

Nursing assistance in patients with Lewy's Body Dementia

RESUMO | Objetivo: Investigar sobre a assistência de Enfermagem a pacientes com Demência do Corpo de Lewy. Método: Revisão integrativa da literatura, pela busca nas bases de dados, entre os anos de 2009 a 2021, utilizando os descritores: Doença por corpos de Lewy, Doença de Alzheimer, Doença de Parkinson, Assistência de Enfermagem. Resultado: A Demência do Corpo de Lewy é uma doença de difícil diagnóstico, por causa das semelhanças com as Doenças de Alzheimer e Parkinson, seu tratamento é baseado nessas patologias, não seguindo protocolos específicos da doença. A enfermagem tem por função principalmente orientar a família e oferecer uma assistência integral tanto para o paciente, quanto para o cuidador. Conclusão: É necessária, a realização de mais estudos, para entender como assistir um paciente diagnosticado com esta patologia adequadamente, dando suporte para um cuidado de enfermagem mais científico e integral, estabelecendo rotinas, promovendo assim qualidade de vida ao paciente e sua família.

Descritores: Demência por Corpos de Lewy; Doença de Alzheimer; Doença de Parkinson; Assistência de Enfermagem.

ABSTRACT | Objective: To investigate Nursing care for patients with Lewy Body Dementia. Method: Integrative literature review, using the Scielo database, between 2009 and 2021, using the descriptors: Lewy body disease, Alzheimer's disease, Parkinson's disease, Nursing care. Result: Lewy Body Dementia is a disease that is difficult to diagnose, because of the similarities with Alzheimer's and Parkinson's Diseases, its treatment is based on these pathologies, not following disease-specific protocols. Nursing's main function is to guide the family and offer comprehensive care for both the patient and the caregiver. Conclusion: Further studies are needed to understand how to properly care for a patient diagnosed with this pathology, supporting a more scientific and comprehensive nursing care, establishing routines, thus promoting quality of life for patients and their families.

Keywords: Dementia Lewy Bodies; Alzheimer's disease; Parkinson's disease; Nursing Assistance.

RESUMEN | Objetivo: Investigar el cuidado de Enfermería a pacientes con Demencia con Cuerpos de Lewy. Método: Revisión integrativa de la literatura, utilizando la base de datos Scielo, entre 2009 y 2021, utilizando los descriptores: Enfermedad de cuerpos de Lewy, Enfermedad de Alzheimer, Enfermedad de Parkinson, Cuidados de enfermería. Resultado: La Demencia con Cuerpos de Lewy es una enfermedad de difícil diagnóstico, debido a las similitudes con el Alzheimer y el Parkinson, su tratamiento se basa en estas patologías, no siguiendo protocolos específicos de la enfermedad. La función principal de enfermería es orientar a la familia y ofrecer una atención integral tanto al paciente como al cuidador. Conclusión: Se necesitan más estudios para comprender cómo cuidar adecuadamente a un paciente diagnosticado con esta patología, apoyando un cuidado de enfermería más científico e integral, estableciendo rutinas, promoviendo así la calidad de vida de los pacientes y sus familias.

Palabras claves: Demencia, Cuerpos de Lewy; enfermedad de Alzheimer; Enfermedad de Parkinson; Asistencia de Enfermería.

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INTRODUÇÃO

Dementia with Lewy bodies (DLB) is a disease often underdiagnosed because it is very

similar to Alzheimer's and Parkinson's diseases¹, however, it is a clinical disease characterized by multiple cognitive deficits, associated with the presence of Lewy bodies, and is defined as a primary dementia that affects the frontal-subcortical regions². It presents with progressive cognitive decline of sufficient intensity to interfere with social life. It is one of the main representatives of neurodegenerative dementias, known as Alzheimer's type dementia³.

Parkinson's Disease Syndrome is a chronic and progressive degenerative disease of the central nervous system⁴. It is caused by an intense decrease in the production of dopamine, which is a neurotransmitter. It causes aging, and all healthy individuals have progressive death of the nerve cells that produce dopamine. The frequent signs of the disease are: tremors, bradykinesia⁵.

