

[PAGE #1]

WHAT IS LEWY BODY DEMENTIA?

什麼是路易氏體失智症？

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，演員羅賓·威廉斯罹患路易氏體失智症 (Lewy Body Dementia) 的報導，讓這個長期處於阿茲海默氏症 (Alzheimer’s Disease) 陰影之下的疾病，成為全國關注的焦點。

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.

對於確診患者和參與護理的人員而言，關於路易氏體失智症 (Lewy body dementia) 性質的多種描述，反映出了此疾病的複雜性。路易氏體失智症 (LBD) 是一種退化性的神經病變，隨著時間的推移，會產生各種症狀。其中，有一部分症狀和帕金森氏症的症狀重合。而這兩種疾病都是由腦組織內異常的 α -突觸核蛋白 (alpha-synuclein) 沉積物的聚合所逐漸形成的。

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.

儘管患者人數的估算報告會因為取樣技術和區域而有所不同，一般認為，在全美人口當中，有一百四十萬人罹患路易氏體失智症 (LBD)，且大部分的患者都已年過五十。

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.

我們認為這個統計數據是被低估的，因為用來定義路易氏體失智症 (LBD) 的症狀群，通常需要經歷好幾年的時間才逐漸形成。因此，除非患者有持續接受重新評估，或是他們的診斷醫生熟悉這種疾病，很多人常常會被誤診。

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>

根據妙佑醫療國際 (Mayo Clinic) 的說法，路易氏體失智症 (LBD)，是僅次於阿茲海默氏症之後第二常見的失智症 (俗稱癡呆症，老年痴呆，或是認知障礙症)，會造成患者持續性心智能力的降低。路易氏體失智症 (LBD) 也可能導致視幻覺，其中常見的型態包括看見不存在的物品、人物、或是動物。另外一種可能的路易氏體失智症 (LBD) 的指標，就是警醒和注意力上的顯著波動，包括白天嗜睡、或是盯著某處發呆。此外，就像帕金森氏症那樣，路易氏體失智症 (LBD) 可能造成肌肉僵硬、動作遲緩、和顫抖 (震顫)。在路易氏體失智症 (LBD) 當中，一種名為“路易氏體”(Lewy bodies) 的蛋白質沉積物會在腦部掌管思考、記憶、和肢體動作 (運動控制) 的區域神經元之內產生。路易氏體失智症 (LBD) 的成因目前尚不明瞭，但有可能是和阿茲海默氏症或是帕金森氏症有關。路易氏體 (Lewy bodies) 包含一種和帕金森氏症相關的蛋白質。

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

What are Lewy Bodies?

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>

什麼是路易氏體 (Lewy bodies)?

「路易氏體最早的描述出現在 1990 年代初期，是由弗里德里希·路易 (Friederich H. Lewy) 在從事帕金森氏症的研究時所提出的。然而，直到 1961 年，才出現第一例路易氏體失智症 (LBD) 的病例描述，而第一套路易氏體失智症 (LBD) 的臨床診斷標準，則是要等到 1996 年才被公布。在過去的幾十年當中，路易氏體失智症 (LBD) 的研究遠落後於阿茲海默氏症和帕金森氏症的一個原因，是因為早期的觀念認定路易氏體失智症 (LBD) 是一種罕見疾病。直到 1990 年代晚期一種染色技術的發展，研究者們才意識到，原來路易氏體失智症 (LBD) 要比之前所認定的更為常見。」— 以上摘自 [James E. Galvin, M.D., M.P.H.](#) 博士以及 [Meera Balasubramaniam, M.D.](#) 醫生的研究論文：
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3999867>

[PAGE #2]

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.

症狀

根據美國國家衛生院 (National Institutes of Health) 報告 (出版編號 15-7907) 及網站 <https://www.nia.nih.gov/health/what-lewy-body-dementia#signs> ,

用來區分路易氏體失智症(LBD) 和其他失智症的**症狀**可能包含:

- 初期的視幻覺 (visual hallucinations)
- 認知能力、注意力、和警覺性呈現不穩定的狀況
- 動作遲緩、走路困難、或是肢體僵硬 (帕金森症候群)
- 對於治療幻覺的藥物敏感
- 快速動眼期 (REM) 睡眠行為失調症—患者會把夢中的情境用身體展現出來，像是大吼大叫、揮動身體、捶打床伴、和從床上跌落等。
- 相對於記憶力而言，患者反而更容易失去高層次的心智能力，像是無法同時處理多項任務 (multitasking)、難以解決問題、和思維失序。

以上的所有症狀可能不會同時出現在患者身上，且各症狀的嚴重程度也會因人而異。在確診之後，患者應向醫師回報任何智力 (認知能力)、肢體協調、睡眠、和行為上的改變。

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.

