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WHAT IS LEWY BODY DEMENTIA?

什么是路易氏体失智症?

In 2015, Lewy Body Dementia—a disease that long stood in the shadows of Alzheimer’s Disease—found itself in the national spotlight when actor Robin Williams was reported to have had the disease.

2015年，演员罗宾·威廉姆斯罹患路易氏体失智症 (Lewy Body Dementia) 的报导，让这个长期处于阿尔茨海默病 (Alzheimer’s Disease) 阴影之下的疾病，成为全国关注的焦点。

Descriptions of the nature of Lewy Body Dementia are as numerous as the disease is complicated—for both the individual who has been diagnosed with the disease and those who are involved in caregiving. LBD is a degenerative neurological disease with a variety of symptoms that become present over time. Some symptoms overlap with those of Parkinson’s Disease. Both diseases evolve from the aggregation of misshapen deposits of alpha-synuclein within the tissue of the brain.

对于确诊患者和参与护理的人员而言，对于确诊患者和护理人员而言，关于路易氏体失智症 (Lewy body dementia) 性质的庞杂描述，恰恰反映了此疾病的复杂性。路易氏体失智症 (LBD) 是一种退行性神经系统疾病，患者随着时间的推移逐渐出现各种症状。其部分症状与帕金森病重合。而两种疾病都是由于脑组织内 α -突触核蛋白 (alpha-synuclein) 的异常沉积发展而成。

Reports vary based upon sampling technique and location, but it is believed that 1.4 million people in the United States, who are mostly 50 years or older, have Lewy Body Dementia.

尽管患者人数的估算报告会因为取样技术和区域而有所不同，一般认为，在全美人口当中，有一百四十万人罹患路易氏体失智症 (LBD)，且大部分的患者都已年过五十。

We believe that this statistic is understated as the cluster of symptoms that define LBD often take years to evolve. As a result, many individuals are often incorrectly diagnosed unless they continue to be re-evaluated and/or their diagnosticians are familiar with this disease.

我们认为这项统计数据是被低估的，因为用于鉴别路易氏体失智症 (LBD) 的症状通常需要数年时间的发展。因此，除非患者接受持续性评估，或是诊断医师熟悉此病，许多人往往会被误诊。

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Per the Mayo Clinic, Lewy Body Dementia—the second most common type of progressive dementia after Alzheimer’s disease—causes a progressive decline in mental abilities. It may also cause visual hallucinations, which generally take the form of objects, people or animals that aren’t there. Another indicator of LBD may be significant fluctuations in alertness and attention, which may include daytime drowsiness or periods of staring into space. And, like Parkinson’s disease, LBD can result in rigid muscles, slowed movement and tremors. In LBD, protein deposits, called Lewy bodies, develop in nerve cells in regions of the brain involved in thinking, memory and movement (motor control). The cause of Lewy body dementia isn’t known, but the disorder may be related to Alzheimer’s or Parkinson’s disease. Lewy bodies contain a protein associated with Parkinson’s disease.

<http://www.mayoclinic.org/diseases-conditions/lewy-body-dementia/basics/symptoms/con-20025038>

根据妙佑医疗国际 (Mayo Clinic) 的报道，路易氏体失智症 (LBD)，是仅次于阿尔茨海默病之后第二常见的失智症(俗称痴呆症)，会造成患者心智能力的持续性降低。路易氏体失智症 (LBD) 也可能导致幻视，常见情况包括看见不存在的物品、人物、或是动物。路易氏体失智症 (LBD) 的另一项潜在指标，就是警醒和注意力上的显着波动，其表现包括白天嗜睡，或是盯着某一个地方发呆。此外，就像帕金森病那样，路易氏体失智症 (LBD) 可能造成肌肉僵硬、动作迟缓、和震颤。（这是由于）在路易氏体失智症 (LBD) 当中，一种名为“路易氏体”(Lewy bodies) 的蛋白质沉积物会在脑部掌管思考、记忆、和肢体动作（运动控制）的区域神经元之内产生。路易氏体失智症 (LBD) 的成因目前尚不明了，但可能与阿尔茨海默病或是帕金森病有关。路易氏体 (Lewy bodies) 包含一种和帕金森病相关的蛋白质。<http://www.mayoclinic.org/diseases-conditions/lewy-body-dementia/basics/symptoms/con-20025038>

What are Lewy Bodies?

什么是路易氏体？

Lewy bodies were first described in the early 1900s by Friederich H. Lewy while researching Parkinson’s disease. However, the first case of LBD was not described until 1961, with the first set of clinical criteria put forth in 1996. One reason LBD research has lagged behind that focusing on Alzheimer’s and Parkinson’s for decades is due to an earlier notion that it was a rare disease. It wasn’t until the development of a staining technique in the late 1990s that researchers learned how much more common LBD is than previously thought. – per [James E. Galvin, M.D., M.P.H.](#) and [Meera Balasubramaniam, M.D](#) – <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3999867>

「路易氏体最早描述出现在 1990 年代初期，是由弗里德里希·路易 (Friederich H. Lewy) 在从事帕金森病的研究时所提出。然而，直到 1961 年，才出现第一例路易氏体失智症 (LBD) 的病例描述，而第一套路易氏体失智症 (LBD) 的临床诊断标准，则是直到 1996 年才被公布。在过去几十年，路易氏体失智症 (LBD) 的

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研究远落后于阿尔茨海默病和帕金森病的一个原因，是因为早期的观念认定路易氏体失智症 (LBD) 是一种罕见疾病。直到 1990 年代晚期一种染色技术的发展，研究者们才意识到，原来路易氏体失智症(LBD) 要比之前所认定的更为常见。」——以上摘自 [James E. Galvin, M.D., M.P.H.](#) 博士以及 [Meera Balasubramaniam, M.D.](#) 医生的研究论文：<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3999867>

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SYMPTOMS

Per National Institutes of Health, Pub No. 15-7907 and:

<https://www.nia.nih.gov/health/what-lewy-body-dementia#signs>

Symptoms that distinguish Lewy body dementia from other dementias may include:

- visual hallucinations early in the course of dementia
- fluctuations in cognitive ability, attention, and alertness
- slowness of movement, difficulty walking, or rigidity (parkinsonism)
- sensitivity to medications used to treat hallucinations
- REM sleep behavior disorder, in which people physically act out their dreams by yelling, flailing, punching bed partners, and falling out of bed
- more trouble with complex mental activities, such as multitasking, problem solving, and analytical thinking, than with memory

People with LBD may not have every LBD symptom, and the severity of symptoms can vary greatly from person to person. Throughout the course of the disease, any sudden or major change in functional ability or behavior should be reported to a doctor. The most common symptoms include changes in cognition, movement, sleep, and behavior.

