

Dementia in the presence of RBD is sufficient for diagnosis of probable DLB

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REM sleep behavior disorder (RBD) is characterized by dream-enacting behaviors with excessive motor activity. It has long been known that RBD precedes the development of neurodegenerative syndromes, especially synucleinopathies such as Parkinson disease (PD), multiple system atrophy (MSA), and dementia with Lewy bodies (DLB). RBD occurs in up to 70% of DLB patients and detection of RBD in patients with neurodegenerative dementia may suggest a Lewy body pathology¹. Third report of DLB consortium added REM sleep behavior disorder to the suggestive features of DLB diagnosis in 2005. RBD has been found to represent a red flag for progressing cognitive impairment^{2,3} and can precede other aspects of synucleinopathies by up to half a century⁴. In a study of patients with autopsy-confirmed DLB with low to high likelihood, the presence of RBD in the clinical history was associated with a higher likelihood of DLB pathology and less severe Alzheimer-related pathology in the medial temporal lobes, whereas absence of RBD was characterized by greater hippocampal and lateral Temporoparietal atrophy on MRI and increased phospho-tau burden⁵. large cohort study of 174 patients with idiopathic RBD showed that the risk of developing a neurodegenerative syndrome from the time of idiopathic RBD diagnosis was 90.9% at 14 years⁶. In only a 4 year follow up, about third of patients (n=51) converted to DLB or PD⁶. There is a strong belief that RBD, when diagnosed by Polysomnogram, might be the strongest risk factor for DLB when compared with other signs^{7,8}. This body of evidence calls upon the experts to revisit the DLB diagnostic criteria and to consider RBD as one of the core features of DLB. Basically, RBD in the presence of dementia represents Probable Dementia with Lewy bodies.