認知症狀

路易氏體失智症會造成思維能力的改變。這些改變可能包含：

- **失智**—思維能力嚴重受損，達到阻礙個人日常生活自理能力的程度。失智是路易氏體失智症 (LBD) 的一個主要症狀，通常伴隨著視覺和空間能力 (分辨距離和深度或是對於物品辨識的失誤)、計畫、同時處理多項任務、解決困難、和推理等各項能力的障礙。記憶力方面的問題發病初期可能並不顯著，但通常會隨著路易氏體失智症 (LBD) 病情的持續惡化而出現。失

智也可能包括情緒和行為上的改變，例如判斷力薄弱、失去主動能力、時空混亂，以及對語言和數字的使用上的困難。

- **認知能力的波動**—患者的專注力、注意力、警覺和清醒程度在每天產生無法預期的變化，而且變化有時候可能會在短時間之內迅速發生。患者可能會在某些時間段內盯著某處發呆、嗜睡和無精打采、或是有白日嗜睡的情況。患者的思緒有時候可能是沒有條理的、不清晰的、或是不合邏輯的。患者可能會在某天病情突然好轉，但是隔天又急轉直下。這些認知能力的起伏不定在路易氏體失智症 (LBD) 當中很常見，但很多時候醫生也難以正確辨別。
- **幻覺**—看到或是聽到不存在的事物。百分之八十的路易氏體失智症 (LBD) 患者會產生視幻覺 (Visual hallucinations)，而且視幻覺通常會在發病初期出現。這些幻覺通常很逼真和詳細，例如以小孩或是動物的形象出現。幻聽 (Auditory hallucinations) 雖然不像視幻覺那麼常見，但是也可能發生。一般來說，對日常生活不造成困擾的幻覺可能不需要治療。但是如果這些幻覺是令人恐懼或是有危險性的 (例如：患者試圖跟假想的入侵者搏鬥)，那醫生可能需要開立處方藥物。

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

運動症狀

一部分患有路易氏體失智症 (LBD) 的人可能在初期不會經歷身體機能上明顯的衰退，但其他一部分人則可能在患病初期就有顯著的動作障礙。一開始，動作障礙的先兆，例如寫字習慣的改變，可能因為程度較輕微而被忽視。帕金森症候群 (Parkinsonism) 在帕金森氏失智症 (Parkinson's disease dementia) 的患病初期便會出現，但是帕金森症候群也有可能在路易氏體失智症 (LBD) 的晚期產生。帕金森症候群的特徵可能包括：

- 肌肉僵硬或是動作生硬
- 小碎步步行 (步伐短，搖搖晃晃地行走)、動作遲緩、或是凝凍 (frozen stance)
- (不由自主地) 震顫或是顫抖，特別是在休息的時候

- 平衡問題和容易跌倒
- 駝背
- 喪失肢體協調能力
- 用手寫字時的字體比平時小 (寫字習慣的改變)
- 面部表情減少
- 吞嚥困難
- 聲音虛弱

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.

睡眠障礙

睡眠障礙在患有路易氏體失智症 (LBD) 的人群之中很常見，但是通常是沒有被診斷出來的。治療團隊中的睡眠專家可能扮演著診斷和治療睡眠障礙的一個重要角色。在路易氏體失智症當中，可能看見的睡眠相關疾病包括：

- **快速動眼期 (REM) 睡眠行為失調症**—似乎是患者把夢中情境通過身體演繹出來的一種狀況。這可能包含生動的夢境、說夢話、暴力動作、或是從床上跌落。有時候，只有患者的床伴才知道這些症狀的存在。快速動眼期睡眠行為失調症可能在有些人的路易氏體失智症 (LBD) 發病前的好幾年就已經出現了。
- **白天嗜睡**—在白天睡兩個小時以上。
- **失眠症**—入眠困難、很難保持在睡眠狀態當中、或是過早醒來。
- **不寧腿綜合症**—當一個人在休息狀態中，會有想要移動他 (她) 的腿來減緩不愉快或是不尋常的身體感受的衝動。這種不舒服的感受通常可以透過走落或是移動而獲得緩解。

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.

