

Cognition in Parkinson's disease and Lewy body dementia



Stanford
M E D I C I N E

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Disclosures

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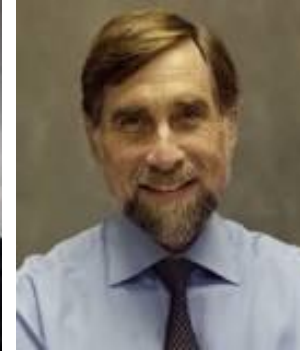
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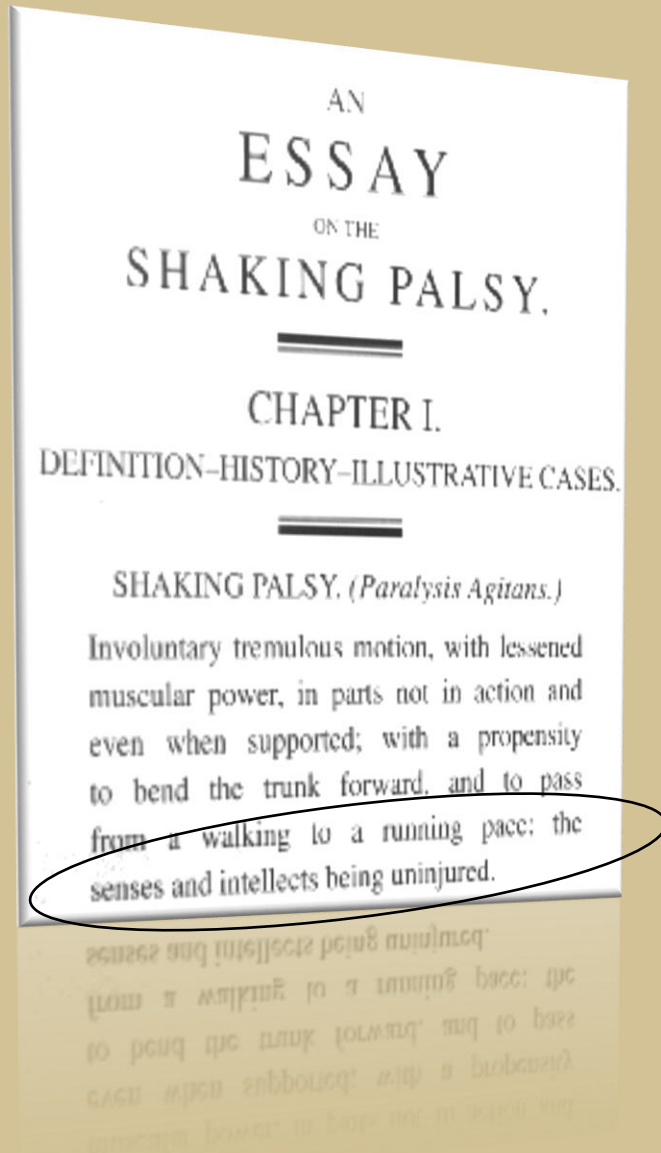


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Why does a Movement Disorders Specialist care about 'non-motor' things like cognition?

“An Essay on the Shaking Palsy”

