

CAREGIVING BRIEF: MEDICATIONS IN LEWY BODY DEMENTIA

Lewy body dementia (LBD) is a multi-system disease, typically requiring a comprehensive treatment approach. It may require several physicians from different specialties communicating with each other to provide optimum treatment of each symptom without worsening other LBD symptoms.

All medications prescribed for LBD are approved by the Food and Drug Administration to treat symptoms in other diseases, like Alzheimer's disease and Parkinson's disease. These medications can offer symptomatic benefits for cognitive, movement, sleep, mood and behavioral changes in LBD.

It is important to familiarize yourself with the drugs your loved one is taking. It is also recommended that you keep a list of current medications for reference when meeting with healthcare providers.

Building Your Care Team: A comprehensive treatment plan may involve medications, physical, occupational, speech or other types of therapy, and counseling. A skilled care team often can provide suggestions to help improve quality of life for both people with LBD and their caregivers. A good place to find an LBD specialist is at a dementia or movement disorders clinic in an academic medical center in your community. If such a specialist cannot be found, a general neurologist should be part of the care team. Consultation with a geriatric psychiatrist may also be recommended if behavioral symptoms become challenging to manage.

Lifestyle Modifications: While there is no way to halt or prevent Lewy body dementia (LBD), some strategies have been suggested to maintain health and help stave off memory problems in general. Recommendations include eating a healthy, balanced diet; exercising regularly; interacting with others socially; and doing activities to stimulate memory and thinking (e.g., reading, completing crossword puzzles, playing a musical instrument, etc.)

Medications: There are currently no medications that slow or stop the progression of LBD. However, there are many treatments that can help with the symptoms.

For memory and thinking, medications called acetylcholinesterase inhibitors can be prescribed. These were originally developed to treat memory in Alzheimer's disease, and include donepezil (Aricept), galantamine (Razadyne) and rivastigmine (Exelon.) These drugs sometimes help control behavior problems and hallucinations as well. Another medication that may be helpful is memantine (Namenda).

Movement symptoms may be treated with a medication used in Parkinson's disease called carbidopa/levodopa (Sinemet).

REM sleep behavior disorder (RBD) can be quite responsive to treatment. Melatonin and/or clonazepam are used to manage RBD. Diagnosing and treating all sleep disorders is important in LBD.

Mood and behavioral changes, like visual hallucinations, delusions and anxiety, are common and sometimes the most upsetting of LBD symptoms. People with LBD may have severe reactions to antipsychotic medications, so significant caution is warranted. These medications were originally developed for similar symptoms in other disorders. Sometimes, hallucinations appear suddenly or get dramatically worse for a person with LBD. This is usually caused by an unrelated problem, like pain or illness. Before treating behavioral changes, consult a physician. Identify and treat potential underlying causes, including injuries, fever, urinary tract or pulmonary infections, pressure ulcers (also called bed sores), and constipation.

IMPORTANT: *As a long term strategy, there are a number of approaches to treating behavioral changes to try BEFORE considering antipsychotic medications. Cholinesterase inhibitors, antidepressants in the ‘selective serotonin re-uptake inhibitors’ class, and non-pharmacological approaches, such as a person-centered care approach, can be helpful in reducing or preventing some disruptive behaviors.*

No antipsychotic medications are considered absolutely safe in a person with LBD, due to the high prevalence of potentially dangerous side effects. The Federal Drug Administration has ordered a “black box warning” be added to all newer “atypical” antipsychotics to highlight a low, but increased, risk of adverse cardiovascular events including stroke in persons with any form of dementia.

If using antipsychotic medications, a physician should share the risks vs. benefits of using atypical antipsychotic medications. Hallucinations must be treated very conservatively, using the lowest doses possible under careful observation for side effects. Quetiapine (Seroquel) is preferred by some LBD experts. If quetiapine is not tolerated or is not helpful, clozapine (Clozaril) should be considered, but requires ongoing blood tests to assure a rare but serious blood condition does not develop.

WARNING: Typical (traditional) antipsychotics should NOT be prescribed for people with LBD. This includes chlorpromazine (Thorazine), droperidol (Inapsine), haloperidol (Haldol), loxapine (Loxitane), thioridazine (generic only), thiothixene (Navane), trifluoperazine (Stelazine).

Other drugs, including certain over-the-counter and prescription medications, may cause sedation, motor impairment or confusion. These include sleep aids, antihistamines, and bladder control medications. Some medications used to treat motor symptoms in Parkinson’s disease (dopamine agonists) may also cause or worsen hallucinations. Benzodiazepines, including lorazepam (Ativan), diazepam (Valium), and alpraxolam (Xanax), may cause sedation, confusion or paradoxical agitation in some people with LBD.

If Surgery is Necessary: Meet with the anesthesiologist in advance of any surgery to discuss medication sensitivities and risks unique to LBD. People with LBD often respond to certain anesthetics and surgery with acute states of confusion or delirium. They may also have a sudden significant drop in functional abilities, which may or may not be permanent. When possible, conscious sedation or a spinal block may be a safer alternative.

LEARN MORE FROM LBDA:

- Treatment Options: <http://www.lbda.org/content/treatment-options>
- Treatment of Behavioral Symptoms: When to Consider Antipsychotic Medications: <http://www.lbda.org/content/treatment-behavioral-symptoms-when-consider-antipsychotic-medications-lbd#sthash.fLVr4COW.dpuf>
- Medications Glossary - Drug Classes and Medications: <http://www.lbda.org/content/medications-glossary-drug-classes-and-medications>

National Institute on Aging

- LBD: Information for Patients, Families and Professionals: <https://www.nia.nih.gov/alzheimers/publication/lewy-body-dementia/treatment-and-management>

Family Caregiver Alliance

- Caregivers’ Guide to Medications and Aging: <https://www.caregiver.org/caregivers-guide-medications-and-aging>

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