



# LEWY BODY DEMENTIA UNIT

## Massachusetts General Hospital

The Lewy Body Dementia Unit coordinates clinical care and research for patients with Lewy Body Dementia. It is a Lewy Body Dementia Association Research Center of Excellence and is directed by Stephen Gomperts, MD, PhD.

### What is Lewy Body Dementia (LBD)?

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 LBD?

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 under diagnosed.



## Contact Us

To learn more about Lewy Body Dementia contact the Massachusetts General Hospital Lewy Body Dementia Unit.

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617-726-1728

## **What are the signs and symptoms of LBD?**

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, tremors, 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 perceptions, 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, Parkinsons 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.

## **Is there a treatment for LBD?**

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. To learn more about clinical trials for LBD, contact [epeterec@mgh.harvard.edu](mailto:epeterec@mgh.harvard.edu) or call 617-278-1728.

## **Should certain medications be avoided with LBD?**

Yes. Some medications can be harmful to LBD patients. One critical clinical feature of LBD is hypersensitivity to neuroleptic and antiemetic medications. These drugs can cause worsening Parkinsonism, life-threatening muscle rigidity, and increased risk of death. Additionally, benzodiazepines, anticholinergics, some antidepressants, over the counter cold remedies and sleep aides can worsen confusion, delusion and hallucinations.

## **Where can I learn more about LBD?**

The Lewy Body Dementia Association (LBDA) provides information, support, resources and research opportunities. The Massachusetts General Hospital LBD Unit coordinates clinical care for patients with LBD. To contact the Unit, call: 617-726-1728.