

Lewy Body Life

Season 1, Episode 2: Hindsight is 20/20: Early signs of LBD

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Welcome to Lewy Body Life.

Lewy Body Life helps care partners, family and friends understand and navigate the often complex and unpredictable Lewy Body Dementia journey.

Here real people with real experience and real insight share essential information for caring and coping. We hope our podcast series will help you realize that you're not alone and that there are strategies and resources that can aid you in your LBD journey.

Now let's go to your co-hosts Ann Brucciani Lyon, Paula Rice Bieber and Linda Olsen Engel.

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Ann: Hello and welcome, I'm Ann Brucciani Lyon.

Paula: I'm Paula Rice Bieber.

Linda: And I'm Linda Olsen Engel.

Ann: We are glad you could join us for today's episode — Hindsight Is 20/20: Early Signs of LBD.

Paula: Before we get started with today's topic, we'd like to thank the families in the Minnesota LBD Caregiver Support Group and the Twin Cities Support Group for Persons with Lewy Body Dementia.

Linda: Definitely. We appreciate all input, encouragement and financial assistance of this podcast series — from the support groups and from our family members and friends who have listened to our episodes and helped craft them into what they are now.

Ann: Our listeners should also know that we are not medical, legal or tax professionals and the information shared here is not intended to replace seeking the appropriate professional advice for your specific situation.

Paula: We're here to help raise awareness and understanding and hope that the information we share will help guide you, our listeners, to the resources you need.

Linda: And, most importantly, we want you to know you're not alone. Being a Lewy Body caregiver can become isolating and feel really lonely at times. As I mentioned in our first episode, I speak from experience.

Paula: So we want you to know that we are here for you.

Linda: That's right.

Paula: In our first episode, we discussed the history of Lewy Body Dementia as well as what is involved in a LBD diagnosis. Today, we are taking a closer look at the types of changes that happen early on in the Lewy Body Dementia journey that can be indicators of LBD.

Ann: We will talk about some of the behavioral, cognitive and personality changes that can be clues that something is wrong with a loved one.

Linda: These warning signs may be so subtle or fleeting that, initially, they are overlooked or excused. For example, something may occur that leads you to think to yourself, "He must not have heard what I was saying."

Paula: Or "She must have misunderstood me to get so angry."

Linda: Or "That was so out of character, he must not feel well." I know that at one time or another, I thought all of those things when something was amiss with my husband.

Paula: I did too with my dad. But eventually, these odd or disconnected behaviors begin happening more frequently and are eventually what triggered us to start seeking answers.

Ann: As we were preparing for this episode, Linda was kind enough to share some of the journals she has kept over the years. We found many of her earlier journal entries captured moments in which her husband's behavior was so unusual that it made her pause and kind of, figuratively, scratch her head.

I found so many of the entries really interesting because I've witnessed moments like the ones you mentioned in your journals Linda — and, Paula, I know you have too.

Paula: I have.

Ann: So, Linda, if you don't mind, I would like to share a few of these with our listeners.

Linda: Oh, sure, go ahead.

Ann: Great, thanks. And then I'm hoping we can talk about what sets these moments apart from typical "senior moments." Because, the thing is, all of us have moments when

we forget where we put our keys, or we miss an exit on the highway as we are driving along, or we can't recall a name.

But I know what the kind of moments you wrote about in your journal feel like when you witness them. And they feel different than normal moments of forgetfulness or absentmindedness. They're disorienting. And they leave a lingering discomfort.

Linda: You're right, Ann. They really are different! Also they're difficult to understand while they are occurring, and it's really hard explaining to others how they differ from, as you said, typical "senior moments" for lack of a better phrase.

Paula: But if our listeners have experienced moments like these, they will know what we are talking about.

Linda: Yes, Paula, they certainly will.

Ann: Before I share them, I want our listeners to know that Linda started noticing these changes in her husband's cognition 9, 10, 11 years or more before it was understood that he had probable LBD.

Linda: Yes, looking back I did. And those behaviors were perplexing.

Ann: You've said that, at the time, they were strange enough for you to write them down, but also, not so strange that you thought, "He needs to see a doctor." In part, because they initially happened so infrequently.

Linda: Exactly. And it was tricky to navigate and respond to these incidents but I couldn't pinpoint why at the time. Later, as they were occurring more regularly, my husband got hostile if I suggested he be evaluated. But my intuition told me to "make note of this one."

