One of the challenging characteristics of Parkinson's disease dementia is 'imposter syndrome,' where patients believe that a loved one has been replaced by an identical imposter.

By ELLEN GOLDBAUM

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“The neuropsychiatric symptoms can make this kind of dementia much more challenging for families to deal with than Alzheimer’s disease.”

Kinga Szigeti, associate professor of neurology and director Alzheimer’s Disease and Memory Disorders Center
After Alzheimer’s disease, Lewy body dementia and related Parkinson’s disease dementia (PDD) are some of the most common types of dementia affecting older adults, but they are severely understudied. While PDD patients are often prescribed medications that treat psychosis and Alzheimer’s disease, there are no medications designed specifically to treat these illnesses.

Fortunately, that’s changing. This year, Eli Lilly and Company has launched a clinical trial for the first treatment designed to benefit patients with mild-to-moderate PDD.

UB is among 72 sites nationwide that are recruiting patients for this 12-week, randomized, placebo-controlled drug trial.

“Participating in this trial could help push this drug more quickly through the pipeline,” says Kinga Szigeti, associate professor of neurology in the Jacobs School of Medicine and Biomedical Sciences at UB, who is principal investigator at UB. Interested patients will be seen at UBMD Neurology, where Szigeti is director of its Alzheimer’s Disease and Memory Disorders Center.

For more information on getting screened for the UB trial, contact Connie Brand, clinical research coordinator at UBMD Neurology, at 716-323-0549.

PDD and Lewy body dementia affect an estimated 1.4 million Americans. The condition often occurs after a patient has been diagnosed with Parkinson’s disease, the symptoms of which often begin with the inability to control movements but then progress to affect cognition. In Lewy body dementia, cognitive decline is the first symptom, frequently followed by Parkinsonian features. Both diseases are characterized by abnormal protein deposits called synuclein, which form Lewy bodies in the neurons.

**Neuropsychiatric symptoms**

A key distinction between PDD and most other kinds of dementia are the neuropsychiatric symptoms that can occur, such as hallucinations and Capgras or “imposter syndrome,” where patients believe that a loved one has been replaced by an identical imposter.

“The neuropsychiatric symptoms can make this kind of dementia much more challenging for families to deal with than Alzheimer’s disease,” Szigeti says.

PDD symptoms also include a tendency to sleep for long periods at a time, sometimes 14-16 hours per day. “Sleeping so much can cause patients to lose muscle mass, becoming more frail and more prone to infection,” she explains. “Changes in the nervous system can lead to an unhealthy drop in blood pressure, and patients become more prone to falls.”

For these reasons, she notes, patients with this kind of dementia have a lifespan that is much shorter than for Alzheimer’s patients.

“Lewy body dementia has been very understudied in clinical trials,” Szigeti says.

While some medications used to treat psychosis can mitigate certain aspects of Lewy body dementia, many of them also increase the risk of stroke or even death.

**Between a rock and a hard place**

“For that reason, many patients and their families feel they have no options,” Szigeti says. “They find themselves between a rock and a hard place.”

But now, Western New York patients have an opportunity to participate in the first clinical trial to test a medication for Lewy body dementia at the Jacobs School.

The advantage of the new drug, known as LY3154207, is that it has a novel mechanism of action on dopamine, the brain chemical that Parkinson’s disease rapidly depletes. The drug was designed to maximize the brain’s response to the remaining dopamine, therefore improving cognition, motor function and boosting wakefulness. It is taken in pill form.

“We are for the first time offering hope to these patients and their families, and an opportunity to participate in this trial,” Szigeti says.

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**READER COMMENT**

Thank you for your commitment to this important topic. My mother passed away from complications of Parkinson’s at the end of 2017. In her latter months of life, she accused me of putting her in an exact replica of her home — sort of the “impostor syndrome” but applied to a physical space instead of a person. She was so convinced of this that she called the police and told them she had been kidnapped and placed in a fake home. She never trusted me again after that.

I have many stories to tell about my mother, and her decline was the most difficult time of our lives. Thank you for your research and participation in this clinical trial.

Carrie Gardner

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www.buffalo.edu/ubnow/stories/2019/03/szigeti-dementia-drug.html
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**FEATURED EVENT**

Apr 05

Colin Mochrie and Brad Sherwood "The Scared Scriptless Tour"

7:30 PM

Center for the Arts (CFA) - Mainstage Theatre

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