行為和情緒症狀

行為和情緒改變也可能伴隨著路易氏體失智症 (LBD)。這些改變包括：

- **憂鬱**—指一種持續性的情緒悲傷、無法享受活動、或是在睡眠、飲食、和其他正常活動上產生困難。
- **冷漠**—對於正常的日常活動或是節目缺乏興趣；社交互動較少。
- **焦慮**—強烈的憂慮、擔心、不確定感、或是對於未來的事件感到恐懼。患者可能會一再重複同樣的問題，或是當親近的人不在的時候感到憤怒、恐懼。
- **躁動**—坐立不安，表現為來回踱步、手足無措、無法安定下來、易怒、不斷的重複一些單詞或是片語。
- **妄想**—強烈但是沒有證據的錯誤信念或意見。例如：某人可能幻想他（她）的配偶有婚外情；或是過世很久的親戚還活著。在患者中可能看到的另一種妄想症叫做卡普格拉妄想症 (Capgras syndrome)，患者會認為其親戚或朋友已經被冒名頂替者所取代。
- **偏執**—指一種極端且缺乏理性的對人的不信任感，例如懷疑別人拿走或是藏匿東西。

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

其他路易氏體失智症的症狀

患有路易氏體失智症的人也可能會經歷顯著的神經系統方面的改變，像是心臟、腺體、肌肉等自主調節功能的改變。患者可能會有：

- 體溫異常
- 血壓問題
- 暈眩
- 昏厥
- 頻繁跌倒
- 對冷熱敏感
- 性功能障礙
- 尿失禁
- 便秘
- 嗅覺失靈

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.

對一些症狀的更深度了解

帕金森氏症基金會 (Parkinson's Disease Foundation) 所提供的以下資訊，對於更深度的瞭解許多帕金森的相關症狀有著極大的幫助。請留意，路易氏體失智症 (Lewy body dementia or LBD) 是一個包含兩種相關診斷疾病的廣義詞。路易氏體失智症 Lewy body dementia or LBD 一詞涵蓋帕金森氏失智症 (Parkinson's disease dementia) 和另一種稱為 dementia with Lewy bodies 的路易氏體失智症。備註：在中文翻譯中，對於 Lewy Body Dementia 和 Dementia with Lewy bodies，目前並沒有很好的區分方式。便於區分，我們用 LBD 來泛指廣義的路易氏體失智症，用 DLB 來代表狹義的路易氏體失智症。

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.

帕金森氏症中的認知困難種類

帕金森氏症 (PD) 會影響多種認知功能。執行功能障礙通常被認為是在這個疾病當中最常見的認知功能障礙。然而，對有些人來說，記憶力會受到較大的影響，其他人則是經歷綜合性的認知功能障礙。而多數患者得以保持原有的智力以及他們在帕金森氏症發病前所獲得的短期和長期記憶。

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.

執行功能障礙：執行功能是更高層次的心理活動，例如解決問題和計劃、啟動和完成任務、以及同時進行多重任務的想法或專案。對於患有帕金森氏症的人來說，支付賬單甚或是參加小組對話可能是很困難的。為什麼呢？因為這些活動需要靈活性，以及能夠從一類資訊或一個特定目標轉移到另一類資訊或另一個特定目標的能力。帕金森氏症患者可能會描述當他們需要制定一系列戰略選擇時，他們會感到不知所措或是「凍結」，但是當有其他人來幫助他們啟動並堅持一項任務時，他們似乎又可以正常地運作。在沒有某種「智力鷹架」的情況下，讓帕金森氏症患者一次只專注於一個目標或是一個概念會比較有效果。例如：某人無法靠自己啟動清理他的凌亂的地下室的計畫，但是當他的妻子將任務分解成多個部分並給他提供明確的指示之後，他就能成功地透過一次只專注於一個區域來完成任務。

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.

記憶混亂：患有帕金森式症 (PD) 的人最常見的困難是記起以前學過的資訊，但是這個症狀可以透過提供跟該項記憶有關的線索來改善。患有帕金森氏症的人想要有效的學習和記得新的資訊，可能需要透過大量的反覆學習。帕金森氏失智症 (PD-D) 則對於患者短期和長期記憶力有較為嚴重的影響。

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.

注意力困難：當所面對的情況複雜性增加時，患有帕金森氏症的人可能會很難保持或分散他（她）的注意力。例如，患者可能會發現他們沒有辦法「同時走路和嚼口香糖」。這會影響智性的追求和日常活動，如走路、保持平衡、進行會話等等。

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).

心智遲鈍（心智處理過程減緩）：帕金森氏症患者說，這種疾病會影響他們對於資訊的處理和做出反應的速度。信息處理的緩慢會影響其他認知過程（如解決問題和檢索資訊）和日常活動（如交談）。

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.

語言功能障礙：帕金森氏症患者最常見的語言相關困難是找到相對應的詞。隨著帕金森氏症的惡化，也可能產生命名或錯誤命名的問題，患者會難以整合複雜的信息，並且可能使用更簡化的以及更少的自發性言語。

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.

視覺空間障礙：感知、處理、辨別和應用環境中的視覺資訊方面的困難可能會影響患者的日常生活。例如：在伸手拿東西時，患者會因為本身對於在房子周圍移動或估計距離

的障礙，而增加其跌倒的風險。在某些情況下，帕金森氏症患者的視覺空間障礙也可能導致錯覺或幻覺。

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.

