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WELLNESS REPORT

## **REGENCY PARK SENIOR LIVING**

INDEPENDENT LIVING | ASSISTED LIVING | MEMORY CARE

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## By Steven Reinberg

Many older Americans take a variety of prescription drugs, yet new research suggests that combining various medications is not always wise.

Taking lots of different drugs for different conditions is called "polypharmacy," and a team of researchers set out to find how doctors take this into account in their prescribing. To address this, providers discuss "deprescribing" -- working with patients to cut down on unnecessary or redundant medications.

Drugs to treat high blood pressure, to thin blood and lower cholesterol are some of the most prescribed drugs in the United States, the researchers noted.

Although these medications save lives, they can cause serious reactions when mixed with other drugs.

To look at prescribing habits, researchers led by Dr. Parag Goyal from Weill Cornell Medicine in New York City and Dr. Timothy Anderson from Beth Israel Deaconess Medical Center in Boston, quizzed 750 geriatricians, general internists and cardiologists.

They got responses from 12% to 26% of these doctors.

Over 80% of the doctors who responded said that they recently considered not prescribing a cardiovascular medication and cited adverse side effects as the most common reason.

Often doctors are reluctant to halt a drug another doctor has prescribed for fear of stepping on a colleague's turf.

Another reason for not stopping a drug



is the patient's desire to keep taking it, the researchers found.

Among geriatricians, 73% said they might discontinue a drug that was not expected to help patients who had a short time to live, compared with 37% of general internists and 14% of cardiologists.

Also, 26% of geriatricians said that they might stop prescribing drugs that affect the ability to think and made decisions, compared with 13% of general internists and 9% of cardiologists.

The report was published Nov. 25 in the Journal of the American Geriatrics Society.

"We hope our study will contribute to advancing deprescribing as a patient-centered strategy that can improve the safety of medication prescribing practice and improve the well-being of older adults," the researchers said in a journal news release.

If you're one of the many who regularly take several medications and are concerned about how they work together, talk it over with your doctor.

But never stop taking a prescribed drug or make changes to your medications without speaking to a doctor first. If you have serious side effects from any drugs you're taking, call 911 immediately, the researchers said.

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## MEDICAL MILESTONES IN HISTORY



1922 Insulin was first used to treat diabetes



1947

Cardiac surgeon, Dr. Claude Beck performed the first successful defibrillation



*1982* 

Dr. William C. Devries implanted the first artificial heart

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## Cards, Board Games Could Be a Win for Aging Brains

## By Steven Reinberg

Playing cards and board games like chess, bingo and Scrabble might be the mental workout you need to keep your wits as you age, Scottish researchers suggest.

People in their 70s who regularly play board games score higher on tests of memory and thinking skills than those who don't. And 70-somethings who step up their game-playing are more likely to maintain thinking skills as they age, researchers say.

"Playing board, card and word games may protect people from cognitive decline, but this study wasn't an intervention, so we can't say that for sure," said lead researcher Drew Altschul, a postdoctoral research fellow at the University of Edinburgh. "But it, at very least, is fun, inexpensive, and it certainly won't hurt you."

He doesn't think it's the social aspect of these activities that provides this brain-protective effect, but rather the challenge of the games themselves.

Unlike reading, writing, taking classes, visiting museums, libraries or friends and relatives, games appear to more actively engage abilities like memory, thinking speed and reasoning, Altschul said.

"So, this fits with what we call the 'use it or lose it' theory, that exercising your mental abilities more keeps them in better shape," he said.

For the study, Altschul and his colleagues tested the memory, problem-solving, thinking speed and general thinking ability in nearly 1,100 70-year-olds. The tests were repeated every three years until participants reached age 79.

The researchers also asked how often participants played games such as cards, chess, bingo or crossword puzzles.

To isolate the effect of game playing, they took into account results of IQ tests participants took at age 11, as well as their income, education and physical activity levels.

People who played more games as they got older had less decline in mental skills in their 70s, particularly in memory function and thinking speed, researchers found.



However, the study only found an association, not a cause-and-effect link.

How the brain changes with this type of activity is unknown, but researchers are working hard to learn more, said Rebecca Edelmayer, director of scientific engagement at the Alzheimer's Association.

"There's actually a lot of research that's happening in this particular area right now focused on cognitive challenge, cognitive engagement and how we can use this as potentially a way to reduce our risk for cognitive decline," she said.

Just like keeping the body active helps keep heart disease at bay, being mentally active may have the same effect on dementia, Edelmayer said.

"It seems that challenging and complex tasks, or even things like games of strategy, may require multiple cognitive functions that may be most beneficial for individuals as they age," she said.

Edelmayer predicted that Alzheimer's and other dementias will one day be treated much like heart disease. "You will see not only medications that are approved to treat dementia, but also ways that we could be changing and modifying our lifestyle to decrease our risk for cognitive decline," she said.

A large trial is testing whether a combination of social and cognitive engagement, along with healthy nutrition, physical activity and effective management of heart health might help preserve mental function, Edelmayer said.

"Those factors, tested together, can potentially help us understand better what a recipe for beneficial lifestyle intervention would be," she said.

