



Neurology Care Line

PADRECC Pathways

Houston Parkinson's Disease Research, Education and Clinical Center
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PADRECC Neuropsychologist Studies Memory and Thinking

Meet Dr. Michele York, PADRECC's clinical neuropsychologist. Dr. York, a graduate of Vanderbilt University and an Assistant Professor of Neurosurgery at Baylor College of Medicine, is a VA/Baylor researcher studying cognitive changes that are sometimes associated with deep brain stimulation surgery. She will also be evaluating PADRECC patients who develop cognitive changes related to Parkinson's disease (PD). Cognition involves reasoning, judgment, memory, and thinking. "About 40% of PD patients eventually develop cognitive symptoms. They can range from subtle to mild to more severe," says Dr. York.

Patients with early, mild cognitive changes might have slight short-term memory problems. "For example, you might walk into a room to get your medications and forget what you were looking for," she says. "Or you might remember only part of the telephone conversation you had with your son yesterday. Some people have problems making decisions such as which shirt to put on in the morning or what to cook for dinner. Doing two things at once can be trying— watching TV and cooking at the same time."

Dr. York says that in the mod-

erate stage of cognitive change, the problems worsen. There may be visual-spatial problems (how the brain makes sense of what we see) such as not being able to find a street on a city map, getting lost in familiar places, or even bumping into door frames. During this stage, it might be harder to follow a TV program or a conversation. In the severe stage, the difficulties get worse and people often need help coordinating their activities, forget names, and can't read magazine or newspaper articles.

Dr. York points out that cognitive changes caused by PD are not symptoms of Alzheimer's disease. These are two separate disorders that affect different areas of the brain, causing different types of thinking changes. For example, the speech problems that Alzheimer's patients develop affect language, whereas speech problems caused by PD are motor deficits that involve the act of speaking or getting the words out.

"Use your mind as long as you can," says Dr. York. "Crossword puzzles, games, and talking with family and friends help keep us mentally alert. Read newspapers and books, and play memory games on the computer. People remember what they practice. We know that practice allows the brain

to learn new things after injury."

Dr. York recommends external reminders to help with memory such as day planners, memory journals, palm pilots, and post-it notes. A wristwatch with an alarm can serve as a medication reminder.

Dr. York emphasizes that not all persons with PD develop cognitive difficulties. People who are diagnosed at an older age tend toward more changes. Researchers are looking for clues as to what causes these changes and how to treat them. Though there are currently no medications approved by the FDA for PD patients with cognitive problems, several drugs are under investigation.



Michele York, PhD, Neuropsychologist

Nurses' Corner

Constipation can be defined as having less than 3 bowel movements per week. For Parkinson's patients there are 5 main reasons constipation occurs:

(1) Physical activity such as exercise and walking may be limited which slows down gastric motility, leaving stool in the colon for longer periods.

(2) Parkinson's medications such as levodopa, selegiline, amantadine, dopamine agonists, and anticholinergics slow gastric motility.

(3) Diet and water intake are important factors to prevent constipation. If fiber and roughage are limited in the daily intake along with water, stool becomes hardened and does not move well

through the colon.

(4) Parkinson's disease may cause some degeneration of the nerves in the gastrointestinal tract, which may also create constipation problems.

(5) Normal aging.

Unfortunately, constipation can lead to bowel impaction, a condition where dry, hard stool accumulates and cannot be passed. Patients may be fooled in thinking they aren't constipated when watery stool is passed. However, this may be a sign of an impaction that will require a visit to the hospital for manual removal.

Prevention of constipation is the best medicine. We recommend drinking 6-8 glasses of wa-

ter daily, increasing fiber in the diet, and exercise, which will increase colon activity.

If a bowel preparation is needed there are a variety of over-the-counter medications such as Metamucil, Citrucel, Colace, Lactulose syrup, Dulcolax, Milk of Magnesia or enemas. We also recommend the prune juice cocktail. Mix:

½ cup applesauce
2 tablespoons Miller's bran
4-6 ounces prune juice

Take one tablespoon per day initially, gradually increasing until the needed amount is reached. If problems persist, consult your physician.

*Connie Ward, MSN, RN-C
PADRECC Clinical Coordinator*



Beaumont Outpatient Staff and Guests: L. to R. M. Sobeck, NP; V. Tran, MD; E. Chionsini, RN; K. Poulard, RN; L. Fincher, RN; H. Wooding, NP; E. Robinson, LMSW-ACP; N. Nelson, PhD, RN; B. Wyer, RN; T. Taylor, RN; & R. Kusnoor, MD (Photo by J. Van, PADRECC).



*Dr. Eugene Lai,
PADRECC Director,
visits with Mr. William
Wohl at a recent
patient/family forum.*

PADRECC Patient/Family Forum
February 13, 2004
Guest Speaker
Dr. Richard K. Simpson, Jr., MD, PhD
Associate Director of PADRECC
10:00 to 11:30 AM
Free Valet Parking
contact Naomi Nelson 713-794-8938

Tips For Memory Problems

The frustration surrounding memory problems for those with Parkinson's disease (PD) also affects their spouses, friends, and family members. Family and friends may feel helpless when their loved one begins to experience even mild memory changes for activities that are familiar, such as the sequence of steps required for putting gas in the car or weekly pills in a medicine container.

