Cooperative
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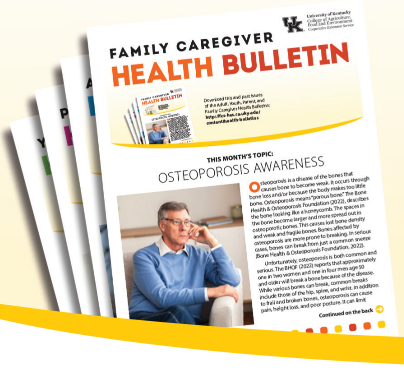
FAMILY CAREGIVER
HEALTH BULLETIN


University of Kentucky
College of Agriculture, Food and Environment
Cooperative Extension Service

FAMILY CAREGIVER
HEALTH BULLETIN

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THIS MONTH'S TOPIC:
OSTEOPOROSIS AWARENESS

Osteoporosis is a disease of the bones that causes bone to become weak. It occurs through bone loss and/or because the body makes too little bone. Osteoporosis means "porous bone." The Bone Health & Osteoporosis Foundation (2022), describes the bone looking like a honeycomb. The spaces in the bone become larger and more spread out in osteoporotic bones. This causes lost bone density and weak and fragile bones. Bones affected by osteoporosis are more prone to breaking. In serious cases, bones can break from just a common sneeze (Bone Health & Osteoporosis Foundation, 2022).

Unfortunately, osteoporosis is both common and serious. The BHOF (2022) reports that approximately one in two women and one in four men age 50 and older will break a bone because of the disease. While various bones can break, common breaks include those of the hip, spine, and wrist. In addition to frail and broken bones, osteoporosis can cause pain, height loss, and poor posture. It can limit

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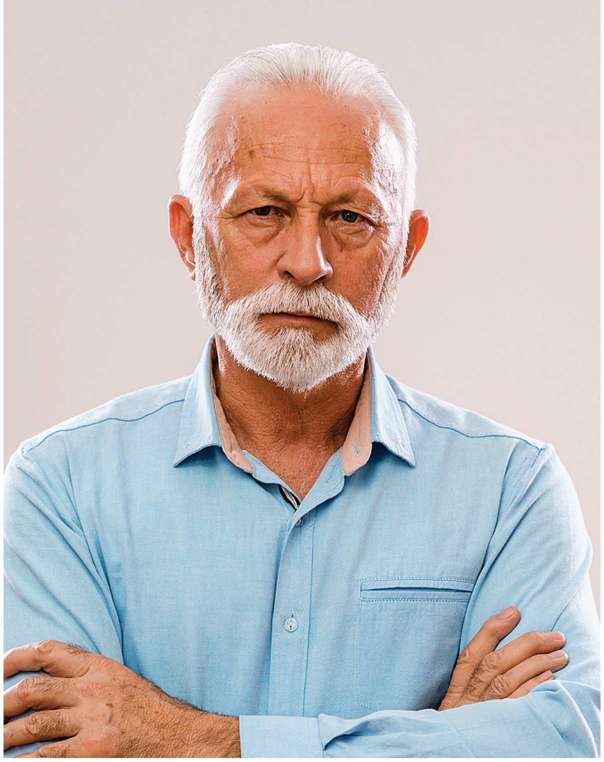
THIS MONTH'S TOPIC:

LEWY BODY DEMENTIA



Lewy body dementia (LBD) is a disease caused by abnormal deposits of protein in the brain. These deposits, called Lewy bodies, lead to problems with thinking, mood, behavior, and movement (NIH). According to the National Institutes of Health, LBD is one of the most common causes of dementia after Alzheimer's disease and vascular disease. It affects more than one million people in the U.S.

Types of LBD

"Lewy body dementia" (LBD) is an umbrella term that includes two related types of dementia: dementia with Lewy bodies (DLB) and Parkinson's disease dementia (PDD), according to the Lewy Body Dementia Association. DLB and PDD are related but differ in the timing of cognitive and mobility impairment (NIH).

- With DLB, a person experiences dementia within one year of movement symptoms, such as rigidity, slowed movement, stiffness, and tremors (Alzheimer's Association,

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NIH). Decline in thinking may look like Alzheimer's disease, but over time, other DLB symptoms and problems with movement will occur.

- With PDD, movement symptoms, consistent with Parkinson's disease, start first and cognition problems don't occur for more than a year (NIH). Not all people with Parkinson's disease develop dementia, but it is not uncommon for older adults living with Parkinson's to do so. According to the NIH, a later life diagnosis of Parkinson's disease is a risk factor for PDD.

DLB symptoms

The Lewy Body Dementia Association reports the following distinct features of DLB.

- Progressive cognitive impairment
- Fluctuating attention and alertness can present like delirium, lasting for hours or days
- Recurring visual hallucinations
- Parkinson-like movement (rigidity, shuffling, slowed mobility, tremors, stooped posture)

DLB is also associated with changes in sleep and autonomic functions like blood pressure, thermal regulation, digestion, urinary incontinence, and sexual response. DLB is progressive, which means the symptoms and decline can get worse over time. Changes should be reported to a health-care professional. Ultimately, people with DLB will require full-time care.

DLB risk factors

The cause of LBD is unknown. No specific lifestyle factors are proven to increase risk and no genetic test can prove if someone will develop it. As researchers continue to learn more, they do know that the following risk factors are linked to higher risk (NIH):

- Older age
- Rapid eye movement sleep behavior disorder
- Parkinson's disease

In addition, the Mayo Clinic reports that LBD affects more men and, sometimes, those with a family history may have greater risk.

Diagnosis

LBD can be difficult to diagnosis. Not only can LBD occur alone or with other brain disorders, but it can also resemble other diseases and disorders (Lewy Body Dementia Association, NIH). The order and/or severity of symptoms can also vary (Lewy Body Dementia Association). The only definitive diagnosis of LBD is with an autopsy. But health-care providers use a "one-year-rule" to help identify the type of LBD, which helps doctors better understand the likely disease progression and determine a proper treatment (NIH). Evaluations consist of medical history, physical examinations, lab work, brain imaging, and neuropsychological tests (NIH).

Treatment

There is no cure for LBD, but a correct diagnosis and proper treatment can help improve quality of life. Certain medication, therapies, counseling, home safety modifications, and adaptive equipment can make daily tasks more manageable. The NIH also suggests building a caregiving team that might include a neurologist who specializes in dementia and/or movement disorders; a primary care physician; physical, speech, occupational, and sleep therapists; palliative care specialists; and a pharmacist. Support groups can also be a valuable resource for both patients and caregivers.

Advice for LBD caregivers

- Educate yourself and others about the disease, including health-care professionals
- Ask for help
- Form a caregiving team
- Be flexible and realistic
- Care for yourself
- Talk to children and teens in age-appropriate terms
- Seek resources. Start with Lewy Body Dementia Association (800-539-9767 or 404-935-6444)

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