造成帕金森氏症當中認知改變的因素

我們目前還無法完全掌握帕金森氏症產生認知變化的原因，但我們確實知道，認知問題與運動症狀的成因都和同種潛在的大腦變化有關——指神經細胞過早死亡、腦神經化學變化、以及隨之而來的，不同大腦區間的腦迴路的改變。此外，路易氏體，也就是帕金森氏症腦神經細胞中發現的蛋白質異常集合，與運動路徑以及影響認知過程的路徑的變化相關。

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.

其他因素也可能會導致和加劇認知困難：未經治療的抑鬱、焦慮、思覺失調、睡眠和其他行為困難都會加劇認知困難。此外，一些藥物，無論是用於帕金森氏症還是其他疾病的藥物，都可能對認知能力產生負面的影響，而一些與帕金森氏症無關的一般疾病，如感染，也可能產生相似的負面影響。

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/>

運動 - 來自帕金森氏症基金會的更多資訊：

- **運動遲緩：**運動遲緩 (Bradykinesia) 的意思就是「緩慢的動作」。作為帕金森氏症的一個定義特徵，運動遲緩還代表了普遍減少的自發性動作，這可能導致異常僵硬的外觀和面部表情減少。運動遲緩會導致重複動作時的困難，例如手指敲擊。由於運動遲緩，帕金森氏症患者可能難以完成日常功能，像是扣襯衫上的鈕釦、切食物、或刷牙。經歷運動遲緩的人可能會走小碎步曳行 (搖搖晃晃地行走)。運動遲緩所引發的運動減少和運動範圍的限制可能也會影響一個人的語言能力，隨著帕金森氏症的惡化，患者可能會變得更安靜，說話也可能說不大清楚。 <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>

預後

根據美國國立衛生研究院：

路易氏體失智症是一種進行性的疾病，這意味著症狀先是緩慢地開始，並隨著時間的推移而逐漸惡化。該疾病從確診到死亡平均持續 5 至 7 年，但時間的跨度可以從 2 到 20 年不等。症狀發展和變化的速度因人而異，具體取決於整體健康情況、年齡和症狀的嚴重程度。在 LBD 的早期階段，通常在確診之前，症狀可能是輕微的，且患者可以大致正常地運作。隨著疾病的惡化，由於思維和運動能力的下降，LBD 患者會需要越來越多的幫助。在疾病的後期階段，他們可能需要完全依賴他人的幫助和護理。 —

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

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

遺傳學：雖然家庭成員患有 LBD 可能會增加個人的患病風險，但 LBD 通常不被認為是一種遺傳性疾病。

[PAGE #3]

DIAGNOSIS

診斷

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

請訪問本網站上的紐約資源/專業人員專區 (**NEW YORK RESOURCES/PROFESSIONALS**) 來獲取熟悉了解路易氏體失智症的[醫生名單](#)。

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.

誰有資格診斷路易氏體失智症？

許多醫生和其他醫療保健的專業人士對於 LBD 這個疾病並不熟悉，因此人們在接受正確診斷之前可能已經看過好幾位醫生了。患者們在產生思維、行為或運動變化後所拜訪的第一位專業人士通常是全科醫生 (general practitioner)。但其實腦神經專科醫生們 (**neurologists**) 更有可能擁有診斷 LBD 的專業知識。老人學精神科醫生、神經心理學家，以及老人醫學專家們也可能擅長於診斷這個疾病。

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.

有那些測試可以用來診斷 LBD?

目前，沒有掃描或測試可以絕對性地診斷出 LBD。這種疾病只能在死後通過腦部驗屍才能完全診斷出來。

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，醫療專業人員可能會進行各種測試來區辨 LBD 和其他疾病。這些測試可能涉及：

- **病史和健康檢測**—回顧過去和現有的疾病、藥物，和目前的症狀，以及運動和記憶測試等的結果，都可以給醫生提供有價值的資訊。
- **醫學測試**—實驗室檢測可以幫助排除其他相關的疾病以及和賀爾蒙或維生素缺乏相關的認知改變。
- **神經心理學測試**—這些測試用於評估記憶和其他認知功能，也可以幫助識別被疾病所影響的大腦區域。

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)

以下測試對於 LBD 的診斷可起到幫助支援的作用:

- 快速動眼期睡眠測試
- 達斯坎（多巴胺轉運蛋白掃描）
- PET 掃描
- 磁力共振成像（MRI）
- **高敏感和針對 L B D 的皮膚活體組織檢測（CND 生命科學）**
- Amprion SYNTAP 生物標記測試（脊髓液測試）

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.