Paula: That's why it's important we talk about them. They are moments that don't make any sense. They happen so infrequently at first that, unless you're a neurologist or experienced in working with people who have LBD, you won't have an understanding of what's going on or why — so you argue with your loved one, or ignore the behavior or make excuses for it.

Ann: That's it exactly, Paula. Mmmmm, I'm going to start with this one. October 16, 2008. Linda, you noted that your husband came to Utah to visit with you for 11 days. He drove there with his winter clothing, ski gear, etc.

You wrote that he had also brought "a duffel bag of mail, which hadn't been opened." And that he was supposed to have been forwarding all the important pieces of mail that arrived at your Minnesota home to you in Utah.

Not only had he not forwarded them, he hadn't separated the junk mail from the important mail.

You mention that there was so much mail, that it took you more than an hour just to separate the junk mail from the important mail.

Linda: Yes, we had a second home in Utah where we resided part time. I'd gone out there with our children a few months before he joined us. The fact that he hadn't forwarded any mail from Minnesota and then brought all of it, including the junk mail, really seemed off. I thought it was weird that he hadn't tossed out the junk mail or forwarded any of the important pieces. We had words about this. But I didn't know then what I know now: that LBD was affecting his executive functioning. He couldn't sort the mail because he didn't have the capacity to do it anymore.

Paula: This is one of the things we talk about in our support group. How once you have a diagnosis, all of the small unusual things that have been happening over weeks, months or years — usually years — suddenly make sense.

Linda: That's true, Paula. When discussing these incidents now, they mean something entirely different to me than they did while they were actually happening.

Ann: Well, that's why we titled this episode, Hindsight is 20/20, isn't it? Because the things that made no sense, that were maybe even big stress points in the relationship, suddenly make sense when you understand that something neurological was happening.

Linda: So true.

Ann: Let's talk about another entry, the entry from June 27, 2009. You share that while you were in your home in Utah over the winter and your husband was at your home in Minnesota, he "rearranged" the items in the kitchen cupboards and drawers. When you came back to Minnesota, you discovered that he'd stashed a lot of the everyday kitchen items up so high in your cupboards that you needed a step stool to reach them. To keep the peace, you bit your tongue and didn't say anything.

Linda: Yes, I remember this well. It was the craziest thing to come home and find many of the frequently used daily items crammed onto the highest shelves in our kitchen cupboards.

Ann: Then he came looking for your electric kitchen knife one day. And you knew that it was no longer stored where it had been all the years that you'd lived in the house because he'd moved it. But you opened the cabinet that it had originally been in first, so he could see it wasn't there.

Linda: And then I told him to check a specific upper cupboard. He did but just stood there motionless. The electric knife was there but he couldn't pick it out. So, I gestured and told him to look to his right.

Ann: I want to speak to this moment when he was motionless. Because, I've seen people in moments like that. And, I'm not sure if this is what happened in your situation, but the person's face is blank. This reduced facial expression is known as facial masking. Do you recall if you noticed that?

Linda: I did notice and vividly remember that even though the incident was so long ago, Ann. I recall seeing that blank, nearly expressionless face on other occasions but only just now connected it with facial masking.

Paula: Yes, that's very common for people with LBD, Parkinson's and Parkinson's disease dementia.

Ann: So facial masking is something else our listeners should be aware of.

But let's get back to this journal entry. Your husband is standing motionless in front of the cupboard, and you have motioned for him to look to his right. Then you wrote that he pulled out an item and said, "This?" And you told him no because it wasn't the electric knife that he pulled out. So, you told him to look further to the right. Eventually, he found it.

Then you gently asked, "Remember when you moved these items up there?" And he didn't. He just looked baffled.

Linda: That's right. And then he got defensive and said, "Well, I had to because I needed more room." But I could see that he had no recollection of having moved that electric knife or anything *else* up there. I remembered hearing from people at support groups how we should pause and think "A—R—E " before responding. That is, don't Argue, Rationalize, or Explain.

Paula: And you did that then, you just let the situation be. You avoided what could've been a useless argument. Being defensive or striking out verbally can be a way for people with dementia to cover up behavior they don't understand themselves. Their reactions and reasoning isn't something they consciously come up with to explain things away, the brain actually makes up a story for them!

Ann: Wow, that's interesting Paula. Let's back up briefly to Linda's comment about A.R.E. If you can't argue, rationalize or explain yourself, you may wonder what you can do because arguing, rationalizing and explaining are normal responses to these types of situations.

