



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

April is National Parkinson's Disease Awareness Month. In this issue, we focus on commonly asked questions about Parkinson's disease (PD) from our "Ask the Doctor" forum. We encourage all patients, caregivers and friends of the Parkinson's community to start a dialogue with us and take advantage of this informative and free online resource at www.parkinson.org/forums.

Q Recently I have noticed that my thinking and memory are getting worse and my wife and I are having a hard time adjusting. What can I do to manage this problem?

A Almost everyone with PD experiences some changes in their memory and thinking processes, but these changes can range in severity from mild to severe. What you're experiencing may be Parkinson's-related, but in some cases it's actually depression. We usually begin with a neuropsychological examination which helps us screen for cognitive decline. If changes in your cognitive ability are serious enough to interfere with daily living, we consider cholinesterase inhibitor drugs (Aricept, Exelon), or Namenda, or both. While there is no perfect formula for addressing memory dysfunction, we usually start with one of these medications, reassess your condition over time and then decide if we should continue the medication, or, alternatively, add a second agent. If depression is the underlying problem, prescription antidepressants and psychotherapy can be very effective treatments.

If you are diagnosed with mild cognitive impairment (MCI), there are a number of things you can do. Staying mentally active, exercising regularly, staying socially engaged and getting enough sleep—all can help improve your symptoms (for more ways to improve cognition, see "Tips for Daily



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Living"). You may experience continued changes in your cognition that you and your wife may find frustrating, but you can prepare for these stressors. First, try to maintain a positive outlook by focusing on your abilities, rather than on your impairments. Next, realize that the way you and your wife communicate will have to change, but with awareness and patience, you can learn to cope with these challenges. Finally, seek the advice of a neuropsychologist for better coping and compensatory strategies.

Q Is it common to experience dysphagia during a meal? I can be really hungry and about half way through the meal I start finding it hard to swallow. What can I do?

A Yes, it's possible for the muscles to fatigue part way through a meal, thus making swallowing more difficult. Dysphagia (difficulty swallowing) is a common problem for people with PD. The symptoms may include frequent coughing during meals, coughing while drinking or taking medications, a wet gurgly sounding voice and unexplained weight loss. Swallowing difficulties can interfere with your ability to get food and liquids to "go down" as well as to take medications. Swallowing problems can have a serious impact on your quality of life. Dysphagia can also result in aspiration pneumonia, which is one of the leading causes of death in people with PD.

In order to figure out what's causing your swallowing problem, you should consult with a speech-language pathologist and consider a swallowing study. Ask your physician for a referral to a speech therapist and choose one who has a lot of experience working with people with PD. In addition to identifying the specific causes of your dysphagia, the speech therapist will recommend treatment strategies (including swallowing

exercises) that will help you enjoy your meals and reduce fatigue during eating.

Meanwhile, here are some general safe swallow strategies:

- ➔ During meals and when taking medications, sit upright with your hips flexed at 90 degrees.
- ➔ After a meal, remain sitting for 45 minutes to allow gravity to aid digestion.
- ➔ Eat smaller and more frequent meals to avoid taxing the swallowing muscles.
- ➔ Swallow twice after you eat or drink something.

Q My father has Parkinson's and complains of constant pain in his lower back and legs. Can anything be done? I heard acupuncture treatments can help.

A Back pain is a very common issue for all people, whether or not they have PD. What many patients don't realize is that some pain associated with PD is responsive to dopaminergic therapy. First, talk to your father's doctor about the possibility that his pain is Parkinson's-related, and whether increasing the dose of carbidopa/ levodopa or adding a dopamine agonist may address this issue. Next, a neurologist should perform a full examination, order appropriate imaging and counsel your father about options for therapy. In most cases, surgery will not be the first-line approach. Finally, physical therapy and other options such as massage and acupuncture may help reduce pain. Acupuncture has been reported by many people living with Parkinson's as a relatively safe approach, though at this time further research is needed to confirm this observation.



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Tips for Daily Living— Ways to Boost Your Brain Function



Looking for ways to stimulate your brain and fight off memory loss? Try incorporating some of the following activities into your daily routine.

- ✔ **Play games.** Practicing brain games or playing board games that are mentally challenging are good ways to improve your mental focus and memory.
- ✔ **Learn something new.** Whether it's a language or a musical instrument, learning something new can also help your brain.
- ✔ **Challenge your recall.** Next time you make a list, whether it's for groceries or home repairs, try memorizing it.
- ✔ **Learn to relax.** Ongoing stress and worry can lead to depression or anxiety, which can interfere with clear thinking and memory. Regular meditation can help you let go of worries.
- ✔ **Meet new people.** Whether it's volunteering at your local museum or joining an online support group, regular social interaction is another great way to keep your mind nimble.