

REGENCY PARK SENIOR LIVING

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Shingles Vaccine Bonus: Reduced Risk of Stroke? <u>INSIDE</u>

By Alan Mozes

Seniors who get the shingles vaccine may gain stroke protection as well, a new study suggests.

Shingles is a viral infection tied to heightened risk of stroke. But overall stroke risk dropped 20% among patients under age 80 who got the shingles vaccine. In patients 80 and older, risk was cut by about 10%, said researchers led by Quanhe Yang, a senior scientist at the U.S. Centers for Disease Control and Prevention.

"This is a win-win for vaccination," said Dr. Gregg Fonarow, director of the Ahmanson-University of California, Los Angeles Cardiomyopathy Center.

"Less shingles, less stroke," said Fonarow, who was not involved in the study.

The findings follow a review of Medicare records for more than 1 million patients over age 66. All received the shingles vaccine between 2008 and 2014. Stroke incidence was tracked for four years afterward.

Shingles is a painful bout of rashes and blisters caused by the chickenpox virus, according to the U.S. National Institute of Neurological Disorders and Stroke. If you've had chickenpox, you face a significant risk for eventually developing shingles.

Nearly all Americans 40 and up carry the dormant chickenpox virus, or varicella-zoster virus. That, said Fonarow, means that "almost one in three adults in the U.S. will develop shingles at some point in their lifetime."

However, Yang and his colleagues noted that overall shingles risk drops by about half with vaccination.



Given that most shingles patients are at least 50, the CDC recommends all adults 50 and older get the shingles vaccine.

Yang's team concluded that vaccination also reduced the risk for clot-induced (ischemic) stroke by about 18%, while cutting the risk for a bleeding (hemorrhagic) stroke by roughly 12%. Stroke protection was found to be particularly strong among patients between 66 and 79.

But why would a vaccine focused on reducing shingles risk also protect against stroke?

According to Fonarow, the answer may have to do with inflammation.

"Prior studies have shown that adults developing shingles have a greater risk of heart attack and greater risk of stroke," Fonarow said. "This increased risk is greatest within the first 12 months of developing shingles, and decreases over time. The inflammatory response to shingles has been thought to account for this increase in heart attack and stroke."

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MEDICAL MILESTONES IN HISTORY



1924

Dr. Hans Berger, a German psychiatrist, made the first electroencephalography (EEG) recording



1963

Dr. Arnold Kadish developed the first insulin pump prototype that was worn as a backpack



1993

Dr. David Gow led the surgical team that attached the first bionic arm at Margaret Rose Hospital in Edinburgh, UK

www.RegencyPk.com www.facebook.com/RegencyParkSeniorLiving So it stands to reason that a vaccine that can prevent shingles from taking hold might also prevent a shingles-provoked stroke.

There are some caveats, however. For one, the vaccine used was Zoster Vaccine Live. Introduced in 2006 with the brand name Zostavax, it is no longer the vaccine of choice. A newer vaccine -- the Adjuvanted, Non-Live Recombinant Shingles Vaccine (brand name Shingrix) -is more effective and is the CDC's preferred choice. But Yang's study was completed before the 2017 introduction of Shingrix. So follow-up research will need to look into whether the new vaccine also appears to lower stroke risk.

The findings are scheduled for presentation Feb. 20 in Los Angeles at the American Stroke Association International Stroke Conference. Research presented at meetings is usually considered preliminary until published in a peer-reviewed medical journal.

To Avoid Falls, Check Your Balance

By Len Canter

Bad balance is a common cause of dangerous falls, especially among older adults. Falls send more than 2 million adults to the emergency room every year and often result in lengthy rehab stays.

Preventing falls is a priority for staying healthy and preventing painful broken bones as you age. Easy strength and balance exercises that you can do anytime, anywhere, such as tai chi and yoga, can help you stay steady on your feet.

But first it's important to know how good (or lacking) your balance is. Grab a friend or loved one, a sturdy chair and a stopwatch to check your balance with a quick test called the single leg stance. It basically involves standing on one leg, and doctors use it to predict who might be at risk of falling.

