

information

DEMENTIA AND PARKINSON'S

Parkinson's is a progressive neurological condition, which is characterised by both motor (movement) and non-motor symptoms.

Lewy Body Disease is an umbrella term referring to a common neurodegenerative process and includes Parkinson's and Lewy Body Dementia. The name refers to the pathological signs of Lewy Bodies which are seen at post mortem and are not identifiable in life.

Dementia is the term used to describe the symptoms of a large group of neurological illnesses which cause a progressive decline in a person's functioning. It is a broad term used to describe a loss of memory, intellect, rationality, social skills and physical functioning.

Not everyone with Parkinson's will develop dementia however it is estimated to occur in 30-60% of people affected by Parkinson's. There are many types of dementia but the two types primarily associated with Parkinson's are Parkinson's disease Dementia (PD-D) and Lewy Body Dementia (LBD). The Movement Disorder Society has laid down guidelines regarding the differences between the two types in order to clarify the potential diagnosis.

Parkinson's Disease Dementia (PD-D)

Risk factors for developing PD-D are:

- Longer duration of Parkinson's
- Older age
- Diagnosis of Parkinson's at an older age
- Non-tremor dominant presentation of Parkinson's

Dementia Australia™ (1800 100 500) is a peak body providing support, counselling support and advocacy for Australians living with dementia.

Common features of PD-D are:

- Problems with planning, sequencing and decision making
- Memory loss associated with free recall of recent events or new learning
- Memory can improve with cueing
- Visuo-spatial difficulties
- Apathy
- Changes in personality and mood
- Visual hallucinations may occur

Long term use of Parkinson's medications may also result in confusion and hallucinations. Frequent monitoring by the treating medical specialist is essential. The decision to introduce medications used in the management of dementia must be made on an individual basis.

Lewy Body Dementia (LBD)

The presence of cognitive changes before the emergence of motor symptoms (or within twelve months of showing motor or movement symptoms) suggests LBD rather than PD-D, or indeed Parkinson's.

Common features of LBD are:

- Fluctuating cognition early in the progression
- Recurrent hallucinations early in the progression
- REM (Rapid Eye Movement) Sleep Disorder - often acting out dreams
- Severe sensitivity to medications prescribed for hallucinations
- Sensitivity to medications prescribed for Parkinson's

Often an initial diagnosis of Parkinson's is changed to Lewy Body Dementia following the onset and observation of these symptoms.

Each state and territory in Australia will have local groups or not-for-profit associations which provide various levels of support and services.

For further information contact
your state Parkinson's organisation:

Freecall 1800 644 189 www.parkinsons.org.au

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