症状

根据美国国家卫生院 (National Institutes of Health) 报告(出版编号 15-7907)及网站 <https://www.nia.nih.gov/health/what-lewy-body-dementia#signs> ,

用来区分路易氏体失智症 (LBD) 和其他失智症的**症状**可能包含:

- 失智症早期的幻视(visual hallucinations)
- 认知能力，注意力，和警觉性的波动
- 动作迟缓，走路困难，或是肢体僵硬 (帕金森症候群)
- 对于治疗幻觉药物的敏感性

- **快速动眼期睡眠行为失调症:** 患者用肢体演绎梦境，像是大吼大叫、挥动身体、捶打床伴、和从床上跌落。
- 比起记忆力，患者反而是对复杂的心智活动有较多困难，像是多重任务、解决问题、和分析性思维，。

患有路易氏体失智症 (LBD) 的人可能不会在同一时间内出现所有路易氏体失智症 (LBD) 的症状，症状的严重程度也会因人而异。在整个疾病的过程当中，患者应当向医生报告任何功能上和行为上所产生的突然或重大改变。最常见的症状包含认知、运动、睡眠、和行为上的改变。

COGNITIVE SYMPTOMS

LBD causes changes in thinking abilities. These changes may include:

- **Dementia**—Severe loss of thinking abilities that interferes with a person's capacity to perform daily activities. Dementia is a primary symptom in LBD and usually includes trouble with visual and spatial abilities (judging distance and depth or misidentifying objects), planning, multitasking, problem solving, and reasoning. Memory problems may not be evident at first but often arise as LBD progresses. Dementia can also include changes in mood and behavior, poor judgment, loss of initiative, confusion about time and place, and difficulty with language and numbers.
- **Cognitive fluctuations**—Unpredictable changes in concentration, attention, alertness, and wakefulness from day to day and sometimes throughout the day. A person with LBD may stare into space for periods of time, seem drowsy and lethargic, or sleep for several hours during the day despite getting enough sleep the night before. His or her flow of ideas may be disorganized, unclear, or illogical at times. The person may seem better one day, then worse the next day. These cognitive fluctuations are common in LBD but are not always easy for a doctor to identify.
- **Hallucinations**—Seeing or hearing things that are not present. Visual hallucinations occur in up to 80 percent of people with LBD, often early on. They are typically realistic and detailed, such as images of children or animals. Auditory hallucinations are less common than visual ones but may also occur. Hallucinations that are not disruptive may not require treatment. However, if they are frightening or dangerous (for example, if the person attempts to fight a perceived intruder), then a doctor may prescribe medication.

认知症状

路易氏体失智症会造成思维能力的改变。这些改变可能包含：

- **失智**—思维能力严重受损，以致阻碍个人日常生活自理能力。失智是路易氏体失智症 (LBD) 的一个主要症状，通常伴随着视觉和空间能力 (分辨距离和深度或是对于物品辨识)、计划、多重任务、解决困难、和推理等各项能力的障碍。记忆力方面的问题在一开始可能并不显着，但通常会随着路易氏体失智症 (LBD) 病情的持续进展而出现。失智还可能表现为情绪和行为上的改变(性情大变)、判断力薄弱、失去主动能力、时空混乱、以及对语言和数字使用困难。

- **认知能力的波动**—患者的专注力，注意力，警醒，和清醒程度每天产生不可预期的变化，该变化有时候可能会在同一天之内发生。路易氏体失智症 (LBD) 患者可能会在一段时间之内盯着某处发呆看起来嗜睡并无精打采，或是即便晚上有充足的睡眠白天还是要多睡好几个小时。他或她的思绪有时候可能是缺乏组织的、不清晰的、或是不合逻辑的。患者可能会在某一天病情好转了，但是隔天又病情加剧。这些认知能力的波动在路易氏体失智症 (LBD) 当中很常见，但是医生并不总是能够轻易地辨别这些症状。
- **幻觉**—看到或是听到不存在的事物。百分之八十的路易氏体失智症 (LBD) 患者会产生幻视 (Visual hallucinations)，其通常出现于病情早期。这些幻觉通常很逼真、很详细，像是以小孩或是动物的形象出现。幻听 Auditory hallucinations) 虽然不像幻视那么常见，但是也可能发生。(对日常生活) 不造成困扰的幻觉可能不需要治疗。但是如果这些幻觉令人恐惧或是具有危险性 (例如: 患者试图跟假想的入侵者搏斗)，医生则可能会开立处方药物。

MOVEMENT SYMPTOMS

Some people with Lewy body dementia may not experience significant movement problems for several years. Others may have them early on. At first, signs of movement problems, such as a change in handwriting, may be very mild and thus overlooked. Parkinsonism is seen early on in Parkinson's disease dementia but can also develop later on in dementia with Lewy bodies. Specific signs of parkinsonism may include:

- muscle rigidity or stiffness
- shuffling gait, slow movement, or frozen stance
- tremor or shaking, most commonly at rest
- balance problems and falls
- stooped posture
- loss of coordination
- smaller handwriting than was usual for the person
- reduced facial expression
- difficulty swallowing
- a weak voice

运动症状

一部分患有路易氏体失智症 (LBD) 的人可能多年来都没有经历明显的动作困难。其他一部分人则可能在疾病早期就有动作困难。一开始，动作问题的先兆，像是写字习惯的改变，其可能因其程度的轻微而被忽视。帕金森氏症候群在帕金森氏失智症患病初期即可见，但其也可出现于路易氏体失智症 (LBD) 的后期。帕金森氏症候群的特征可能包括:

- 肌肉僵硬或是动作生硬
- 碎步曳行 (步伐短，摇摇晃晃地行走)，动作迟缓，或是凝冻 (frozen stance)
- (不由自主地) 震颤或是颤抖，特别是在休息的时候
- 平衡问题和跌倒
- 驼背
- 丧失肢体协调能力
- 手写的字会比他 (她) 通常的手写字体小
- 面部表情减少

- 吞咽困难
- 声音虚弱

SLEEP DISORDERS

Sleep disorders are common in people with Lewy body dementia but are often undiagnosed. A sleep specialist can play an important role on a treatment team, helping to diagnose and treat sleep disorders. Sleep-related disorders seen in people with LBD may include:

- **REM sleep behavior disorder**—A condition in which a person seems to act out dreams. It may include vivid dreaming, talking in one's sleep, violent movements, or falling out of bed. Sometimes only the bed partner of the person with LBD is aware of these symptoms. REM sleep behavior disorder appears in some people years before other LBD symptoms.
- **Excessive daytime sleepiness**—Sleeping 2 or more hours during the day.
- **Insomnia**—Difficulty falling or staying asleep, or waking up too early.
- **Restless leg syndrome**—A condition in which a person, while resting, feels the urge to move his or her legs to stop unpleasant or unusual sensations. Walking or moving usually relieves the discomfort.

睡眠障碍

睡眠障碍在患有路易氏体失智症 (LBD) 的人群之中很常见，但是通常是没有被诊断出来的。治疗团队中的睡眠专家可能扮演着诊断和治疗睡眠障碍的一个重要角色。在路易氏体失智症当中，可能见到的睡眠相关的疾病包括：

- **快速动眼 (REM) 睡眠行为失调症**—患者用肢体演绎梦境的情况。这可能包含生动的梦境、说梦话、暴力动作、或是从床上跌落。有时候，只有路易氏体失智症 (LBD) 患者的床伴才知道这些症状的存在。快速动眼睡眠行为失调症可能在有些人的路易氏体失智症 (LBD) 症状发病前的好几年就已经出现了。
- **白天嗜睡**—在白天睡两个小时以上。
- **失眠症**—入睡困难，或是很难保持在睡眠状态当中，或是太早醒来。
- **不宁腿综合症**—当一个人在休息状态中，有一种需要动腿来排解不快或异样感受的冲动。这种不适感通常可以透过走路或是移动而获得缓解。

BEHAVIORAL AND MOOD SYMPTOMS

Changes in behavior and mood are possible in Lewy body dementia. These changes may include:

- **Depression**—A persistent feeling of sadness, inability to enjoy activities, or trouble with sleeping, eating, and other normal activities.
- **Apathy**—A lack of interest in normal daily activities or events; less social interaction.

- **Anxiety**—Intense apprehension, uncertainty, or fear about a future event or situation. A person may ask the same questions over and over or be angry or fearful when a loved one is not present.
- **Agitation**—Restlessness, as seen by pacing, hand wringing, an inability to get settled, constant repeating of words or phrases, or irritability.
- **Delusions**—Strongly held false beliefs or opinions not based on evidence. For example, a person may think his or her spouse is having an affair or that relatives long dead are still living. Another delusion that may be seen in people with LBD is Capgras syndrome, in which the person believes a relative or friend has been replaced by an imposter.
- **Paranoia**—An extreme, irrational distrust of others, such as suspicion that people are taking or hiding things.

