UNSEEN CHALLENGES OF LIVING WITH PARKINSON’S DISEASE

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- 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.

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- 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
Sleep Challenges

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.

<table>
<thead>
<tr>
<th>Situation</th>
<th>Chance of Dozing (0-3)</th>
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<tbody>
<tr>
<td>Sitting and reading</td>
<td></td>
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<tr>
<td>Watching TV</td>
<td></td>
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<tr>
<td>Sitting, inactive in a public place (e.g. a theatre or a meeting)</td>
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<tr>
<td>As a passenger in a car for an hour without a break</td>
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<tr>
<td>Lying down to rest in the afternoon when circumstances permit</td>
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<tr>
<td>Sitting and talking to someone</td>
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<tr>
<td>Sitting quietly after a lunch without alcohol</td>
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<tr>
<td>In a car, while stopped for a few minutes in the traffic</td>
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</tbody>
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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%)
  - Excessing snoring
  - Obstructive Sleep Apnea
Sleep disorders (60 – 98%)

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

... 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 function exists on a continuum
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.

What is Guided Imagery?

• 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.

Thank you

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