Parkinsonism in DLB is usually associated with early postural instability and can present early or later in the course. RBD is a characteristic, often prodromal, feature. Normally, dreaming is accompanied by skeletal muscle paralysis, but patients with RBD enact dreams, often violently, leading to injuries to themselves or their bed partners. Both PDD and DLB may be accompanied or preceded by anosmia, constipation, RBD, depression, and anxiety.

The symptom profile in DLB and PDD can provide clues for the differential diagnosis at the clinic. Clinically, the time interval between parkinsonism and dementia differentiate PDD and DLB. PDD presents in patients with long-standing PD, who manifest dementia often with visual hallucinations, fluctuating attention or alertness, and RBD. On the other hand, when the dementia and the neuropsychiatric symptoms precede or co-emerge with the parkinsonism, the patient is diagnosed with DLB. Patients with DLB, more frequently than those with PDD, also have AD co-pathology, making the prediction of underlying pathology challenging for clinicians. Episodic memory disturbance points to the diagnosis of comorbid AD. Orthostatic hypotension that can lead to syncopal events, erectile dysfunction, and constipation can be present early in DLB, at times making it challenging to differentiate DLB from multiple system atrophy (MSA). In MSA the autonomic disturbances occur early and are usually more severe than in DLB, and cognition is relatively preserved. Anosmia is also more characteristic of LBD than MSA.

■ Prodromal Phase

Both PDD and DLB have a prodromal phase where patients have a mild cognitive impairment (MCI), with cognitive deficits that do not have a substantial impact on daily life. PD-MCI is characterized by deficits in executive, attention, and visuospatial disturbances, but can also present with an amnestic or multiple-domain MCI. Prodromal DLB is also characterized by similar cognitive disturbances but is also associated with either hallucinations unrelated to medications, RBD, fluctuations in attention, or parkinsonism. It is at times challenging to differentiate prodromal MCI-DLB and PD-MCI when the major features are RBD and