Lewy Body Dementia Unit
Massachusetts General Hospital

The Lewy Body Dementia Unit coordinates clinical care and research for patients with Lewy Body Dementia and is a Research Center of Excellence of the Lewy Body Dementia Association.

Directed by Stephen Gomperts, MD, PhD

What is Lewy Body Dementia?

Lewy body dementia (LBD) is a progressive brain disorder that occurs when there is an abnormal buildup of a normal protein found in the brain. These abnormal deposits are known as Lewy bodies; the deposits build up in parts of the brain that affect cognition, behavior, and movement. LBD is an umbrella term that encompasses the diagnoses of dementia with Lewy bodies (DLB) and Parkinson’s disease dementia (PDD).

How common is Lewy Body Dementia?

LBD is the second most common cause of dementia after Alzheimer’s disease, affecting approximately 1.3 million individuals in the United States alone. Many health experts believe that LBD is widely underdiagnosed.

Contact Us

If you would like to learn more about Lewy Body Dementia, please contact the Massachusetts General Hospital Lewy Body Dementia Unit:

(617) 726-5532
What are the signs and symptoms of Lewy Body Dementia?

LBD presents with changes in behavior, thinking, and perception. With respect to behavior, individuals will often develop problems with moving, including slowing of movement, stiffness, tremor, gait changes, and imbalance. With respect to thinking, individuals often develop problems with multitasking, problem solving, visual spatial skills, and short-term memory. With respect to perception, individuals often develop visual hallucinations of people or animals and may have prominent fluctuations in their alertness and ability to concentrate. In addition, many individuals with LBD (or PD) will act out their dreams, which can be an early symptom.

What’s the difference between LBD, Parkinson’s disease, and Alzheimer’s disease?

Parkinson’s disease dementia (PDD) is a type of LBD. PDD occurs when a person with Parkinson’s disease (PD) progresses to have symptoms that affect their memory and thinking more than a year after being diagnosed with PD. If a person with motor changes suggestive of PD (known as parkinsonism) develops cognitive symptoms prior to or within a year of developing these motor changes, then LBD is diagnosed. Not all people with PD will develop PDD.

LBD and Alzheimer’s disease (AD) are both forms of dementia. AD is characterized by amyloid plaques and neurofibrillary tangles in the brain. LBD is characterized by the buildup of Lewy bodies in the brain.

Is there a treatment for Lewy Body Dementia?

There is no cure for LBD. Treatments may offer symptomatic relief to help with moving, thinking, hallucinations, and sleep behaviors, but these do not arrest or reverse the disease. Your doctor may want to discuss clinical trials as an option. For more information on clinical trials for LBD please contact lwernick@mgh.harvard.edu or call 617-278-0383.

Are there certain medications to avoid with Lewy Body Dementia?

Yes. Certain medications can be harmful to patients with LBD. One critical clinical feature of LBD is hypersensitivity to neuroleptic and antiemetic medications. These drugs (such as haloperidol) can cause worsening parkinsonism, life-threatening muscle rigidity, and an increased risk of death. In addition, benzodiazepines, anticholinergics, surgical anesthetics, some antidepressants, over the counter cold remedies, and sleep aids can cause worsening confusion, delusions and hallucinations.

Where can I learn more about Lewy Body Dementia?

The Lewy Body Dementia Association (LBDA) provides information, support, resources, and research opportunities. At Massachusetts General Hospital, the Lewy Body Dementia Unit, directed by Stephen Gomperts, MD, PhD, coordinates clinical care and research for patients with LBD and is a Research Center of Excellence of the LBDA. To contact the Massachusetts General Hospital Lewy Body Dementia Unit, please call (617) 726-5532.