

Psychotic symptoms as prodromic presentation of Lewy body dementia (LBD): Case report

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INTRODUCTION

The aim of this case is to present a case of multiple psychotic episodes as a possible insidious presentation of neurological diseases such as LBD.

CASE PRESENTATION

We introduce a 52 years old women treated with psychiatric drugs for 10 years due to anxiety related to marital conflicts.

In 2017 she suffered from two psychotic episodes consisting on:

- Hipertimic mood
- Insomnia
- injury delusional referring severe fear and anguish of being killed.

She was treated with asenapine at first and long acting aripiprazol secondly. In both remission of the symptoms presented was solved. Afterwards she started follow up at the Day Psychiatric Hospital to identify diagnosis.

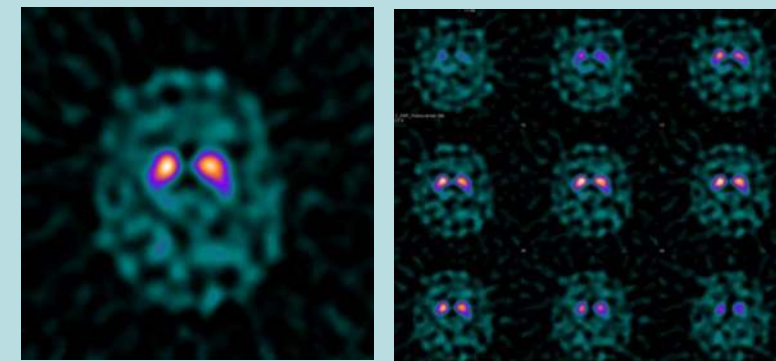
Suddenly she started to suffer from bradykinesia, tremor, rigidity and failing in swinging her arms. These got worse despite the addition of anticholinergic medication and withdrawal of antipsychotic medication. Quetiapine was initiated with partial response of the motor symptoms.

Neurological exploration was performed with DAT scan, MRI and MIBI realization. She was diagnosed with Lewy Body Dementia.

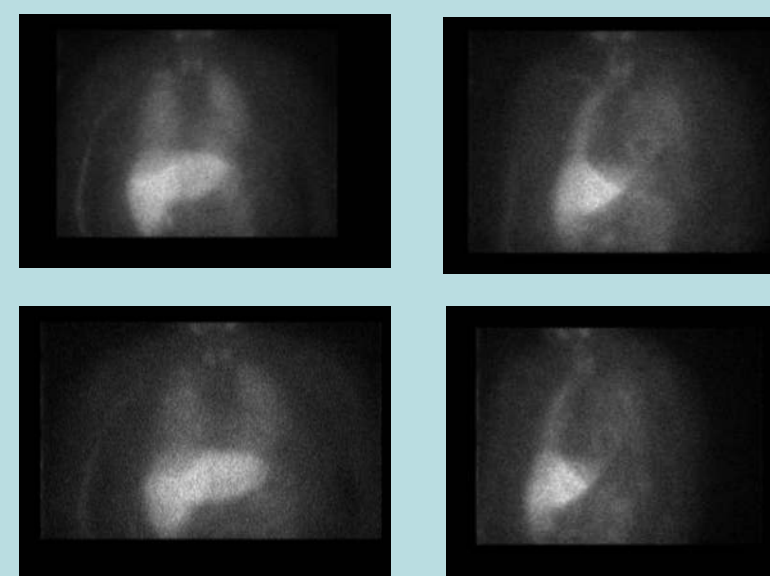
DAT SCAN: Alteration of the right nigrostriatal presynaptic dopaminergic pathway.

MRI: Bilateral Parkinsonian syndrome of left predominance, with improvement after pharmacological adjustment of Neuroleptics. Probably idiopathic Parkinson's disease.

MIBI: A cardiac autonomic alteration (postganglionic denervation Sympathetic heart) that is seen in those neurodegenerative diseases that present histologically Lewy Bodies



DAT SCAN



MIBI

CONCLUSIONS

It is seen that neurological diseases can appear at first with psychiatric symptoms, in some cases many years before the motor signs.

Some of them are:

Hallucination:

- ▶ Auditory: aprox. 39%
 - ▶ voices,
 - ▶ Animated
 - ▶ Unanimated

Delusional idea

- ▶ Capgras
- ▶ Erotomaniac
- ▶ Persecution
- ▶ Cotard

- ▶ Visual: aprox. 65%

When neuropsychiatric symptoms are presented in adults without previous psychiatric history is important to be aware of organic diseases related with the clinical presentation.

The recommended treatment for this type of symptomatology is clozapine, quetiapine. There are new studies focused on the new drug Pimavanserina

- Lewy Body Dementia. Angela M. Sanford, MD. Clin Geriatr Med 34 (2018) 603–615
- Eversfield CL, Orton LD (2018). Auditory and visual hallucination prevalence in Parkinson's disease and dementia with Lewy bodies: a systematic review and meta-analysis. Psychological Medicine 1–12.
- Yasaman Kianirad & Tanya Simuni (2017): Pimavanserin, a novel antipsychotic for management of Parkinson's disease psychosis, Expert Review of Clinical Pharmacology, DOI: 10.1080/17512433.2017.1369405