Alzheimer's disease, in turn, is a progressive and fatal neurodegenerative disorder that is revealed by cognitive and memory deterioration, in addition to the progressive impairment of activities of daily living, an abundance of neuropsychiatric symptoms and behavioral changes⁶.

Dementia with Lewy Bodies and Alzheimer's Disease are distinct pathologies from a neuropathological point of view, both are similar in their insidious and progressive course, with the occurrence of a clinical diagnosis of Alzheimer's Disease being common in many patients with Dementia with Lewy Bodies⁷.

The lack of knowledge about the disease, its signs, symptoms and its proper diagnosis, causes Lewy Body Dementia to be confused with Alzheimer's Disease and Parkinson's Disease Syndrome, which, because they have the same signs, symptoms and characteristics, make it difficult to identify, delaying the start of treatment and specific medications^{8,9,10}.

DCL develops in such a way that it evolves as a predictor of poor prog-

nosis¹¹ in terms of the rate of cognitive decline, mortality, quality of life and consequently greater dispensation of medical costs compared, for example, with Alzheimer's disease¹². We can also mention that there is little exploration of the clinical phenotypes of the pre-dementia stage of DCL^{13,14} therefore, further clarification is needed for the early diagnosis of this pathology and its differentiated treatment^{15,16}.

In view of the above, a question arises: How is Nursing care given to patients with Lewy Body dementia?

The objective was to bring knowledge in this research, to know more about Lewy Body Dementia and nursing care, with the general objective: To investigate Nursing care for patients with Lewy Body Dementia. Specific Objectives: Characterize the signs and symptoms of Lewy Body Dementia, identify the diagnosis and treatment through its clinical manifestations, correlate Lewy Body Dementia with Parkinson's Disease and Alzheimer's Disease and identify nursing care for patients with dementia .

METHODOLOGY

This is a descriptive exploratory research with a qualitative approach, of the literature review type. With the purpose of searching, criticizing and synthesizing Lewy Body Dementia and nursing care, thus carrying out a survey on the development and evolution of Lewy Body Disease.

To prepare this study, the PICo strategy was used, namely P=population/patient, I=intervention, Co=context, therefore the research question was used: "How does Nursing care in patients with Lewy Body Dementia influence the evolution of this patient?" Where from the descriptors we have: P= "Dementia by Lewy bodies", I= "Nursing Care" and Co= there was no association.

In addition to the PICo strategy, the following associated steps were carried

out: 1. Choice of theme and object of study. 2. Selection of topic questions. 3. Data collection in the literature published in electronic databases, with inclusion and exclusion criteria. 4. Data evaluation. 5 analysis and interpretation of data. 6. Presentation of results and conclusion.

Data were collected in October 2022, through the Scientific Electronic Library Online (SCIELO) electronic databases and in theses and dissertations banks. Thus, the choice was made due to the availability of texts in Portuguese and reliable journals for the research. For selection of studies, inclusion and exclusion criteria were used.

As inclusion criteria, articles available in full text in Portuguese, in the period 2010-2022, and that addressed the theme of Lewy dementia, relationship with Alzheimer's disease and Parkinson's disease and nursing care were selected. As exclusion criteria, works available only in summary and that were not related to the chosen theme were removed.

A careful reading of all articles found was carried out to confirm the evidence found. Data were selected that would improve the way of explaining the characteristics and results of the studies. Then, a discussion of the results was carried out according to the authors who addressed the theme.

RESULTS:

Through the search for articles in electronic databases, the inclusion and exclusion criteria of all articles were performed, leaving only 10 (ten) articles to be evaluated. For a better explanation of the researched studies, a graph with the articles by year and a table with a summary of all the articles analyzed in this theme are shown below.

DISCUSSION

For better understanding of the content, the studies were reviewed separately in the form of topics, to facilitate understanding of the three diseases addressed, focusing on Lewy Body dementia, the focus of the research.