三分鐘測試

邁阿密大學腦神經專科醫生兼腦健康綜合中心主任 James Galvin 博士開發了一款 3 分鐘的測試來評估路易氏體失智的跡象。該測試包含 10 個是與否的問題，其中六項問題包括非運動症狀，如不合理的思維、幻覺或過度睡眠，四項包括針對運動方面的症狀，如手臂和腿部僵硬、動作遲緩、以及平衡困難。

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

Galvin 博士建議該測試應由醫生（最好是腦神經專科醫生）來進行。

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
請評估下列身體健康結果和症狀在過去 6 個月內是否出現至少三次以上。 病人...		
Have slowness in initiating and maintaining movement or have frequent hesitations or pauses during movement? 是否在啟動和維持動作時顯得遲緩，或者在運動過程中經常猶豫或停頓？		
Have rigidity (with or without cogwheeling) on passive range of motion in any of the 4 extremities? 是否在接受被動式關節運動時，有任何四肢僵硬的情況（無論有或沒有產生齒輪樣強直）？		
Have a loss of postural stability (balance) with or without frequent falls? 是否失去姿勢穩定性（平衡），無論有或沒有伴隨頻繁的跌倒？		
Have a tremor at rest in any of the 4 extremities or head?		

在靜止時，是否任何四肢或是頭部有震顫（不由自主地顫抖）？		
Have excessive daytime sleepiness and/or seem drowsy and lethargic when awake? 是否在白天過度嗜睡和/或清醒時看起來昏昏欲睡？		
Have episodes of illogical thinking or incoherent, random thoughts? 是否有不合邏輯的思維或不連貫、隨機的想法？		
Have frequent staring spells or periods of blank looks? 是否有頻繁的凝視（盯著一個地方發呆）或茫然的表情？		
Have visual hallucinations (see things not really there)? 是否有產生視幻覺（看到不存在的東西）？		
Appear to act out his/her dreams (kick, punch, thrash, shout or scream)? 似乎在表演他（她）所做的夢（踢，拳擊，捶打，喊或尖叫）？		
Have orthostatic hypotension or other signs of autonomic insufficiency? 是否有直立性低血壓或其他自主神經功能不全的徵兆？		
Total 總分		

The Lewy Body Composite Risk Score details:

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

路易氏體綜合風險評分詳細資訊: <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 LBD. There are tests available that will take a few hours that can help recognize Lewy body dementia.

筆試

有一個測量記憶力和思維能力的快速筆試可以在您的醫生的辦公室內完成。這個測試可以測出一般性的失智，但無法確認它是否是 LBD。現有的能幫助識別路易氏體失智症的一些測試則需要花費好幾個小時的時間來完成。

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>

國家記憶篩查計畫項目

美國阿茲海默氏症基金會在紐約提供以下篩查：

<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.

掃描

DaTSCAN 僅在某些醫療中心提供，但這種掃描能幫助診斷帕金森氏症，以及幫助區分路易氏體失智症和阿茲海默氏症。它可以檢測大腦中多巴胺神經元的損失。

請訪問本網站上的紐約資源/專業人員專區 (**NEW YORK RESOURCES/PROFESSIONALS**) 來獲取對於路易氏體失智症這個疾病有所了解的[醫生名單](#)。

[PAGE #4]

TREATMENT & IMPORTANT INFORMATION

治療以及重要資訊

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

治療可能具有挑戰性，且路易氏體失智症目前尚無法完全根治。醫生會著重於治療患者的症狀（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 當中攻擊性行為的產生有多種可能的原因，包括感染（例如 UTI-尿道感染）、藥物、對環境或人際互動的誤解，以及疾病的自然進展。

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.

如果困惑或攻擊行為是突發性的，除了可能是疾病本身的進展之外，還有其他幾種可能性。如果最近有任何**藥物使用上的變化**，請務必致電您的醫生，因為這可能代表新的藥物對於這名 LBD 患者並不合適。畢竟 L B D 患者對某些藥物是非常敏感的。感染，如尿道感染（稱為 UTI），通常會導致患者出現這類突發性行為，**脫水也會**。其他可能性就是環境因素，例如房間里的一件新的物品可能會引起幻覺或是患者對於時間感知的變化。

WARNING ABOUT ANTIPSYCHOTICS **IMPORTANT**

對於抗精神病藥物的警告 **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>

第一代抗精神病藥物，如氟哌啶醇 haloperidol（好度液 Haldol），不應用於治療路易氏體失智症。它們可能導致嚴重的神智不清、嚴重的帕金森氏症候群、鎮靜，有時甚至是死亡。極少數情況下，某些第二代抗精神病藥物可以開立給患者作為短期的處方來使用，但前提是要在益處大於風險的情況之下使用。 <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.