Other challenging tasks are those that involve learning new motor skills (assembling a light fixture) and switching from one task to another (talking on the phone and paying the bills). It is helpful to reduce anxiety for the person who has difficulty with memory and thinking. Give the person plenty of time to think over the question instead of immediately providing the answer or hurrying the discussion. Memory problems in PD require the patience and understanding of everyone because the patient's

brain may be slower to respond (bradyphrenia) even if the changes are not severe.

Communication is essential when a person with PD has mild memory problems. Ask the patient how much prompting and assistance he wants when he becomes forgetful. For example, many frustrations occur in the car when the person with PD is driving and/or when specific instructions are being given about the schedule for the day or the completion of household tasks. Ask your loved one: "How and when would you like me to comment or correct you when I know you are mistaken? I don't want to be critical but we need to work this out together." Sometimes the person with PD will want family members to help them at the time of memory lapse, others prefer to ask for help or clarification before being corrected. Occasionally persons with changes in memory may become agitated when reminded. This reaction needs to

be handled with reassurance and kindness and later followed by a sensitive discussion.

Communication about memory and thinking functions should take place at appropriate intervals, because the PD patient's preferences and abilities may change. These communication interactions should be relaxed and private and need to be avoided when performing potentially dangerous activities such as driving.

The quality of life for persons with PD is improved when family members and friends are supportive and patient with their loved ones who are experiencing changes in their memory and thinking abilities. These few practical suggestions may reduce the stress for all involved.

*Naomi Nelson, PhD, RN
PADRECC Co-Associate Director of
Education*

PADRECC On the Road...Beaumont

More than 20 employees of the Beaumont VA Outpatient Clinic (BOPC) attended a Houston PADRECC sponsored program, "Learning More About Parkinson's Disease and PADRECC," on November 5th.

Linda Fincher, RN, BSN, PADRECC Assistant Clinical Director, presented an overview of Parkinson's disease (PD), re-

viewed the signs and symptoms and the medical management of PD, and introduced the group to the deep-brain stimulation procedure, an important national PADRECC study.

Naomi Nelson, PhD, RN, PADRECC Co-Associate Director of Education, presented specific information about patient and professional educational op-

portunities and materials. Participants raised specific questions about PD and the unique programs and services offered by the PADRECC.

We appreciate the warm welcome extended by Betty J. Norris, secretary, and all of the BOPC employees. We look forward to opportunities for further educational and clinical collaboration.

Director's Corner

Ready or not, 2004 is upon us, bringing revitalized energy and fresh hopes to many. Fortunately there are many antiparkinson medications available. The Parkinson's disease (PD) drug treatment regime has become increasingly complicated. Many patients also take several drugs for other medical problems. Combination therapies may induce interactions that cause serious side effects (especially in the aging population) such as weakness, confusion, agitation, dizziness, daytime sleepiness, or cognitive impairment. More medication is not always better. Some drugs are contraindicated for patients with PD because they worsen symptoms. Double-check with your PD doctor before starting a new drug.

Several drugs that are effective in controlling tremor in earlier disease or in younger age such as *trihexyphenidyl* and

amitriptyline are not suitable for older patients because they may cause cognitive or physical impairment. When progressive confusion and agitation occur, we might cut back or discontinue PD drugs such as *selegiline*, *amantadine*, and even dopamine agonists. *Haloperidol*, *thioridazine*, and other traditional neuroleptics are contraindicated because they counteract the effects of levodopa and other antiparkinson drugs and worsen PD symptoms. Some newer neuroleptics such as *risperidone* and *olanzapine* need to be avoided. Anti-nausea drugs like *promethazine* and *metoclopramide* should not be used. Anti-vertigo drugs like *meclizine* and *scopolamine*, antihistamines like *diphenhydramine* and *hydroxyzine*, and pain medications such as *codeine* and *oxycodone* should be prescribed with caution because they can cause confusion and worsen PD symptoms, especially in the elderly. Cardiac medications like *digoxin* and *quinidine* and anti-

hypertensives like *propranolol*, *methyl dopa*, and *reserpine* may cause delirium and interfere with PD drugs. Antibiotics or steroids will affect the patient's usual response to PD medications. Antidepressants such as selective serotonin reuptake inhibitors and monoamine oxidase inhibitors cannot be used with the PD drug *selegiline*. *Pyridoxine* or vitamin B6 reduces the effects of levodopa. Some herbal agents such as *St. John's wort* change the metabolism and effects of many drugs.

Treatment of PD can be very effective with combination therapy, but it is also quite intricate. The greater the number of drugs a patient takes, the greater the potential for drug interactions. A suitable medication regimen requires the individual assessment of each patient's medical, psychiatric and functional problems.

Eugene C. Lai, MD, PhD
Director of PADRECC



Accepting the TEAM Award on behalf of the entire PADRECC staff are L to R: Shawn Dowd, Naomi Nelson, Chris Murphy, Linda Fincher, Connie Ward, Eugene Lai, and HVAMC Director Edgar Tucker.

PADRECC Wins TEAM Award

Mr. Edgar Tucker, Houston VAMC Director, presented the PADRECC Team with a quarterly TEAM award for providing outstanding state-of-the-art care to veterans

with Parkinson's disease. The team received a certificate, a group photo, and individual lapel pins under the slogan "You Make the Difference."

The PADRECC

Clinic is the hub of many collaborative activities, with veterans in the forefront. The Team is dedicated to providing cutting edge care to veterans with PD.

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