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WELLNESS REPORT

Infections, Especially UTIs, May Be Triggers for Strokes

By Amy Norton
HealthDay Reporter

A urinary tract infection might be more than just a painful nuisance for some, with new research suggesting it could raise the risk of stroke in vulnerable people.

The study of over 190,000 stroke patients found that the risk of suffering a stroke was heightened in the weeks and months following any infection that required a trip to the hospital. But urinary tract infections (UTIs) showed the strongest link.

People were over five times more likely to suffer an ischemic stroke in the week following a UTI, versus the year before the infection, the findings showed.

Ischemic strokes -- the most common type of stroke -- are caused by a blood clot that diminishes blood flow to the brain.

The researchers said the findings do not implicate milder infections that people manage at home.

"We're probably capturing more-severe infections with this study," said senior researcher Dr. Mandip Dhamoon, an associate professor of neurology at Mount Sinai's Icahn School of Medicine, in New York City.

The study cannot prove that infections actually triggered strokes. But based on past research, Dhamoon said, it is biologically plausible: Infections can increase body-wide inflammation and may contribute to blood clots.

There are a lot of unknowns, though --



including whether certain treatments can not only clear a patient's infection, but also reduce the risk of a subsequent stroke. That's a question for future studies, Dhamoon said.

For now, people with risk factors for a stroke can focus on things they can control, according to Daniel Lackland, a professor of neurology at the Medical University of South Carolina.

"If you've recently been in the hospital for an infection, be even more cognizant of controlling your stroke risk factors, like high blood pressure and diabetes," said Lackland, who is also a spokesperson for the American Stroke Association.

The findings, published online June 27 in the journal *Stroke*, are based on more than 190,000 people who were treated for a stroke at New York State hospitals.

Most often, it was an ischemic stroke, but close to 40,000 patients had suffered a hemorrhagic stroke -- which occurs when a blood vessel ruptures and bleeds into the brain... (cont'd on pg. 2)

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MEDICAL MILESTONES IN HISTORY



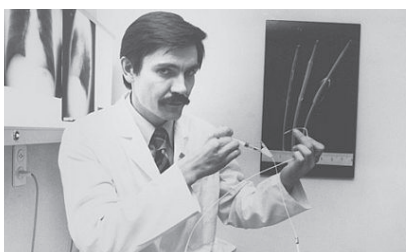
1928

Scottish biologist, Sir Alexander Fleming, first discovers Penicillin.



1956

Dr. E. Donnall Thomas performs the first successful bone marrow transplant.



1977

Dr. Andreas Gruentzig performs first balloon angioplasty procedure on a coronary artery

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The researchers looked at each patient's risk of stroke in the week to four months after a hospital visit for an infection, and compared it with the risk in the previous year.

The risk gradually went down, but was still increased by twofold four months out, the investigators found.

At this point, Dhamoon said, it's not clear why UTIs would show the strongest association with stroke.

Respiratory infections, blood infections and UTIs were also tied to a heightened risk of intracerebral hemorrhage -- a type of hemorrhagic stroke. Why might infections contribute to brain bleeding? Effects on blood vessel function could

potentially play a role, Dhamoon said. But that can't be discerned from this study, he added.

Another point: The study looked at people's stroke risk at a particular time in relation to another time period. So even though the risk was relatively elevated after an infection, that doesn't mean it was high.

Past studies, Lackland said, have implicated certain infections as a possible stroke trigger -- including herpes zoster, which causes shingles.

"But this study suggests that a range of infections, if severe, are associated with stroke," Lackland said. That's important, he added, because it may help researchers figure out the "why."

3 Moves for Better Balance

By Len Canter
HealthDay Reporter

Guarding against falls isn't just for the elderly. The inner ear's ability to maintain balance can begin to decline as early as age 40, according to a study in *Frontiers of Neurology*. So the time to improve your balance is now.

Strong legs and flexible ankles help prevent falls and allow you to catch yourself if you do trip, so target these areas through exercise. Here are three moves to practice regularly.



Ankle rotations: Sit in a chair with your feet flat on the floor. Lift one leg out in front of you and use your big toe to make circles in the air. Move clockwise for 15 to 20 rotations and then counterclockwise for an equal amount. Repeat with the other foot.

Single leg balancing: Stand straight, feet together, arms at your sides. Lift one foot a few inches off the floor, bending that knee slightly, and balance on the other leg. Hold for 30 seconds. Switch legs and repeat. Aim for twice on each side. Keeping stomach muscles contracted will help.

The dancer's pose: Better balance is one of yoga's benefits, and this pose is particularly effective. Stand straight, feet together, arms at your sides. Raise your right arm out in front of you, thumb toward the ceiling. Lift your left leg behind you, bending at the knee. Reach back with your left hand to grab your left foot and help bring it toward your rear. You can lift your right arm higher for better balance. Hold briefly, then return to start and repeat on the other side. Repeat up to four times on each side.

Ready for more? One of the best ways to strengthen muscles and improve balance as well as agility, flexibility and relaxation is with tai chi. It emphasizes footwork and teaches you how to balance in many positions. Look for local classes, which are often held outdoors to add to its feeling of serenity.

Widely Prescribed Class of Meds Might Raise Dementia Risk

By Robert Preidt
HealthDay Reporter

Doctors often prescribe anticholinergic drugs for a variety of ills. But a new study suggests they may increase the risk of dementia in older patients.