根據美國國立衛生院(NIH):

路易氏體失智症患者可能對抗精神病藥物—用於治療妄想、幻覺或躁動的藥物—產生嚴重反應或副作用。這些副作用包括加重患者的困惑（意識不清）、致使帕金森氏症候群惡化、極度嗜睡，低血壓，和可能由低血壓所引發的昏厥（直立性低血壓）。如果這些副作用在幾天後仍然持續著，照顧者應當聯繫醫生。

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.

如果可能的話，應避免使用某些抗精神病藥物，包括奧氮平 olanzapine（Zyprexa®）和利培酮 risperidone（Risperdal®），因為它們比其他藥物更容易引起嚴重的副作用。在極罕見情況下，還可能產生可致死的抗精神病藥物惡性症候群。這種疾病的症狀包括高燒、肌肉僵硬，和可導致腎衰竭的肌肉組織分解。這些症狀需要即刻向醫生報告。

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.

抗精神病藥物會增加失智老人（包括 LBD 患者）的死亡風險。醫生、患者和家屬必須考量抗精神病藥物使用的風險與未經治療的行為症狀可能造成的身體傷害和痛苦的風險來決定孰輕孰重。

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.

路易氏體失智症患者通常對治療其他疾病的處方和非處方藥物敏感。向您的醫生陳述在 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.

如果有進行手術的計畫，且 LBD 患者被告知要事先停止服用所有藥物，那就要請手術醫生諮詢患者的腦神經專科醫生來制定嚴謹的戒斷計劃。此外，請務必提前與麻醉師溝通，討論 LBD 特有的藥物敏感性和風險。LBD 患者在接受某些麻醉時，可能會變得困惑或精神錯亂，因而產生突發且顯著的功能下降，這類突發性的功能下降有可能會轉變為永久性的傷害。

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.

根據手術的不同，全身麻醉的可能替代方案可能包括脊柱或區域阻滯。這些方法不太可能在手術後導致困惑。照顧者也應當討論手術之後的強效止痛藥的使用，如果這些藥物使用過於自由（未加規範），LBD 患者可能會變得精神錯亂。

[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.

藥物 重要提醒

藥物 重要提醒

熟悉 LBD 的醫生通常會以最低劑量來嘗試新藥，然後根據藥物的類型，慢慢增加劑量。對於 LBD 的用藥，最好就是低劑量和慢慢來。

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.

妙佑醫療國際 (Mayo Clinic) 提供的藥物以及非藥物性療法的資訊如下：

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

- **膽鹼酯酶抑制劑。**這種類型的阿茲海默氏症藥物，例如卡巴拉汀 rivastigmine (Exelon)，作用於在一般認為對記憶、思考和判斷力有重要功能的腦部區域內提高其化學信使 (神經遞質) 的濃度。
- 這可以幫助提高警覺性和認知能力，並可能有助於減少幻覺和其他行為方面的問題。可能的副作用包括胃腸道不適、過多的唾液分泌和流淚、以及頻尿。
- **帕金森氏症藥物。**這類型藥物一如卡比多巴 - 左旋多巴 carbidopa-levodopa (Sinemet) — 可以幫助一些路易氏體失智症患者減輕其帕金森氏症候群，例如肌肉僵硬和動作遲緩。然而，這類藥物也可能加重患者的困惑、幻覺和妄想。
- **抗精神病藥物。**這些藥物，如喹硫平 quetiapine (思瑞康 Seroquel)，奧氮平 olanzapine (金普薩 Zyprexa) 和其他藥物等，可能會在一定程度上改善妄想和幻覺。然而，一些路易氏體失智症患者對這些藥物有危險的敏感性。這種有些情況下不可逆的藥物反應包括嚴重的帕金森氏症候群和神智不清。

- **治療症狀的藥物。** 您的醫生可能會開立藥物來治療其他路易氏體失智症的相關症狀，例如睡眠或運動問題。

有可能的話，儘量避免使用抗膽鹼性的藥物，因為這類藥物可能會導致認知能力的惡化，或是避免多巴胺激動劑，因為這類藥物可能導致幻覺。

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.

第一代抗精神病藥物，例如氟哌啶醇 haloperidol（好度液 Haldol），不應用於治療路易氏體失智症。它們可能導致嚴重的神智不清、嚴重的帕金森氏症候群、鎮靜、有時甚至是死亡。極少數情況下，某些第二代抗精神病藥物可以開立低劑量的短期處方，但前提是要在益處大於風險的情況下使用。

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>

路易氏體失智症確診的患者們通常容易產生對藥物的不良反應，這包括在服用以下影響大腦的藥物時所產生的困惑症狀：例如抗焦慮藥物（例如：Valium，Ativan®）、抗膽鹼/過敏藥物（例如：Benadryl，Detrol®）和抗帕金森氏症藥物（例如：Sinemet®，Mirapex®）。為避免對藥物的不良反應，醫生應仔細監測藥物的使用，一次只開立一種藥物，並且在可能的情況下開出最小劑量。 — 摘自加州大學洛杉磯分校記憶與衰老中心：

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

TREATMENT & IMPORTANT INFORMATION

治療和重要資訊

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.

