

# Letter to the Editor Regarding: Practical Treatment of Lewy Body Disease in the Clinic: Patient and Physician Perspectives

Maksymilian Aleksander Brzezicki · Matthew David Kobetić

Received: February 11, 2018 / Published online: April 27, 2018  
© The Author(s) 2018

**Keywords:** Cognitive neurology; Dementia with Lewy bodies; Neurodegeneration; Patient experience

## INTRODUCTION

It was a pleasure to read an interesting case of a patient with Lewy body dementia (DLB), published in *Neurology and Therapy* recently [1]. The author shared an insightful story of how the treatment of this disease affects the patient's wellbeing and the different pharmacological interventions that he had experienced. Especially interesting was the patient's account of the progression of DLB, and how the doctors empowered him to feel better about himself, as

---

Letter to the Editor regarding the article by Londos, E., *Neurol Ther* (2017) <https://doi.org/10.1007/s40120-017-0090-8>.

---

**Enhanced Digital Content** To view enhanced digital content for this article, go to <https://doi.org/10.6084/m9.figshare.6096989>.

---

M. A. Brzezicki (✉)  
Bristol Institute of Clinical Neurosciences,  
Southmead Hospital, University of Bristol, Bristol,  
UK  
e-mail: mbrzezicki@neurologicalsociety.org

M. D. Kobetić  
Faculty of Health Sciences, University of Bristol,  
Bristol, UK

well as encouraged him to participate in board meetings and take up walking exercises.

Despite numerous publications on the natural history and progression of DLB in the literature, the actual coping mechanisms of the patients with DLB is not very well described. Indeed, most of the already scarce medical literature reports on the caregivers' or spouses' experiences in a quantitative manner [2, 3].

## DIFFERENCES IN THE LITERATURE

Another interesting fact is that the patient's account was in stark contrast with a previously reported qualitative study [4]. Ducharme et al. described a fear of progressive deterioration and dependence in DLB, and the associated grievances of the loss of function, especially in the work context. The patient featured in the Londos paper, however, seemed to be coping very well with work-related activities and could maintain a leadership position in his company. Indeed, being highly functional in this aspect was a motivating factor in maintaining his self-care regimen. This also eliminated a problem of financial sustainability: a common theme of many patients' worries.

The patients and their spouses from the Ducharme paper were also very concerned about the future and the uncertainty of DLB progression. This did not emerge in either of the

interviews presented by Londos and was not reported as a major issue.

We believe that the reason for these discrepancies lies in the psychological treatment and a positive approach to the outlook, applied by the doctors in Skane University Hospital. The ability to shift the nihilistic paradigm in patients with DLB is a vital clinical skill and, as shown in the paper, could provide for a complete change in the patient's experience.

## TREATMENT OPTIONS

Londos also described different pharmacological treatments used during the disease. A systematic regimen was proposed for introducing and changing drugs to account for changes in the disease states.

Whilst being a useful insight, we believe that the paper lacks the diagnostic considerations connected with DLB. Londos did not describe the process of making the decision and the uncertainty connected with the evaluation of the dementia subtypes. As reported in the literature [2, 3, 5], this could be one of the most stressful experiences and it would be very interesting to learn about how it affected the described patient and his wife.

Indeed, the diagnosis of DLB is very difficult to make. Even with the updated diagnostic criteria [6], the symptoms could easily be in keeping with Parkinson's disease, Alzheimer's disease or depressive disorder (Fig. 1). It is also worth noting that the pharmacotherapy options reported in this case could be used to treat a whole range of the differential diagnoses of DLB.

The medication was changed 14 times between June 2014 and October 2017. All alterations were driven by changes in the "worst symptom", as per the rule suggested by the author. We wonder whether these changes could reflect the diagnostic uncertainty and different pathophysiological processes that could have contributed to the overall DLB picture in this patient.

## SUMMARY

We believe that the paper was a great insight into the positive side of DLB treatment. It made many clinically useful suggestions and showed how the patient's outlook can be enhanced.

We would suggest, however, that the diagnostic considerations and uncertainties should have been explored in more detail.

Symptom	Dementia with Lewy Bodies	Alzheimer's Disease	Parkinson's Disease	Depression
"Burnout syndrome"	✓		✓	✓
Memory problems	✓	✓	✓	
REM sleep behaviour	✓		✓	
Stiffness	✓		✓	
Orthostatic hypotension	✓		✓	
Hypersomnia	✓		✓	✓
Progressive stiffness			✓	
Insomnia			✓	✓
Loss of balance	✓		✓	
Unbearable tiredness	✓		✓	✓

**Fig. 1** "Worst symptoms" that triggered a change in medication in the patient with DLB, as reported by Londos [1]. The ticks indicate whether a symptom is a common feature of a disease

We further propose that the changes in the disease and the responsiveness to pharmacotherapy may have been an indicator of the different pathophysiological processes. Considering the low specificity of DLB guidelines [6], more attention should be given to exploring dopaminergic degeneration, serotonin dysregulation, global atrophy or concurrent psychiatric pathologies.

## ACKNOWLEDGEMENTS

**Funding.** No funding or sponsorship was received for this study or publication of this article.

**Authorship.** All named authors meet the International Committee of Medical Journal Editors (ICMJE) criteria for authorship for this article, take responsibility for the integrity of the work as a whole, and have given their approval for this version to be published

**Disclosures.** Maksymilian Aleksander Brzezicki and Matthew David Kobetić declare that they have nothing to disclose.

**Compliance with ethical guidelines.** This article is based on previously conducted studies and does not contain any studies with human participants or animals performed by any of the authors.

**Open Access.** This article is distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International

License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits any noncommercial use, distribution, and reproduction in any medium, provided you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license, and indicate if changes were made.

## REFERENCES

1. Londos E. Practical treatment of Lewy body disease in the clinic: patient and physician perspectives. *Neurol Ther.* 2017. <https://doi.org/10.1007/s40120-017-0090-8>.
2. Liu S, Jin Y, Shi Z, Huo YR, Guan Y, Liu M, et al. The effects of behavioral and psychological symptoms on caregiver burden in frontotemporal dementia, Lewy body dementia, and Alzheimer's disease: clinical experience in China. *Aging Ment Health.* 2017;21:651–7.
3. Galvin JE, Duda JE, Kaufer DI, Lippa CF, Taylor A, Zarit SH. Lewy body dementia: the caregiver experience of clinical care. *Parkinsonism Relat Disord.* 2010;16:388–92.
4. Ducharme F, Kergoat M-J, Antoine P, Pasquier F, Coulombe R. The unique experience of spouses in early-onset dementia. *Am J Alzheimers Dis Dementiasr.* 2013;28:634–41.
5. Zarit S, Orr NK, Zarit JM. *The hidden victims of Alzheimer's disease: families under stress.* New York: NYU Press; 1985.
6. McKeith IG, Boeve BF, Dickson DW, Halliday G, Taylor J-P, Weintraub D, et al. Diagnosis and management of dementia with Lewy bodies. *Neurology.* 2017;89:88–100.