Linda: Exactly, if you can't argue, rationalize or explain, about the only thing left is to "reflect" their behavior or words. We will be talking more about what that means in another episode, in which we discuss various ways to cope and respond. At the time this situation was happening though, I just knew there wasn't any way to argue with him about it.

Ann: Linda, as we said earlier, you knew that this wasn't normal, something was off, but you couldn't put a finger on it.

And, like we said earlier, these are the types of moments that are just so confusing when they happen because they just don't make any sense.

But when you try to tell a friend — or anyone really — that something isn't right, and you give them a story like this, they're often dismissive — like you're reading too much into what happened. Or they will say something like, "Oh, my husband can't remember where he puts things sometimes either."

Linda: That's it exactly. Out of a place of concern, I would try to share something like this with friends and many thought I was making mountains out of molehills.

Paula: And it's easy to understand why. In your case, Linda, at that time, he seemed normal to family and friends. And normal to you most of the time.

But it's so frustrating when you're the person who is witnessing these episodes because they aren't normal. And when others dismiss you it can cause you to doubt yourself, to doubt what you've experienced.

Ann: You're spot on Paula. And that's really wearing on a person over time.

Linda: Totally exhausting!

Ann: I'd like to share one more example, because these are really the kinds of moments that it's hard to find information about when you are researching LBD.

But when I read your journal entries, Linda, they brought tears to my eyes. Because I have experienced moments like these with a loved one. And I know how those moments feel, because as we said earlier, they are so awkward and uncomfortable. So disorienting. And so isolating when no one else hears what you're saying or thinks anything is wrong.

Paula: I agree, Ann. So let's do one more.

Ann: Alright, there are so many examples that I believe will resonate with others that it's hard to just pick one more. But let's go with May 17, 2011.

On that day, your husband asked you what month you were going to your cousin's wedding. And that seemed odd to you because he had booked your airline tickets. And you told him June. And he asked you if it was June 7. And you told him that it wasn't. You were going on June 21.

Linda: Exactly, and it seemed so odd because, as you mentioned, *he* booked the airline tickets.

Ann: Then he said, "Oh yeah, your birthday," while nodding his head up and down. But, the thing is, your birthday isn't in June. It's in April.

Linda: Yes! He had the day right, the 21st, but the wrong month and we'd known each other over 50 years by then.

Ann: What did you think or how did you feel while this exchange was taking place?

Linda: Uncomfortable and flabbergasted. This was occurring while I worried if I was seeing symptoms of Alzheimer's or possibly alcohol abuse. I just didn't know. I'd not yet learned about Lewy, and when these weird moments occurred nothing was computing for me.

Paula: You knew this wasn't normal behavior for him, but you had no idea why he was so confused. It just didn't make sense!

Linda: One of our support group members recently shared something on Facebook that relates to moments like this. And when I read it, I thought it was very helpful in explaining what is going on.

Paula: I think I know what you're referring to because we've talked about this before. Is it the example of the brain hitting roadblocks and detours?

Linda: Yes!

Ann: Why don't you go ahead and share it, Linda.

Linda: Well, in essence, she said other dementias follow a set pattern of movement through the brain. Skills are lost, never to be recovered, but Lewy Bodies diffuse problems spread out into different areas of the brain and it is hard to predict where. She likened this diffusion to the ever changing closures and detours that happen during road construction. It's, like, in the mind of a person with LBD, messages and instructions are cruising along the brain's pathways or "highways" as she called them. When they hit "roadblocks" these commonly used pathways are disrupted. The messages become garbled or they don't get through.

Ann: Interesting.

Linda: Right? It seems as if the brain reacts by saying “Hey, I know I’ve been down this road before. What’s the deal here?” It’s like the messages bump up against the roadblock several times trying to get through... or they try to take a detour and the rerouting may not go smoothly.

Paula: The roadblock may seem to be in a different place the next day enabling messages to smoothly travel that original highway again — your loved one can now do what they couldn’t the day before, or remember what they had previously forgotten — but there may be an upset somewhere else. Or it may be that the roadblock eventually does become permanent and the brain realizes it cannot get to information about how to do that task. The person often remembers that they used to be able to do it — the road used to be there!

Ann: That’s a really good visual. I can picture it. All these detour signs and roadblocks that keep being placed in different areas blocking messages as they travel along the brain’s highways. This helps explain why some lost skills return to LBD patients. You know, “fluctuation” was mentioned in Episode 1 as a hallmark feature of the disease.

