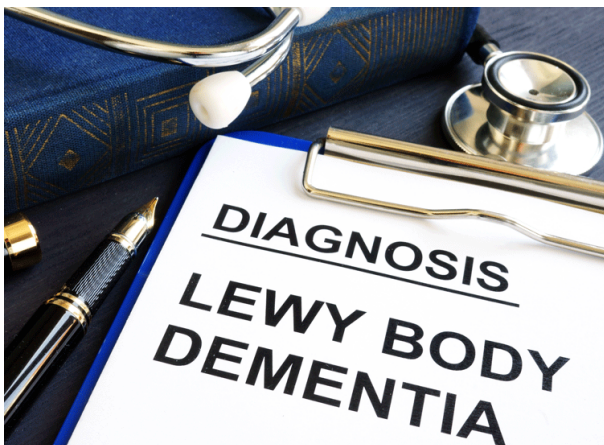


Providing the Right Diagnosis for Lewy Body Dementia Patients

Lewy body dementia (LBD) may seem obscure, but there are 1.4 million Americans suffering from this disease, making it the second most common form of dementia. To complicate matters, LBD can share symptoms with Alzheimer's, Parkinson's, schizophrenia, and other psychiatric conditions, making it challenging to diagnose.

To remedy this, the Alzheimer's Disease Research Center program at the National Institute on Aging created an LBD diagnostic module, which more precisely delineates the symptoms associated with it and will give clinicians and researchers better tools to identify the disease.



Now, in a paper published in the journal [*Alzheimer's & Dementia*](#), researchers at the University of Miami Miller School of Medicine and Florida Atlantic University have taken this new module for a test drive. The results from this study show the new module is a robust tool and should be a

tremendous asset for patients, physicians, and researchers.

"This module taps into all of the main features of Lewy body dementia," said Miller School neurologist and professor of

neurology James Galvin, M.D., M.P.H., who led the work group that developed the module and is senior author on the paper. “The tool discriminated LBD from Alzheimer's disease and healthy controls, as well as between mild cognitive impairment due to Alzheimer's disease and mild cognitive impairment due to LBD. Most importantly, the diagnostic instruments selected for the module discriminated in a powerful fashion.”

In the paper, the researchers studied 342 people with LBD, Alzheimer's disease, and mild cognitive impairment, as well as healthy controls. The study showed the new module had the diagnostic firepower to effectively delineate patients in each of these groups, giving it great potential to reduce misdiagnoses.

These findings are important because misdiagnosis is a common problem that can have tragic consequences. In addition to not receiving the best treatments, misdiagnosed LBD patients can have severe reactions to incorrect medications, including death. In addition, LBD patients must often go through multiple rounds of diagnostic testing to find the truth about their condition.

“In a different study, we found that patients averaged 18 months, and had to see more than three physicians on multiple visits, before they finally got a diagnosis,” said Dr. Galvin. “An incorrect first diagnosis was given around 75% of the time.”

The problem has been that LBD shares many similarities with Alzheimer's, Parkinson's, and other conditions. For example, both LBD and Alzheimer's patients can experience depression. In some cases, LBD patients experience tremors, similar to

Parkinson's.

Previous diagnostic approaches lacked the granularity to make differential diagnoses between these conditions. Dr. Galvin and colleagues believe this new module will provide the necessary information to delineate these very different conditions and drive more rapid and precise diagnoses.

This will be a great benefit for dementia researchers, as the module will help them better define participants, ensuring they have the condition being studied, and promote new clinical trials. For clinicians, the diagnostic tool will help them provide better care.

“It allows physicians to perform correct differential diagnoses to offer advanced care planning and treatments,” said Dr. Galvin. “It will also help them avoid medicines that are potentially deleterious to patients and decide who's going to be eligible for new medicines as they are developed.”

Content Type Article