

## Contact us

For more information or advice; talk to a member of staff or contact the:

### **Alzheimer's Society**

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[alzheimers.org.uk/factsheets](http://alzheimers.org.uk/factsheets)

For information on Trust Services, visit  
[www.awp.nhs.uk](http://www.awp.nhs.uk)

## PALS

To make a comment, raise a concern or make a complaint, please contact the Trust's Patient Advice and Liaison Service (PALS).

Tel: 012401225 362900  
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Avon and Wiltshire Mental  
Health Partnership  
NHS Trust

# Dementia with Lewy bodies

**This leaflet briefly explains what dementia with Lewy bodies is, how it affects a person and how it is managed**



This leaflet can be provided in other languages or formats, such as large print, audio or easy read on request. Contact 01249 468261

## Dementia with Lewy bodies (DLB)

This is a form of dementia that shares characteristics with both Alzheimer's and Parkinson's diseases. It accounts for around 10% of all cases of dementia in older people and affects men and women equally.

As with all forms of dementia it is more common in people over the age of 65.

### What are Lewy bodies?

'Lewy' bodies, (named after the doctor who first identified the illness) are tiny, spherical protein deposits found in nerve cells. Their presence in the brain disrupts the brain's normal functioning and interrupts the action of important chemical messengers, including acetylcholine and dopamine.

Researchers have yet to understand fully why Lewy bodies occur in the brain and how they cause damage. Lewy bodies are present in the brains of people with Parkinson's but not everyone with Parkinson's disease develops a dementia,

### What are the symptoms?

Dementia with Lewy bodies is a progressive disease. This means that symptoms will become worse over time.

The symptoms are:

**Fluctuations in thinking ability:** These will be noticeable to those who are close to the person. At times the person will be alert and then have sudden severe episodes of confusion, which may last hours or days.

**Detailed and convincing visual hallucination** (seeing things that are not there). These are more pronounced when the person is most confused. They are not necessarily frightening to the person.

**Sleep disorder** - Falling asleep easily by day, restless and disturbed nights with confusion, nightmares and hallucinations. During periods of sleep, the person will move, gesture and/or speak.

**Fainting, falling** or having funny turns.

### How is it diagnosed?

DLB can be difficult to diagnose, and this should usually be done by a specialist. People with DLB are often mistakenly diagnosed as having Alzheimer's disease or vascular dementia instead. The diagnosis is made on the basis of the symptoms; especially visual hallucinations, fluctuations in thinking ability, adverse reaction to some medications and the presence of the stiffness and trembling of Parkinson's.

### How is it treated?

At present, there is no cure for DLB. Symptoms like hallucinations may reduce if challenged, but it can be unhelpful to try to convince the person that there is nothing there. It is often better to try to provide reassurance and other distractions.

Research suggests that cholinesterase inhibitor drugs used to treat Alzheimer's disease may also be useful in treating DLB. NICE Guidelines suggest that these drugs should be considered for 'people with DLB whose do not have symptoms that thinking abilities are affected causing significant distress to the individual, or leading to challenging behaviour.