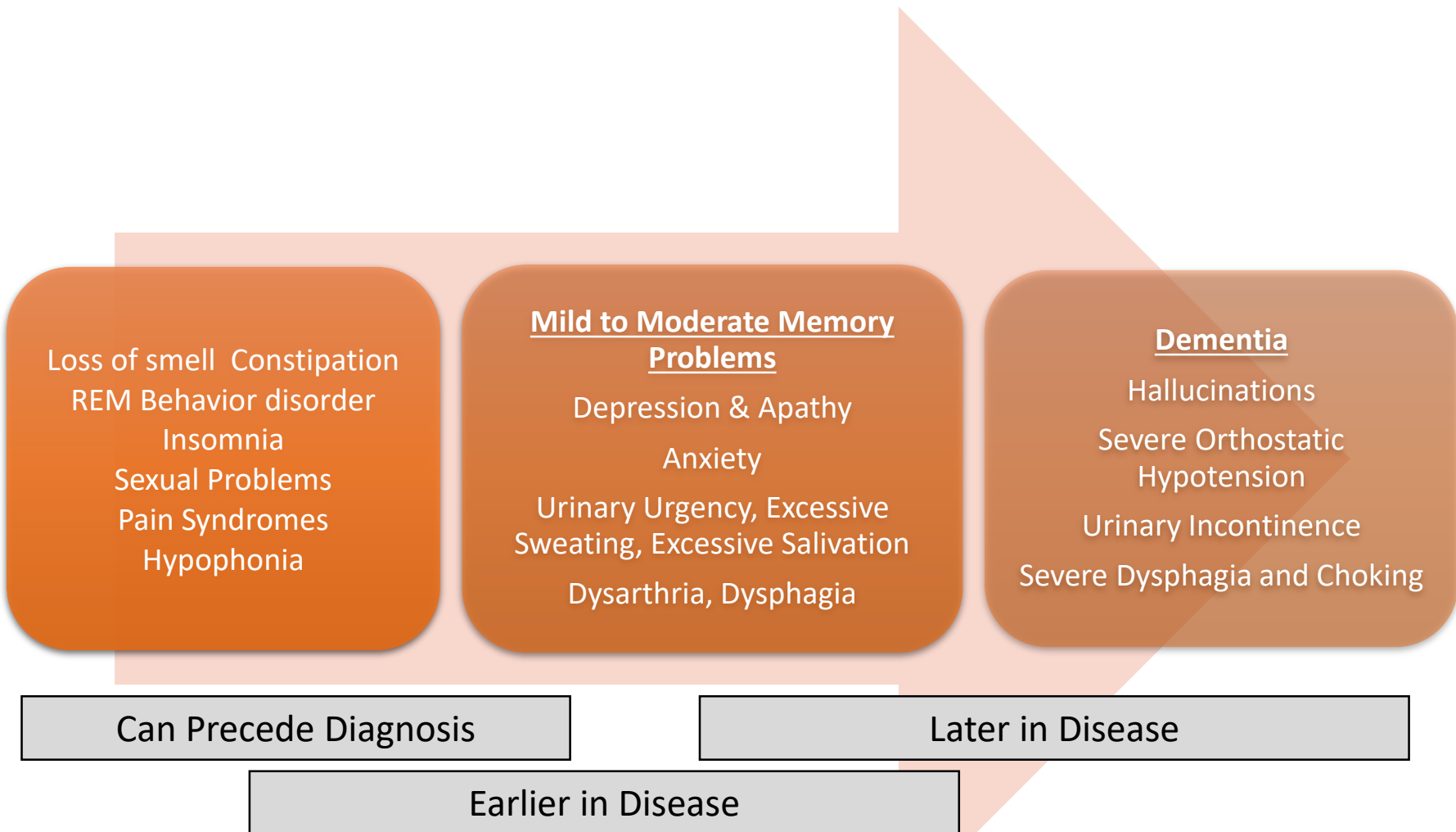
James Parkinson 1817



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

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

Non-Motor Symptoms Emerge at Different Times in the Course of PD



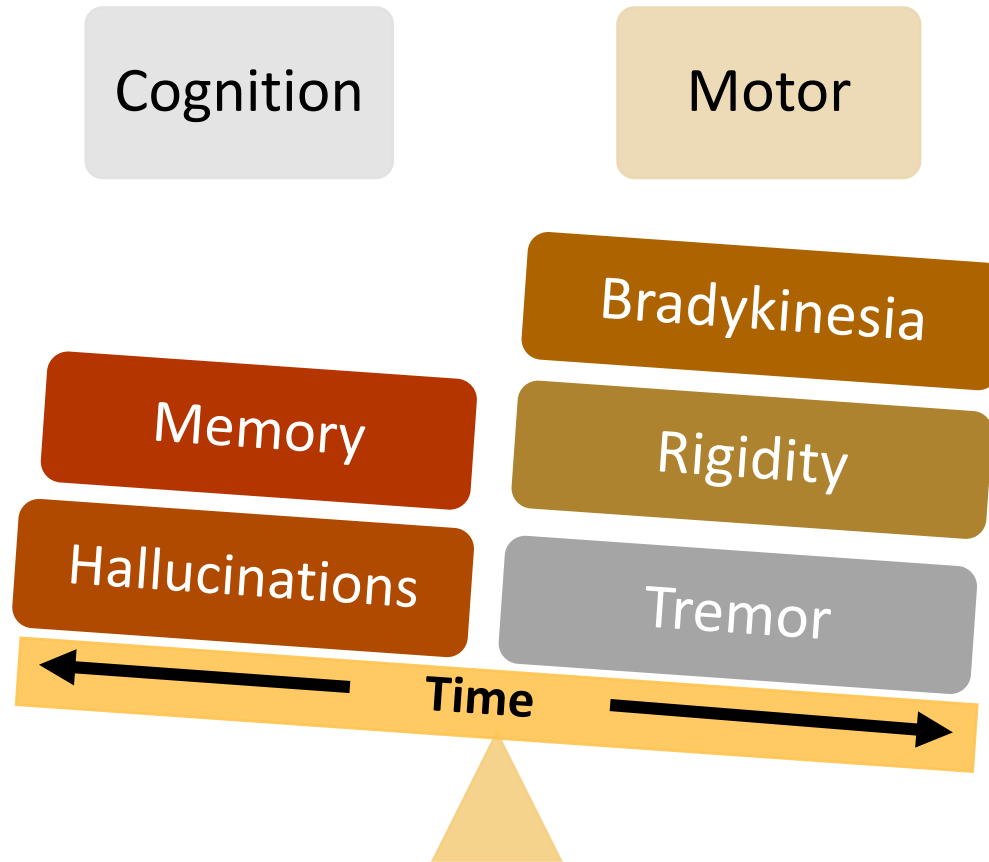
Why are Non-Motor Symptoms so difficult to understand and treat?

- 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?



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

	Lewy Body Dementia	Parkinson's Disease Dementia
Essential Features	Dementia before or < 1 year after motor symptoms of Parkinsonism started (attention, executive, visuospatial > memory, language)	Dementia in setting of established PD (>1 year after motor symptoms of Parkinsonism started) (attention, executive, visuospatial > memory, language)
Core Features	Cognitive fluctuations Visual hallucinations Parkinsonism (at least one of slowness, stiffness, or tremor) REM sleep behavior disorder	
Associated/Suggestive Features	Severe Neuroleptic sensitivity Postural Instability Repeated falls Syncope/ Transient Loss of Consciousness Autonomic Dysfunction Depression Hallucinations Delusions	Apathy Depression/anxiety Hallucinations Delusions Excessive daytime sleepiness
Indicative Biomarkers	Low Dopamine transporter uptake MIBG myocardial scintigraphy Sleep study confirmation REM Sleep Behavior Disorder	