## **Ultrasound Treatment Might Ease Parkinson's Tremors**

#### **By Alan Mozes**

Ultrasound may provide lasting relief from the involuntary muscle movements that are so debilitating to people with Parkinson's disease and another condition called "essential tremor," a small study concludes.

The treatment is still scarce, but it appears to deliver significant and lasting tremor relief, Italian researchers report.

It's called "focused ultrasound." Though characterized as surgery, it's actually a noninvasive procedure that involves no incisions.

For patients with uncontrolled muscle movements, clinicians use it to target beams of sound energy toward a small tremor-control center in the brain called the thalamus. The beams heat up the thalamus and destroy part of it.

"The clinical application of this technique for neurological diseases is an absolute novelty," study author Dr. Federico Bruno, a radiologist at the University of L'Aquila in Italy, said in a statement. "Few patients know of this treatment option so far, and there are not many specialized centers equipped with the required technology."

He pointed out that focused ultrasound received U.S. Food and Drug Administration approval less than three years ago as a tremor-control treatment.

Before then, patients had to rely on other interventions, according to Dr. Rachel Dolhun, vice president of medical communications for the Michael J. Fox Foundation in New York City.

"Exercise, medication and surgical therapies such as deep brain stimulation are all possibilities for consideration," she noted.

But exercise and medication don't always work. And while deep brain stimulation (DBS) targets the same brain area as noninvasive ultrasound, it is highly invasive.

Surgeons must enter the skull and chest to insert wires, electrodes and a



pacemaker-like pulse generator. It can also be tricky after surgery to calibrate the device to maximize tremor reduction and minimize unwanted side effects.

Plus, patients with heart and bleeding problems may be ineligible for the procedure, Dolhun and her team said, as are those with memory and thinking issues. The DBS equipment also requires vigilant maintenance, in the form of regular battery replacement.

By comparison, focused ultrasound, though irreversible, "requires shorter hospitalization and is a fairly well-tolerated procedure even by more fragile patients," Bruno said.

But does it work?

Bruno and his team tracked 39 patients (average age, 65) for just over a year after focused ultrasound treatment.

Just over half (21) had Parkinson's. The rest had essential tremor (ET), a common type of tremor that may affect the hands, arms, legs, head, trunk and even tongue.

On average, participants had had tremors for more than a decade. None had responded to standard treatments. All underwent focused ultrasound, which is performed without general anesthesia on one side of the thalamus. (Doing ultrasound on both sides could trigger speech, swallowing and thinking problems, so it is approved only for one side.) The result? Thirty-seven of the 39 patients experienced immediate and significant tremor relief, and that relief held up over the next year. Both Parkinson's and ET patients reported marked improvements in their quality of life.

For now, however, focused ultrasound is only available at a few specialized facilities worldwide. But both Bruno and Dolhun suggest that this may change.

"There are a number of clinical trials testing focused ultrasound as a noninvasive procedure for other Parkinson's symptoms," Dolhun said. Those symptoms include dyskinesia, uncontrollable muscle movements that result in fidgeting, swaying, writhing, wriggling or head bobbing.

Bruno said other studies are investigating its potential for treating neuropathic pain, epilepsy and obsessive-compulsive disorders, as well as brain tumors. And as neuroimaging techniques improve, he predicts ultrasound's potential and availability will expand.

Bruno and his team are to present their findings next Wednesday at the Radiological Society of North America annual meeting in Chicago. Research presented at meetings is typically considered preliminary until published in a peer-reviewed journal.

## **Sleepless Nights Could Raise Heart Risks**

#### **By Robert Preidt**



Sleep problems could increase your risk for heart attack, stroke and other heart and brain diseases, a new study suggests.

It included 487,200 people in China, average age 51, with no history of stroke or heart disease. They were asked if they had any of these problems three or more times a week: trouble falling asleep or staying asleep; waking up too early; or trouble staying focused during the day due to poor sleep.

Eleven percent said they had trouble falling asleep or staying asleep; 10% reported waking up too early; and 2% struggled to focus during the day.

During an average 10-year follow-up, there were just over 130,000 cases of stroke, heart attack and similar diseases.

Compared to those with no insomnia symptoms, people with all three were 18% more likely to develop these diseases.

"The link between insomnia symptoms and these diseases was even stronger in younger adults and people who did not have high blood pressure at the start of the study, so future research should look especially at early detection and

interventions aimed at these groups," said study author Dr. Liming Li, from Peking University in Beijing.

Of people who had trouble falling asleep or staying asleep, 32% had a stroke or heart problem, compared to 26% of others.

The risk of these diseases was 7% higher among people who woke too early and could not get back to sleep, and 13% higher for those who had trouble staying focused.

The findings were published online Nov. 6 in the journal Neurology.

The study does not prove insomnia symptoms cause heart attack and stroke, only that there is an association between them. Li said the findings merit further investigation.

"These results suggest that if we can target people who are having trouble sleeping with behavioral therapies, it's possible that we could reduce the number of cases of stroke, heart attack and other diseases later down the line," he said in a journal news release.

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