


Cognition in Parkinson's disease and Lewy body dementia

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Disclosures

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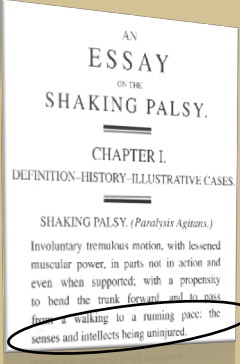
- Allergan

The Stanford Movement Disorders Center

						
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Why does a Movement Disorders Specialist care about 'non-motor' things like cognition?

"An Essay on the Shaking Palsy" James Parkinson 1817

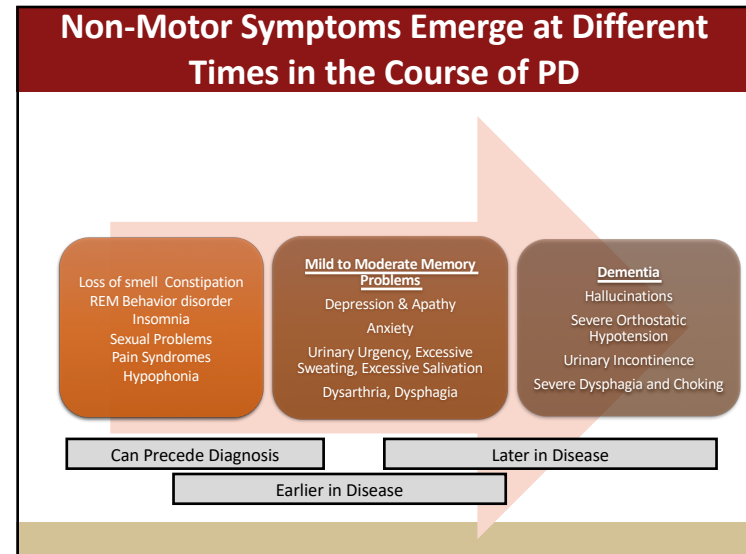


AN
ESSAY
ON THE
SHAKING PALSY.
CHAPTER I.
DEFINITION—HISTORY—ILLUSTRATIVE CASES.

SHAKING PALSY. (*Paralysis Agitans.*)
Involuntary tremulous motion, with lessened muscular power, in parts not in action and even when supported, with a propensity to bend the trunk forward, and to cast from a walking to a running pace: the senses and intellects being uninjured.

Initial description of PD stated that the "senses and intellects being uninjured"

Now, PD specialists independently assess both "Motor" and "Non-motor" symptoms

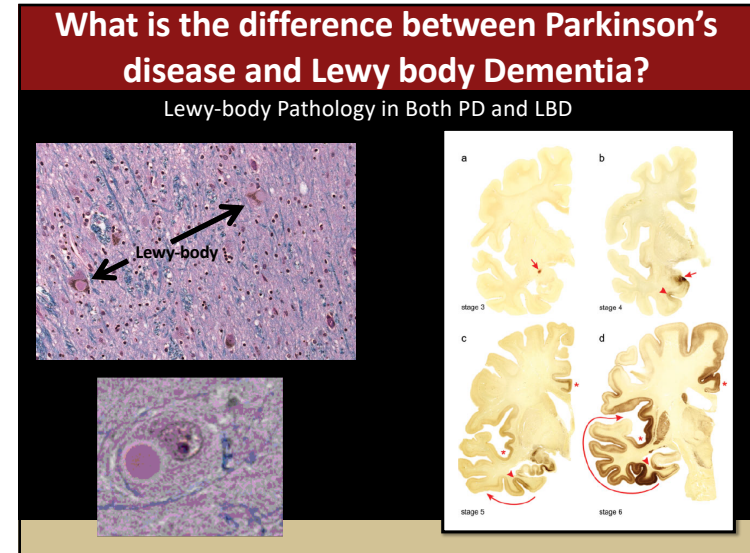
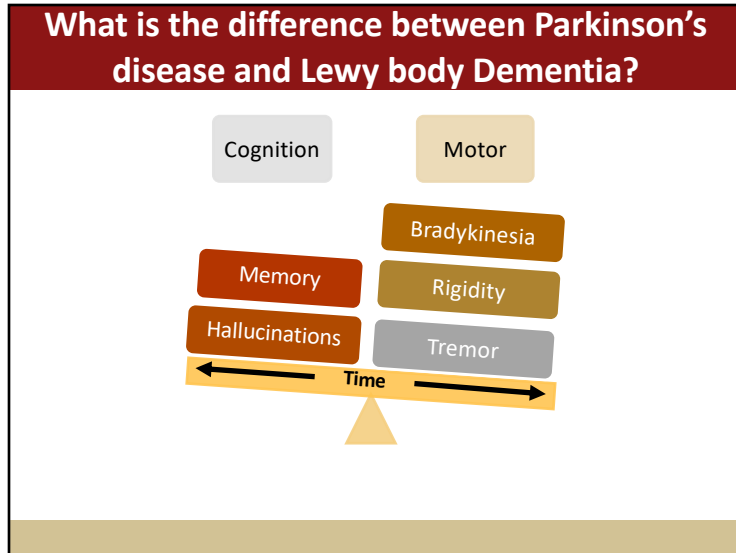


Why are Non-Motor Symptoms so difficult to understand and treat?

