Dementia in Parkinson's disease and Dementia with Lewy Bodies -9 things to know

Dr Rimona Weil

Consultant Neurologist and Wellcome Clinician Scientist
National Hospital for Neurology and Neurosurgery, Queen Square

Dementia Research Centre, UCL

16th November 2018

9 things to know about DLB/PDD

- 1. PDD and DLB have more in common than they differ
- 2. They are more common than you might think
- 3. Diagnostic criteria are changing
- We are starting to gain insights into how visual hallucinations happen
- 5. REM sleep disorder is an important symptom before and during DLB
- 6. The type of dementia in DLB is different from Alzheimer's
- 7. Imaging can support diagnosis
- 8. It's not just about the Lewy Body
- 9. New treatments are looking promising

1. DLB and PDD have more common than they differ

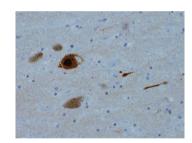
Parkinson's dementia and Dementia with Lewy Bodies

Parkinson's disease

PDD: Parkinson's disease
dementia: 30-80%

Dementia
Parkinsonism
Hallucinations
Fluctuations
REM sleep disorder

At autopsy DLB and PDD similar / same



Weil, RS, Lashley T et al 2017

DLB: Dementia with Lewy bodies

Currently defined by the timing of when dementia versus Parkinsonism happen
The One Year Rule

Problems with the one year rule

- A lot depends on who is making the diagnosis
- It's a continuum
- Cognitive changes are seen in prodromal
 Parkinson's disease -
- And increase the risk of Parkinson's developing (Darweesh 2017)



JAMA Neurology | Original Investigation

Association Between Poor Cognitive Functioning and Risk of Incident Parkinsonism The Rotterdam Study

Sirwan K. L. Darweesh, MD, MSc; Frank J. Wolters, MD, MSc; Ronald B. Postuma, MD, MSc; Bruno H. Stricker, MB, PhD; Albert Hofman, MD, PhD; Peter J. Koudstaal, MD, PhD; M. Kamran Ikram, MD, PhD; M. Arfan Ikram, MD, PhD

IMPORTANCE Cognitive dysfunction is a common feature among patients with parkinsonism, including Parkinson disease (PD). However, there is a scarcity of data on cognitive functioning before parkinsonism diagnosis, a stage at which patients may still respond to putative disease-modifying interventions.





2. DLB and PDD are more common than you might think

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DLB

- 2nd commonest cause of dementia
- Around 20% of all dementia
- 10-30% of dementia at post mortem (1 in 7)
- Often not recognised in life diagnosed as Alzheimer's or Vascular dementia
- Parkinson's dementia
- Affects 50% of Parkinson's after 10 years but a lot of variability
- Higher rates with older age at diagnosis

3. Diagnostic criteria are changing

DLB: Revised criteria

McKeith et al Neurology 2017

Essential features

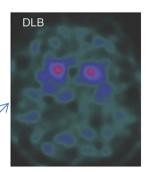
- Progressive cognitive decline interfering with daily life
- Prominent memory impairment evident with progression
- Attention, executive, visuo-perceptual may occur early

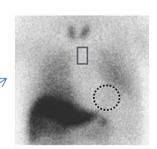
Core clinical

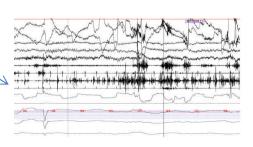
- Fluctuating cognition
- Recurrent visual hallucinations
- REM sleep disorder
- Parkinsonism: tremor / rigidity / parkinsonism

Indicative biomarkers

- Reduced uptake DaT uptake (PET or SPECT)
- Low uptake on Iodine MIBG myocardial scintigraphy
- REM sleep without atonia on polysomnography
- You can't use biomarkers alone







Supportive clinical features

- Severe sensitivity to antipsychotics
- Repeated falls and syncope
- Transient unexplained loss of consciousness
- Severe autonomic dysfunction constipation, urine incontinence
- Hyposmia
- Non-visual hallucinations, Delusions
- Anxiety and depression

