

Dementia with Lewy Bodies Psychopathology and Evidence Based Management

Vinodkumar Gangolli^{1*} and Leena Vinod Gangolli²

¹McMaster's University, Canada

²Independent Palliative Care Consultant, India

Dementia with Lewy bodies is an under-recognized disease; it is responsible for up to 20% of all dementia cases. Accurate diagnosis is essential because the management of dementia with Lewy bodies is more complex. Alpha-synuclein, the pathological protein responsible for dementia with Lewy bodies (and Parkinson's disease), produces symptoms in multiple domains. A comprehensive treatment strategy can be achieved by treating core clinical features such as cognitive, neuropsychiatric, movement, autonomic, and sleep categories. Invariably the treatment of one set of symptoms can cause complications in other symptom domains, but a comprehensive treatment program can greatly improve the patient's quality of life, but does not alter the progression of disease. Cholinesterase inhibitors are effective for cognitive and neuropsychiatric symptoms; Special care needs to be taken to avoid potentially fatal idiopathic reactions to neuroleptic medications; these should be used for short periods only when absolutely necessary and when alternative treatments have failed. Pimavanserin, a selective serotonin 5-HT_{2A} inverse agonist, holds promise as an alternative therapy for synuclein-associated psychosis. Levodopa/carbidopa treatment of Parkinsonism is often limited by dopa-induced exacerbations of neuropsychiatric and cognitive symptoms. Autonomic symptoms are under-recognized complications of synucleinopathy. Constipation, urinary symptoms and postural hypotension respond to standard medications. Rapid eye movement sleep behavior disorder is highly specific (98%) to the synucleinopathies. Non-pharmacological treatments, melatonin and clonazepam are all effective.

Biography:

Dr. Vinodkumar Gangolli is a Fellow of the Royal College of Physicians and Surgeons of Canada, a Member of the Royal College of Psychiatrists, London, England, and is Board certified in Psychiatry and Geriatric Psychiatry by the American Board of Psychiatry and Neurology, Chicago, USA. He holds the post of Assistant Clinical Professor of Psychiatry (adjunct), in the Department of Psychiatry and Behavioral Neurosciences, McMaster University, Hamilton, Ontario, Canada. He is also a Consultant Psychiatrist in the Department of Psychiatry, Grand River Hospital Corp., Kitchener, Ontario, Canada and Dean of Academics at Masina Hospital, Byculla, Mumbai, India. He is a member of WHO ICD-11 Consultation group of Mental and Behavioral Disorders in Older Adults, Geneva, Switzerland.