

Dementia with Lewy bodies

Dementia with Lewy bodies (DLB) is the third most common cause of dementia. It affects about 15% of people with dementia, over 100,000 people in the UK.

Some people can show features of both Alzheimer's and DLB, sometimes called mixed dementia.

DLB may also be called Lewy body disease, diffuse Lewy body disease, Lewy body variant of Alzheimer's disease, cortical Lewy body disease and senile dementia of Lewy body type.

DLB can cause common dementia symptoms, including memory loss, spatial awareness problems and a decline in problem solving skills.

There are also some more specific symptoms associated with the disease. Some of these symptoms are also seen in Parkinson's dementia.

These symptoms include:

- Changes in alertness, attention and confusion, which may be unpredictable and change from hour to hour or day to day.
- Parkinson's disease-type symptoms such as slowed movements, muscle stiffness and tremors.
- Visual hallucinations. These can involve seeing people or animals that aren't really there.
- Sleep disturbances which can cause people to move or talk in their sleep.
- Fainting, unsteadiness and falls.

DLB is a progressive condition which means symptoms get worse over time. DLB can progress slowly over several years but the speed of progression and type of symptoms can vary from person to person.

If dementia symptoms appear before or at the same time as people start to have movement problems, then a diagnosis of DLB is likely to be given.

If movement problems are present for a year or more before signs of dementia, then a diagnosis of Parkinson's dementia is likely to be given.

If your GP suspects dementia, they may refer you to a memory clinic or another specialist clinic. You will be asked about your symptoms and medical history and may have a physical check-up and a memory test. They may also send you for tests like brain scans and blood tests. Together these tests will help to identify the likely cause of the memory and thinking problems.

Brain scans such as MRI (magnetic resonance imaging) or CT (computerised tomography) can help to rule out other causes of dementia. To help make a specific diagnosis of DLB, a type of scan called a DaT scan may be used to look for changes in the brain which are more common in this type of dementia.

It is important to get the right diagnosis so that appropriate treatments and help can be given. If you are worried about your health or someone else's, you should talk to your GP

There are some treatments which can help with the symptoms of DLB.

There is some evidence that cholinesterase inhibitors used to treat Alzheimer's disease may help to improve some of the symptoms of DLB, including visual hallucinations. Antipsychotic drugs may be

used to treat agitation or aggression in dementia. However, people with DLB can have severe side effects from these drugs and so treatment should be carefully monitored.

There are also non-drug treatments which may help with some of the symptoms, such as cognitive therapies, exercises and group activities. You can discuss your treatment options with your doctor.

Living with DLB can present its challenges, but there are support organisations which can offer you help.

The Lewy Body Society provides information about DLB. To contact them visit www.lewybody.org or email info@lewybody.org.

The Lewy Body Society, in partnership with Parkinson's UK, provides individual advice for people with DLB – call a helpline advisor on **0808 800 0303**.

DLB is caused by small round clumps of a protein that build up inside nerve cells in the brain.

The protein is called alpha-synuclein and the spheres it forms are called Lewy bodies, after Dr Frederick Lewy who first observed them. The protein clumps damage the way nerve cells work and communicate. The nerve cells that are affected by Lewy bodies are in areas of the brain that control thinking, memory and movement. People with DLB can also show some changes in the brain which are typical of Alzheimer's, sometimes making it difficult to discriminate between the two conditions.

Age is the biggest known risk factor for developing dementia. This means the older someone is, the more likely they are to develop dementia.

This seems to be true for DLB too. However, there is very little evidence about the risk factors for this disease. More work is needed to identify other factors which may be involved. Research is underway to learn more about whether there is a genetic basis.