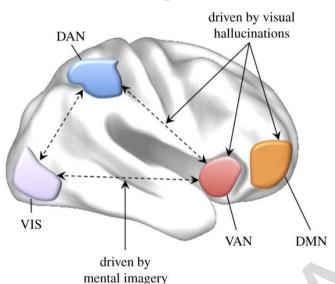
Supportive biomarkers

- Preserved medial temporal lobe
- General low uptake on CT perfusion
- Reduced PET occipital uptake
- Prominent slow on EEG with temporal sharp waves

4. We are starting to gain insights into how visual hallucinations happen

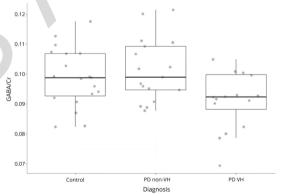
4. We are starting to gain insights into how visual hallucinations happen

Network changes



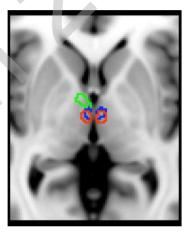
Shine 2015 Proc Royal Soc B

Occipital GABA



Firbank Neurology 2018

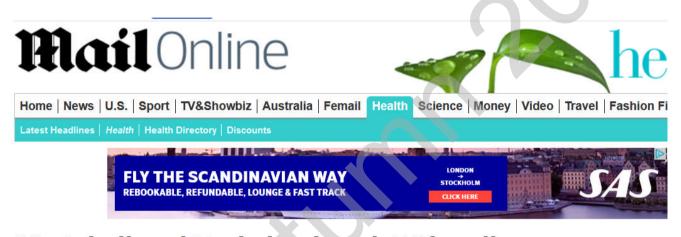
Thalamus



Onofrj Neuropsych dis & Treatment 2017 Erskine D, Mov Disord 2018

And Serotonin...

5. REM sleep disorder is an important symptom before and during DLB



My Jekyll and Hyde husband: Wife tells of lecturer's sleep disorder that makes him lash out at her in his dreams

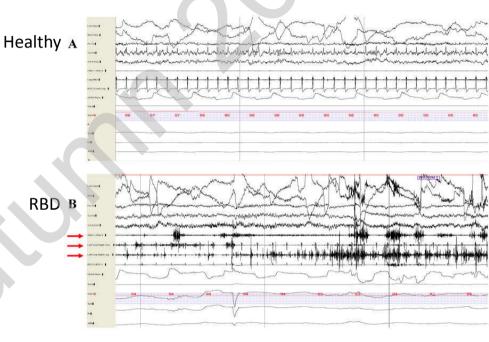


unwittingly transforms into a foul-mouthed wife beater.