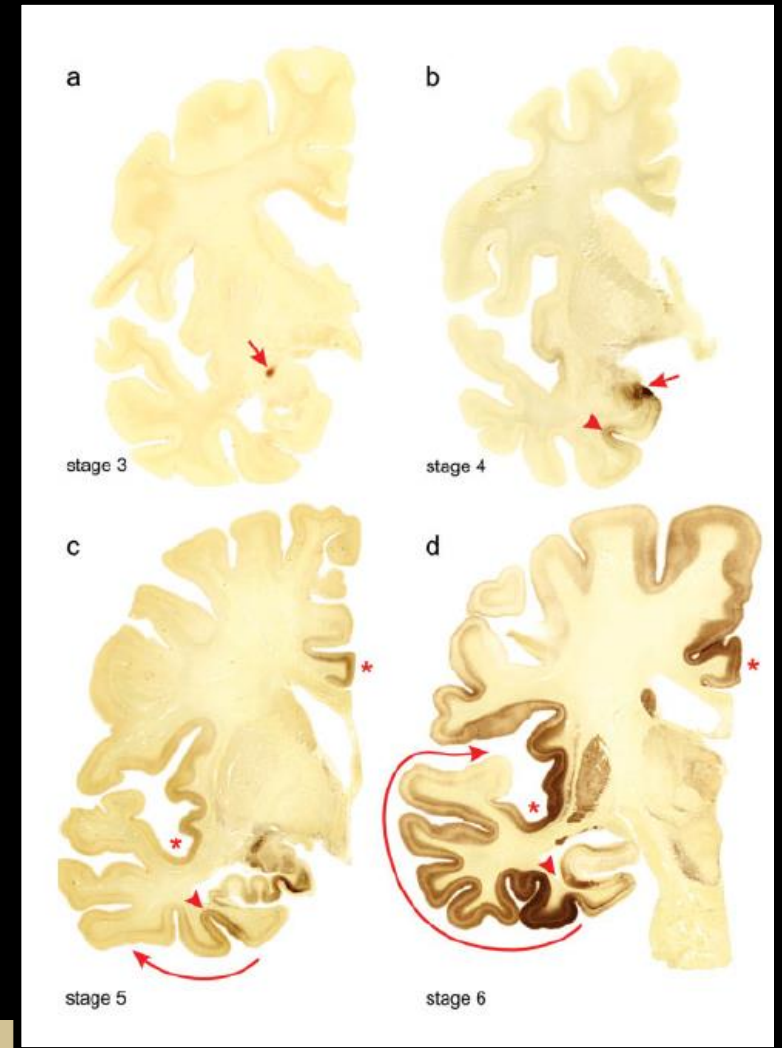
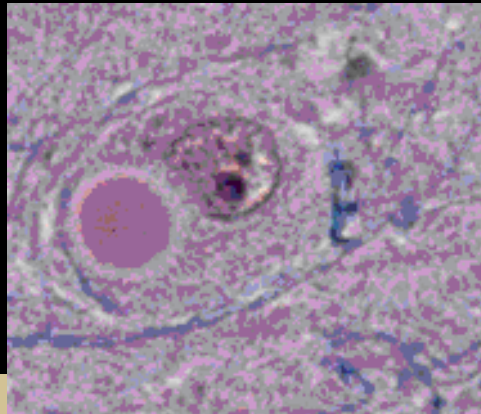
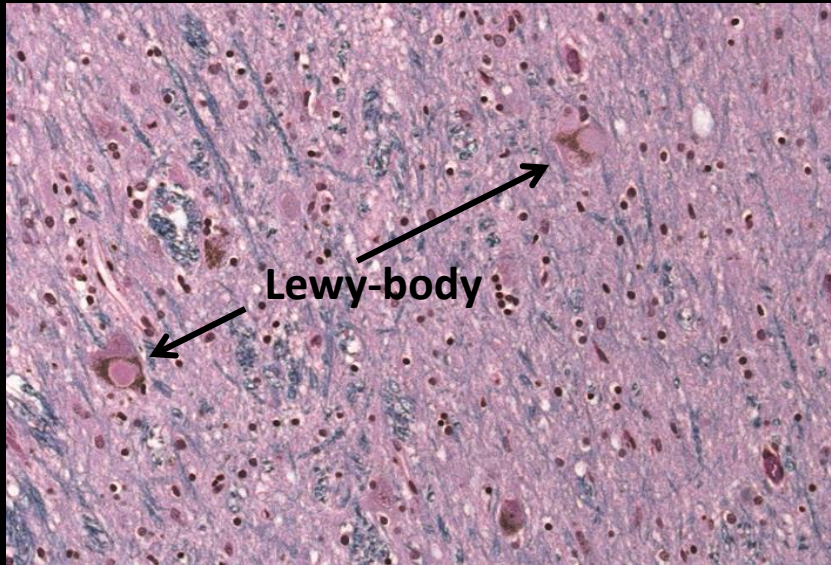
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The appropriate term will depend upon the clinical situation and generic terms such as **Lewy Body Disease** (which includes both Parkinson's disease and Lewy Body Dementia) are often helpful.



