1-102 Lewy Body Dementia

TIPS Question:

Resident has been diagnosed with Lewy Body Dementia and experiencing hallucinations/delusions – picking things out of the air and voiding inappropriately. Started on low dose of Seroquel BID and is to receive Ativan 1 mg when experiencing hallucinations and agitation. Ativan increased behaviour – hallucinations and agitation. What suggestions do you have re medication regime for Lewy Body Dementia and steps to provide best care strategies.

Response:

You are correct that people suffering from Dementia with Lewy Body (DLB) are exquisitely sensitive to antipsychotics so one feels quite helpless to relieve their torment (a summary of DLB appears in the Mental Health Disorders section of your P.I.E.C.E.S. resource manual).

Features include fluctuation cognitive impairment, psychosis, mood disorder, sleep disturbance, extra pyramidal motor disturbance, syncope, falls and early onset of incontinence. Both typical and atypical antipsychotics carry the risk of adverse reactions with increased parkinsonism, confusion or both.

Recent research, however, has supported the use of cognitive enhancers (cholinesterase inhibitors) in managing behavioural disturbance related to DLB. Individuals with DLB have, in fact, been shown to have a significant choline deficiency thus the use of a cholinesterase inhibitor. There use could be considered as part of the treatment plan, along with support and reassurance. As with any initiation of a new medication in the elderly, a direct care staff must observe closely for any deterioration in function, which could be indicative of delirium. A review of the delirium section of your manual can be helpful to reinforce those signs and symptoms. In addition a review of the side effects of the cognitive enhancers (remember the acronym MIND) will assist you in your observations.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*