行为和情绪症状

行为和情绪改变可能发生在路易氏体失智症 (LBD) 当中。这些改变包括：

- **忧郁**—指一种持续性的悲伤情绪，无法享受活动，或是在睡眠、饮食、和其他正常活动上产生困难。
- **冷漠**—对于正常的日常活动或是节目缺乏兴趣；较少的社交互动。
- **焦虑**—强烈的忧虑担心、不确定感、或是对于未来的事件或是情况感到恐惧。患者可能会一再重复同样的问题，或是当亲近的人不在的时候感到愤怒或是恐惧。
- **躁动**—坐立不安，表现为来回踱步、手足无措、无法安定下来、不断的重复一些单词或是词组、或是易怒。
- **妄想**—强烈但是没有证据的错误信念或意见。例如，某人可能幻想他(她)的配偶有婚外情或是过世很久的亲戚还活着。在 LBD 患者中可能看到的另一种妄想症叫做卡普格拉妄想症 (Capgras syndrome)，患者会认为其亲戚或朋友已经被冒名顶替者所取代。
- **偏执**—指一种极端且缺乏理性的对人的不信任感，像是怀疑别人拿走或是藏匿东西。

OTHER LBD SYMPTOMS

People with LBD can also experience significant changes in the part of the nervous system that regulates automatic functions such as those of the heart, glands, and muscles. The person may have:

- changes in body temperature
- problems with blood pressure
- dizziness
- fainting
- frequent falls
- sensitivity to heat and cold
- sexual dysfunction
- urinary incontinence
- constipation
- a poor sense of smell

其他路易氏体失智症的症状

患有路易氏体失智症的人也可能会经历显著的神经系统方面的，像是调节心脏、腺体、和肌肉等自主调节功能的改变。患者可能有：

- 体温异常
- 血压问题
- 晕眩
- 昏厥
- 频繁跌倒
- 对冷热敏感
- 性功能障碍
- 尿失禁
- 便秘
- 嗅觉失灵

A BETTER UNDERSTANDING OF SOME SYMPTOMS

The following information from the Parkinson's Disease Foundation is extremely helpful to get a better understanding of many symptoms. As a reminder, Lewy body dementia is an umbrella term for two related diagnoses. It refers to both Parkinson's disease dementia and dementia with Lewy bodies. Note that some people with LBD may have a mixture of Alzheimer's disease as well, so symptoms and understanding may vary.

对一些症状的更深度了解

帕金森病基金会 (Parkinson's Disease Foundation) 所提供的以下信息，对于深度了解更多症状有着极大的帮助。注意，路易氏体失智症 (Lewy body dementia or LBD) 是一个包含两种相关诊断疾病的广义词。路易氏体失智症 Lewy body dementia or LBD 一词涵盖帕金森氏失智症 (Parkinson's disease dementia) 和另一种称为 dementia with Lewy bodies 的路易氏体失智症。备注：在中文翻译中，对于 Lewy Body Dementia 和 Dementia with Lewy bodies，目前并没有很好的区分方式。便于区分，我们用 LBD 来泛指广义的路易氏体失智症，用 DLB 来代表狭义的路易氏体失智症。

Types of Cognitive Difficulties in PD

PD affects a variety of cognitive functions. Problems with executive function are often regarded as the most common. However, some people may undergo memory

problems more significantly, while others will experience a mixture of difficulties. Most people retain their general intellectual abilities and knowledge as well as the short and long-term memories they acquired prior to the onset of PD.

帕金森病中的认知困难种类

帕金森病 (PD) 会影响许多种类的认知功能。最普遍的通常被认为是执行功能的障碍。然而,也有人受影响最明显的是记忆力,而其他人会经历综合性的认知功能障碍。不过大多数患者得以维持他们一般的智力和知识,以及他们在帕金森发病前所获得的短期和长期记忆。

Executive dysfunction: Executive functions are higher-order mental processes such as problem-solving and planning, initiating and following through on tasks, and multi-tasking ideas or projects. For a person with PD, paying bills or even taking part in group conversations can be difficult. Why? It's because these activities require a person to be flexible and be able to shift from one category of information or one specific goal to another. People with PD may describe getting overwhelmed or 'freezing' in situations that require the formulation of a series of strategic choices, yet they appear to function perfectly when someone else helps them initiate and persist with a task. In the absence of some sort of "intellectual scaffolding," it is more efficient for the person with PD to focus on one goal or concept at a time. An example is a person who was unable to initiate a project to clean his messy basement, but who successfully completed the task after his wife provided structure and cues by breaking down the task into parts and providing explicit instructions that focused on one single area at a time.

执行功能障碍: 执行功能是更高层次的心理活动,例如:解决问题,计划、启动和完成任务,以及一心多用地处理想法与项目。对于患有帕金森病的人来说,支付账单甚至参加小组对话都可能很困难。为什么?因为这些活动需要灵活性,需要能够从一类信息或一个特定目标,转移到另一类信息或另一个特定目标的能力。患有帕金森病的人可能会描述,他们会对于制定一系列战略选择的情况感到不知所措或是「冻结」,但是当其他人帮助他们启动并贯彻单单一项任务时,他们似乎就可以正常的运作。在没有「智力支援」的情况下,让帕金森患者一次只专注于一个目标或是一个概念会比较有效果。一个例子是,若是一个人自己无法启动对于他凌乱的地下室的清理计划,当他的妻子将任务分解成多个部分并给他提供明确的指示之后,他就能成功地透过一次只专注于一个区域来完成任务。

Memory disturbances: Remembering information that has already been learned is the most common difficulty for those with PD and can be improved through use of memory cues. For a person with PD to effectively learn and retain new information, repetition may be needed. PD-D affects both short-term and long-term memory functions more severely.

记忆混乱: 患有帕金森病 (PD) 的人最常见的困难是回想起已经学过的信息，但是这个情况可以透过提供跟记忆有关的线索来改善。患有帕金森的人若想要有效地学习和记得新的信息，可能需要进行大量的重复。帕金森氏失智症 (PD-D) 则对于短期和长期记忆功能的影响，则更为严重。

Attention difficulties: As the complexity of a situation increases, it can be difficult for a person with PD to maintain his or her focus or divide his or her attention. For example, patients may find they can no longer “walk and chew gum at the same time.” This affects intellectual pursuits and everyday activities such as walking, maintaining balance, and carrying on a conversation.

注意力困难 当所面对的情况的复杂性增加时，患有帕金森病的人可能会很难保持或是分散他（她）的注意力。例如，患者可能会发现他们没有办法「同时走路和嚼口香糖」。这会影影响智性的追求和日常活动，如走路、保持平衡、和进行会话。

Bradyphrenia (slowed mental processing): People with PD say that the disease affects how quickly they can process and respond to information. Slowness in information processing impacts both other cognitive processes (such as problem-solving and retrieving information) and daily activities (such as conversing).

心智迟钝 (心智处理过程减缓): 一些帕金森患者表示，这种疾病会影响他们对于信息的处理和做出反应的速度。信息处理的缓慢也会影响其他认知过程（如解决问题和检索信息）和日常活动（如交谈）。

Language dysfunction: The most common language-related difficulty for people with PD is word-finding. As a person’s PD progresses, he or she may also experience problems with naming or mis-naming, may have difficulty comprehending complex information, and may use more simplified and less spontaneous speech.

语言功能障碍: 帕金森患者最常见的语言相关的困难是找到恰当的词语。随着帕金森病的恶化，他（她）可能会产生命名或错误命名的问题，患者会难以理解复杂的信息，并且可能使用更简化的言语或进行更少的自发性言语。

Visual-spatial disturbances: Trouble perceiving, processing, discriminating, and acting on visual information in the environment can affect daily life. For example, it may become difficult to navigate around the house or estimate distances when reaching for something, thereby increasing the risk of falls. In some cases, visual-spatial impairment in PD may also lead to visual misperceptions, or illusions.