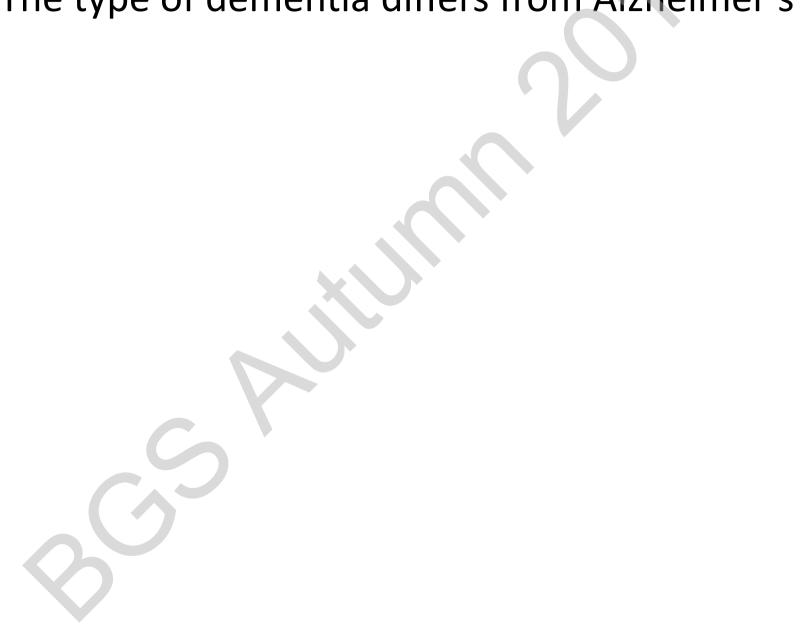


REM Sleep disorder: RBD

- Strongly associated
- >90% with RBD will develop PD or DLB (or MSA) after 10 year follow-up
- And seen in autopsyconfirmed DLB
- May reflect distinct subtype: earlier disease onset, more rapid progression.

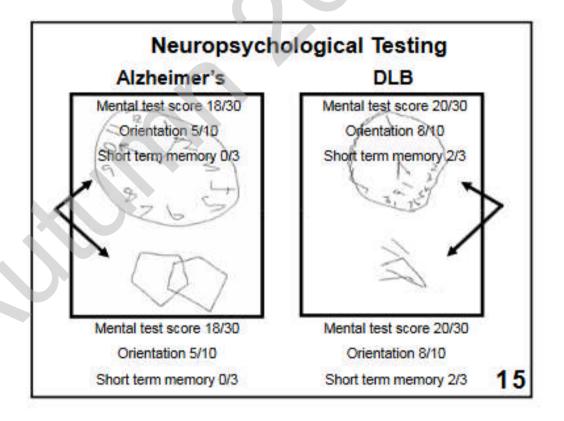


6. The type of dementia differs from Alzheimer's

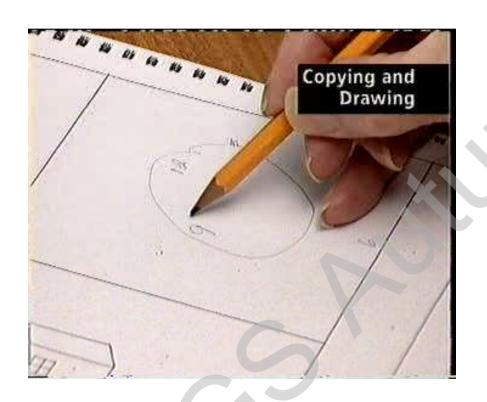


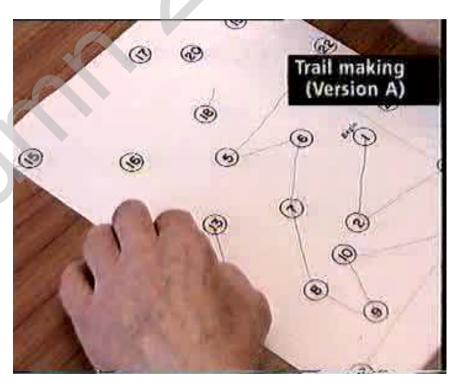
Neuropsychology profile

- Prominent visuo-perceptual dysfunction
- Problems with attention
- Memory better preserved



McKeith Henry Stewart Talks 2015 (18:31)