As for the description of Lewy Disease

Lewy body dementia is a degenerative brain disease that compromises regions responsible for functions such as memory, thought and movement, and is caused by the accumulation of proteins, known as Lewy bodies, in brain tissue³.

It is an insidious onset dementia, which starts after the age of 55-60, being slightly higher in prevalence in male sex¹².

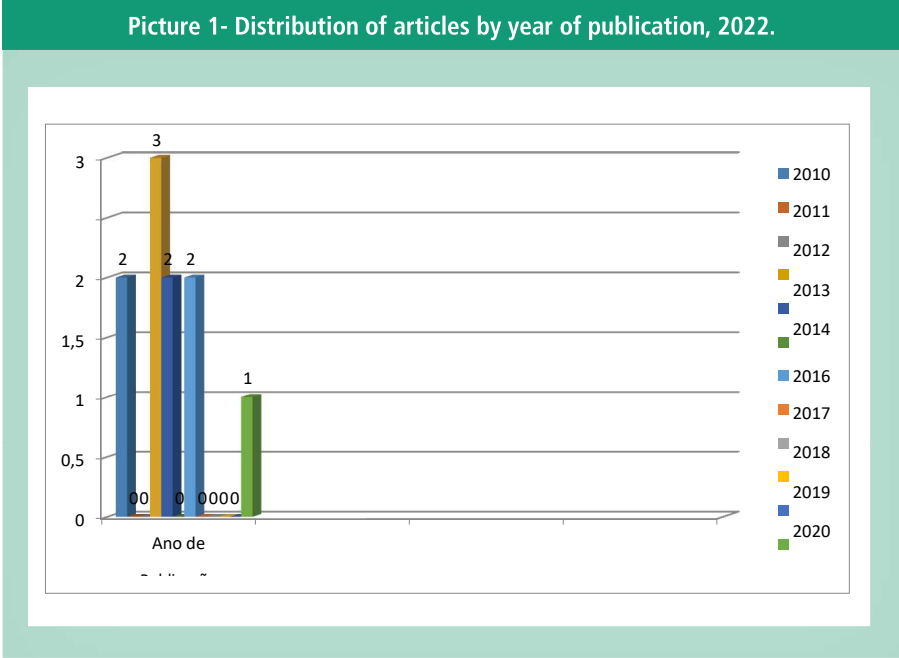
Two of the eight authors, five of them said that Lewy Body Dementia is the second leading cause of dementia associated with neurodegenerative disease being barely surpassed by Alzheimer's Disease.

All selected articles address the topic with enthusiasm, demonstrating the cognitive, behavioral and physiological behavior of the elderly. It shows that it is a progressive disease, silent, with rapid evolution, and has no cure.

As for the symptoms

According to Barbosa⁴, dementia is a fundamental characteristic that manifests itself with relevant changes in memory and language, as well as signs of apraxia and agnosia associated with impaired motor and executive function characterized by the presence of spontaneous parkinsonism, rigidity and bradykinesia. Still fluctuations in cognitive functions and recurrent visual hallucinations, which may be accompanied by auditory hallucinations. Alterations in the state of consciousness, attention, daytime sleepiness, incoherent speech, inability to recognize the environment, delirium and depression⁴.

The previous author still shows sleep disorders as manifestations, (REM



Source: author's data, 2022.

Table 1- Description of articles regarding title, author, purpose, and year of publication, 2022.

TITLE	AUTHOR	OBJECTIVE	TYPE OF STUDY APPROACH	YEAR
Lewy Body Disease: a case report.	Vaz et al	Report body balance alterations present in a patient with diagnosis of Disease of Lewy bodies.	Qualitative	2010
The various faces of the dementia syndrome: How to diagnose clinically?	Fornari et al	Describe the clinical aspects related to the different dementia syndromes	Qualitative	2010
Dementia with Lewy Bodies Applicability of diagnostic criteria.	Couto	Deepen the knowledge about Lewy body dementia from the applicability of diagnostic criteria.	Qualitative	2013
Program for caregivers of elderly people with dementia: experience report	Brum et al	Describe the experiences carried out during the meetings of the Extension Project for Caregivers of Elderly People with Dementia (PRO- CUIDEM)	Qualitative	2013
The impact of nurses' work on caregivers of elderly people with dementia.	Lindolpho	To describe the view of caregivers of elderly people with dementia about the nurse's role for their benefit and identify the results of this assistance.	Qualitative	2013

