

Newsflash

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Off Episodes

Oral medications containing levodopa are the most commonly prescribed treatment for Parkinson's disease (PD). Levodopa increases the amount of dopamine in the patient's system.

Levodopa usually works quite well when first prescribed. Over time, patients start experiencing decreased "on" times and may be having what are known as "off" episodes.

Being on (or on time) is when:

- Oral levodopa medication is working well
- PD symptoms are at a minimum
- Patient can generally do daily activities

Off episodes (or off times) are when:

- Oral levodopa medication hasn't taken effect or its effects have worn off
- PD symptoms re-emerge

Off episodes are common in PD and can happen at any time.

Off episodes:

- May consist of tremor, slowness, stiffness, difficulty moving or walking, and trouble getting around
- May happen because the positive effects of the oral levodopa medications have worn off
- May interfere with everyday work, recreation, or even routine daily activities
- May last for a few minutes or up to a few hours.
- May be experienced multiple times a day

Previous issues of Newsflash can be viewed under "PBM Resources > Newsletters > Clinical" at: www.ProCareRx.com

What is Parkinson's Disease?

There are a lot of new drugs on the market and in the pipeline to help patients with Parkinson's Disease (PD). PD is a muscle disorder that is caused by nerve cell damage, and affects mostly people over the age of 40.

Symptoms generally develop slowly over many years. The progression of symptoms is often a bit different from one person to another due to the diversity of the disease. People with PD may experience:

- Tremor, mainly at rest
- Slowness of movement (Bradykinesia)
- Limb rigidity (Akinesia)
- Stability (balance problems)

The cause remains largely unknown. Although there is no cure, treatment options vary and include medications, some traditional and some new. While Parkinson's itself is not a fatal disease, complications can be serious. The Centers for Disease Control and Prevention (CDC) rated complications from PD as the 14th cause of death in the United States.

The first step to living well with Parkinson's disease is to understand the disease and the progression:

- It is possible to have a good quality of life with PD. Working with your doctor and family support and following recommended therapies are essential in successfully treating symptoms by using traditional medications. People with PD need medication because they have low levels or are missing dopamine in the brain, mainly due to impairment of neurons and nerve cell damage.
- It is important to understand that people with PD first start experiencing symptoms later in the course of the disease because a significant amount of the nerve cells have already been lost or damaged.

Scientists and clinicians are exploring ways to identify PD using biomarkers that can possibly lead to earlier diagnosis and more patient specific treatments to slow down the disease process. Currently, all therapies used for PD improve or mask symptoms without really slowing or halting the disease progression.

In addition to movement-related ("motor") symptoms, Parkinson's symptoms may be unrelated to movement ("non-motor"). People with PD are often more impacted by their non-motor symptoms than motor symptoms. Examples of non-motor symptoms include: apathy, depression, constipation, sleep behavior, disorders, loss of sense of smell, and cognitive impairment.

For more information, go to <http://parkinson.org>.



6 Tests You Really Do Need

Though there may be valid concerns regarding some tests and screenings prescribed by your physician, below are six tests you should definitely not skip...and should make sure remain up to date.

BLOOD PRESSURE TEST

What it is: A reading of your systolic (upper) and diastolic (lower) number.

Who needs it: Everyone.

How often: At least every two years and at least annually if your readings are over 120 over 80 or higher.

CHOLESTEROL TEST

What it is: A blood test to measure LDL (bad) and HDL (good) cholesterol levels.

Who needs it: Most men should start at age 35, women at 45. Those with high blood pressure, a family history of heart disease, or other risk factors such as smoking should usually begin earlier (men at 25 and women at 35).

How often: Every three to five years depending on results.

DIABETES TEST

What it is: A fasting blood glucose test and an HbA1c test to measure long-term blood sugar control.

Who needs it: People who have high blood pressure or cholesterol, plus those who are overweight or obese with other risks such as a family history of diabetes.

How often: Every three years depending on results.

COLON CANCER TEST

What it is: Colonoscopy (an exam of the entire colon with a flexible scope), sigmoidoscopy (an exam of the lower third of the colon), or a stool test.

Who needs it: People ages 50 to 75.

How often: Colonoscopy every 10 years; sigmoidoscopy every five years, plus a stool test every three years, or a stool test every year.

BREAST CANCER TEST

What it is: A mammogram.

Who needs it: Women ages 50 to 74. Women in their 40s and those 75 and older should talk to their doctor to see whether testing makes sense for them based on risk factors.

How often: Every two years.

CERVICAL CANCER TEST

What it is: A pap smear (an analysis of cervical-tissue samples) and the human papillomavirus (HPV) test (to detect the virus, which can cause cervical cancer).

Who needs it: Women ages 21 to 65.

How often: A Pap smear every three years. Women ages 30 to 65 can go five years between tests if they have HPV testing along with their Pap smear.



Did you know...

New advice on endoscopies. People under 50 with gastroesophageal reflux disease (GERD) shouldn't receive routine upper endoscopies, according to new guidelines from the American College of Physicians. Some doctors use the procedure to check for esophageal cancer, which is sometimes preceded by GERD, but the likelihood of that cancer is low among people under age 50. And the procedure can be costly and uncomfortable. Endoscopies are still recommended for certain older patients and those with frequent heartburn.

Antioxidants and depression. In a study of 278 adults age 60 and older, those with depression had a lower intake of fruit and vegetables (the main food sources of antioxidants) and of dietary antioxidants overall compared with those who weren't depressed.

The stress-strength connection. Major stress such as financial loss can negatively affect health but may also bring benefits. A North Carolina State University study found that those who experienced a major stressor in the past year coped better with daily stresses such as disagreements. (That was measured by how old the participants felt and thought they looked.) When small problems cropped up, those who'd had recent major stress thought they looked 20 years younger and felt only slightly older than their age – but the rest of the study subjects felt and thought they looked at least 10 years older.

New way to relieve nausea. People who went to the emergency room for nausea or vomiting and smelled isopropyl alcohol pads were much less queasy after 10 minutes than those who sniffed saline pads, according to a study of 80 people. Volunteers held wipes an inch from their nose, breathed normally for up to 60 seconds, and repeated 2 and 4 minutes later. Researchers are currently unsure why it worked.

Nice surprise about the calories in walnuts. Not only are walnuts packed with good-for-you polyphenols and heart-healthy omega-3 fatty acids, fiber, protein, and potassium, but we also know that they're 21 percent lower in calories than experts previously believed. According to a small Department of Agriculture study, a 1-ounce serving (about 14 halves) contains 146 calories – not 185. The reason: Study volunteers, who munched 1.5 ounces of walnuts a day for a week, did not absorb all of the fat in the nuts. Possibly because some oil is trapped in the plant's cell wall.