

Top Questions and Answers from NPF's "Ask the Doctor" Forum

Stay Hydrated this Summer

As we approach the end of summer, it is important to keep in mind that staying well hydrated is really important in Parkinson's disease. Dehydration can lead to worsening of the symptoms so always keep a water bottle close by and remember to keep drinking. Similarly, don't forget to stay well hydrated on Parkinson's disease knowledge by clicking on our web site at www.parkinson.org and joining our free online forum where we will have one of our experts answer your Parkinson's disease questions. Here are some questions and answers from the forum that pertain to summer health and wellness.



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Q How many hours a night of sleep should I be getting?

A There is no correct answer to this question. Most experts believe that as you age you will require less sleep. In general, six to eight hours of restful sleep is a



good rule of thumb. Parkinson's disease patients need to be careful as sleep disorders are common, and the presence of a sleep disorder may erode quality sleep, and lead to excessive daytime sleepiness. If patients are arising the next day and feel tired or fatigued, participation in a sleep study should be considered. Restless legs syndrome, REM (rapid eye movement), sleep behavioral disorder (acting out your dreams), and obstructive sleep apnea (not breathing during brief periods in the night causing subclinical awakenings referred to as hypopneas) are all disorders that when treated can improve the sleep quality, as well as the quality of awake time the next day.

Q What do I need to remember when planning for vacations?

A Before going on vacation you should let your doctor's office know when and where you are going and for how long. You should leave them a written schedule of your medications, and a phone number for the local pharmacy where you are heading, just in case you will require a refill when gone, or your medications are damaged, or lost. Be sure you take enough medication with you to cover the duration of your trip. If you take regular trips to a certain region you may ask your doctor to call in a prescription

to the local pharmacy in the city where you will be staying so that if needed you can refill an emergency bottle without hassle.

We advise patients to choose a casual, stress-free itinerary, and to use a GPS (global positioning system) device for both walking and for driving. Many people choose very stressful vacation destinations, and set up tight itineraries to try to see everything in the shortest amount of time. We advise against such stringent and stressful itineraries. Depending on your walking and balance problems, be sure you have assistive devices with you or available to you. Don't overdo walking tours, and try to plan the more rigorous outings for earlier in the day. Remember that in foreign cities and places there may be uneven pavement, and the conditions may not be what you are used to and therefore you must guard against falling. Have a plan in place in case you get sick or require hospitalization. Drink six to eight glasses of water a day to stay hydrated while sightseeing.

Q Can I play golf and other sports?

A Once your medications are optimized and you have initiated a daily exercise regimen, the participation in sports can represent a potentially great opportunity for both stretching and exercise, and also for personal enjoyment. The most important thing is to discuss with your doctor what your potential limitations



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are based on the symptoms of your Parkinson's disease. It is important that you not try to push yourself beyond your limits, and also that you play sports for fun, rather than in an ultra-competitive environment.

How much one can participate in sports is variable from patient to patient and may change over time, but we have many patients who play a daily round of 18 holes of golf. Alternatively, we have some patients who choose to play only nine holes and to play early in the morning (before the heat of the day). Working with your doctor to find a plan that is appropriate for your individual needs is an important part of planning recreation and in living with Parkinson's disease.

Whatever your sport of choice, we strongly encourage our patients to participate in recreation, and to live as full of a life as possible, respecting any physical limitations in order to maintain the highest levels of safety. Tai Chi, meditation, exercise therapy, and other forms of recreation may also have positive symptomatic benefits on Parkinson's disease.

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Increased Risk of Melanoma in Parkinson's Disease

There is a growing body of evidence supporting the notion that melanoma may have a greater risk of occurring in the setting of Parkinson's disease. The latest study was presented at the American Academy of Neurology's 61st Annual meeting in Seattle, WA. A group of nearly 160,000 melanoma patients were followed carefully, and of those patients, 616 developed Parkinson's disease. A family history of melanoma roughly doubled the risk of developing Parkinson's. Melanoma has additionally been shown to be more common in Parkinson's disease patients. Doctors at the Harvard University School of Public Health speculated that there existed a common genetic link (e.g. pigmentation genes) between Parkinson's disease and melanoma, and this has been the subject of follow-up investigations.



The chance of getting melanoma increases as you get older, but people of any age can get melanoma. In fact, melanoma is one of the most common cancers in young adults. Each year, more than 50,000 people in the U.S. learn that they have melanoma.

For more information visit,
www.melanoma.com.

There has always been a fear among Parkinson's disease patients with a past history of melanoma, that taking levodopa will in some way reactivate an underlying tumor. Although there has been debate on this issue, no group has been able to conclusively confirm this fear, and in fact there has been much data to show that using dopaminergics/levodopa in melanoma patients with Parkinson's disease is actually safe. A study from Denmark discovered that there was no effect of levodopa on the risk for malignant melanoma. The Parkinson Study group confirmed the increased risk of melanoma in Parkinson's disease patients, but similarly found no relationship to levodopa treatment.

The apparent increased risk of melanoma in Parkinson's disease patients should be an important care aspect discussed between the physician and the patient. Malignant melanoma in Parkinson's disease is preventable by limiting sun exposure and using proper prophylactic creams or sprays, and by early diagnosis. It is time for all persons with Parkinson's disease to beware of the sun, break out the sun tan lotion and schedule regular yearly evaluations with a dermatologist.

Read Dr. Okun's monthly column,
"What's Hot in PD?" online at www.parkinson.org.

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