sleep behavior disorder) which is the most common, usually starts simultaneously or immediately after the onset of parkinsonism. Overt sensitivity to neuroleptics manifested by sudden onset of loss of cognitive ability, confusion, psychotic episodes, and exacerbation of parkinsonian symptoms.

For Schlindwein-Zanini¹⁷ the clinical manifestations are fluctuation of cognitive deficits in a matter of minutes or hours, detailed, vivid and recurrent visual hallucinations, parkinsonian symptoms. Also behavioral manifestations such as hallucinations (auditory, visual), identity delusion and memory disorders.

All authors address some manifestations in the same way: Fluctuating cognitive function, parkinsonian symptoms, visual hallucinations.

As for the diagnosis

For Fornarii¹³ and other authors mention that Lewy Body Dementia manifests itself through a gradually progressive dementia syndrome, with: First - fluctuations in cognitive function in a matter of minutes or hours. Second - vivid, persistent, and recurrent visual hallucinations. Third - Rigid-akinetic parkinsonism, symmetrical distribution. Thus, according¹⁸ for the diagnosis of probability, two of the three manifestations that were listed must occur, but if the signs of dementia precede parkinsonism at approximately one year, the diagnosis of Dementia with Lewy Bodies is more likely.

Negrão⁷ says that Lewy Body Dementia is a misdiagnosed and under-diagnosed pathology, often being incorrectly classified as Alzheimer's disease, vascular dementia or delirium. He also says that a differential diagnosis is necessary, but there are few specific symptoms in the early stages.

Barbosa⁴, states that to form the diagnosis of DLB it is necessary the presence of dementia along with at least two of the following criteria: fluctuating

The application of pet 11c-radopride in the differential diagnosis between dementia with Lewy bodies and Parkinson's disease

Soares

Investigate the possibility of Extraction of information of PET images of RAC so that you can be useful in the differential diagnosis between Lewy Body Dementia and Parkinson's disease

Quantitative

2014

Early diagnosis of Lewy Body Dementia: Review Article

Negrão

Describe recent data on early diagnosis of Lewy body dementia

Qualitative

2014

Sleep alterations as early markers of the neurodegenerative diseases Parkinson's disease and Lewy body dementia.

Barbosa

Analyzing the medical literature will understand the relationship between pathological sleep alterations and neurodegenerative diseases

Qualitative

2016

Knowing better for better care: nurse-to-doctor interventions with dementia

Vieira

Identify the knowledge and interventions carried out by nurses in the care to the person with dementia in medical service and of psychogeriatrics

Qualitative

2016

Neuropsychological alterations in dementia due to Lewy Bodies.

Silveira

To produce a current and accessible bibliographic review to the academic community with respect to neuropsychological alterations in Dementia due Lewy body

Qualitative

2021

Source: The authors (2023).

alterations in attention and concentration, well-structured and recurrent visual hallucinations and motor signs of parkinsonism. Even the presence of REM sleep disturbances, severe sensitivity to neuroleptics can also be found.

As for the treatment

Of the 10 articles, only two authors address ways to treat Lewy dementia. Even so, they show their treatment according to their symptoms and many of them with pharmacological treatment may not bring as many benefits.

Vaz and contributors³ discuss ways of treatment aimed at rehabilitation of body balance with functional training, exercises to increase vestibular adaptation and vestibular visual interaction, exercises to increase static and dynamic posture stabilization and visual field stabilization. For body balance

training, simultaneous cognitive and motor tasks, including task and environmental variation, in a progressive and controlled manner¹⁹.