Stand barefoot in front of the chair but don't touch it. Cross your arms. Lift one leg up off the floor and start the timer. As you feel yourself start to sway, immediately steady yourself with the chair and stop the timer.

Here are the average times that indicate good balance when you stand on one leg based on age:

- Ages 18-39: 43 seconds for men and women
- Ages 40-49: 40 seconds for men and women
- Ages 50-59: 36 seconds for women, 38 for men



- Ages 60-69: 25 seconds for women, 28 for men
- Ages 70-79: 11 seconds for women, 18 for men
- Ages 80-99: 7 seconds for women, 5 seconds for men

If you become unsteady before your specific time, talk to your doctor. Illness, medication and even footwear can throw you off balance. Together, you and your doctor can find solutions.

You can improve your balance by practicing the one-leg stance, but as a training exercise, hold onto a chair and don't let go. Lift one leg for 15 seconds, rest and repeat three times, then switch legs. The stronger your lower body, the steadier you'll be on your feet.

For safety reasons, always have someone with you when trying a balance exercise for the first time. Or consider a group balance class. Many community centers offer fun fitness programs to help adults prevent falls.

Cancer Drug Shows Promise for Parkinson's Patients

By Steven Reinberg

A drug used to fight chronic myeloid leukemia might also relieve symptoms of Parkinson's disease, a new study finds.

In a phase 2 clinical trial, researchers found that the drug nilotinib (brand name: Tasigna) increased production of dopamine and halted decline in motor function. It was well-tolerated by most participants.

"We found that nilotinib is reasonably safe using doses 25% to 50% lower than the cancer dose," said lead researcher Dr. Charbel Moussa, an associate professor of neurology at Georgetown University in Washington, D.C.

"We also discovered that nilotinib increases the level of a brain chemical called dopamine that is lost or reduced in Parkinson's disease," he said.

Nilotinib also lowers levels of toxic proteins that lead to the slow death of dopamine neurons in the brain, Moussa said.

"After one year of treatment, the nilotinib group was stable and did not decline on both motor and non-motor clinical scales," he said.

Patients in the trial continued to take their regular medication, which may have affected how well nilotinib worked, Moussa said. It now needs to be studied independently for at least year, he added.

"These data are a green light to study nilotinib in a larger phase 3 trial to finally validate its clinical effects," Moussa said.

Parkinson's disease is a brain disorder that leads to shaking, stiffness and difficulty with walking, balance and coordination.

It occurs when nerve cells in a brain area that controls movement die. When they die, less dopamine is made, which causes the Parkinson's symptoms.

For the research, 75 Parkinson's patients were assigned to take either a placebo, 150 milligrams (mg.) of nilotinib, or 300 mg. of nilotinib. The study was double-blind, which meant neither



patients nor scientists knew which medication was given.

Patients continued the regimen for 12 months, followed by three months in which they took neither placebo nor nilotinib.

In all, 88% finished the trial. Of those taking nilotinib, nine quit before the trial ended, two because of severe side effects, researchers said.

The drug carries a U.S. Food and Drug Administration (FDA) black-box warning, because it has been linked to sudden death at higher doses due to blocking of Abl tyrosine kinase, a protein needed for cellular function. Moussa said this doesn't appear to occur at the lower doses given in the trial.

His team also found that patients taking nilotinib had lower levels of two toxic proteins common in people with Parkinson's. Alpha-synuclein was reduced 20% and tau, 30%.

At the same time, levels of dopamine metabolites increased more than 50%. This suggests that getting rid of these toxic proteins increases effectiveness of the patient's dopamine.

Some patients taking nilotinib reported having better motor function and improved quality of life, researchers said.

They reported their findings online Dec. 16 in the journal JAMA Neurology. But the co-author of an editorial published with the study said he doesn't think the findings warrant a phase 3 trial. He considers the drug too toxic for Parkinson's patients.