Paula: Yep, and these instances of disrupted thought or inability to function will increase in frequency and things will make less and less sense over time.

Ann: Linda’s journal entries illustrate gaps in thinking or actions that don’t make sense. I think we should touch on personality changes next. They are also an early symptom of LBD and other dementias. And they may be something that most people don’t think about as a symptom of disease.

Paula: Let’s talk about some of the clues that indicate that it’s not normal personality differences but actual signs of neurological changes caused by disease.

Linda: Good idea. Changes can be subtle — for example, irritability, anxiety, overreacting, having a short temper, and explaining things in a way that just doesn’t make sense. These can be indicators that a person is starting to experience delusional thinking.

Ann: And these symptoms can come and go too. The reactions don’t make sense because they are perceiving things in a way that isn’t real at some times and perceiving them accurately at other times.

Paula: The brain comes up with explanations for why things are happening because of these disconnects.

Linda: They may be feeling a little paranoid — even think that you’re keeping secrets, or having an affair, or that you or other people are stealing from them.

Paula: That's right. And sometimes people become more apathetic and less responsive. In situations where they would've previously reacted very strongly, they no longer do so. They lose interest in their hobbies or in doing the routine household tasks they used to be responsible for.

Ann: So, behavioral, cognitive and personality changes are a few of the earliest symptoms. What else should people be aware of?

Paula: There are some early physical changes that start to happen that may also go unrecognized as symptoms of LBD. For example, sexual dysfunction.

Linda: My husband experienced a loss of interest in sex around age 45 — almost 30 years before he passed. That said, sometimes the opposite can happen and a person becomes hypersexual.

Paula: In addition to changes in sex drive, constipation and incontinence can also be early symptoms. Constipation can be a result of disruption to the gut's nervous system. Lewy bodies actually can start in the gut and travel up to the brainstem. In addition the part of the brain that controls the digestive system can also be affected by Lewy bodies.

Linda: My husband always had problems with constipation, as far back as I can remember.

Ann: Can I ask a question here? Is it only constipation or can it be the other extreme, diarrhea, as well?

Paula: Yes, it can be both. The right messages are just not getting through to properly digest nutrients and eliminate waste.

Ann: Interesting. What are other indicators, Paula?

Paula: The inability to do physical tasks that require step-by-step procedures.

Ann: Tell us more about that.

Paula: It becomes difficult to keep all the steps of a task in mind. Sometimes a person with LBD will think a task is completed when they have only taken the first couple steps toward completing it. A person with LBD once described to me how they were no longer able to do a task but were able to talk someone else through how to do it.

Ann: Doesn't that have to do with muscle memory?

Paula: Not really — it is their brain that can't send out the proper sequence of instructions for them to do the job. And as the disease gets worse and the roadblocks we were talking about earlier become more disruptive, problems at home and at work

— if the individual is still employed — start to surface because they aren't able to do tasks that involve a complex series of steps.

Linda: The part of the brain that is affected in these situations is the executive functioning, right?

Paula: Yes, it's the ability to make decisions, plan ahead, and accomplish the steps needed to get things done.

Linda: My husband's grandmother always said "He can fix anything," and in our nearly 50 years of marriage I found that to be true, until Lewy came. I remember watching him struggle to assemble a chair for our daughter in 2010 when she went away to college. That's something that he normally would have intuitively known how to do.

Ann: And I bet that gave you pause, but, again, like we've discussed, it's not something that would lead you to think he needed to see a doctor. You may have thought he was tired or distracted?

Linda: Yes, Ann exactly.

Ann: So, in addition to changes in a person's ability to make decisions, plan ahead, and take steps to complete tasks, changes in a person's handwriting can also be an indicator.

Linda: Yes, in 2011, I noticed that my husband's handwriting was getting more and more difficult to read: It became smaller and inclined upwards.

Paula: Yes, that happened to my dad too. Another really big thing that can happen physically is REM Sleep Behavior Disorder.

Ann: We talked about that in Episode 1, but let's summarize it again.

Paula: REM sleep behavior disorder is when a person acts out dreams by kicking, punching, thrashing or even moving so much that they fall out of bed. In some people this can happen decades before other symptoms.

Linda: Yes, as mentioned in our first episode my husband and I eventually had to sleep in separate bedrooms because he would pound me with his fist in the middle of the night — never realizing he was doing it.

Ann: Yikes, how frightening!

Paula: It can be.

