

HEALTH

What Is Parkinson's? | 10 Early Signs of Parkinson's Disease pt.2

(Editor's Note: Read Part 1 in 3/31/22 issue or Read the Full Story online at chattnewschronicle.com)

4. Trouble Sleeping

Do you thrash around in bed or act out dreams when you are deeply asleep? Sometimes, your spouse will notice or will want to move to another bed. Sudden movements during sleep may be a sign of Parkinson's disease.

What is normal?

It is normal for everyone to have a night when they 'toss and turn' instead of sleeping. Similarly, quick jerks of the body when initiation sleep or when in lighter sleep are common and often normal.

5. Trouble Moving or Walking

Do you feel stiff in your body, arms or legs? Have others noticed that your arms don't swing like they used to when you walk? Sometimes stiffness goes away as you move. If it does not, it can be a sign of Parkinson's disease. An early sign might be stiffness or pain in your shoulder or hips. People sometimes say their feet seem "stuck to the floor."

What is normal?

If you have injured your arm or shoulder, you may not be able to use it as well until it is healed, or another illness like arthritis might cause the same symptom.

6. Constipation

Do you have trouble moving your bowels without straining every day? Straining to move your bowels can be an early sign of Parkinson's disease and you should talk to your doctor.

What is normal?

If you do not have enough water or fiber in your diet, it can cause problems

in the bathroom. Also, some medicines, especially those used for pain, will cause constipation. If there is no other reason such as diet or medicine that would cause you to have trouble moving your bowels, you should speak with your doctor.

7. A Soft or Low Voice

Have other people told you that your voice is very soft or that you sound hoarse? If there has been a change in your voice you should see your doctor about whether it could be Parkinson's disease. Sometimes you might think other people are losing their hearing, when really you are speaking more softly.

What is normal?

A chest cold or other virus can cause your voice to sound different, but you should go back to sounding the same when you get over your cough or cold.

8. Masked Face

Have you been told that you have a serious, depressed or mad look on your face, even when you are not in a bad mood? This is often called facial masking. If so, you should ask your doctor about Parkinson's disease.

What is normal?

Some medicines can cause you to have the same type of serious or staring look, but you would go back to the way you were after you stopped the medication.

9. Dizziness or Fainting

Do you notice that you often feel dizzy when you stand up out of a chair? Feeling dizzy or fainting can be a sign of low blood pressure and can be linked to Parkinson's disease (PD).

**What is normal?**

Everyone has had a time when they stood up and felt dizzy, but if it happens on a regular basis you should see your doctor.

10. Stooping or Hunching Over

Are you not standing up as straight as you used to? If you or your family or friends notice that you seem to be stooping, leaning or slouching when you stand, it could be a sign of Parkinson's disease (PD).

What is normal?

If you have pain from an injury or if you are sick, it might cause you to stand crookedly. Also, a problem with your bones can make you hunch over.

What can you do if you have PD?

- Work with your doctor to create a plan to stay healthy. This might include the following:

- A referral to a neurologist, a doctor who specializes in the brain
 - Care from an occupational therapist, physical therapist or speech therapist
 - Meeting with a medical social worker to talk about how Parkinson's will affect your life
 - Start a regular exercise program to delay further symptoms.
 - Talk with family and friends who can provide you with the support you need.
- For more information visit Parkinson.org/Treatment
- Reviewed by Dr. Chauncey Spears, Movement Disorders Fellow at the University of Florida, a Parkinson's Foundation Center of Excellence.

Longer Naps in the Day May Be an Early Sign of Dementia in Older Adults

By Yue Leng

Assistant Professor of Psychiatry, University of California, San Francisco

Doctors often recommend "power naps" as a way to compensate for a poor night's sleep and help keep alert until bedtime. But for older adults, extensive power naps could be an early sign of dementia.