"The data does not support future demonstration of clinical efficacy and the changes in biomarkers are questionable," said Dr. Alberto Espay, a professor of neurology at the University of Cincinnati Gardner Center for Parkinson's Disease and Movement Disorders. "This attempt to repurpose nilotinib for the treatment of Parkinson's appears futile."

Another recent trial of nilotinib for treatment of Parkinson's disease (NILO-PD) found no clinically meaningful benefit for patients.

Espay pointed out that in this current trial, those who took the 300 mg. dose experienced a worsening in activities of daily living, as well as motor and mental function.

"The implication is that the justification for a phase 3 trial is tenuous at best, and with the recent announcement of the negative competing trial NILO-PD, to be discouraged," he said.

Funding for the trial came from a variety of sources. Georgetown University holds the patent for use of nilotinib to treat certain neurodegenerative diseases.

Novartis, the maker of nilotinib, provided the drug and the placebo for free.

By Robert Preidt

It's no yolk: Americans for decades have gotten dietary whiplash from the back-and-forth science on whether eggs are good for them.

But a major new study will have many egg-lovers relieved: You can enjoy an egg a day without having to worry about your heart.

"Moderate egg intake, which is about one egg per day in most people, does not increase the risk of cardiovascular disease or mortality even if people have a history of cardiovascular disease or diabetes," said study lead author Mahshid Dehghan. She's an investigator at the Population Health Research Institute (PHRI) of McMaster University in Hamilton, Canada.

The study, which analyzed data on more than 177,000 people, was funded by various provincial government health agencies in Ontario, and nonprofit groups focused on heart health. It received no funding from the egg industry.

Dehghan's group pored over data from three large, long-term international studies, all conducted at the PHRI. The three studies involved people with various income levels living in 50 countries on six continents, so the results are widely applicable, the researchers said.

Most of the people in the studies had one or fewer eggs a day, suggesting that this level of consumption is safe, Dehghan said.

"Also, no association was found between egg intake and blood cholesterol, its components or other risk factors," she said in a McMaster news release. "These results are robust and widely applicable to both healthy individuals and those with vascular disease."

Eggs are an inexpensive source of essential nutrients, but some nutritional guidelines have advised that people should limit intake to fewer than three eggs a week, due to concerns they increase the risk of heart disease. But as study principal investigator Salim Yusuf pointed out, prior studies about eggs and health have yielded conflicting findings.

"This is because most of these studies were relatively small or moderate in size and did not include individuals from a large number of countries," Yusuf said in the news release. He directs the PHRI.

Two U.S. experts in nutrition and heart health agreed that maybe it's time -again -- to give eggs a break.

"The case of eggs causing heart disease has been cracked -- Humpty Dumpty can remain on the wall," said Dr. Guy Mintz, who directs cardiovascular health at the Sandra Atlas Bass Heart Hospital in Manhasset, N.Y. "This very large study has clearly demonstrated that people can have one egg a day without any cardiovascular consequences."

Mintz believes eggs are a good source of many nutrients, and he stressed that no deleterious effect was seen, even in people who already had heart disease or were taking medications.

Audrey Koltun is a registered dietitian in the division of pediatric endocrinology at Cohen Children's Medical Center in Lake Success, N.Y. She said, "I am so happy to hear that eggs are not the bad guys anymore."

The nutritional value of eggs is a constant question from her clients, Koltun said, and "the answer has always been complicated because previous research on this topic has been conflicting."

Eggs do have high cholesterol levels, she said, but they are also very nutritious in other ways.

"They have many essential vitamins and minerals as well as they contain very high-quality protein," Koltun said. "The egg white contains most of the protein; the yolk contains iron, phosphorus, fat-soluble vitamins including vitamin D, B vitamins, healthy fat, and other valuable nutrients."

Besides all that, eggs are "inexpensive, are not processed or have added sugars or added food dyes, preservatives, artificial flavors," she noted. "Now with science backing me up, I can now answer the question about eggs."

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