

Emergency Treatment of Psychosis in LBD

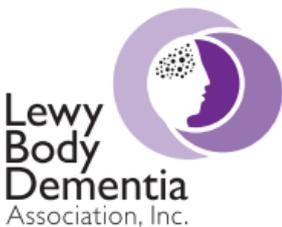
Psychotic symptoms such as visual hallucinations of people or animals, or misidentifying one's spouse or one's home are common in LBD. The goal of addressing these symptoms is to ensure the safety of the patient and others.

WARNING

Up to 50% of patients with LBD who are treated with any antipsychotic medication may experience severe neuroleptic sensitivity (worsening cognition, heavy sedation, increased or possibly irreversible parkinsonism, or symptoms resembling neuroleptic malignant syndrome which can be fatal).

1. Identify possible etiologies of delirium, e.g., pain, infection, metabolic stress, alcohol withdrawal.
2. Reduce or eliminate anticholinergic medications, such as OTC sleep agents and bladder-control medications, and reduce dopaminergic drugs used to treat Parkinson's disease, if clinically indicated.
3. Consult with a doctor experienced in treating LBD. Cholinesterase inhibitor drugs may improve cognition and psychiatric symptoms, although such effects are not usually immediate.
4. Antipsychotic agents may be indicated if psychotic symptoms are severe and pose a significant safety risk. **AVOID traditional antipsychotic agents (e.g., haloperidol).** Newer atypical antipsychotic agents (e.g., quetiapine, clozapine) should only be used with caution at the lowest dose possible, under close supervision of a physician and an RN, and should be switched to a safer medication as soon as possible.

A more comprehensive physician's guide to treating behavioral disturbances in LBD patients can be found at www.lbda.org/go/ER.



www.lbda.org
Caregiver Helpline
1-800-LEWYSOS
1-800-539-9767

Thank you to the **LBDA Scientific Advisory Council** for their medical review in the creation of this card.
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MEDICAL ALERT CARD

I have a disorder of the brain known as
LEWY BODY DEMENTIA (LBD)
which could make me appear
confused and have difficulty
moving or speaking normally.

Please call my family or my physician!

My Name: _____

Address: _____

Person to Call: _____

Address: _____

Phone: _____

Physician: _____

Phone: _____

Allergies: _____

Other Medical

Conditions: _____