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The 5 Ds of Lewy Body Dementia, global physician and nursing knowledge or lack of, treatment methods and new scientific discoveries in the last decade

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It is possible for any patient suffering from Lewy Body Dementia to be misdiagnosed and poorly treated or managed at any given time in any medical setting. We could visit any emergency room in America or the rest of the world and see it happening. Most physicians that began their practice 10 to 20 years ago may have never heard LBD before. One could say it is the new Leprosy of biblical times. This would be due to no one accepting a combative patient in their assisted living setting. Some doctors believe they have to wait till the patient dies to obtain a biopsy of the brain in order to diagnose the LBD. They have never heard of the McKeith Criteria or the last revised Lewy Body Dementia Fourth consensus report of the LBD Consortium of 2013. It is over the last decade that research has shed light on the disease process. Today, we have new testing that aids in the differentiation of even the type of Lewy Body Dementia. Is it just Lewy Body or does it have a Parkinson component or a variant of it. As I nurse I see many dementias and subtypes of them. I have cared for my patients twenty four hours a day seven days a week for the last eighteen years and a half. I have come to understand the disease process with all its variants close and personal. My biggest obstacle in giving quality of life to my patients is the doctor or nurse. The generation I have served are from the generation who do and believe everything the doctor tells them with no questions asked. It is important to get all your ducks in a row. For this reason I accompany my patients to the doctors appointments or ER visits. The first D then is the doctor. Once the right doctor is in place all the other

Ds fall in place. The right doctor will order the right diagnostics. The right diagnostics will lead to the right diagnosis. The right diagnosis will allow for the right drug. The right drug will lead to better management of the disease. With all of the Ds in order the doctor, pt and family can decide on the right course of treatment. Lewy Body dementia and Parkinson's with Lewy Bodies can have overlapping clinical presentations and some controversy still exists during diagnosis or differentiation. Given the difficulties in cognition, extra pyramidal function, and psychiatric health, management can be complex and should be systematic. By using the Five Ds of Dementia I have been able to assist many families in their caring journeys.

Speaker Biography

Esperanza Hansen Gonzalez passion and compassion for geriatrics was awakened when her mother abandoned her at the age of 8 years in the village where she grew up among elderly women. The women there self-treated their ailments. Esperanza quickly learned the skill of injecting others. She would later trade it for shelter. Then she immigrated to California's central valley at 16 years of age where she learned English and pursued a nursing career. She is a graduate of the College of Sequoias, where she earned an A.S. in nursing. She went on to practice in the various local hospitals and home health agencies until 1999 when she earned an A.S. in nursing from New York Regents University. The same year she became a Registered Nurse in the state of California and was recruited to care for the terminally ill as a Nurse Case Manager and Hospice Educator. She cared for terminally ill patients who were primarily elderly. There she discovered most geriatric patients had a form of dementia beyond the primary terminal diagnosis, but which was not identified in the clinical picture. It was there that she developed the 5 D's of Dementia.

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