治療 重要提示。 當路易氏體失智症的攻擊性行為發作時，可能有多種因素，包括感染（例如 UTI-尿道感染）、藥物、對於環境或人際互動時的錯誤解讀，以及疾病的自然進展。

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.

如果患者突然開始產生困惑或有攻擊性的行為，除了可能是疾病本身的進展之外，還有其他幾種可能因素。如果最近有任何**藥物使用上的變化**，請務必致電您的醫生，因為這可能表示這種新的藥物對於 LBD 患者來說並不合適。L B D 患者對於某些藥物非常敏感。**感染**，如尿道感染（稱為 UTI），通常也會導致患者產生這類突發性的行為，**脫水**也會。其他可能的成因有可能是環境因素，例如房間里的一件新物品可能會引起幻覺或是患者對於時間感知的變化。

WARNING ABOUT ANTIPSYCHOTICS **IMPORTANT**

關於抗精神病藥物的警告 **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

根據[美國國立衛生研究院](#)：

路易氏體失智症患者可能對抗精神病藥物（用於治療妄想、幻覺或躁動的藥物）產生嚴重反應或副作用。這些副作用包括加重患者的困惑（意識不清）、致使帕金森氏症候群惡化、極度嗜睡、低血壓、以及可能產生因為低血壓所導致的昏厥（直立性低血壓）。如果這些副作用在幾天後仍然持續，照顧者應聯繫醫生。

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.

如果可能的話，應避免使用某些抗精神病藥物，包括奧氮平 olanzapine (Zyprexa®) 和利培酮 risperidone (Risperdal®)，因為它們比其他藥物更容易引起嚴重的副作用。在極罕見的情況下，這類藥物能導致一種可致命的疾病，叫做抗精神病藥物惡性症候群。其症狀包含高燒、肌肉僵硬，和可能導致腎衰竭的肌肉組織分解。這類症狀需要即刻向醫生報告。

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.

抗精神病藥物會增加失智老人（包括 LBD 患者）的死亡風險。醫生、患者和家屬必須考量抗精神病藥物使用的風險以及患者未經治療的行為症狀可導致的身體傷害和痛苦的風險來決定孰輕孰重。

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.

路易氏體失智症患者通常對於治療其他疾病的處方和非處方藥物敏感。向您的醫生陳述在 LBD 患者中看到的任何副作用。

If surgery is planned and the person with LBD 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.**

如果有進行手術的計畫，且 LBD 患者被告知要事先停止服用所有藥物，請先讓手術醫生諮詢患者的腦神經專科醫生來制定嚴謹的戒斷計劃。此外，請務必提前與麻醉師溝通，討論 LBD 特有的藥物敏感性和風險。LBD 患者在接受某些麻醉時，可能會變得困惑或是產生急性精神錯亂 (delirious)，進而產生突發且顯著的功能下降，這種突發的功能下降也有可能轉變成永久性的。

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

Translated by Shih-Yin Lin, PhD, MPH, MM
繁體中文由林十吟博士翻譯
Reviewed by Musetta Fu, PhD, ARNP and Roro Fu
傅昶淇博士和傅若榛審閱

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.

根據手術的不同，全身麻醉的可能替代方案可能包括脊柱或區域阻滯。這些方法不太可能在手術後導致困惑。照顧者也應當討論手術之後的強效止痛藥的使用，如果這些藥物使用過於自由（未加規範），LBD 患者可能會變得精神錯亂（delirious）。

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-
psychosis-parkinsons#comment-20316](http://www.alzforum.org/news/research-news/pimavanserin-nears-approval-treat-psychosis-parkinsons#comment-20316)

藥物術語表

這份由路易氏體失智症協會研發的藥物術語表可能會非常有用: https://www.lbda.org/wp-content/uploads/2020/09/medication_glossary_2015-1.pdf

匹莫范色林（Nuplazid，Pimavanserin）—在 alzforum.org 的這個鏈接中，請把網頁往下拉，來閱讀 Ian McKeith 博士對於 LBD 患者使用新型帕金森氏症藥物的擔憂——「我會力勸謹慎的完成一些早期的劑量建立工作來確定其用於 L B D 的安全性。」

[http://www.alzforum.org/news/research-news/pimavanserin-nears-approval-treat-
psychosis-parkinsons#comment-20316](http://www.alzforum.org/news/research-news/pimavanserin-nears-approval-treat-psychosis-parkinsons#comment-20316)

The New York Times New Old Age blog:

紐約時報新老年時代部落格：

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

《紐約時報》報導了老年人應當如何謹慎看待對於安眠藥或鎮靜催眠藥物的使用：

“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.

