

Dementia with Lewy bodies and dementia of PD are the same disorder

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Dementia with Lewy bodies (DLB) is the second most common degenerative dementia subtype following Alzheimer's disease. It is characterized by progressive dementia accompanied by one or more core feature, i.e. fluctuations in cognition, visual hallucinations, and spontaneous features of parkinsonism, and supportive features such as rapid eye movement sleep behavioural disorder, reduced uptake on dopamine transporter imaging and neuroleptic hypersensitivity. The underlying mechanisms of cognitive decline and progression in DLB are poorly understood, but it is likely that both the cortical Lewy body and the Alzheimer-type pathology, which occurs in most DLB patients, contribute. Parkinson's disease (PD) is characterized by motor symptoms of parkinsonism but cognitive impairment and dementia occurs in most patients during the disease course. Like in DLB, wide-spread cortical Lewy bodies and the variable presence of Alzheimer-type pathology contribute to cognitive decline in PDD. Despite the fact that different clinical diagnostic criteria have been utilized for DLB and PDD, the clinical symptoms, cognitive and behavioural manifestations and results of paraclinical examinations remain very similar (although they may vary in individual subjects). Recently, specific non-motor subtypes of PD have been described based on possible routes of spread of pathology. In fact, the amnestic (cholinergic) mild cognitive impairment PD subtype seems to be indistinguishable from DLB. Thus the same disease can be named differently depending on whether the patient is handled by the movement disorder specialist or dementia specialist. Further research is warranted to bring evidence for this assumption.