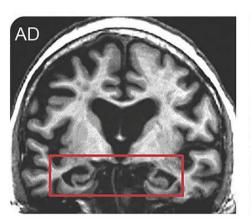


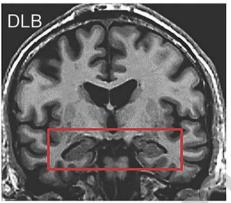
Clock drawing

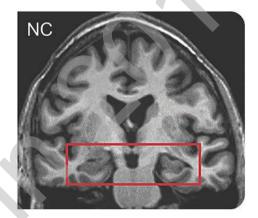
Trail making

7. Imaging can support diagnosis

MRI changes

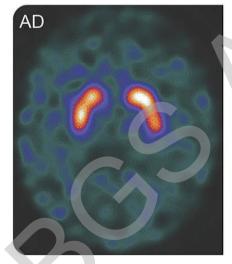


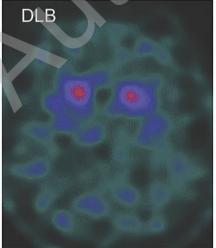


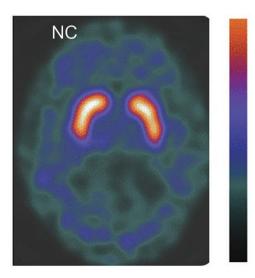


Also volume loss in parietal and frontal regions

FP-CIT SPECT

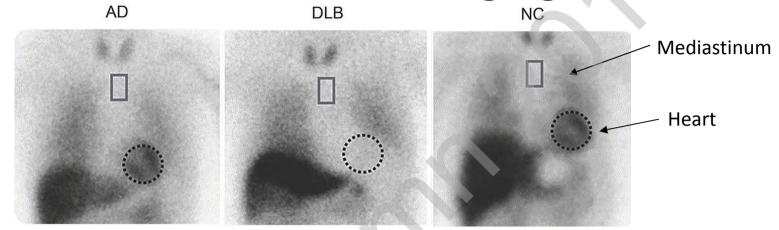






lan G. McKeith et al. Neurology 2017;89:88-100

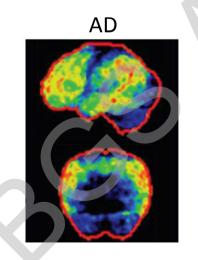
Cardiac MIBG imaging

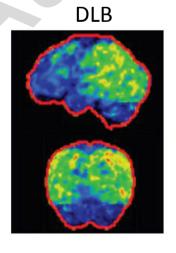


Heart: Mediastinum ratio

McKeith, Neurology 2017

FDG-PET





Occipital hypometabolism seen in DLB

Walker, Lancet 2015

8. It's not just about the Lewy Body



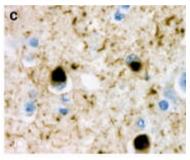
Pathology in DLB

- Lewy body in brainstem

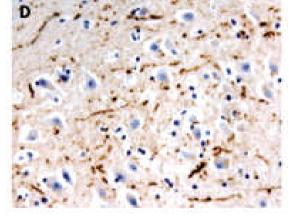
Hallmark: α-synuclein inclusions: Lewy bodies and Lewy neurites

- ?neuroprotective or toxic
- Cortical, limbic and brainstem
- No pathological difference

