



Neurology Care Line

PADRECC Pathways

Houston Parkinson's Disease Research, Education and Clinical Center
Vol 5, No. 1, Winter 2006

PADRECC Moves to New Clinic Area

In July, the Houston Parkinson's Disease Research, Education and Clinical Center (PADRECC) moved to the newly renovated space on NU2B. The Houston Center has completed its fourth year of operation and has enrolled and evaluated about 1,000 new patients with movement disorders. Patients have come from states throughout the country, including Hawaii, New Mexico, New York, and Wisconsin.

As the number and size of our clinics expand, "increased access" is one of our performance goals. This means we are making it easier for eligible patients to be seen in PADRECC. Clinics include physician and nurses research clinics, initial and follow-up movement disorder clinics, and a Botox Clinic for patients with dystonia and other movement disorders. Our newest clinic is the Apokyn Clinic. Apokyn is a new drug used for patients with PD who have episodes when they are unable to move. One of our most popular clinics is the Nurse Telephone Clinic. We encourage patients and their families to call our nurses to report changes in their neurological condition and to seek timely medical advice. (Phone:

713-794-7841)

Our largest research project is the VA sponsored Cooperative Studies Program for Deep Brain Stimulation (DBS). Thus far we have enrolled 32 patients, six more than the number required for the study. We are one of two Centers that have exceeded the target of 26 surgical cases. After surgery these patients return regularly for programming of the DBS device and follow-up care.

Professional clinic staff includes 3 neurologists, 2 neuroscience nurses, and a nurse educator. We foster an interdisciplinary approach that incorporates social ser-

vices, neuropsychology, speech language pathology, physical therapy, and occupational therapy.

One of our focus areas is the education of patients' families and caregivers. The nurse educator sees each patient upon their first visit to assess educational needs. She offers various educational presentations during clinic time including videos on general fitness, exercise, and nutrition. If you have the opportunity, drop by and check out our new space.

Linda Fincher, BSN, RN
PADRECC Assistant Clinical Director



PADRECC Nurses L to R: Constance Ward, MSN, RN-C (Clinic Coordinator), Naomi Nelson, PhD, RN (Co-Associate Director of Education), Linda Fincher, BSN, RN, (Assistant Clinical Director).

Director's Corner

It's that time of year when we tend to reflect upon the past and anticipate the future. PADRECC is fortunate to have new space on the second floor of the main building. If you haven't had the chance to see our new area, we invite you to drop by. To determine the satisfaction of veterans with our specialty clinics, we mailed a patient satisfaction survey to 220 of our veteran patients randomly selected from the total number who were seen at the Houston PADRECC from July 2001 through December

2004. Over one half responded and 98% of them said they had confidence and trust in our service providers. Other survey results indicated that veterans with Parkinson's disease are satisfied with the care we offer and that they benefit from ongoing information and education about their illness, disease symptoms, treatment, and resources.

In the coming year, we intend to improve and expand our educational and research programs and look at new ways to meet our

patients' needs. We always welcome your input. I look forward to seeing all of you at our Patient/Family Forums and other upcoming PADRECC events. I hope each and every one of you, your families, and care partners have a pleasant holiday season, and I, along with the rest of the PADRECC staff, wish you all the best for the New Year.

Eugene C. Lai, MD, PhD
Director of PADRECC

Tips for Lifting Objects

When moving an object, push instead of pull.

Lift an object by bending at the hips and knees (not your back), then squat to pick it up. Keep your back as straight as possible, hold the object close to your body, and avoid twisting.

Use your legs, not your back, to do the work.

Use a cart for luggage. If you must carry, distribute the weight as evenly as possible on both sides of your body.

Stand with your feet apart for a wide base of support.



On December 6, Rajeev Kumar, MD (pictured 3rd from left), presented "Deep Brain Stimulation: Interesting Effects and Troublesome Complications," at the weekly PADRECC Seminar. Dr. Kumar is a Houston neurologist who specializes in movement disorders. Also pictured L to R: Gabriel Hou, MD, PhD, Aliya Sarwar, MD, Eugene Lai, MD, PhD.

PADRCC Happenings

Naomi Nelson presented an educational poster at the Annual Gerontological Society meeting in Florida and she, along with **Brenda Wade**, will attend the National PD Consortium Executive meeting in Philadelphia 1/06. **Ms. Wade** played a key role organizing staff, supplies, and equipment at MEDVAMC's command center during Hurricane Rita.

The scientific journal *Neurorehabilitation* published a paper by **Marilyn Trail**, **Eugene Lai**, and colleagues on speech and PD. The results of Dr. **Lai's** and **Elizabeth Protas's** study on gait and PD

appeared in the same issue. **Michele York** has published multiple research articles on cognition and PD over the past year. **Gabriel Hou** has several scientific papers in preparation and has given presentations throughout the community. **Constance Ward's** paper on Progressive Supranuclear Palsy will appear in the *Journal of Neuroscience Nursing*, and her chapter on alternative therapies for PD will be published in an upcoming nursing text. **Marilyn Trail**, **Eugene Lai**, and **Elizabeth Protas** are editing a textbook on PD for allied health professionals. Several PADRECC staff, including **Aliya Sarwar**, will author chapters.

