



# PADRECC PATHWAYS

*Houston Parkinson's Disease Research, Education and Clinical Center, Neurology Care Line  
Vol 1, No. 2, Spring 2002*

## **FDA Approves Bilateral Brain Stimulation Houston VA Medical Center to Further Study Benefits**

When medications fail to ease the symptoms of Parkinson's disease (PD), surgical implantation of deep brain stimulators may provide relief and improve quality of life. The procedure results in high frequency stimulation of areas deep within the brain. On January 14, 2002, The Food and Drug Administration (FDA) approved the procedure, known as deep brain stimulation (DBS), for both sides of the brain. Medtronic's Activa Parkinson's Control System was FDA approved in 1997 for one side placement.

The Houston VA Medical Center has been selected as one of 6 sites in the U.S. to conduct a DBS study. Dr. Richard K. Simpson, Jr., Associate Clinical Director of the Houston PADRECC and Chief, Houston VA Neurosurgery, leads the surgical team.

The DBS system includes: (1) the brain electrode, (2) the pulse generator (battery), and (3) the connector (lead/wire) that carries the impulse from the generator to the brain electrode. The pulse generator is placed in either the chest wall below the collarbone (like a heart pacemaker) or in the

patient's abdomen.

The pulse generator emits small electrical pulses to the brain that block tremors, rigidity, slowness and difficulty moving (bradykinesia), and involuntary movements (dyskinesias). The brain electrode has four contact points at the tip that is placed within an area of the brain called the basal ganglia.

The contact points can be programmed to control the individual's symptoms. When the device is implanted in both sides of the brain, two separate DBS systems are used. To turn the stimulator on and off, the patient holds a magnet over the pulse generator. The generator's (battery) life is 3 to 5 years and

is replaced with a new generator during a simple day surgery procedure.

In a recent study conducted at multiple medical centers (New England Journal of Medicine, September 27, 2001), 134 PD patients received bilateral DBS implants. Motor function, mobility, and levodopa requirements dramatically improved in patients with advanced PD.

We will update you on the surgery taking place at our Houston VA Medical Center and in other parts of the country through this newsletter, our website, and PADRECC educational programs. We are excited by the prospect of improved quality of life for veterans with PD.



*Dr. Simpson and his surgical team operate at the Houston VA Medical Center*

## Leisure Corner

For people whose activities are affected by a chronic illness such as Parkinson's Disease (PD), each day can begin to seem like the next and the days start to blur together. After bathing, dressing, and eating, sitting in front of a television set can become the highlight of the day.

In this column, we want to explore the meaning of leisure time and make suggestions for making the day more interesting and meaningful, both for those who have PD and for those who provide the care.

Leisure activities can be

planned or they can be spontaneous. Leisure time may also mean "doing nothing" – nothing is required or expected of us. We hope to give you ideas about leisure activities you haven't thought about, things you can do in your home free of charge, that don't require much planning.

Joanne Ardolf Decker in her book, [Making the Moments Count: Leisure Activities for Caregiving Relationships](#) talks about four kinds of leisure: physical activity (such as stretching, Tai Chi, moving to music); intellectual activity (such as reading, puzzles, computer activities, daydreaming); emotional activity (listening to music, telling sto-

ries, garden work, carpentry); social activities (such as friends, family, community outings, cards); and spiritual activities (such as church, meditation, enjoying nature, indoor gardening).

Many leisure activities can be adapted or changed to meet the needs of people who tire easily, have problems walking, or have problems using their hands. In our next newsletter, we'll talk about how to make activities more "doable" for people who have movement disorders.

**visit our website**  
**[www.va.gov/padrecec/](http://www.va.gov/padrecec/)**

## Ten Tips for Caregivers

1. Learn all you can about Parkinson's disease and the treatments offered. Knowledge is powerful. Trust your instincts when you recognize major changes in your loved one's health.
2. Find someone whom you trust and who understands what you are experiencing. Talk about your feelings to that person or members of a support group who may be facing similar situations.
3. Try saying "no" more often to requests from others who ask for your time — unless you are convinced it might give you pleasure.
4. Discover something new each day. At the end of the day spend some time reflecting on what you learned or would like to learn about yourself.
5. Practice "wasting" some time each day until it becomes more comfortable for you. Learn to live in the "now" more than in the certain past or uncertain future.
6. Acknowledge that you may experience guilt feelings if you often say "I could have done more..." These are normal feelings but may become obstacles.
7. Set aside time each week to be free of caregiving tasks. You might shop with a friend, play card games or bowl, or enjoy being home alone reading a favorite book.
8. Pay attention to your stress levels. Practice relaxing through tapes or music. Reward yourself for changing stressful habits.
9. Stay connected with others and remain engaged in life. Learn to have fun.
10. Reflect on your spirituality or engage in religious practices such as church services or prayer.