Research on how napping affects cognition in adults has had mixed results. Some studies on younger adults suggest that napping is beneficial to cognition, while others on older adults suggest it may be linked to cognitive impairment. However, many studies are based on just a single self-reported nap assessment. This methodology may not be accurate for people with

cognitive impairment who may not be able to reliably report when or how long they napped.

As an epidemiologist who studies sleep and neurodegeneration in older adults, I wanted to find out if changes in napping habits foreshadow other signs of cognitive decline. A study my colleagues and I recently published found that while napping does increase with age, excessive napping may foreshadow cognitive decline.

The link between daytime napping and dementia

Sleep disturbance and daytime napping are known symptoms of mild to moderate Alzheimer's disease and other forms of dementia in older adults. They often become more extreme as

the disease progresses: Patients are increasingly less likely to fall asleep and more likely to wake up during the night and feel sleepy during the day.

To examine this link between daytime napping and dementia, my colleagues and I studied a group of 1,401 older adults with an average age of 81 participating in the Rush Memory and Aging Project, a longitudinal study examining cognitive decline and Alzheimer's disease. The participants wore a watchlike device that tracked their mobility for 14 years. Prolonged periods of inactivity were interpreted as naps.

At the start of the study, approximately 75% of participants did not have any cognitive impairment. Of the remaining participants, 4% had Alzheimer's and 20% had mild cognitive impairment, a frequent precursor to dementia.

While daily napping increased among all participants over the years, there were differences in napping habits between those who developed Alzheimer's by the end of the study and those who did not. Participants who did not develop cognitive impairment had nap durations that averaged 11 extra minutes per year. This rate doubled after a mild cognitive impairment diagnosis, with naps increasing to 25 extra minutes per year, and tripled after an Alzheimer's diagnosis, with nap durations increasing to 68 extra minutes per year.

Ultimately, we found that older

adults who napped at least once or for more than an hour a day had a 40% higher chance of developing Alzheimer's than those who did not nap daily or napped less than an hour a day. These findings were unchanged even after we controlled for factors like daily activities, illness and medications.

Napping and the Alzheimer's brain

Our study shows that longer naps are a normal part of aging, but only to a certain extent.

Research from my colleagues at the University of California, San Francisco, offers a potential mechanism for why people with dementia have more frequent and longer naps. By comparing the post-mortem brains of people with Alzheimer's disease with the brains of people without cognitive impairment, they found that those with Alzheimer's had fewer neurons that promote wakefulness in three brain regions. These neuronal changes appeared to be linked to tau tangles, a hallmark of Alzheimer's in which the protein that helps stabilize healthy neurons form clumps that hamper communication between neurons.

While our study does not show that increased daytime napping causes cognitive decline, it does point to extended naps as a potential signal for accelerated aging. Further research might be able to determine whether monitoring daytime napping could help detect cognitive decline. (The CONVERSATION)

What Happens When Your Lungs Are Exposed To Mold?

Exposure to mold both in and out of the home may worsen breathlessness and other symptoms of chronic obstructive pulmonary disease (COPD), new research suggests. COPD particularly affects Blacks who smoke.

More than 16 million Americans have COPD, according to the American Lung Association. COPD is an umbrella term for chronic lung diseases such as bronchitis and emphysema, which literally take your breath away. COPD flares can be triggered by exposure to pollution, dust, cigarette smoke, mold, and other airway irritants.