视觉空间障碍: 感知、处理、辨别和使用环境中的视觉信息方面的困难，可能会影响患者的日常生活。例如，（当患者）伸手拿东西时，会因为对于在房子周围移动或估计距

离的障碍，增加跌倒的风险。在某些情况下，帕金森患者的视觉空间障碍也可能导致错觉或幻觉。

Causes of Cognitive Changes in PD

Our understanding of the causes of cognitive changes in PD is incomplete. We do know that problems with cognition are related to the same underlying brain changes that result in motor symptoms — that is, premature death of nerve cells, changes in brain neurochemistry, and subsequent alterations in brain circuitry between different brain regions. In addition, Lewy bodies, the abnormal collections of proteins that are found in nerve cells in PD, are related to changes in motor pathways and to pathways affecting cognitive processes.

在帕金森病当中认知改变的成因

我们对帕金森病所产生的认知变化的成因目前的理解尚未完全，但确信的是，认知问题与运动症状的形成都和同样的潜在大脑变化有关——即，神经细胞过早死亡、脑神经化学变化、以及随之而来的不同大脑区域间脑回路的改变。此外，路易氏体，也就是帕金森病患者脑神经细胞中发现的蛋白质异常集合，与运动通路的变化和影响认知过程的通路相关。

Other elements can cause and aggravate cognitive difficulties. Untreated depression, anxiety, psychosis, sleep, and other behavioral difficulties can exacerbate cognitive difficulties. In addition, some medications, whether for PD or other conditions, can cause negative cognitive effects as can some non-PD-related general medical conditions, such as infections.

其他因素也会导致和加剧认知困难。未经治疗的抑郁、焦虑、思觉失调、睡眠和其他行为困难都会加剧该障碍。此外，一些药物，无论是用于帕金森病还是其他疾病，都可能导致负面的认知影响，而一些与帕金森病无关的一般疾病，如感染，也可能产生相似的影响。

MOVEMENT – further information from the Parkinson’s Disease Foundation:

- **Bradykinesia:** Bradykinesia means “slow movement.” A defining feature of Parkinson’s, bradykinesia also describes a general reduction of spontaneous movement, which can give the appearance of abnormal stillness and a decrease in facial expressivity. Bradykinesia causes difficulty with repetitive movements, such as finger tapping. Due to bradykinesia, a person with Parkinson’s may have difficulty performing everyday functions, such as buttoning a shirt, cutting food or brushing his or her teeth. People who experience bradykinesia may walk with short, shuffling steps. The reduction in movement and the limited range of movement caused by bradykinesia can affect a person’s speech, which may become quieter and less distinct as Parkinson’s progresses. <https://www.parkinson.org/>

运动 - 来自帕金森病基金会的更多信息：

- **运动迟缓**：运动迟缓 (Bradykinesia) 的意思就是「缓慢的动作」。作为帕金森病的一个定义特征，运动迟缓也描述了普遍减少的自发动作，这可能导致异常僵硬的外观和面部表情减少。运动迟缓还会导致重复动作时的困难，例如敲击手指。由于运动迟缓，帕金森患者可能难以完成日常功能，像是扣衬衫纽扣、切食物、或刷牙。经历运动迟缓的人可能会以碎步曳行 (摇摇晃晃地行走) 的方式行走。运动迟缓引起的运动减少和有限的运动范围可能也会影响一个人的言语能力，随着帕金森氏症的进展，患者可能会变得更安静，更加口齿不清。 <https://www.parkinson.org/>

PROGNOSIS

Per National Institutes of Health:

Lewy body dementia is a progressive disease, meaning symptoms start slowly and worsen over time. The disease lasts an average of 5 to 7 years from the time of diagnosis to death, but the time span can range from 2 to 20 years. How quickly symptoms develop and change varies greatly from person to person, depending on overall health, age, and severity of symptoms. In the early stages of LBD, usually before a diagnosis is made, symptoms can be mild, and people can function fairly normally. As the disease advances, people with LBD require more and more help due to a decline in thinking and movement abilities. In the later stages of the disease, they may depend entirely on others for assistance and care. <https://www.nia.nih.gov/alzheimers/publication/lewy-body-dementia/basics-lewy-body-dementia>

预后

根据美国国立卫生研究院：

路易氏体失智症是一种渐进性疾病，这意味着症状先是缓慢地开始，并随着时间的推移而逐渐恶化。该疾病从确诊到死亡平均持续 5 至 7 年，但时间的跨度可以从 2 到 20 年不等。症状发展和变化的速度因人而异，具体取决于整体健康情况、年龄和症状的严重程度。在 LBD 的早期阶段，通常在被诊断之前症状可能还是轻微的，且患者可以大致正常地运作。随着疾病的恶化，由于思维和运动能力的下降，LBD 患者会需要越来越多的帮助。在疾病的后期阶段，他们可能需要完全依赖他人的帮助和护理。

<https://www.nia.nih.gov/alzheimers/publication/lewy-body-dementia/basics-lewy-body-dementia>

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Genetics: While having a family member with LBD may increase a person's risk, LBD is not normally considered a genetic disease.

遗传学：虽然家庭成员患有 LBD 可能会增加个人的患病风险，但 LBD 通常不被认定为是一种遗传性疾病。

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DIAGNOSIS

诊断

Please go to our **NEW YORK RESOURCES/PROFESSIONALS** section on this website for a [list of doctors](#) who are aware of LBD.

请访问本网站上的纽约资源/专业人员专区 (**NEW YORK RESOURCES/PROFESSIONALS**) 来获取熟悉了解路易氏体失智症的[医生们的名单](#)。

WHO CAN DIAGNOSE LBD?

Many doctors and other health care professionals are not familiar with LBD, so people may see several physicians before receiving a correct diagnosis. A general practitioner is usually the first professional visited by persons who are encountering changes in thinking, behavior, or movement. But **neurologists** more frequently have the knowledge required to diagnose LBD. Geriatric psychiatrists, neuropsychologists, and geriatricians may also be skilled in diagnosing the condition.

谁有资格诊断路易氏体失智症?

许多医生和其他医疗保健专业人员并不熟悉 LBD，因此人们在接受正确诊断之前可能已经看过多位医生。通常对于思维、行为、运动异常的患者，全科医生 (general practitioner) 是第一位会诊的专业人士。但是脑神经专科医生 (**neurologists**) 更可能拥有诊断 LBD 的专业知识。老年学精神科医生、神经心理学家，以及老年医学专家们也可能擅长于诊断病情。

WHICH TESTS ARE USED TO DIAGNOSE LBD?

Currently, there are no scans or tests that can absolutely diagnose LBD. The disease can only be diagnosed completely through a brain autopsy after death.

有那些测试可以用来诊断 LBD?

目前，没有扫描或测试可以绝对诊断 LBD。这种疾病只能在死后通过脑部验尸才能完全诊断出来。

However, medical professionals may conduct various tests to identify LBD from other diseases. These tests may involve:

- **Medical history and examination**—A review of previous and current illnesses, medications, and current symptoms and tests of movement and memory give the doctor valuable information.
- **Medical tests**—Laboratory studies can help rule out other diseases and hormonal or vitamin deficiencies that can be associated with cognitive changes.
- **Neuropsychological tests**—These tests are used to assess memory and other cognitive functions and can help identify affected brain regions.