Lewy body in cortex

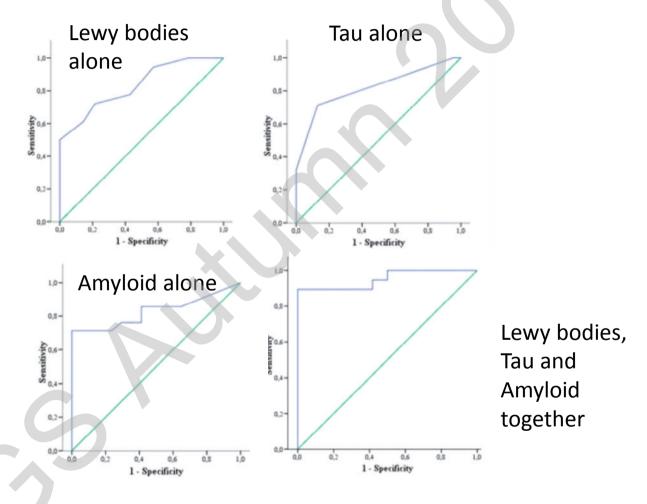


between DLB and PDD



Lewy neurite in hippocampus

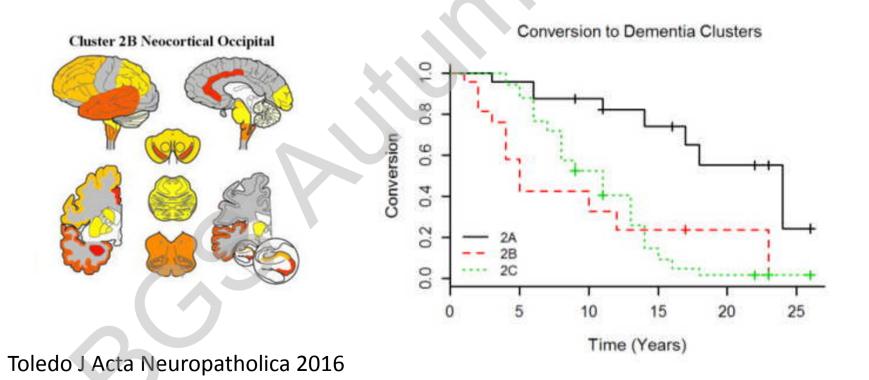
Synergy with other pathology



Combination of tau and amyloid with synuclein most linked with dementia

Distribution pattern may be important

Occipital Lewy pathology linked with more rapid dementia



9. New treatments for visual hallucinations are emerging

Managing hallucinations

- Stop or lower drugs that are worsening cognition
- Cholinesterase inhibitors can help
- Only treat if distressing
- Quetiapine NICE first line, but little evidence
- Best evidence for Clozapine
 but causes agranulocytosis
 so must be prescribed
 within a clozapine service



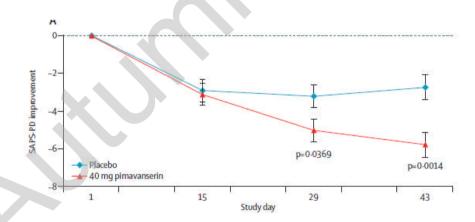
Pimavanserin for Visual Hallucinations

- 5HT2A inverse agonist
- Improvement in hallucination score n=199

Pimavanserin for patients with Parkinson's disease psychosis: a randomised, placebo-controlled phase 3 trial



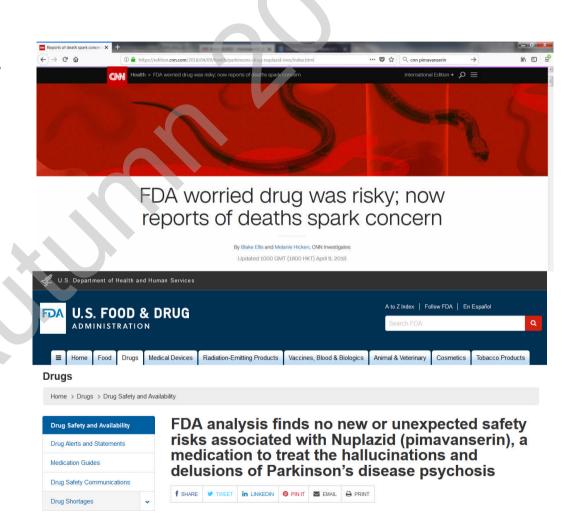
Jeffrey Cummings, Stuart Isaacson, Roger Mills, Hilde Williams, Kathy Chi-Burris, Anne Corbett, Rohit Dhall, Clive Ballard



But is it safe?

- Reports of double number of deaths in Pimavanserin arm
- 2/105 vs 1/94

- Prompted FDA investigation
 - Benefits outweigh risks
 - Patients with PDD/DLB have higher rate mortality
 - No new safety risks
 - Note: QT prolongation caution with other QT lengthening drugs
 - Will continue to monitor



There is support for this challenging disease



https://www.lewybody.org/



https://www.parkinsons.org.uk





Summary

- DLB/PDD is a common condition
- Clinical diagnosis now can be supported by neuroimaging
- New treatments are becoming available
- Patients and carers benefit from support groups

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