Linda: Periodic Limb Movement Disorder is another sleep disorder that might also occur with or without RBD.

Ann: Yes, that's when a person's legs twitch at night when they are trying to sleep . I know someone who was experiencing 64 to 72 leg movements an hour and coming to full wakefulness 8 times an hour, which is very unusual.

Most people come to partial wakefulness about 4 times an hour — because a dog has barked, the wind has picked up, the temp inside the house has changed — without even realizing it. But full wakefulness is different.

Paula: The problem with Periodic Limb Movement Disorder is just like with sleep apnea it can cause exhaustion — and daytime sleepiness — because it prevents an individual from reaching a state of deep sleep. If you notice a loved one has excessive daytime sleepiness, it's another good reason to get a sleep study.

Linda: Definitely. And not getting quality sleep affects you mentally as well as physically. It can make cognitive symptoms worse.

I just remembered another cognitive issue that can happen early on difficulty with math and finances when someone has historically handled those well. My husband majored in college level economics and had always been good about managing ours. Over time, he started asking me to write checks to pay "*this person*" or "*that contractor.*" After he passed away, I looked over his checkbook and found many, many errors. He must have realized he was struggling with this because at some point he'd set up auto payments for several of our routine monthly bills.

Ann: While we're talking about cognitive symptoms again, verbal fluency and difficulty finding the right words, especially nouns, is another issue that can happen early on. There was a reference to this in one of your journals, Linda.

Linda: Yes, one time about 9 years before my husband was identified as having probable LBD, I'd come home with caramel and cinnamon sweet rolls. He gobbled down one of each and said, "That's good cake." Then he paused, did some syllable word searching and finally said, "Rolls."

Paula: As LBD progresses, many people find it difficult to remember what they want to say when having a conversation. They start a sentence and by the time they get to where they want to make their point, it has slipped away from them.

Linda: That's right, Paula. Yet another indicator is problems with vision. Often their eyes will check out fine but the brain processing isn't working that creates a clear image out of what the eyes take in. Double vision and issues with depth perception can occur.

Ann: And on top of all that, all these symptoms can fluctuate making it difficult to recognize them as on-going problems and not just unique incidents caused by stress or fatigue.

Paula: Yes, that's why it's important for listeners to know what sorts of things we witnessed in the early days prior to diagnosis. All of these situations are like puzzle pieces that eventually come together to tell us that something is wrong. So if you are seeing these types of behaviors or responses to situations, start taking notes and consider scheduling an appointment with a neurologist.

Ann: And, if you have a spouse, family member or friend, who recently has had an LBD diagnosis, knowing that these types of incidents are indicators of LBD can help you reframe them. And maybe forgive them.

So far today, we've been talking about subtle clues. But sometimes something dramatic happens that makes us realize we need help, that what is happening is serious.

Linda: Exactly, Ann. And sometimes things keep escalating until we just can't regard the issues as isolated incidents or odd responses any longer. It's quite hard when that realization dawns on you.

Ann: It can be really difficult to get an evaluation and diagnosis when the person experiencing these processing glitches doesn't realize there is anything wrong.

Paula: Yes, Some folks refuse to recognize that they are having difficulties — and this can be an actual dementia symptom. It might not be the normal shock and initial denial that everyone experiences upon being presented with a health crisis. This type of denial and lack of self-awareness happens because the decline in their cognition affects their ability to understand and acknowledge the extent of their impairment.

Ann: Or when their delusions bring them into a world where everything makes sense to them — like with your Dad, Paula.

Paula: Yes, he initially knew he was having hallucinations and problems with various activities like paying bills, doing math and being unable to concentrate enough to read. Later on he was so wrapped up in his own reality that he didn't think anything was wrong. But at least he was willing to go to the neurologist and to any doctor appointments we made for him.

Linda: That's really good, Paula, because as mentioned before my husband refused to be evaluated and never recognized any of his behaviors or situations as being something of concern. As a result it was only towards the very end of his journey that his medical team recognized Lewy Body Dementia to be the most probable of explanations for his condition.

Ann: When you do get to the point that you make an appointment and start the evaluation process that is a big step. Sometimes you need to go through the process more than once or get a second opinion. There are a couple of reasons why.

One is because many people who end up diagnosed with Lewy Body were misdiagnosed at first because it is such a complex disease with symptoms shared by other diseases.

The other reason is that a person in the early stages of LBD may have a neurological test result that falls within the range of normal, even though what you're seeing isn't normal for them. This is especially true if the person is extremely bright. The reason is that even though you may be seeing changes in cognition, they started at such a high level that what's abnormal for them still hits the criteria for "normal" in general.

