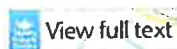


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[Aging Ment Health](#). 2022 Feb 2;1-14. doi: 10.1080/13607863.2022.2032601. Online ahead of print.

## Systematic review of pharmacological interventions for people with Lewy body dementia

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PMID: 35109724 DOI: [10.1080/13607863.2022.2032601](https://doi.org/10.1080/13607863.2022.2032601)

### Abstract

**Objective:** Lewy body dementia (LBD) is the second most common neurodegenerative dementia, and it causes earlier mortality and more morbidity than Alzheimer's disease. Reviewing current evidence on its pharmacological management is essential for developing evidence-based clinical guidelines, and for improving the quality of its clinical care. Hence, we systematically reviewed all studies that investigated the efficacy of any medication for managing various symptoms of LBD.

**Method:** We identified eligible studies by searching 15 databases comprehensively. We completed quality assessment, extracted relevant data, and performed GRADE assessment of available evidence. We conducted meta-analyses when appropriate (PROSPERO:CRD42020182166).

**Results:** We screened 18,884 papers and included 135 studies. Our meta-analyses confirmed level-1 evidence for Donepezil's efficacy of managing cognitive symptoms of dementia with Lewy bodies (DLB) (SMD = 0.63;  $p < 0.001$ ) and Parkinson's Disease Dementia (PDD) (SMD = 0.43;  $p < 0.01$ ), and managing hallucinations in DLB (SMD = -0.52;  $p = 0.02$ ). Rivastigmine and Memantine have level-2 evidence for managing cognitive and neuropsychiatric symptoms of DLB. Olanzapine and Yokukansan have similar evidence for managing DLB neuropsychiatric symptoms. Level-2 evidence support the efficacy of Rivastigmine and Galantamine for managing cognitive and neuropsychiatric symptoms of PDD.

**Conclusion:** We list evidence-based recommendations for the pharmacological management of DLB and PDD, and propose specific clinical guidelines for improving their clinical management.

Supplemental data for this article can be accessed online at <https://doi.org/10.1080/13607863.2022.2032601>.

**Keywords:** Parkinson's disease dementia; Systematic review; behavioural symptoms; dementia; dementia with Lewy bodies; drug therapy; meta-analysis.

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