



# UNSEEN CHALLENGES OF LIVING WITH PARKINSON'S DISEASE

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# Disclosures

- I receive no compensation from any commercial entity (for-profit business).
- I own no stock and have no other financial interest in any commercial entities discussed in this talk.
- I have no other conflicts of interest related to material in this presentation.



# Disclaimer



- The views expressed in this presentation are solely those of the speaker and do not necessarily represent those of the Department of Veterans Affairs or Stanford University.



# Unseen Challenges: Overview



- Sleep
- Depression
- Anxiety
- Cognitive changes



- Relaxation exercises can be one way to help manage these challenges





*New England Journal of Medicine*  
(2010)

Video





# SLEEP CHALLENGES

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98% of 220 PD patients reported  
at least one sleep problem

(Lees et al., 1988)



# Sleep disorders (60 – 98%)



- Excessive Daytime Sleepiness (EDS; 15-50%)
  - May be prodromal symptom of PD
  - Specific cause unknown
    - Can be medication related in some cases
    - Can be a symptom of problems with sleep at night



# Epworth Sleepiness Scale



Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Your age (Yrs): \_\_\_\_\_ Your sex (Male = M, Female = F): \_\_\_\_\_

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired?

This refers to your usual way of life in recent times.

Even if you haven't done some of these things recently try to work out how they would have affected you.

Use the following scale to choose the **most appropriate number** for each situation:

- 0 = would **never** doze
- 1 = **slight chance** of dozing
- 2 = **moderate chance** of dozing
- 3 = **high chance** of dozing

*It is important that you answer each question as best you can.*

Situation	Chance of Dozing (0-3)
Sitting and reading _____	_____
Watching TV _____	_____
Sitting, inactive in a public place (e.g. a theatre or a meeting) _____	_____
As a passenger in a car for an hour without a break _____	_____
Lying down to rest in the afternoon when circumstances permit _____	_____
Sitting and talking to someone _____	_____
Sitting quietly after a lunch without alcohol _____	_____
In a car, while stopped for a few minutes in the traffic _____	_____



# Sleep disorders (60 – 98%)



- Rapid Eye Movement Sleep Behavior Disorder (RBD; 15-60%)
  - Acting out dreams





# RBD Screening Question

- “Have you ever been told, or suspected yourself, that you seem to ‘act out your dreams’ while asleep?”
  - (for example, punching, flailing your arms in the air, making running movements, etc.)

Postuma et al., (2012)



# Sleep disorders (60 – 98%)



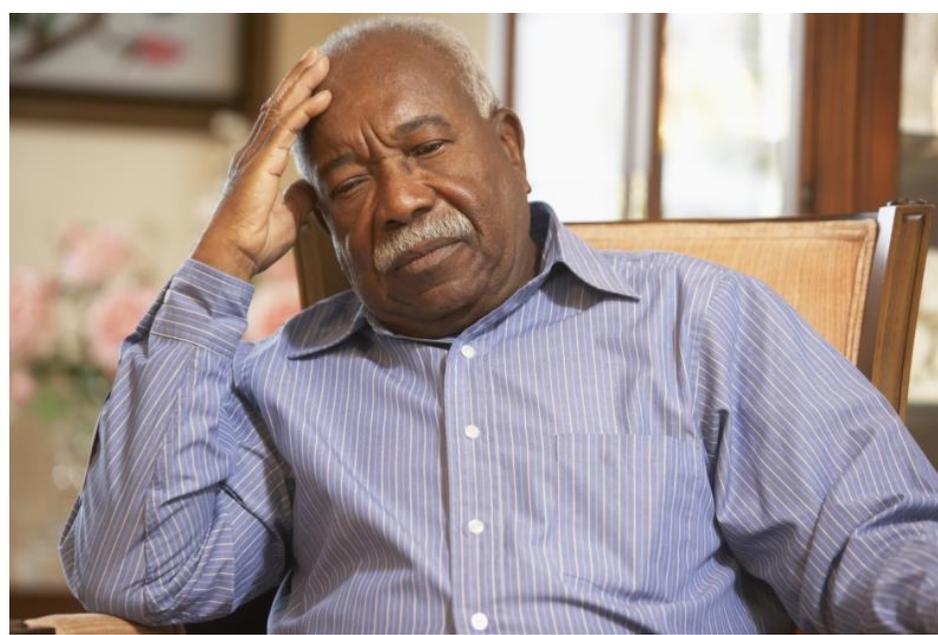
- Sleep-Disordered Breathing (SDB; 27-70%)
  - Excessive snoring
  - Obstructive Sleep Apnea



# Sleep disorders (60 – 98%)

- Sleep-related eating disorder
  - May be related to dopamine agonist treatment





# DEPRESSION

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**The NPF recommends that people with Parkinson's disease...**

- ❑ Get screened for depression at least once a year.
- ❑ Discuss changes in mood with their healthcare team.
- ❑ Bring a family member to appointments to discuss changes in mood.



