation manoeuvre; full range of motion is achieved with effort.	3	
Severe	Rigidity detected without the activation manoeuvre and full range of motion not achieved.	4	

Total 5-item UPDRS Score =				
Is Parkinsonism present? (Use clinical judgement but for guidance a score >7 suggests significant parkinsonism is present, though a high score (>2) in a single domain may be sufficient to meet criteria)	**Yes**		**No**	

Appendix: Instructions for Assessing Parkinsonism (from UPDRS)

REST TREMOR OF THE HANDS

Score the maximum amplitude that is seen at any time during the interview. As part of this rating the patient should sit quietly in a chair with the hands placed on the arms of the chair for 10 seconds with no other directives.

KINETIC TREMOR OF THE HANDS

This is tested by the finger-to-nose maneuver. With the arm starting from the outstretched position, have the patient perform at least three finger-to-nose maneuvers with each hand reaching as far as possible to touch the examiner's finger. The finger-to-nose maneuver should be performed slowly enough not to hide any tremor that could occur with very fast arm movements. Repeat with the other hand, rating each hand separately. The tremor can be present throughout the movement or as the tremor reaches either target (nose or finger). Rate the highest amplitude seen.

FACIAL EXPRESSION

Observe the patient sitting at rest for 10 seconds, without talking and also while talking. Observe eye-blink frequency, masked facies or loss of facial expression, spontaneous smiling and parting of lips.

GLOBAL SPONTANEITY OF MOVEMENT (BODY BRADYKINESIA)

This global rating combines all observations on slowness, hesitancy, and small amplitude and poverty of movement in general, including a reduction of gesturing and of crossing the legs. This assessment is based on the examiner's global impression after observing for spontaneous gestures while sitting, and the nature of arising and walking.

RIGIDITY

Instructions to examiner: Rigidity is judged on slow passive movement of major joints with the patient in a relaxed position and the examiner manipulating the limbs and neck. First, test without an activation maneuver. Test and rate neck and each limb separately. For arms, test the wrist and elbow joints simultaneously. For legs, test the hip and knee joints simultaneously. If no rigidity is detected, use an activation maneuver such as tapping fingers, fist opening/closing, or heel tapping in a limb not being tested. Explain to the patient to go as limp as possible as you test for rigidity.