These medicines include everything from Benadryl (diphenhydramine) to certain antipsychotics and Parkinson's meds. They're used to treat a wide range of other conditions, including depression, chronic obstructive pulmonary disease, overactive bladder, allergies, and gastrointestinal disorders.

Anticholinergic drugs help contract and relax muscles, and work by blocking acetylcholine, a chemical that transmits messages in the nervous system.

But the new British study found that people aged 55 and older who took strong anticholinergic medications daily for three years or more had a 50% increased risk of dementia.

"Our study adds further evidence of the potential risks associated with strong anticholinergic drugs, particularly antidepressants, bladder antimuscarinic drugs, anti-Parkinson drugs and epilepsy drugs," said study author Carol Coupland. She works in the division of primary care at the University of Nottingham.

Anticholinergics are known to cause short-term side effects -- including confusion and memory loss -- but it's unclear if long-term use increases the risk of dementia.

To find out, Coupland's team examined the medical records of nearly 59,000 patients in the U.K. with dementia, as well as a control group of more than 225,000 patients without dementia. All the patients were 55 and older. The average age of the dementia patients was 82.

Overall, they study found an increased risk of dementia among those who took



anticholinergic drugs. After accounting for other risk factors for dementia, the researchers concluded that strong anticholinergic meds were associated with an increased risk of dementia.

There was no increased risk of dementia among patients who took other types of anticholinergic drugs such as antihistamines (Benadryl) and gastrointestinal drugs.

In the one to 11 years before dementia diagnosis or the equivalent in controls, nearly 57% of dementia patients and 51% of people in the control group were prescribed at least one strong anticholinergic drug, with an average of six prescriptions in dementia patients and four in controls.

The study was published June 24 in the journal JAMA Internal Medicine. The researchers noted that this was an observational study, so it cannot prove that anticholinergic drugs help cause dementia. For example, it's possible that the drugs were prescribed to dementia patients to help treat very early symptoms of the disease.

However, if anticholinergics do help cause dementia, about 10% of dementia cases might be attributable to the drugs, the study authors said.

At the very least, "this study provides further evidence that doctors should be careful when prescribing certain drugs

that have anticholinergic properties," study co-author Tom Denning, head of Nottingham's Center for Dementia, said in a university news release.

He stressed, however, that "it's important that patients taking medications of

this kind don't just stop them abruptly, as this may be much more harmful. If patients have concerns, then they should discuss them with their doctor to consider the pros and cons of the treatment they are receiving."

And Coupland stressed that, "the risks of this type of medication should be carefully considered by health care professionals alongside the benefits when the drugs are prescribed." In some cases, "alternative treatments should be considered where possible, such as other types of antidepressants or alternative types of treatment for bladder conditions," she said.

Coupland added that, "we found a greater risk for people diagnosed with dementia before the age of 80, which indicates that anticholinergic drugs should be prescribed with caution in middle-aged people as well as in older people."

"There is an increasing epidemic of reliance on sleeping medications, from benzodiazepines including medications like Ambien and Xanax, to anticholinergics commonly used in many over-the-counter sleep aids, to power ourselves off at night," she said.

Devi believes there are other behavioral ways to resume getting a good night's sleep.

"Ideally, what we want to do is to go back to something we were born experts at -- sleeping," Devi said, "without any sleep medications."

Few Prostate Cancer Patients Are Getting Checkups They Need

By **Steven Reinberg**
HealthDay Reporter



While men with early-stage prostate cancer can delay treatment, few follow guidelines for monitoring their condition, researchers report.

In fact, their study of nearly 350 men from North Carolina found that only 15% who chose what's known as active surveillance followed the recommended guidelines.

"Active surveillance has rigorous guidelines -- people need regular PSA tests, they need prostate exams, they need prostate biopsies so you can watch the cancer very closely, and you don't lose the opportunity to treat the cancer when it starts to grow," said study co-author Dr. Ronald Chen. He's an associate professor from the University of North Carolina Lineberger Comprehensive Cancer Center in Chapel Hill.

Guidelines recommend prostate-specific antigen (PSA) tests at least every six months; a yearly digital rectal exam, and a biopsy within 18 months of diagnosis.

"We're finding very few patients who elected to undergo active surveillance actually received the recommended monitoring," said first author Sabrina-Peterson, a UNC medical school student.

Among 346 men with low- or intermediate-risk prostate cancer, the study found that within six months of their diagnosis, 67% had undergone a PSA test and 70% had a digital rectal exam.

But only 35% had the recommended biopsy during the first 18 months. Over two years, only 15% had undergone all the recommended tests.

It wasn't clear why so few men followed the guidelines, the researchers said. No connection was seen with income, race or age.

"This raises the question of whether we need to investigate whether active surveillance is a safe option when patients do not receive routine monitoring," Chen said in a university news release. "Our goal is not to reduce the number of patients choosing active surveillance; rather, the results of this study should increase awareness and efforts to ensure that active surveillance patients are monitored rigorously."

Chen and his colleagues also investigated why men would or wouldn't choose active surveillance. They found that men opted for treatment when their cancer began to progress.

Patients who were anxious about their cancer were also more likely to stop active surveillance and switch to treatment, the researchers found.

The preliminary findings were presented Sunday at a meeting of the American Society of Clinical Oncology, in Chicago. Research presented at meetings is typically considered preliminary until published in a peer-reviewed journal.

REGENCY PARK SENIOR LIVING WELLNESS REPORT



PUBLISHED BY:

**REGENCY PARK
SENIOR LIVING, INC.**

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