- The motor symptoms are more 'obvious'
- Impact of non-motor symptoms on quality of life has only been recognized by physicians for the past 15 years
- There is much more variability in the type and severity of non-motor symptoms experienced by any single patient.
- Because of this variability non-motor symptoms are harder to study.

Why is it important to treat Non-Motor symptoms?

- They can impact quality of life just as much as the motor symptoms
- They can actually WORSEN your motor and other non-motor symptoms
 - Tremor can worsen when you are constipated
 - Memory can worsen when you do not sleep or when you are anxious



What is the difference between Parkinson's disease and Lewy body Dementia?

As is currently defined:

- The **Diagnosis of PD** with cognitive impairment or Dementia should be made when memory problems develops within the context of established PD
- The **Diagnosis of LBD** is appropriate when the diagnosis of Dementia precedes or coincides within 1 year of the development of motor symptoms
- The appropriate term will depend upon the clinical situation and generic terms such as **Lewy Body Disease** (which includes both PD and LBD) are often helpful

Time to redefine LBD and PD?

VIEWPOINT

Arguing Against the Proposed Definition Changes of PD

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VIEWPOINT

Abolishing the 1-Year Rule: How Much Evidence Will Be Enough?

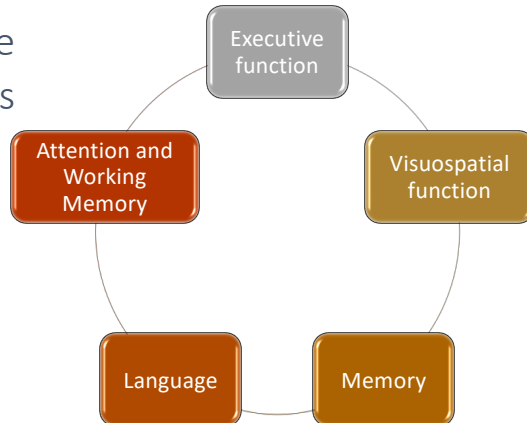
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What type of mind and memory changes can be seen in a person with Lewy Body diseases?

Cognitive Domains



Memory

On your way out the door your spouse asks you: **“Can you pick up some milk while you are at the store?”**

- Encoding
- Maintenance
- Retrieval



Language

- Names of objects and people
- Problems can be simple
 - ‘Tip of the tongue’
- Problems can be more severe
 - You can’t remember the name of something you use regularly.



Visuospatial Function

- Problems with parking the car or clipping corners when driving



- Problems with directions somewhere that is not familiar



Attention and Working Memory

A friend tells you the date of an event

- You keep it in your mind for about 30 seconds while you unlock your phone and open the calendar.
- While unlocking your phone you are distracted by a reminder to pick up milk from the store.



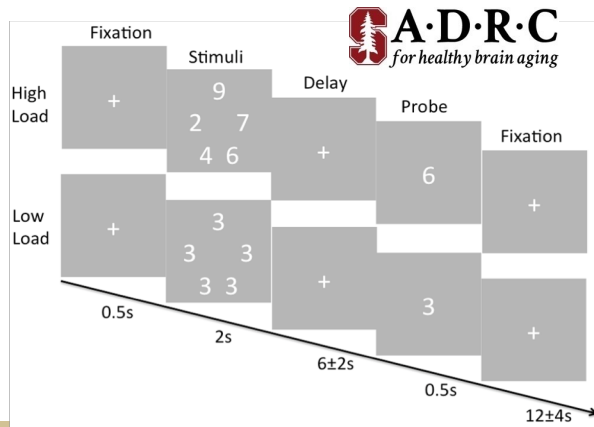
Executive Function

The cognitive processes that dictate flexible and dynamic adjustment of performance in response to a changing environment.

- Planning/Organizing
- Novel Problem solving
- Shifting attention
- Multi-tasking

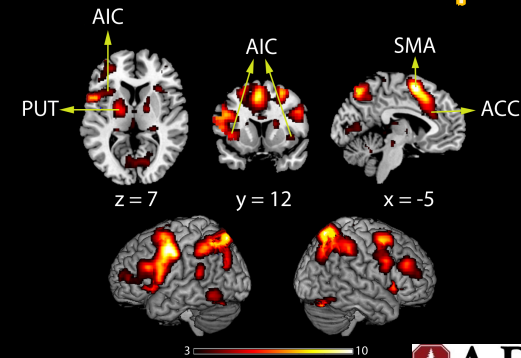


Attention/Working Memory and Executive Function



Attention/Working Memory and Executive Function

Thank You For Participating!



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