但是，医疗专业人员可能会进行各种测试来区辨 LBD 和其他疾病。这些测试可能涉及：

- **病史和健康检测**—回顾以前和现在的疾病、药物、和当前的症状、以及运动和记忆测试可以给医生提供有价值的信息。
- **医学测试**—实验室检测可以帮助排除其他相关的疾病以及和荷尔蒙或维生素缺乏相关的认知改变。
- **神经心理学测试**—这些测试用于评估记忆和其他认知功能，也可以帮助识别被影响的大脑区域。

THE FOLLOWING TESTS CAN HELP SUPPORT AN LBD DIAGNOSIS:

- REM sleep test
- DaTscan
- PET scan
- MRI
- **Skin biopsy that is highly sensitive and specific for LBD (CND Life Sciences)**
- Amprion SYNTAP Biomarker Test (spinal fluid test)

以下测试对于 LBD 的诊断可起到帮助支持的作用:

- 快速动眼期睡眠测试
- 达斯坎（多巴胺转运蛋白扫描）
- PET 扫描
- 磁力共振成像（MRI）
- **高敏感和针对 L B D 的皮肤活体组织检测（CND 生命科学）**
- Amprion SYNTAP 生物标记测试（脊髓液测试）

3 MINUTE TEST

Dr. James Galvin, a neurologist and Director of the Comprehensive Center for Brain Health at the University of Miami, has developed a 3-minute test to evaluate signs of

Lewy body dementia. The test contains 10 yes-or-no questions. Six of them cover non-motor symptoms such as unreasoned thinking, hallucinations, or excessive sleep and four include motor symptom aspects such as rigidity in the arms and legs, slowness of movement and trouble with balance.

三分钟测试

迈阿密大学脑神经专科医生兼脑健康综合中心主任 James Galvin 博士开发了一种 3 分钟的测试来评估路易氏体失智的迹象。该测试包含 10 个是与否的问题。其中六项问题包括非运动症状，如不合理的思维、幻觉或过度睡眠，四项包括针对运动方面的症状，如手臂和腿部僵硬、动作迟缓、以及平衡困难。

Dr. Galvin advises that this test should be performed by a physician (preferably a neurologist).

Galvin 博士建议该测试应该由医生（最好是脑神经专科医生）来进行。

Please rate the following physical findings being present or absent for the past 6 months and symptoms as being present or absent for at least 3 times over the past 6 months. Does the patient...	Yes	No
请评估下列身体健康结果和症状在过去 6 个月内是否出现至少三次以上。 病人...		
Have slowness in initiating and maintaining movement or have frequent hesitations or pauses during movement? 是否在启动和维持动作时显得迟缓，或者在运动过程中经常犹豫或停顿？		
Have rigidity (with or without cogwheeling) on passive range of motion in any of the 4 extremities? 是否在被动式关节运动时有任何四肢僵硬的情况（无论有没有产生齿轮样强直）？		
Have a loss of postural stability (balance) with or without frequent falls? 是否失去姿势稳定性（平衡），无论有或没有伴随频繁的跌倒？		
Have a tremor at rest in any of the 4 extremities or head?		

在静止时，任何四肢或是头部有震颤（不由自主地颤抖）吗？		
Have excessive daytime sleepiness and/or seem drowsy and lethargic when awake? 是否在白天过度嗜睡和/或清醒时看起来昏昏欲睡？		
Have episodes of illogical thinking or incoherent, random thoughts? 是否有不合逻辑的思维或不连贯、随机的想法？		
Have frequent staring spells or periods of blank looks? 是否有频繁的凝视（盯着一个地方发呆）或茫然的表情？		
Have visual hallucinations (see things not really there)? 是否有幻视（看到不存在的东西）？		
Appear to act out his/her dreams (kick, punch, thrash, shout or scream)? 是否有类似于用身体表演他（她）所做的梦（踢，拳击，捶打，喊或尖叫）的情况？		
Have orthostatic hypotension or other signs of autonomic insufficiency? 是否有直立性低血压或其他自主神经功能不全的征兆？		
Total 总分		

The Lewy Body Composite Risk Score details:

<http://med.fau.edu/research/Lewy%20Body%20Composite%20Risk%20Score%20Form%20and%20Instructions.pdf>

路易氏体综合风险评分详细信息: <http://med.fau.edu/research/Lewy%20Body%20Composite%20Risk%20Score%20Form%20and%20Instructions.pdf>

Written Tests

To measure memory and thinking abilities, a quick written test can be done at your physician's office. This can indicate dementia in general but wouldn't confirm it being

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LBD. There are tests available that will take a few hours that can help recognize Lewy body dementia.

笔试

有一个测量记忆力和思维能力的快速笔试可以在您的医生的办公室内完成。这个测试可以测出一般性的失智，但无法确认它是否是 LBD。现有的能帮助识别路易氏体失智症的测试，则需要花费好几个小时的时间来完成。

National Memory Screening Programs

The Alzheimer's Foundation of America has this screening available in New York:

<http://www.afascreenings.org/search-results?country=US&filter=all&province=NY>

国家记忆筛查计划项目

美国阿尔茨海默病基金会在纽约提供以下筛查：

<http://www.afascreenings.org/search-results?country=US&filter=all&province=NY>

SCANS

A DaTSCAN, which is available only at certain medical centers, can help diagnose Parkinson's disease and help differentiate Lewy Body Dementia from Alzheimer's disease. It detects loss of dopaminergic neurons in the brain.

Please go to our **NEW YORK RESOURCES/PROFESSIONALS** section on this website for a [list of doctors](#) who are aware of LBD.

扫描

DaTSCAN 仅在某些医疗中心提供，但这种扫描能帮助诊断帕金森病，以及帮助区分路易氏体失智症和阿尔茨海默病。它检测大脑中多巴胺神经元的损失。

请访问本网站上的纽约资源/专业人员专区 (**NEW YORK RESOURCES/PROFESSIONALS**) 来获取了解路易氏体失智症的[医生们的名单](#)。

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TREATMENT & IMPORTANT INFORMATION

治疗以及重要信息

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Treatment can be challenging, and there's no cure for Lewy body dementia. Instead, doctors treat the individual symptoms.

治疗可能具有挑战性，且路易氏体失智症目前尚无法完全治愈。医生会着重于治疗患者的症状（而不是疾病本身）。

IMPORTANT The onset of aggression in LBD may have a variety of causes, including infections (e.g., UTI—urinary tract infection), medications, misinterpretation of the environment or personal interactions, and the natural progression of the disease.

重要提示 在 L B D 当中攻击性行为的产生有多种可能的原因，包括感染（例如 UTI-尿道感染），药物，对环境或人际互动的误解，以及疾病的自然进展。

If confusion or aggressive behavior suddenly begins, there are several reasons this may be occurring, other than that it may be a progression of the disease. If there were any recent **medication changes**, be sure to call your doctor as it may be an indication that the newly introduced drug is not agreeing with the person with LBD. They are extremely sensitive to certain medications. Infections, such as a urinary tract infection (known as a UTI), will often have a person display this behavior, as will **dehydration**. Other possibilities could be environmental, such as a new item in the room that may bring on hallucinations or a change in timing.

如果困惑或攻击行为是突发性的，那除了可能是疾病本身的进展之外，还有其他几种可能因素。如果最近有任何**药物使用上的变化**，请务必致电您的医生，因为这可能代表新的药物对于这名 LBD 患者并不合适。L B D 患者对某些药物是非常敏感的。感染，如尿道感染（称为 UTI），通常会导致患者出现这类突发性行为，**脱水也会**。其他可能性还有环境因素，例如房间里的一件新的物品可能会引起幻觉，或是患者对于时间感知的变化。

WARNING ABOUT ANTIPSYCHOTICS **IMPORTANT**

对于抗精神病药物的警告 **重要提示**

First-generation antipsychotic medications, such as haloperidol (Haldol), should not be used to treat Lewy body dementia. They may cause severe confusion, severe Parkinsonism, sedation and sometimes even death. Very rarely, certain second-generation antipsychotics may be prescribed for a short time at a low dose but only if the benefits outweigh the risks. <http://memory.ucsf.edu/education/diseases/dlb>

第一代抗精神病药物，如氟哌啶醇 haloperidol（好度液 Haldol），不应用于治疗路易氏体失智症。它们可能导致严重的神智不清、严重的帕金森氏症候群、镇静(昏睡)，有时甚至是死亡。极

少数情况下，某些第二代抗精神病药物低剂量处方可以于短时间内开立，但前提是要在益处大于风险的情况下使用。 <http://memory.ucsf.edu/education/diseases/dlb>

PER THE NIH:

People with Lewy body dementia may have severe reactions to, or side effects from, antipsychotics— medications used to treat delusions, hallucinations, or agitation. These side effects include increased confusion, worsened parkinsonism, extreme sleepiness, and low blood pressure that can result in fainting (orthostatic hypotension). Caregivers should contact the doctor if these side effects continue after a few days.