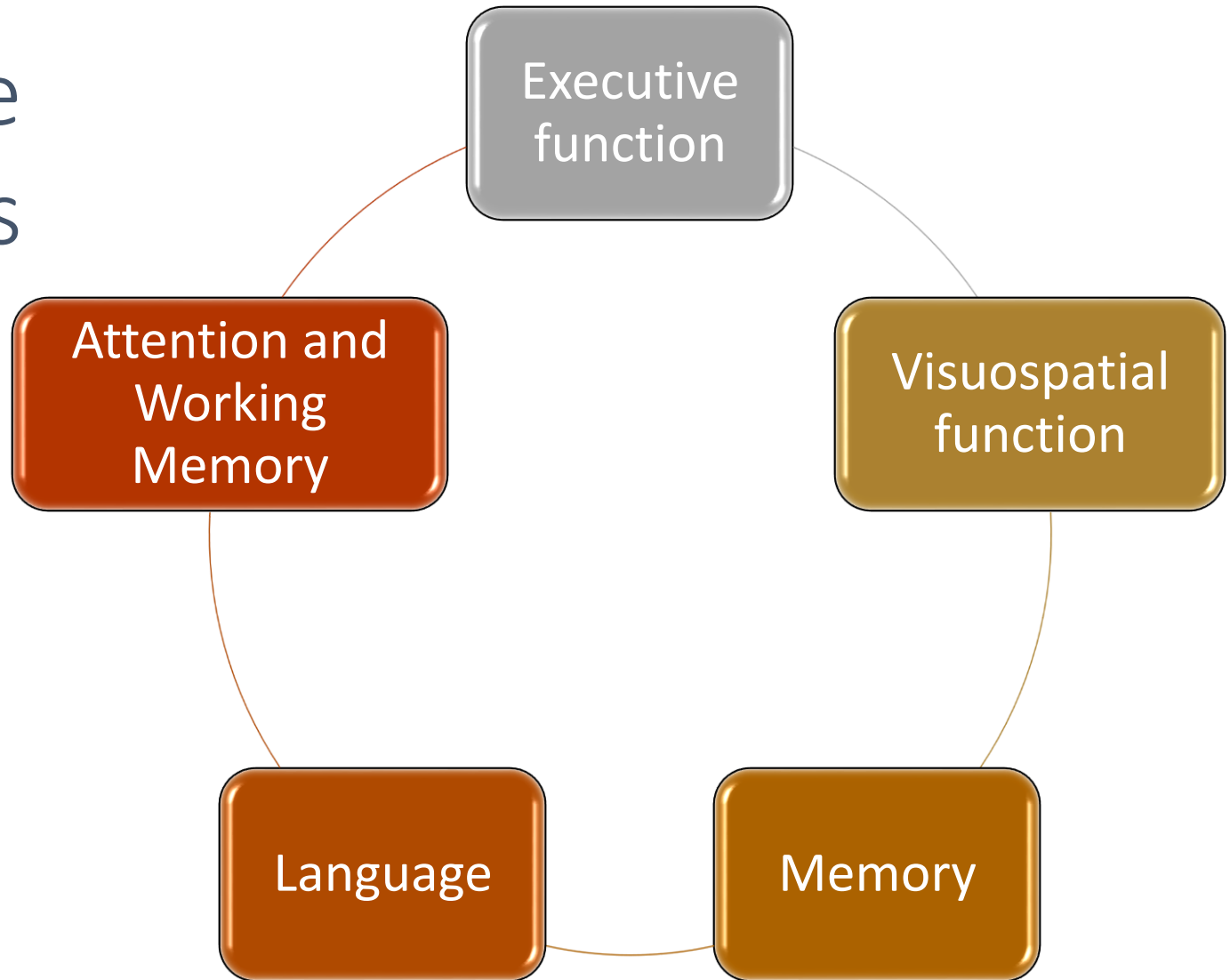
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Lewy-body Pathology in Both PD and LBD



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

Cognitive
Domains



Thank You For Participating!



Pacific Udall Center
NIH Center of Excellence for Parkinson's Disease Research

