

## Psychosis in PD and LBD

- <u>Illusions</u> Misinterpretations of real stimuli.

  Can be unformed, such as a sense of presence or a fleeting false impression
- <u>Hallucinations</u> Spontaneous, fully formed.
   Most often visual, but can be auditory, tactile, olfactory (smell), or gustatory (taste)
  - With insight the hallucinations are not real
  - Without insight they are not real
- **Delusions** False thinking. Can be paranoia.

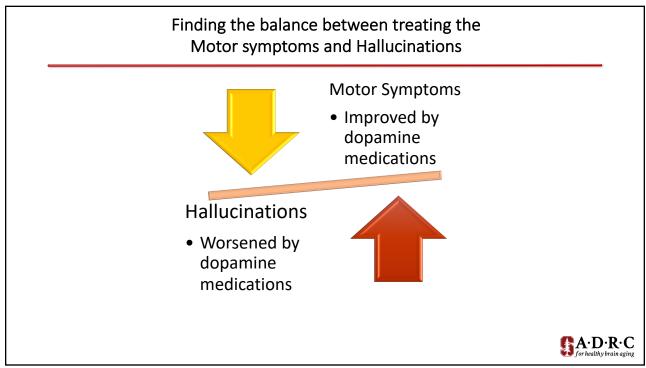


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**Currently Available Therapies Classic Motor** · Bradykinesia, Tremor, Rigidity **Improve With DBS** • Hypomimia, Micrographia **Symptoms** Mixed Motor/ **Very Mixed Results** • Hypophonia and Dysarthria Non-Motor Symptoms Walking and Balance Problems With DBS • Mild Cognitive Impairment and Dementia • Psychosis (hallucinations and delusions) Non-Motor **Does Not** • Sleep disorders (RBD) • Depression/Apathy, Anxiety, Fatigue **Improve With DBS Symptoms** • Constipation, Orthostatic hypotension, Urinary frequency, urgency, incontinence A·D·R·C for healthy brain aging

## **Currently Available Therapies**

#### Dopamine

- Helps Motor
- Does not help Cognitive
- Might worsen some Cognitive functions
- Causes
   Hallucinations in
   PD dementia or
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#### DBS

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#### Other for Cognitive

- Cholinesterase Inhibitors
- Mild benefit to Cognition and Memory
- Does not prevent progression to Dementia



# Treating cognition and memory in PD and LBD: Cholinesterase Inhibitors

- Rivastigmine (Exelon) was FDA-approved for PD Dementia in 2006.
- Evidence-based reviews in PD recommend rivastigmine as "efficacious" for the treatment of PD Dementia, with an acceptable safety risk without need for specialized monitoring.
- Other cholinesterase inhibitors:
  - Donepezil (Aricept)
  - Galantamine
- Smaller studies on memantine (Namenda)
  - Was rated as having "insufficient evidence" in the treatment of PD Dementia, though they had acceptable safety risk profiles without need for specialized monitoring.



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## Currently Available Therapies for Hallucinations and Psychosis

- Most common reason for a sudden onset or change in symptoms is general medical illness or other medications
  - Infection (such as a UTI or a cold/flu)
  - Medications (for pain, urinary frequency)
  - Physical stress (constipation, poor sleep, travel, new physical environment)
  - Emotional stress (anxiety)
  - Being in the hospital (all of the above)



### Currently Available Therapies for Hallucinations and Psychosis

Most likely to cause hallucinations/psychosis

- Reduce or stop certain medications:
  - Artane (any other anticholinergics)
  - Amantadine
  - · Dopamine agonists
  - Comtan (entacapone)
  - Sinemet CR (carbidopa/levodopa CR)
  - Rytary (continuously released levodopa)
  - Stalevo (levodopa + entacapone)
  - Inbrija (inhaled levodopa)
  - Sinemet IR (carbidopa/levodopa immediate release)
  - Duopa (levodopa intestinal gel)

SA·D·R·C for healthy brain aging

Least likely to cause hallucinations/psychosis

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## Currently Available Therapies for Hallucinations and Psychosis

- Quetiapine (Seroquel) may be considered. Works within a day or a few days. However, the clinical trials have not clearly shown this is effective.
- <u>Cholinesterase inhibitors (rivastigmine and donepezil)</u> No evidence yet on in PD or LBD associated psychosis, but I use them all the time.
- <u>Pimavanserin (Nuplazid)</u> FDA approved for PD Psychosis.
  - 199 PD Psychosis patients (at least weekly hallucinations, which were severe enough to warrant treatment).
  - Primary outcome: **SAPS-PD** (Scale for Assessment of Positive Symptoms-Parkinson's disease adapted) at 6 weeks.





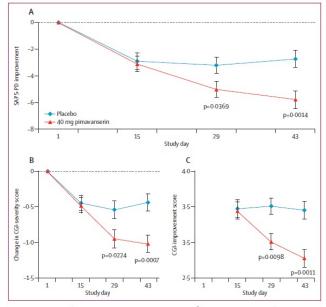


Figure 2: Treatment effects on psychosis severity reduction in the 6 week study period in the full analysis set. The full analysis set includes all patients who received ±1 dose and had a SAPS assessment at baseline and at least one afterwards. Datapoints show least squares means (standard error). (A) SAPS-PD improvement. (B) Change in CGI-severity score. (C) CGI-improvement scores. SAPS=scale for assessment of positive symptoms. CGI-clinical global impression.

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## Current interventions in Parkinson's Disease & Lewy Body Dementia

- No current interventions to stop the progression of Motor or Non-Motor symptoms.
  - Very active area of research
- Symptomatic therapies need to be balanced between what symptoms they make better and the potential to worsen other symptoms.
  - Requires a very individualized approach to determine the exact right medications for the patient at this time
  - Balance between benefit and side effects can change over time.



# **The Stanford Movement Disorders Center**



Helen Bronte-Stewart, MD, MS Neurology, Movement disorders specialist



Kathleen Poston, MD, MS Neurology, Movement disorders specialist



Veronica Santini, MD Neurology, Movement disorders specialist



Laurice Yang, MD, MHA Neurology, Movement disorders specialist



MD Neurology, Movement disorders specialist



Bill Marks, MD Neurology, Movement disorders specialist



Maya Katz, MD Neurology, Movement disorders specialist



Leila Montaser Kouhsari, MD, PhD Neurology, Movement disorders specialist



Jennifer O'Malley, MD, PhD, Child Neurology, Movement disorders specialist



Katherine Mackenzie, MD Child Neurology, Movement



Jaimie Henderson, MD Neurosurgery, DBS specialist