## PADRECC Happenings

In February we initiated our PADRECC weekly lecture series designed for physicians, nurses, researchers, and allied health professionals. Lectures on topics related to Parkinsonism are presented by faculty here at the Houston VA Medical Center, Baylor College of Medicine, Texas Woman's University, and University of Texas, Health Science Center, Houston. We aim to provide the health care community with the latest discoveries in Parkinson's disease research and care.

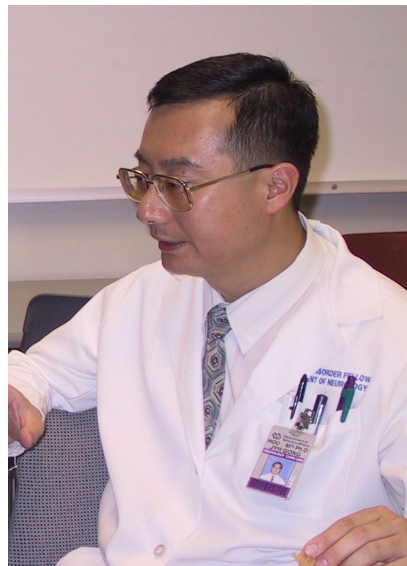
In April we welcomed 2 new PADRECC staff members, Karon Cook, PhD, Associate Director of Research and Michele

York, PhD, Clinical Neuropsychologist.

On April 6, Dr. Eugene Lai, Dr. Naomi Nelson, Marilyn Trail, Dr. Pam Willson, and Shawn Dowd attended the Parkinson's Foundation of Harris County's (PFHC) Saturday program at the Tracy Gee Community Center to discuss the PADRECC program with veterans and their families.

Dr. Naomi Nelson will present "Stress in Parkinson's disease" on May 17, 2002 at the West University Community Center, sponsored by PFHC.

*Below, Dr. Gabriel Hou at PADRECC seminar.*



## Rehab Corner

Falls cause 87% of all broken bones in older adults and hip fractures are the most serious. Seventy-five percent of falls happen when people are walking, while 25% occur when moving from a sitting to a stand-

ing position.

Falls most often occur going to the bathroom at night, rushing to answer the phone or doorbell, walking through tight areas or unfamiliar environments, and walking on uneven surfaces

like the yard. Changing surfaces such as moving from a carpeted to a tiled area also make a fall more likely.

**visit our website**

**[www.va.gov/padrecc/](http://www.va.gov/padrecc/)**

### Risk Factors for Falls

- ◆ A prior fall or injury
- ◆ Pain
- ◆ Depression
- ◆ Poor conditioning
- ◆ Poor balance
- ◆ Impaired strength and mobility
- ◆ Poor attention
- ◆ Fear (scared stiff)
- ◆ Certain medications
- ◆ Poor vision/dizziness
- ◆ Dependence in 2 or more areas of care
- ◆ Joint stiffness



### Tips for Fall Prevention

- ◆ Stay active!
- ◆ Stay flexible/Stretch
- ◆ Install night lights and sensor lights
- ◆ Remove throw rugs
- ◆ Install grab bars
- ◆ Use a non-slip tub surface
- ◆ Use a shower seat or tub transfer bench
- ◆ Install stair rails
- ◆ Get rid of clutter
- ◆ Use cane/walker as prescribed
- ◆ Secure textured, colored tape to edge of steps/stairs

## May 10 Seminar



*Dr. Eugene Lai discusses PADRECC services for veterans at April's PFHC meeting.*

More than 200 veterans, family members, health care providers, and community participants attended the Parkinson's disease symposium sponsored by the PADRECC at the Houston VA Medical Center. Dr. Thomas Horvath, Chief of Staff, opened with welcoming remarks. The day began with an overview of Parkinson's disease presented by Dr. Eugene Lai. Innovative surgical options, such as deep brain stimulation, were discussed by Dr. Richard K. Simpson, Jr. Other topics included speech, rehabilitation, diet, nursing issues, and coping techniques. The day ended with a question and answer session.. For more details, visit our website.

### Director's Corner

Greetings to all. Welcome to our Spring issue of PADRECC Pathways. We are excited about a number of happenings at the PADRECC, in particular, the deep brain stimulation surgery that is being performed at the Houston VA Medical Center. I want to personally thank all of you who came to our May 10 symposium on Parkinson's disease. We have received a tremendous amount of positive feedback from both veterans, their families, and health care providers who attended, indicating that the presentations provided useful information for all. We look forward to seeing you at future PADRECC events.

Eugene C. Lai, MD, PhD

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