

Old Age Psychiatry CBL 8-The patient with confusion, hallucinations and falls

Learning outcomes

1. To recall the clinical features of dementia with Lewy bodies (DLB)
2. To recall the epidemiology of DLB
3. To be aware of the investigations that may aid diagnosis in DLB
4. To know and understand medications that may be used for the symptoms of DLB
5. To understand the different types of psychosocial support for people living with DLB and their families

Case history

Amrit is a 76 year-old man who was referred to the old age psychiatry team by his GP because he has been experiencing memory problems for 1-2 years. His family notice that he seems more confused at some times more than others although there doesn't seem to be any pattern to this. Sometimes his family think he is not listening as he appears 'spaced out' when they are talking to him, staring into the distance for a few minutes without answering their question.

About six months ago, Amrit and his family noticed that he was developing a mild tremor initially in his right hand and then both hands. He began walking increasingly slowly, and has had several falls. He struggles to walk through doorways and finds the change between carpet and wooden floor particularly troublesome. His family have also noticed his handwriting to be very small on birthday cards.

In general, he has more of a problem with completing simple day-to-day tasks than he does with remembering names or what they did the day before. Amrit's wife Sahana is more worried about how he is increasingly struggling to get himself dressed in the morning, even when his tremor is not too bad. Often he puts clothes on in the wrong order. Amrit sometimes gets lost in new environments requiring his family's support.

What really triggered Amrit's family to seek help was that he has started experience visual hallucinations of children and cats. They first became aware of this when he would point into the corner's of the room with a perplexed look, sometimes distressed and believing the children needed feeding and caring for. At other times he would laugh, recognising they were not true perceptions. Sahana has been sleeping in the spare bedroom for some time now because Amrit moves around a great deal in his sleep, it seems like he is in a fight because he flails his limbs as though punching and kicking someone.

Routine blood tests and an MRI head scan were essentially normal.

Questions

1. What is the most likely cause of Amrit's symptoms? What would be in your differential diagnosis?
2. What are the core features of this condition?
3. How common is DLB? Who does it affect?
4. What other clinical features might be associated with this condition?

5. How would you test cognition in this situation and what might you expect to find on cognitive testing?
6. Is there another type of brain scan that might clarify diagnosis?
7. Are there any medications that might help Amrit's symptoms? Which?
8. What are some of the other options for management and support?

Advanced questions:

- 1) What treatment might help the sleep disturbances specifically?
- 2) How do you differentiate dementia in Parkinson's disease from DLB?
- 3) What are the types of Parkinson's plus syndromes?

Review article

Ian G. McKeith et al 2017 Diagnosis and management of dementia with Lewy bodies: Fourth consensus report of the DLB Consortium. *Neurology* 89 (1) 88-100; DOI: 10.1212/WNL.0000000000004058