# Depression (35 – 45%)

- Symptoms can include:
  - Feeling sad/empty/hopeless
  - Decreased interest/pleasure
  - Change in sleep (+/-)
  - Change in activity (+/-)
  - Change in weight (+/-)
  - Fatigue
  - Feelings of worthlessness/guilt
  - Difficulty concentrating
  - Recurrent thoughts of death/suicide





# ANXIETY

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... amplifies motor symptoms

... aggravates tremors and dyskinesias



# Anxiety (40%)



- Occasional anxiety is a normal part of life
  - e.g., taking a test or making an important decision
- Anxiety can become a problem when it does not go away or gets worse over time
  - This can then interfere with daily life





# COGNITIVE CHANGES

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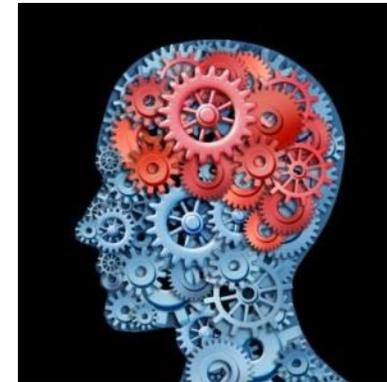
Cognitive function exists on a continuum



# Cognitive changes (50-90%)



- The most common cognitive changes in PD:
  - “Executive” functioning
  - Visuospatial skills
- Early memory changes are less prominent
- Language function is relatively preserved



# What is a cognitive assessment?



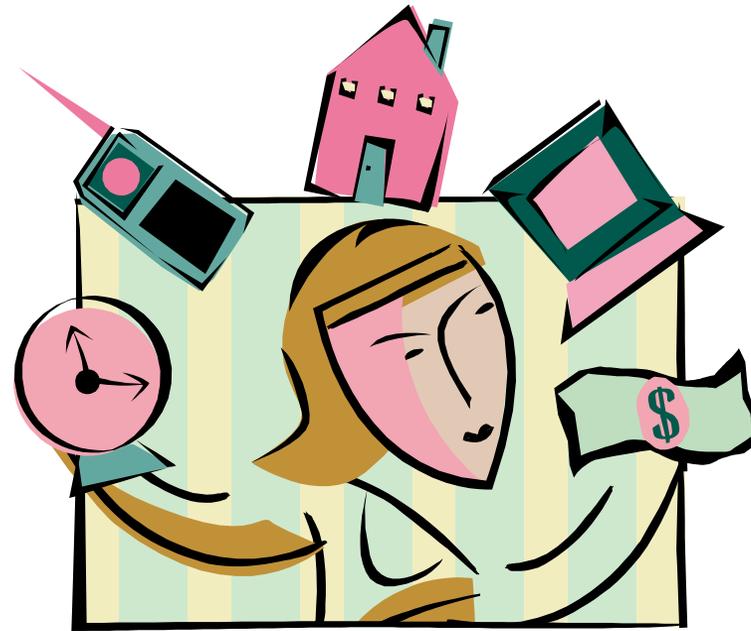
- Areas of brain function that are often evaluated:
  - General Intellect
  - Orientation
  - Speech
  - Language
  - Processing Speed
  - Attention/Concentration
  - Learning/Memory





# What is a cognitive assessment?

- Areas of brain function that are often evaluated :
  - Visuospatial
  - Constructional
  - “Executive Function”
  - Sensory
  - Motor
  - Mood
  - Personality/Behavior



# What is a cognitive assessment?



- A complete evaluation generally takes somewhere between 2 to 5 hours.
- Occasionally, it is necessary to complete the evaluation over 2 or more sessions.
- Just like most laboratory results (e.g., cholesterol), it can take several days to weeks for results.
  - Results are often recorded in a comprehensive report that becomes part of your medical record.



# What can a cognitive assessment provide?



- Help to provide a diagnosis (including “no diagnosis”) in conjunction with a medical workup.
  - Appropriate treatment can depend on accurate diagnosis.
- Identify cognitive strengths/weaknesses
  - Provide recommendations that use a patient’s strengths to help support their weaknesses.
- Sometimes assessments are used to establish a “baseline,” or document a patient’s abilities and skills before there is decline.





# RELAXATION

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Schlesinger, I., et al., *Parkinson's disease tremor is diminished with relaxation guided imagery*. *Mov Disord*, 2009. **24**(14): p. 2059-62.

Schlesinger, I., et al., *Relaxation guided imagery reduces motor fluctuations in Parkinson's disease*. *J Parkinsons Dis*, 2014. **4**(3): p. 431-6.



# What is Guided Imagery?

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- Guided imagery is a program of directed thoughts and suggestions that guide your imagination toward a relaxed, focused state.
- You can use an instructor, tapes, or scripts.

Guided imagery and relaxation resources available at: <http://bit.ly/GSURelaxation>















# Thank you

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