How mold affects COPD

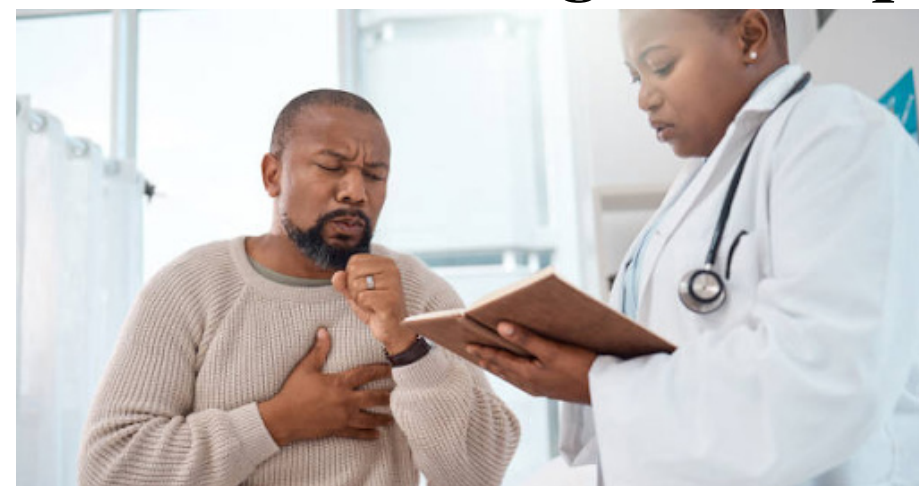
We are constantly breathing in mold spores, even when we are outside. These spores can lead to allergic reactions or infections, especially in people with respiratory disease or compromised immune systems.

Lung Disease

"Patients with COPD had significantly more flares of their disease requiring visits to their doctor and/or antibiotics if they reported activities that put them at risk of exposure to mold, including vacuuming their homes frequently," says study author Dr. Chris Kosmidis. He is a senior lecturer in infectious diseases at the University of Manchester in England.

In the study, 140 people with COPD answered questions about possible exposure to mold, visits to their doctor for COPD flares, and how many times they needed antibiotics to treat such flares during the past year.

Folks who vacuumed their home



more than once a week were four times more likely to visit a doctor for COPD symptoms at least four times in the previous year. When you vacuum up mold, the spores may pass through the filter and be released into the air, according to researchers.

Also, those who didn't ask visitors to their home to take their shoes off were more than three times as likely to see a doctor for COPD symptoms at least four times during the previous year.

These people were also more likely to require more than four doses of antibiotics to treat their COPD flares during the past year.

Reducing mold exposure

There are steps to take to reduce mold exposure to mold, Kosmidis shares.

"Opening windows often to allow room ventilation may help, including during and after vacuuming," he says.

Properly maintaining the vacuum cleaner and emptying it when full may also cut down on mold exposure, and always ask guests to take their shoes off before they enter your home so they don't track mold in with them, Kosmidis adds.

Other potential exposures to mold at home are pets, air humidifiers, carpets or drying clothes indoors, but these were not associated with COPD flares in the new study.

Outdoors, gardening, composting, or living close to farms or industrial sites can also lead to mold exposure, Kosmidis notes. People who lived within a mile of industrial composting sites were more likely to need antibiotics to treat COPD flares in the previous year, the study found.

Individuals who worked in agriculture were also more likely to see their doctor for COPD flares or need antibiotics, although most study participants

were no longer working.

The main culprit appears to be aspergillus, a mold found in air conditioning, damp walls and ceilings, and decaying vegetation or composts. Exposure to aspergillus can also lead to chronic pulmonary aspergillosis (CPA), a serious but rare lung disease. Participants in the study were twice as likely to have CPA if they lived within a mile of a farm or agricultural area. Sixty of the 140 people in the study had CPA and COPD.

How to prevent COPD outbreaks

One U.S. expert not part of the study outlined ways to prevent COPD outbreaks.

"Taking your medication as directed, exercising to the limit what you can, keeping up with vaccines and not smoking can help prevent COPD flares," says Dr. Len Horovitz, a pulmonary specialist with Lenox Hill Hospital in New York City.

There are plenty of COPD triggers besides mold, he adds.

"High-efficiency particulate air, or HEPA, filters are a great way to keep your air clean," Horovitz notes. These filters can remove allergens, dander, chemicals, pollen and dust and other potential triggers that can cause COPD to flare, he shares. HEPA filters can also trap mold.

Getting rid of mold in your walls can be a bit trickier. "You may need to call in the pros," Horovitz says. "You can't just throw bleach at it. You may have to excavate and rebuild." (BlackDoctor.org by Jessica Daniels)