Dementia in Dementia with Lewy Bodies May Not Be Attributable to Alzheimer Pathology

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We read with interest the report by Gilman and colleagues concerning the use of [11C]dihydrotetrabenazine positron emission tomography (PET) to differentiate dementia with Lewy bodies (DLB) from Alzheimer’s disease (AD). We divided the DLB cases into two groups, 6 patients who developed parkinsonian features at least 1 year before dementia appeared (DLB/PD) and 14 who developed dementia before parkinsonism or at about the same time (DLB/AD). They consider the abbreviations DLB/AD and DLB/PD to be misleading, in that they regard the term DLB/AD as implying that the dementia in DLB “is attributable or inevitably linked to Alzheimer’s disease.” They would have preferred that we used the consensus guidelines; however, they appear to have misquoted these guidelines. They quote the consensus criteria as recommending the diagnosis of DLB for patients with dementia without parkinsonism for one year, and the diagnosis of PDD for patients with dementia who develop parkinsonism after the first year. The guidelines state, “…if dementia occurs within 12 months of the onset of extrapyramidal motor symptoms, the patient should be assigned a primary diagnosis of possible DLB …” (italics are ours).

When we were preparing our report, we discussed at length the terminology recommended by the consensus guidelines and decided against using it even though the definitions of the two groups we described conform to those guidelines. Our reasons were that (1) the definitions of DLB and PDD recommended by the consensus guidelines are purely arbitrary; (2) the terms DLB and PDD imply different neuropathological underpinnings to the disorders; (3) Alzheimer pathology may or may not accompany widespread Lewy body pathology in both DLB and PDD cases; and (4) apart from comments on advanced AD, the guidelines do not address the time course for presentation of parkinsonian symptoms after initial cognitive decline in DLB. Accordingly, we selected abbreviations that we carefully defined in the article to avoid any implication regarding the neuropathological changes that might be found. As Dr Schott and colleagues found our terminology to be confusing, perhaps we should have used more neutral terms such as DLB-C for patients who develop cognitive disorders in advance of parkinsonian features and DLB-P for those who develop parkinsonian features in advance of dementia.

References

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Reply


Drs Schott, Lees, and Rossor express concern regarding the terminology in our recent report describing the use of [11C]dihydrotetrabenazine with positron emission tomography (PET) to differentiate dementia with Lewy bodies (DLB) from Alzheimer’s disease (AD). We divided the DLB cases into two groups, 6 patients who developed parkinsonian features at least 1 year before dementia appeared (DLB/PD) and 14 who developed dementia before parkinsonism or at about the same time (DLB/AD). They consider the abbreviations DLB/AD and DLB/PD to be misleading, in that they regard the term DLB/AD as implying that the dementia in DLB “is attributable or inevitably linked to Alzheimer’s disease.” They would have preferred that we used the consensus guidelines; however, they appear to have misquoted these guidelines. They quote the consensus criteria as recommending the diagnosis of DLB for patients with dementia without parkinsonism for one year, and the diagnosis of PDD for patients with dementia who develop parkinsonism after the first year. The guidelines state, “…if dementia occurs within 12 months of the onset of extrapyramidal motor symptoms, the patient should be assigned a primary diagnosis of possible DLB …” (italics are ours).

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