

Letter to the Editor

Comments on “Impact of Neuropsychiatric Symptoms on Caregiver Burden in Major Neurocognitive Disorder due to Lewy Body Disease: A Bibliometric Analysis”

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This letter comments on the bibliometric analysis by Gadikota et al. (2025) exploring the impact of neuropsychiatric symptoms on caregiver burden in Lewy Body Disease (LBD), published in Academic Medicine & Surgery. The study, analyzing 770 articles, highlights a research shift toward caregiver burden and patient-centered care, noting that neuropsychiatric symptoms affect up to 80% of LBD patients, correlating with increased caregiver distress. The authors suggest investigating cultural and regional caregiving variations and propose caregiver training programs, supported by evidence from trials (2019, 2016), to enhance management in resource-limited settings. The letter applauds the study's holistic approach and calls for future research on tailored interventions to improve quality of life.

To the Editor,

We read with interest the article by Gadikota et al., published in the August 4, 2025, issue of Academic Medicine & Surgery, which presents a bibliometric analysis of 770 articles on the impact of neuropsychiatric symptoms on caregiver burden in major neurocognitive disorder due to Lewy Body Disease (LBD).¹ The study's focus on the evolving research landscape, particularly the shift toward caregiver burden and patient-centered care, addresses a vital yet underexplored aspect of LBD management.

The finding that neuropsychiatric symptoms, such as hallucinations and agitation affecting up to 80% of LBD patients, correlate strongly with caregiver distress and early institutionalization aligns with the growing emphasis on psychosocial outcomes.² However, we suggest further investigation into the role of cultural and regional differences in caregiving practices, which may influence burden levels. A 2023 pilot study noted variations in concern about losing face and loneliness among Chinese American and European American caregivers, potentially affecting outcomes in regions like the United States and Japan, which lead in publication volume.³

The study's highlight of increased research collaboration among institutions like Mayo Clinic and King's College London is commendable, but translating these findings into

practice in resource-limited settings requires actionable strategies. Training family caregivers in managing neuropsychiatric symptoms through structured programs could be effective. A 2019 trial demonstrated that caregiver education reduced burden and delayed institutionalization in dementia patients.⁴ Similarly, a 2016 systematic review showed that supportive interventions for informal caregivers reduced burden and delayed institutionalization.⁵ Integrating such programs into national health policies, such as the U.S. National Plan to Address Alzheimer's Disease,⁶ could enhance scalability.

We applaud the authors for underscoring the need for holistic approaches to LBD care. Future research should evaluate tailored caregiver support interventions, potentially improving quality of life for both patients and caregivers in vulnerable populations.

Sincerely, Mohammad Idrees, Anfal Khan, Dr Amin UL Haq

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