According to Couto¹² there are no therapies that can modify the disease, but act at the level of risk factors using strategies with patients and their families. They consist of explaining the course of the disease so that they can deal with the symptoms in the best possible way, establishing routines in the patient's life, in order to adapt repetitive tasks that can be performed successfully.

Regarding pharmacological treatment, the author¹² says that cholinesterase inhibitors in the treatment of cognitive and neuropsychiatric symptoms are unanimous. For motor treatment antiparkinsonian drugs, in this case levodopa. For sleep disturbances, REM

sleep disturbances, can be treated with clonazepam before bedtime.

Whereas dementia with Lewy bodies is characterized by fluctuations in attention and alertness, as well as recurrent visual hallucinations and parkinsonian motor features, it is widely considered to consist of two related disorders, however, with considerable similarities that are distinguished by time relative to the appearance of cognitive and motor symptoms, for this, drug treatment becomes an indispensable means of treatment, favoring the improvement of the patient's condition in relation to hallucinations¹⁵.

Nursing care for patients with dementia

The elderly with dementia acquire a relationship of extreme dependence with their caregiver, generating anguish, as there is a loss of autonomy to carry out certain activities, in addition to being something that demands great confidence and security in the other, being a great demand for the family¹¹.

The first step is to inform them of the basic characteristics of the disease, when information about the disease, its evolution, the different types of confrontations, difficulties and challenges is obtained, suffering is reduced. The help of specialized professionals is decisive for determining the well-being of the caregiver and the quality of care provided to patients with dementia¹¹.

According to Brum and other authors¹¹, the characteristics of nursing care are predominantly centered on body hygiene, nutrition, assistance and execution of activities of daily living (instrumental and cognitive difficulties), blood pressure control, sleep and rest, and control of eliminations.

According to Lindolpho and collaborators¹⁴, the nursing professional performs work that presents a differentiated interpersonal relationship and offers knowledge about the disease, which is of paramount importance for those who deal with it on a daily ba-

sis, another author¹⁸ also agrees with the statement, since the nurse has the instruments necessary to convey the in-

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[...] associated with the presence of Lewy bodies, and is defined as a primary dementia that affects the frontal-subcortical regions. It presents with progressive cognitive decline of sufficient intensity to interfere with social life. It is one of the main representatives of neurodegenerative dementias, known as Alzheimer's type dementia

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formation properly.

All authors address nursing care aimed at patients with dementia and

especially their caregivers, so that the professional nurse acts mainly as an educator, showing ways based on knowledge of the disease, how to improve the quality of life of patients with dementia.

The role of health education is one of the nurses' attributions, because with their knowledge and practice they will identify complications and implement the best method to instruct the caregiver and/or family members directing actions, teach how to identify warning signs and symptoms, possible damage to health when care is poorly performed, instruct about medications and treatment in order to improve care²⁰.

CONCLUSION

In view of the present study, it can be observed that Lewy Disease is still a little known disease and with great difficulty in diagnosing it, due to the same be confused with Alzheimer's Disease and Parkinson's Disease, due to its signs and symptoms being very similar, thus making it difficult to delay and start treatment.

The disease shows great difficulties, through family members and acquaintances, in accepting the diagnosis of the disease, due to lack of knowledge, and because it is a degenerative disease, because the patient over the years becomes a bedridden patient with great care. specific, dependent.

The patient with Lewy Disease, in turn, stops living in full activity, because as it is a silent disease, if it breaks out little by little, it brings many consequences.

In view of this, nursing has a fundamental role, as it closely monitors the elderly, as well as the family caregiver. It is relevant to talk about the importance of transmitting knowledge and guidelines for the development of care, as only then will the caregiver know how to deal with the course of the disease, thus facilitating the delicate and

exhausting routine, as he will understand its evolution.

This work may contribute to more studies about this disease and even

more about nursing care that is not focused on the disease itself, but in general on patients with dementia, which is still very vague. As limitations of the

study, we can mention the difficulty in finding more descriptive articles with greater detail on the subject studied.

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