根据美国国立卫生院 (NIH):

路易氏体失智症患者可能对抗精神病药物、用于治疗妄想、幻觉或躁动的药物产生严重反应或副作用。这些副作用包括加重患者的困惑（意识不清）、致使帕金森氏症候群恶化、极度嗜睡、低血压、和可能由低血压导致的昏厥（直立性低血压）。如果这些副作用在几天后仍然持续，照顾者应联系医生。

Some antipsychotics, including olanzapine (Zyprexa®) and risperidone (Risperdal®), should be avoided, if possible, because they are more likely than others to cause serious side effects. In rare cases, a potentially deadly condition called neuroleptic malignant syndrome can occur. Symptoms of this condition include high fever, muscle rigidity, and muscle tissue breakdown that can lead to kidney failure. Report these symptoms to your doctor immediately.

如果可能的话，应避免使用某些抗精神病药物，包括奥氮平 olanzapine (Zyprexa®) 和利培酮 risperidone (Risperdal®)，因为它们比其他药物更容易引起严重的副作用。在极罕见情况下，还可能产生可致死的抗精神病药物恶性症候群。这种疾病的症状包括高烧、肌肉僵硬和可导致肾衰竭的肌肉组织分解。这些症状需要即刻向医生报告。

Antipsychotic medications increase the risk of death in elderly people with dementia, including those with LBD. Doctors, patients, and family members must weigh the risks of antipsychotic use against the risks of physical harm and distress that may occur as a result of untreated behavioral symptoms.

抗精神病药物会增加失智老人（包括 LBD 患者）的死亡风险。医生、患者和家属必须在抗精神病药物的使用风险与放任问题行为可能造成的身体伤害和痛苦之间权衡。

People with Lewy body dementia are often sensitive to prescription and over-the-counter medications for other medical conditions. Talk with your doctor about any side effects seen in a person with LBD.

路易氏体失智症患者通常对治疗其他疾病的处方和非处方药物敏感。向您的医生陈述在LBD患者中看到的任何副作用。

If surgery is planned and the person with Lewy body dementia is told to stop taking all medications beforehand, ask the doctor to consult the person's neurologist in developing a plan for careful withdrawal. In addition, **be sure to talk with the anesthesiologist in advance to discuss medication sensitivities and risks unique to LBD. People with LBD who receive certain anesthetics may become confused or delirious and have a sudden, significant decline in functional abilities, which may become permanent.**

如果有进行手术的计划，且LBD患者被告知要事先停止服用所有药物，请手术医生咨询患者的脑神经专科医生，以制定严谨的戒断计划。此外，**请务必提前与麻醉师沟通，讨论LBD特有的药物敏感性和风险。LBD患者在接受某些麻醉时，可能会变得困惑或精神错乱（急性意识错乱；谵妄），因而产生突然且显著的功能下降，这可能会造成永久性伤害。**

Depending on the procedure, possible alternatives to general anesthesia may include a spinal or regional block. These methods are less likely to result in confusion after surgery. Caregivers should also discuss the use of strong pain relievers after surgery, since people with LBD can become delirious if these drugs are used too freely.

根据手术的不同，全身麻醉的可能替代方案可能包括脊柱或区域阻滞。这些方法不太可能在手术后导致（患者的）困惑。照顾者也应当讨论手术之后对强效止痛药的使用，如果这些药物的使用过于自由（未加规范），LBD患者可能会变得精神错乱（急性意识错乱；谵妄）。

[PAGE #5]

MEDICATIONS IMPORTANT

Medications Important

Physicians familiar with LBD will generally try new medications at the lowest dose and then slowly, depending upon the medication, increase the dosage. With LBD, it's best to GO LOW AND GO SLOW.

药物 重要提示

药物 重要

熟悉 LBD 的医生通常会以最低剂量来尝试新药，然后根据药物类型，慢慢增加剂量。对于 LBD，最好就是低剂量和慢慢来。

Medication information as well as non-drug approaches follows, as per the Mayo Clinic at: <http://www.mayoclinic.org/diseases-conditions/lewy-body-dementia/basics/treatment/con-20025038> - Retrieved June, 2016

- **Cholinesterase inhibitors.** These Alzheimer's disease medications, such as rivastigmine (Exelon), work by increasing the levels of chemical messengers believed to be important for memory, thought and judgment (neurotransmitters) in the brain.
- This can help improve alertness and cognition, and may help reduce hallucinations and other behavioral problems. Possible side effects may include gastrointestinal upset, excessive salivation and tearing, and frequent urination.
- **Parkinson's disease medications.** These medications — such as carbidopa-levodopa (Sinemet) can help reduce parkinsonian symptoms, such as rigid muscles and slow movement — in some people with Lewy body dementia. However, these medications may also cause increased confusion, hallucinations and delusions.
- **Antipsychotic medications.** These medications, such as quetiapine (Seroquel), olanzapine (Zyprexa) and others, may somewhat improve delusions and hallucinations. However, some people with Lewy body dementia have a dangerous sensitivity to some of these drugs. Reactions, which are sometimes irreversible, can include severe parkinsonian symptoms and confusion.
- **Medications to treat symptoms.** Your doctor may prescribe medications to treat other symptoms associated with Lewy body dementia, such as sleep or movement problems.

If possible, avoid medications with anticholinergic properties, which can worsen cognition, or dopamine agonists, which can cause hallucinations.

妙佑医疗国际 (Mayo Clinic) 提供的药物以及非药物性疗法的信息如下：

<http://www.mayoclinic.org/diseases-conditions/lewy-body-dementia/basics/treatment/con-20025038> 检索于 2016 年 6 月

- **胆碱酯酶抑制剂。** 这些阿尔茨海默病的药物，如卡巴拉汀 rivastigmine (Exelon)，作用于增加大脑中一般认为对记忆、思考和判断力有重要功能的化学信使 (神经递质) 的浓度。
- 这可以帮助提高警觉性和认知能力，并可能有助于减少幻觉和其他行为方面的问题。可能的副作用包括胃肠道不适、过多的唾液分泌和流泪，以及尿频。
- **帕金森病药物。** 这些药物——如卡比多巴 - 左旋多巴 carbidopa-levodopa (Sinemet) 可以帮助一些路易氏体失智症患者减轻其帕金森氏症候群，如肌肉僵硬和动作迟缓。然而，这些药物也可能导致更严重的困惑、幻觉和妄想。
- **抗精神病药物。** 这些药物，如喹硫平 quetiapine (思瑞康 Seroquel)、奥氮平 olanzapine (金普萨 Zyprexa) 和其他药物等，可能会在一定程度上改善妄想和幻觉。然而，一些路易氏体失智症患者对这些药物有危险的敏感性。这些反应有时是不可逆转的，包含严重的帕金森氏症候群和神智不清。
- **治疗症状的药物。** 您的医生可能会开立药物来治疗其他路易氏体失智症的相关症状，例如睡眠或运动问题。

有可能的话，尽量避免使用抗胆碱性的药物，因为这些药物会恶化认知能力；也要避免多巴胺激动剂，因为这可能导致幻觉。

First-generation antipsychotic medications, such as haloperidol (Haldol), should not be used to treat Lewy body dementia. They may cause severe confusion, severe Parkinsonism, sedation and sometimes even death. Very rarely, certain second-generation antipsychotics may be prescribed for a short time at a low dose but only if the benefits outweigh the risks.