Paula: Yes, that's true. My Dad passed evaluations because he had plenty of "cognitive reserve" and could do great on his good days. My mom was concerned about his behavior starting in 2003 but he didn't get formally evaluated until 2006! He seemed so normal to his primary care physician, that the doctor discounted my Mom's concerns. My dad even tested fine at a follow-up sleep study and cognitive exam a month before he had a major meltdown that landed him in the hospital.

Linda: Well, and Paula, your example just shows not only the challenges of getting a diagnosis, but also the importance of being persistent and taking notes about what you are experiencing. So, listeners, don't hesitate to ask questions and share what you have observed at home when discussing test results with the neurologist!

Paula: Once you take that step and have started the evaluation process it is also important to get help on all levels. And even if it's too early for a medical test to confirm your suspicions, you need support to help deal with the road ahead. That's why support groups are so important.

Linda: Indeed! They can literally save your life. Hearing other people's stories, affirming what they're feeling and then relating it to your own situation helps you feel less alone. It gives you strength.

Paula: Support groups also help you realize that the emotions involved in being a caregiver, the feelings of guilt and frustration, and even anger are normal, that this is a normal reaction to your situation. When you share your story you help others as well. Talking about how you have handled various issues and talking about what has worked or not worked for you is really of benefit to other people.

Linda: For sure! It's a give and take situation which lessens the feelings of helplessness.

Paula: And knowing that you are helping someone else is a very powerful experience.

Ann: Yes, it is. Before we end this episode, let's recap what we talked about today. We've talked about a lot of early indicators and these indicators are *changes* you see in a loved one. Things they are struggling with that they haven't historically struggled with.

Paula: Yes, and it is important to remember that it is the fluctuation of these indicators that is the hallmark of LBD. Some of these indicators are common in other dementias, but they are much more persistent. They don't come and go.

And you know Ann, I said in our first episode that hallucinations can happen early on in this disease, but we didn't talk much about them during this episode. That's because we were focusing on things that looking back on we now see were signs of trouble, but they didn't really set off the alarm bells the way hallucinations would have.

Ann: Another early indicator we didn't talk about is the loss of the sense of smell, but with COVID causing the same problem, we didn't want to discuss it as it might lead people to think it is part of the dementia journey when it could be a symptom of COVID. But it is another thing that can happen early on.

Linda: That's right. We mentioned quite a lot of other early indicators — things like behavioral, cognition and personality changes, processing disconnects, irritability, anxiety, overreacting, shorter tempers, and explaining things in a way that doesn't make sense.

Ann: Some of the other indicators we've discussed include paranoia, excessive daytime drowsiness, apathy, and changes in sex drive — either expressing a lack of interest or, on the flip side, hypersexuality.

Paula: We also talked about other early physical changes like constipation and, the other extreme, diarrhea. And the inability to take the steps necessary to complete a physical task.

Linda: And we touched on a diagnosis of REM Sleep Behavior Disorder and Periodic Limb Movement Disorder. These issues can happen decades before any of the other symptoms of LBD.

Ann: Last, but not least, we mentioned a loss of verbal fluency and vision problems, and problems doing math, and changes in penmanship — although people don't write as much as they used to do so that might not be something that gets noticed as much!

Linda: That's becoming quite a list!

Paula: Yes, it is. And, as we mentioned at the beginning, we are not medical providers and we are not offering medical advice. We are sharing our experiences. We wanted to tell you what it was like as caregivers to start observing these issues. If you are seeing changes like the ones we've mentioned in a loved one, please keep notes. This will help so much when you realize that it is time to see a doctor or neurologist.

Linda: Yes, absolutely.

Ann: As we wrap up today's episode, we hope that hearing about these early symptoms helps you make sense of what is happening on your LBD journey.

Paula: Our next episode, Episode 3, is called "Is the Unpredictability of LBD Making You Anxious?" We will talk about what you can do to help calm yourself and cope with issues when the road becomes rocky.

Linda: In the meantime, we wish you strength and courage as you travel the LBD journey.

Ann: We do. And, if you think the content we covered today may be of benefit to someone else, please share this episode!

Paula: Thanks for joining us. And remember, support is available from the LBD Association's Lewy Care Line at 1-800-539-9767. Their website is www.lbda.org.

Ann: Thanks for listening! And have a great day!

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