Rehab Corner—Back Pain

The World Health Organization reports that 80% of the population will at some point develop low back pain. Low back pain is the #2 reason Americans visit their doctors, second only to colds and the flu. It can be acute (short term) or chronic (long term). Many back problems get better with time.

Resting your back does not mean lying in bed. This contributes to more back problems and

causes muscle weakness, deconditioning, and fatigue.

Things that contribute to low back pain are poor posture, arthritis, being “out of shape,” and poor body mechanics such as twisting while lifting or lifting by bending over. Other causes are stress and tension, inadequate rest, and poor nutrition. Recent studies suggest a relationship between smoking cigarettes and back problems. Smoking hinders circulation and

slows healing when injuries occur. Perhaps the most important thing you can do to prevent back and neck pain is to exercise regularly. Persons with Parkinson’s disease should consult a physical therapist for a safe, effective exercise program.

Marilyn Trail, MOT,OTR,BCN
 PADRECC Co-Associate Director
 of Education

General Tips for Back Protection

Wear low-heeled shoes with cushioned soles.

Try not to stand for long periods of time.

Rather than drive for long periods, take frequent rest stops and walk around.

Use a back support or place small pillow (or lumbar support) behind your lower back. This helps relieve pain and takes the stress off your back.

When sitting, change positions frequently and get up and walk around. Put a small stool under your feet to bring your knees a little higher than your hips.

Lose weight as needed, eat well, stop smoking, and learn to relax—take a yoga or tai chi class.

Tips for Sleeping

The best way to sleep is on your side with your knees bent. You can put a pillow under your head and another between your knees.

If you sleep on your back, put a pillow under your knees and a small one under your lower back

Use a firm mattress or a plywood board under the mattress for added support.



PADRECC staff left to right: Marilyn Trail, MOT, BCN (PADRECC Co-Associate Director of Education), Gabriel Hou, MD, PhD, (PADRECC neurologist and Associate Director of Research), Louise Mercer (PADRECC Clerk), Ellen Matthiesen (Health Science Specialist), and Linda Fincher, BSN, RN (PADRECC Assistant Clinical Director).

Facts About Veterans

by Naomi Nelson, PhD, RN

24.5 million

The number of military veterans in the United States.

1.7 million

The number of veterans who are women.

9.5 million

The number of veterans who are age 65 or older.

8.2 million

The number of Vietnam-era veterans. More than 30% of all veterans served in Vietnam, the largest share of any period of service. The next largest share of wartime veterans, 3.9 million or fewer than 20%, served during WW II.

\$22.4 billion

The total amount of money received annually by the 2.6 million veterans receiving compensation for service-connected disabilities.

\$59.6 billion

Total amount of federal government spending for veteran benefits programs in fiscal year 2004. (Above figures taken from the Census Bureau's Public Information Office.)

World Parkinson Congress

The first World Parkinson Congress will meet in Washington, DC February 22-26, 2006. This nonprofit organization is dedicated to providing an international forum for the latest scientific discoveries, medical practices and caregiver initiatives related to PD. For more information contact Naomi Nelson (at 713-794-8938 or 7841) or see www.worldpdcongress.org

Research News ...In a Capsule

Prevalence and Treatment of Depression in PD

The estimate of depression in PD ranges from 7%-76%. This variation is due to differences in how depression is defined, how it is measured, and how it is treated. To more accurately diagnose and adequately treat depression in PD, more research needs to be done using a randomized method where the patient is assigned to a specific research treatment group 'by chance' and the results are compared with patients who receive a different treatment or no treatment at all.

Houston PADRECC Research

Researchers at the Houston PADRECC recently published an article that studied 64 pairs of patients and caregivers who completed quality of life and physical activity questions. The caregivers were asked to predict how their spouse or friend would answer certain questions. These were called 'proxy' responses. On average, proxies rated patient disability higher and quality of life lower than did patients. Patient-proxy agreement tended to be lower for patients with more severe PD.

Fatty Acids and PD

Researchers report that PD in older Caucasian men is associated with lower bone mineral density. Some physicians recommend that these patients be screened for osteoporosis. After examining nearly 6,000 community dwelling men (including 52 of them with PD), they found a significantly lower bone density of the spine and hip in PD patients. The fall risk for these patients was about three times that of the comparison group. These data did not include women, other racial groups, and those with advanced PD.

PADRECC Presents
"Improving Care for Veterans with Parkinson's Disease"

Speakers

Eugene C. Lai, MD, PhD

Director of PADRECC

Aliya Sarwar, MD

Gabriel Hou, MD, PhD

PADRECC Neurologists

Friday, January 13, 2006

10:00 AM —11:30 AM

MEDVAMC

4th Floor Auditorium

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