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Parkinson's disease dementia and dementia with lewy bodies: the same disease or two entities?

Dementia with Lewy bodies (DLB) and Parkinson's Disease Dementia (PDD) share many clinical, neurochemical and pathological features with each other as well as with Alzheimer's disease. The clinical features of DLB and PDD include cognitive impairment, parkinsonism and visual hallucinations. Their diagnosis is based on a distinction concerning the time of motor and cognitive symptoms, as early as cognitive impairment in DLB and later onset following that of motor symptoms in PDD. Pathological hallmarks, cortical and subcortical α-synuclein/Lewy body plus β-amyloid and tau-pathologies are similar. Despite clinical overlap, clinical differences at onset indicate different entities and they have been considered as subtypes of α-synuclein associated disease spectrum (Lewy body diseases) and classified into DSM-5 as two separate entities of major neurocognitive disorders with Lewy bodies. In vivo PET and postmortem findings revealed cortical atrophy, elevated cortical and limbic Lewy pathologies (with APOEε4) and a higher prevalence of Alzheimer pathology in DLB than PDD. While these hallmarks may account for earlier onset and greater severity of cognitive impairments in DLB, PET studies revealed no differences in cholinergic and dopaminergic deficits. Based on recent publications, including the fourth consensus report of the DLB consortium, we prefer to view DLB and PDD as two entities or subtypes of a unified nosological continuum-α-synuclein associated disease spectrum.

Recent Publications

1. Henigsberg N, Savić A, Radoš M, Šarac H, Radoš M, Ozretić D, Bajs Janović M, Erdeljić Turk V, Šečić A, Kalember P and Hrabač P (2018) Choline and N-acetyl aspartate levels in the dorsolateral prefrontal cortex at the beginning of the recovery phase as markers of increased risk for depressive episode recurrence under different duration of maintenance therapy and after it: a retrospective cohort study. Croat Med J. 59(5):244-252.
2. Šarac H, Pavliša G, Perić S, Bošnjak-Pašić M and Pašić H (2018) Autonomic seizures and déjà vu in a patient with gangliocytoma of the orbitofrontal cortex. Psychiatr Danub. 30(2):220-222.
3. Henigsberg N, Šarac H, Radoš M, Radoš Mi, Ozretić D, Foro T, Erdeljić Turk V, Hrabač P, Bajs Janović M, Rak B and Kalember P (2017) Lower choline-containing metabolites/cretaine (cr) rise and failure to sustain naa/cr levels in the dorsolateral prefrontal cortex are associated with depressive episode recurrence under maintenance therapy: a proton magnetic resonance spectroscopy retrospective cohort study. Frontiers in Psychiatry 277:8.

Biography

Helena Sarac completed her Graduation from Medical School in 1992 and attained her PhD from Medical School University of Zagreb in 2013. She was a visiting Research Scientist at the Mount Sinai Hospital, New York. She headed the Diagnostic Center Neuron at the Croatian Institute for Brain Research, Medical School University of Zagreb since 1999. She is a Neurologist at the Department of Neurology, University Hospital Centre Zagreb, Croatia and Scientist at the Centre of Research Excellence for Clinical and Translational Neuroscience. Her research topics are movement disorders, neurodegeneration and pharmacogenetics of extrapyramidal syndromes and her significant contribution to the development of science in the neuro immunology. She has long been interested in how serotonergic system is influenced by autoimmune disorders. She authored multiple scientific publications that have been cited and has been serving as an Editorial Board Member of reputed journals and has been serving as an Editorial Board Member of reputed journals. She has been a guest speaker at the various international conferences.

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