第一代抗精神病药物，如氟哌啶醇 haloperidol（好度液 Haldol），不应用于治疗路易氏体失智症。它们可能导致严重的神智不清、严重的帕金森氏症候群、镇静，有时甚至是死亡。极少数情况下，某些第二代抗精神病药物低剂量处方可以于短时间内开立，但前提是要在益处大于风险的情况下使用。

Individuals diagnosed with Lewy body dementias **often have adverse reactions including confusion when taking medications that affect the brain, such as anti-anxiety drugs (examples: Valium®, Ativan®), anticholinergic drugs (examples: Benadryl®, Detrol®), and antiparkinson’s drugs (examples: Sinemet®, Mirapex®).** To avoid adverse reactions to medications, physicians should carefully monitor medications, introduce medications one at a time and prescribe minimal doses when possible. – University of California, San Francisco, Memory & Aging Center:

<http://memory.ucsf.edu/education/diseases/dlb>

被诊断有路易氏体失智症的人群经常会产生对药物的不良反应，包括在服用影响大脑的药物，如抗焦虑药物（例如：Valium，Ativan®）、抗胆碱药物（例如：Benadryl，Detrol®）和抗帕金森病药物（例如：Sinemet®，Mirapex®）时所产生的困惑。为避免对药物的不良反应，医生应仔细监测药物的使用，一次只开立一种药物，并在可能的情况下开出最小剂量。摘自加州大学洛杉矶分校记忆与衰老中心：

<http://memory.ucsf.edu/education/diseases/dlb>

TREATMENT & IMPORTANT INFORMATION

TREATMENT IMPORTANT The onset of aggression in Lewy body dementia may have a variety of causes, including infections (e.g., UTI–urinary tract infection), medications, misinterpretation of the environment or personal interactions, and the natural progression of the disease.

治疗和重要信息

治疗 重要提示。当路易氏体失智症的攻击性行为发作时，可能有多种成因，包括感染（例如 UTI-尿道感染）、药物、对环境或个人互动的误解，以及疾病的自然进展。

If confusion or aggressive behavior suddenly begins, there are several reasons this may be occurring, other than that it may be a progression of the disease. If there were any recent **medication changes**, be sure to call your doctor as it may be an indication that the newly introduced drug is not agreeing with the person with LBD. They are extremely sensitive to certain medications. Infections, such as a urinary tract infection (known as a UTI), will often have a person display this behavior, as will **dehydration**. Other

possibilities could be environmental, such as a new item in the room that may bring on hallucinations or a change in timing.

如果困惑或攻击性行为突然开始，除了可能是疾病本身的进展之外，还有其他几种可能因素。如果最近有任何**药物使用上的变化**，请务必致电您的医生，因为这可能表示这种新的药物对于 LBD 患者来说并不合适。L B D 患者对于某些药物非常敏感。感染，如尿道感染（称为 UTI），通常会让学生表现出这种突发性的行为，**脱水**也会。其他可能的成因有可能是环境因素，例如房间里的一件新物品可能会引起幻觉或是患者对于时间感知的变化。

WARNING ABOUT ANTIPSYCHOTICS **IMPORTANT**

关于抗精神病药物的警告 **重要提示**

Warning

Per the [NIH](#):

People with Lewy body dementia may have severe reactions to or side effects from antipsychotics, medications used to treat delusions, hallucinations, or agitation. These side effects include increased confusion, worsened parkinsonism, extreme sleepiness, and low blood pressure that can result in fainting (orthostatic hypotension). Caregivers should contact the doctor if these side effects continue after a few days.

警告

根据[美国国立卫生研究院](#)：

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如果有进行手术的计划，且 LBD 患者被告知要事先停止服用所有药物，请手术医生咨询患者的脑神经专科医生，以制定严谨的戒断计划。此外，**请务必提前与麻醉师沟通，讨论 LBD 特有的药物敏感性和风险。LBD 患者在接受某些麻醉时，可能会变得困惑或精神错乱（急性意识错乱；谵妄），因而产生突然且显著的功能下降，这可能会造成永久性伤害。**

Depending on the procedure, possible alternatives to general anesthesia may include a spinal or regional block. These methods are less likely to result in confusion after surgery. Caregivers should also discuss the use of strong pain relievers after surgery, since people with LBD can become delirious if these drugs are used too freely.

根据手术的不同，全身麻醉的可能替代方案可能包括脊柱或区域阻滞。这些方法不太可能在手术后导致困惑。照顾者也应当讨论手术之后的强效止痛药的使用，如果这些药物使用过于自由（未加规范），LBD 患者可能会变得精神错乱（急性意识错乱；谵妄）。

Translated by Shih-Yin Lin, PhD, MPH, MM
简体中文版由林十吟博士翻译
Reviewed by Meina Zhang, BSN, Zilin Zhu, BSN
张美娜、朱子霖审阅

MEDICATIONS GLOSSARY

This **Medications Glossary**, developed by the Lewy Body Dementia Association, may be very helpful: https://www.lbda.org/wp-content/uploads/2020/09/medication_glossary_2015-1.pdf

Nuplazid (Pimavanserin) – In this link from alzforum.org, please scroll down to read Dr. Ian McKeith’s concerns about using this new Parkinson’s drug for people with LBD at this point – “I would urge some careful early dose-finding work to establish safety in DLB.”

<http://www.alzforum.org/news/research-news/pimavanserin-nears-approval-treat-psychois-parkinsons#comment-20316>

药物术语表

这份由路易氏体失智症协会研发的**药物术语表**可能会非常有用: https://www.lbda.org/wp-content/uploads/2020/09/medication_glossary_2015-1.pdf

匹莫范色林 (Nuplazid, Pimavanserin) —在 alzforum.org 的这个链接中, 请把网页往下拉, 来阅读 Ian McKeith 博士对于 LBD 患者使用新型帕金森病药物的担忧 ——“为了确定其用于 L B D 的安全性, 我会力劝谨慎地完成一些早期剂量的测定工作。 ”

<http://www.alzforum.org/news/research-news/pimavanserin-nears-approval-treat-psychois-parkinsons#comment-20316>

The New York Times New Old Age blog:

纽约时报新老年时代博客 :

The New York Times reported how caution should be used by all older adults regarding the use of sleeping agents or sedative-hypnotic medications:

《纽约时报》报导了老年人在服用安眠药或镇静催眠药物时, 应当如何谨慎使用 :

“Geriatricians and other physicians have fretted for years about the use of sedative-hypnotic medications, including benzodiazepines (like Ativan, Klonopin, Xanax and Valium) and the related “Z-drugs” (like Ambien) for treating insomnia.

Translated by Shih-Yin Lin, PhD, MPH, MM
简体中文版由林十吟博士翻译
Reviewed by Meina Zhang, BSN, Zilin Zhu, BSN
张美娜、朱子霖审阅

老年病学家和其他医生多年来一直对镇静催眠药物的使用表示忧心，包括苯二氮平类药物 benzodiazepines（如 Ativan，Klonopin，Xanax 和 Valium）和与其相关且用于治疗失眠的“Z 药物”（如 Ambien）。

“I’m not comfortable writing a prescription for these medications,” said Dr. Cara Tannenbaum, the geriatrician at the University of Montreal who led the weaning study. “I haven’t prescribed a sedative-hypnotic in 15 years.”

「我对开立这些处方药物感到不适，」蒙特利尔大学领导药物戒断研究的老年病学家 Cara Tannenbaum 博士如此说。“我已经 15 年没有开立过镇静催眠药了。”

In 2013, the American Geriatrics Society put sedative-hypnotics on its first Choosing Wisely campaign list of “Five Things Physicians and Patients Should Question,” citing heightened fall and fracture risks and automobile accidents in older patients who took them.

