

Dementia and Parkinson's



Dementia refers to permanent memory and thinking changes that interfere with daily life and independence.

Signs of Dementia in Parkinson's

- Focus, memory, learning or problem-solving issues
- Depression, irritability and anxiety
- Delusions (thoughts not based in reality)
- Argumentative, aggressive or agitated behavior
- Trouble navigating familiar or unfamiliar places
- Misinterpreting objects — especially with low light or vision issues
- Hallucinations (tricks played by the brain involving perception)
- Problems recalling or producing words
- Difficulty understanding complex sentences
- Sleep disturbances

Thinking changes, also called cognitive changes, are common non-movement symptoms in Parkinson's disease (PD). Cognitive changes can be mild. However, as PD and age advance, cognitive symptoms may develop into dementia, a more serious condition that interferes with everyday functioning and independence.

Diagnosis of Parkinson's-Related Dementia

There are two major types of PD-related dementias: Parkinson's disease dementia (PDD) and dementia with Lewy bodies (DLB). Both are caused by protein clumps in the brain called Lewy bodies and share similar symptoms. PDD is diagnosed when serious cognitive symptoms develop years after movement symptoms. In DLB, significant cognitive symptoms or fluctuations appear early on, often alongside motor symptoms.

When diagnosing dementia, a doctor will review symptoms, family and medical histories and medications, and may order laboratory imaging or neurocognitive tests. During this process, neurologists, neuropsychologists and psychiatrists are often consulted. Mood, sleep, medications and medical problems sometimes cause symptoms that can be confused with dementia. Dementia typically develops slowly. If there is a sudden cognitive change, the doctor will consider other causes, such as a urinary tract infection.

Treatment Strategies for Parkinson's-Related Dementia

Therapies focus on improving symptoms and quality of life.

Medication Management

People experiencing PD-related dementia may benefit from medications used to treat Alzheimer's symptoms such as rivastigmine, donepezil and galantamine. SSRIs, used for depression, can also be helpful. Atypical antipsychotics (clozapine, quetiapine and pimavanserin) may reduce hallucinations.

Many PD and other medications can cause or worsen confusion and hallucinations and may need to be reduced or eliminated with a doctor's guidance. These include certain dopamine-boosting medications — which help movement at lower doses but may worsen thinking problems at higher doses — and anticholinergic (acetylcholine-blocking) medications such as trihexyphenidyl, sometimes used to treat tremor. Some bladder medications, older antidepressants and over-the-counter drugs that contain diphenhydramine, such as Benadryl, can also impact cognition.

Support and education:

Parkinson's Foundation
Helpline: 1-800-473-4636

Alzheimer's Association:
alz.org; 1-800-272-3900

Lewy Body Dementia
Association: lbda.org;
1-800-539-9767

Home and community services:

Area Agencies on Aging:
eldercare.acl.gov;
1-800-677-1116

Order your free copy of our book, *Cognition: A Mind Guide to Parkinson's Disease*, at [Parkinson.org/Library](https://www.parkinson.org/Library) or call our Helpline at 1-800-473-4636.

We are here for you.

Non-Drug Approaches

In addition to medication management, there are many non-drug strategies to improve quality of life for people with dementia.

Cognitive training is an approach that uses repetitive, guided practice designed to strengthen thinking skills.

Behavior intervention involves establishing consistent routines around medication, sleep, meals and exercise. It also includes adjustments in the home and other surroundings to reduce discomfort, stress and confusion for the person with dementia. Adaptations can include decluttering living spaces, increasing light and providing a balance of quiet and active time.

Games, puzzles or other activities that emphasize the person with dementia's strengths and interests may be more beneficial than forced memory games.

Social engagement is key to living well with dementia. Explore the resources available in your community or online, including dementia support groups, memory cafes and creative arts programs designed specifically for people living with dementia.



People With Dementia

- ✓ Connect regularly with family, friends and others living with dementia.
- ✓ Build movement and exercise into your daily routine.
- ✓ Meet with an elder law attorney for help planning for the future.
- ✓ Work with speech and occupational therapists to support your independence.
- ✓ Talk to a social worker about where to turn for support.
- ✓ Let others know what you need — whether it's time to rest, less noise or help completing a task.

Care Partners

- ✓ Prioritize self-care to avoid burnout. Schedule consistent, regular breaks.
- ✓ When talking with your loved one, use plain language, easy-to-answer questions, limit distractions and be patient.
- ✓ Recognize what the person with dementia is experiencing and validate their feelings.
- ✓ Discuss symptoms, medications, safety and other concerns with your care team.
- ✓ Start now to explore resources, such as health aides, visiting nurses, rehab, respite and long-term care options.
- ✓ Join a support group or talk to a counselor.

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