「老年病學家和其他醫生多年來一直對鎮靜催眠藥物——包括苯二氮平類藥物 benzodiazepines (如 Ativan, Klonopin, Xanax 和 Valium) 和與其相關且用於治療失眠的“Z 藥物” (如 Ambien) ——的使用而感到憂心。」

“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.”

「我對開立這些處方藥物感到不適，」蒙特利爾大學領導藥物戒斷研究的老年病學家 Cara Tannenbaum 博士如此說。「我已經 15 年沒有開立過鎮靜催眠藥了。」

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，美國老年醫學會 (American Geriatrics Society) 將鎮靜催眠藥物列入其首個「明智選擇」運動的一份名為《醫生和患者應該質疑的五件事》的清單當中，這是因為服用這類藥物的老年患者有更高的跌倒和骨折風險以及車禍事件。

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.

當前，疾病預防控制中心 (CDC) 報告說，大量的急診室就診與精神科藥物的使用有普遍的相關性，特別是和佐沛眠 (zolpidem) - 安必恩 (Ambien) - 的使用有關。研究發現，每年有 90,000 人次的成人急診室就診是和其對於藥物產生的不良反應有關；其中，超過 19% 的就診導致住院。在服用鎮靜劑和抗焦慮藥物的人群中，「很多人就診是因為嗜睡、難以被喚醒、或是神智不清，」主要作者，CDC 的醫務官員 Lee Hampton 博士如此說，「並且在很多時候這也伴隨著跌倒。」

http://newoldage.blogs.nytimes.com/2014/07/30/more-on-sleeping-pills-and-the-elderly/?_r=0 – Paula Span 於 2014 年 7 月 30 日發表

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>

非藥物性療法

因為抗精神病藥物可能導致路易氏體失智症的症狀惡化，先從非藥物性療法開始嘗試可能會有所幫助，例如：

- **單從容忍行為下手。**很多時候，患有路易氏體失智症的人不會因為幻覺而感到痛苦，甚至能意識到它是幻覺。在這種情況之下，藥物產生的副作用可能比幻覺本身造成的體驗更糟。
- **改變環境。**減少環境中的雜亂以及分散注意力的噪音可以讓患有失智症的人更易於集中注意力和正常地運作。這樣一來，也可以降低路易氏體失智症患者因為對於環境中物體的錯覺，而產生類似於幻覺的行為的風險。
- **改變您的反饋。**照顧者對行為的反饋可能使（患者的）行為變得更糟。最好避免糾正和考驗（quizzing）失智症患者。許多情況可以透過安撫患者和確認他（她）的擔憂來緩解。
- **改變任務和常規（例行公事）。**將任務分解為更簡單的步驟，注意力放在成功而不是失敗之上。白天生活的結構和常規也有助於減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

在手術前，請確認您和照顧您的夥伴已經先和您的醫生討論過對於麻醉劑的使用了。許多患有 LBD 的人對某些麻醉劑非常敏感，就像他們對於特定藥物敏感一樣。它（麻醉劑）可能會對患者的心理和身體功能產生不利影響。

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>

美國老年學會 (ASG) 畢爾斯標準 (Beers Criteria) - 可能不適當的藥物 - 老年人用藥
這些資訊來自美國老年醫學會，旨在幫助醫療保健人員提高其老年人用藥的安全性，並協助臨床決策。它列出了對於老年人有潛在風險的藥物，這類藥物對於人體的風險超過了其可能帶來的益處。

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

[PAGE #6]

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.

環境轉移 (TRANSITIONS)

重要提示

當有人從一個物理位置移動到另一個物理位置時，即使只是一個晚上的時間，這被稱作是「轉移」(Transition) 或是「過渡」。治療環境的轉移對於老人，尤其是失智老人，有時候是必要的 (例如從 ICU 加護病房或是深切治療部轉移到普通病房)。但是，盡量避免不必要的轉移，因為它們會增加患者的困惑、悲傷和沮喪。保持熟悉的環境和人物對於路易氏體失智症以及其他失智症的患者來說是最好的。

[PAGE #7]

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)

研究與臨床試驗

使用美國國立衛生研究院 (NIH)、美國國家醫學圖書館的連結來檢索全世界的臨床試驗是最為容易的。請先透過「狀態」(status) 來查看他們目前是否正在招募實驗志願者，然後通過最後一系列的「位置」(location) 來檢視這個研究項目所在的州或是國家/地區。

[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)