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[J Geriatr Psychiatry Neurol](#). 2022 May;35(3):255-261. doi: 10.1177/0891988720988916.
Epub 2021 Jan 19.

Psychosis Management in Lewy Body Dementia: A Comprehensive Clinical Approach

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PMID: 33461372 DOI: [10.1177/0891988720988916](#)

Abstract

Lewy body dementia (LBD) is asynucleinopathy that results in clinical manifestation of motor and neuropsychiatric symptoms. The disease burden associated with psychosis in LBD patients is significantly higher compared to other types of dementia or even to LBD without psychosis. Effective care management processes should include consideration of de-prescribing any offending agents including anticholinergics and dopaminergic agents, followed by nonpharmacological and low risk pharmacological approach. If addition of pharmacological agents is required, consideration should be given to acetylcholinesterase inhibitors, pimavanserin and atypical antipsychotics such as quetiapine or clozapine. Side effects of these medications should be considered prior to selection and initiation of a medication regimen. Goals of care and functional assessment are a crucial part of the optimized care plan, given overall guarded prognosis, in the context of numerous complications observed in this population. Palliative care consultation could facilitate symptom control and timely enrollment into hospice if consistent with patient's goals.

Keywords: Lewy body dementia; Parkinson's disease; pimavanserin; psychosis.

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