2013 年，美国老年医学会（American Geriatrics Society）将镇静催眠药物列入其首个「明智选择运动」的一份名为《医生和患者应该质疑的五件事》的清单当中，原因是因为服用它们的老年患者有更高的跌倒和骨折风险以及车祸事件。

Now the C.D.C. has reported that a high number of emergency room visits are associated with psychiatric medications in general, and zolpidem — Ambien — in particular. They’re implicated in 90,000 adult E.R. visits annually because of adverse reactions, the study found; more than 19 percent of those visits result in hospital admissions. Among those taking sedatives and anxiety-reducing drugs, “a lot of visits were because people were too sleepy or hard to arouse, or confused,” said the lead author, Dr. Lee Hampton, a medical officer at the C.D.C. “And there were also a lot of falls.”

http://newoldage.blogs.nytimes.com/2014/07/30/more-on-sleeping-pills-and-the-elderly/?_r=0 – July 30, 2014 by Paula Span.

当前，疾病预防控制中心 (CDC) 报告说，大量的急诊室就诊与一般的精神科药物有关，尤其是和佐沛眠（zolpidem）- 安必恩（Ambien）- 的使用有关。研究发现，每年有 90000 人次的成人急诊室就诊和其对于药物产生的不良反应有关；其中，超过 19% 的就诊导致住院。在服用镇静剂和抗焦虑药物的人群中，「很多人就诊是因为嗜睡、或难以被唤醒、或感到困惑（神智不清），」主要作者，CDC 的医务官员 Lee Hampton 博士如此说，「并且很多时候也伴随着跌倒。」http://newoldage.blogs.nytimes.com/2014/07/30/more-on-sleeping-pills-and-the-elderly/?_r=0 —Paula Span 于 2014 年 7 月 30 日发表

NON-DRUG APPROACHES

Because antipsychotic drugs can worsen Lewy body dementia symptoms, it might be helpful to initially try non drug approaches, such as:

- **Merely tolerating the behavior.** Many times, a person with Lewy body dementia isn't distressed by the hallucinations and even recognizes them as such. In these cases, the side effects of medication may be worse than the experience of the hallucinations themselves.
- **Modifying the environment.** Reducing clutter and distracting noise can make it easier for someone with dementia to focus and function. It can also reduce the risk that the person with Lewy body dementia will misperceive objects in the environment and produce behavior similar to hallucinations.
- **Modifying your responses.** A caregiver's response to a behavior can make the behavior worse. It's best to avoid correcting and quizzing a person with dementia. Reassuring the person and validating his or her concerns can help resolve many situations.
- **Modifying tasks and daily routines.** Break tasks into easier steps and focus on successes, not failures. Structure and routine during the day also help reduce confusion in people with dementia.

<http://www.mayoclinic.org/diseases-conditions/lewy-body-dementia/basics/treatment/con-20025038>

非药物性疗法

因为抗精神病药物可能导致路易氏体失智症的症状恶化，先从非药物性疗法开始尝试可能会有所帮助，例如：

- **与行为问题共存。**很多时候，患有路易体失智症的人不会因为幻觉而感到痛苦，甚至能意识到它是幻觉。在这种情况下，药物产生的副作用可能比幻觉造成的体验更糟。
- **改变环境。**减少环境中的杂乱和分散注意力的噪音，可使患有失智症的人更容易集中注意力和正常运作。这样一来，也可以降低路易氏体失智症患者因为对环境中物体的错觉，而产生类似于幻觉的行为风险。
- **改变您的反馈。**照顾者对行为的反馈可能使（患者的）行为变得更糟。最好避免纠正和考验失智症患者。许多情况可以透过安抚患者和确认他或她的担忧来缓解。
- **改变任务和日常活动。**将任务分解为更简单的步骤，注意力放在成功而不是失败之上。白天的安排和日常活动也有助于减少失智症患者的困惑。

<http://www.mayoclinic.org/diseases-conditions/lewy-body-dementia/basics/treatment/con-20025038>

ANESTHESIA IMPORTANT

Make sure you and your care partner talk to your doctor about anesthesia prior to surgery. Many people with LBD are extremely sensitive to certain anesthesia just as they are to particular medications. It can affect both their mental and physical abilities adversely.

麻醉 重要提示

确保您和照顾您的伙伴在手术前与您的医生讨论麻醉剂的使用。许多患有 LBD 的人对某些麻醉剂非常敏感，就像他们对于特定药物敏感一样。它（麻醉剂）可能会对患者的心理和身体功能产生不利影响。

AGS BEERS CRITERIA – FOR POTENTIALLY INAPPROPRIATE MEDICATION — USE IN OLDER ADULTS

This information from **THE AMERICAN GERIATRICS SOCIETY** was created to help healthcare providers in improving the safety of medication in the elderly and aide in decision-making clinically. It lists identifies medications that have potential risks that outweigh possible benefits of drugs.

<https://www.americangeriatrics.org/files/documents/beers/PrintableBeersPocketCard.pdf>

美国老年学会 (ASG) 毕尔标准 (Beers Criteria) - 可能不适当的药物 - 老年人用药
这些信息来自美国老年医学会，旨在帮助医疗保健人员提高其老年人用药的安全性，并协助临床决策。它列出了具有潜在风险的药物，其风险超过了药物的可能益处。

<https://www.americangeriatrics.org/files/documents/beers/PrintableBeersPocketCard.pdf>

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TRANSITIONS

IMPORTANT

When someone moves from one physical location to a different one, it's called a Transition—even if just for one night. Many elderly people, particularly those with dementia, may need required transitions at times. However, unnecessary ones are encouraged to be avoided as they will add to confusion, sadness, and frustration. Familiar surroundings and people will work best for someone with Lewy body dementia as well as other dementias.

过渡 (过渡期护理/病房转移)

重要提示

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当有人从一个物理位置移动到另一个物理位置时，就算只待了一个晚上，也被称为是过渡。对于许多老年人，尤其是失智老人，这个过渡有时候可能是必需的 (例如从 ICU 重症监护室转移到普通病房)。但是，尽量避免不必要的过渡，因为它们会增加困惑、悲伤和沮丧。熟悉的环境和人物对于路易氏体失智以及其他失智症患者来说最为合适。

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RESEARCH & CLINICAL TRIALS

CLINICAL TRIALS–THROUGHOUT THE WORLD–ARE MOST EASILY FOUND THROUGH THIS LINK FROM THE NATIONAL INSTITUTES OF HEALTH (NIH), U.S. NATIONAL LIBRARY OF MEDICINE. PLEASE LOOK UNDER **STATUS** TO SEE IF THEY ARE **RECRUITING** AND THEN CHECK **LOCATION** IN THE LAST COLUMN TO FIND THE STATE OR COUNTRY IN WHICH IT IS TAKING PLACE.

[HTTPS://CLINICALTRIALS.GOV/CT2/RESULTS?
COND=LEWY+BODY+DEMENTIA&TERM=&CNTRY=&STATE=&CITY](https://clinicaltrials.gov/ct2/results?cond=LEWY+BODY+DEMENTIA&term=&cntry=&state=&city=)

研究与临床试验

通过美国国立卫生研究院 (NIH) 美国国家医学图书馆的链接来检索全世界的临床试验是最容易的。请在「状态」下查看他们是否正在招募实验志愿者，然后在最后一列中选择位置 (**location**) 来查找正在招募实验志愿者的研究项目所在的州或国家/地区。

[HTTPS://CLINICALTRIALS.GOV/CT2/RESULTS?
COND=LEWY+BODY+DEMENTIA&TERM=&CNTRY=&STATE=&CITY](https://clinicaltrials.gov/ct2/results?cond=LEWY+BODY+DEMENTIA&term=&cntry=&state=&city=)