



# REGENCY PARK SENIOR LIVING

INDEPENDENT LIVING | ASSISTED LIVING | MEMORY CARE

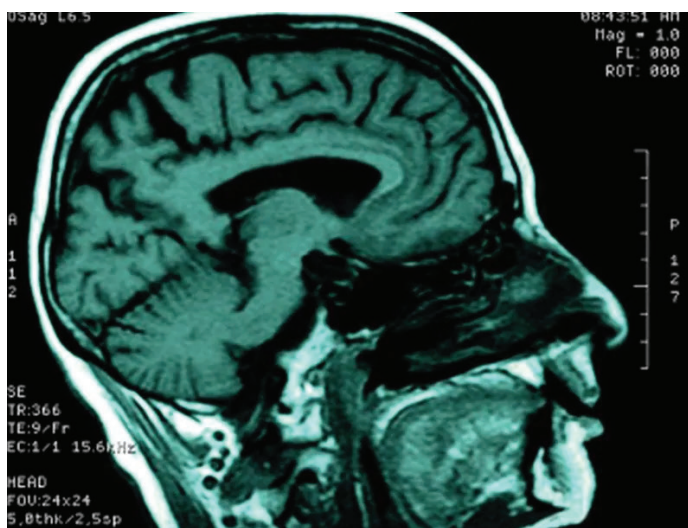
WELLNESS REPORT

## Could Gene Therapy Stem the Damage of Parkinson's?

By Robert Preidt

It may be possible to protect Parkinson's patients' brains from further damage by turning off a "master regulator" gene, researchers report.

"One of the biggest challenges in treating Parkinson's, other than the lack of therapies that impede disease progression, is that the disease has already laid waste to significant portions of the brain by the time it is diagnosed," said researcher Viviane Labrie, an associate professor at the Van Andel Institute, in Grand Rapids, Mich.



"If we can find a way to protect critical brain cells from Parkinson's-related damage early on, we could potentially delay or even prevent symptom onset," she suggested in an institute news release.

Labrie and her colleagues compared the brains of Parkinson's patients and people without the neurodegenerative disease and found that a master regulator gene called TET2 was overactive in the brains of those with Parkinson's. That resulted in a heightened immune response and reactivation of the cell cycle.

While restarting the cell cycle is normal for many types of cells, it's deadly for brain cells, the study authors explained.

The researchers also found that reducing TET2 activity in mouse brains protects brain cells from inflammatory damage and the resulting neurodegeneration seen in Parkinson's disease patients.

These and other findings suggest that lowering TET2 activity could provide a new way to preserve brain cells in Parkinson's patients, according to the authors of the study published Aug. 17 in the journal *Nature Neuroscience*.

For example, reducing TET2 activity might be used after a patient has a major inflammatory event, such as an infection, to relieve residual inflammation without interfering with its normal, healthy role in the body.

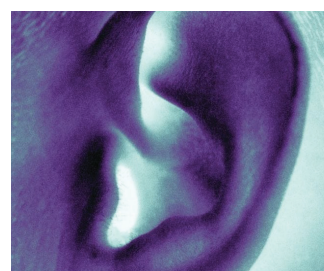
"Parkinson's is a complex disease with a range of triggers. Temporarily reducing TET2 activity could be one way to interfere with multiple contributors to the disease, especially inflammatory events, and protect the brain from loss of dopamine-producing cells," Labrie said.

"More work is needed before a TET2-based intervention can be developed, but it is a new and a promising avenue that we already are exploring," she concluded.

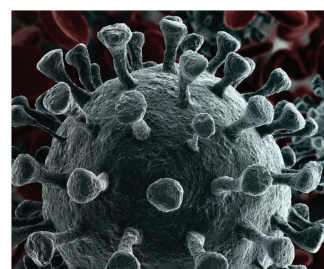
### INSIDE



**Telemedicine Is Here: Experts Offer Tips for Seniors . . . . . 2**



**Two Common Nutrients Might Keep Vertigo at Bay . . . . . 3**



**Another COVID Hazard: False Information. . . . . 4**

### PLUS

**MEDICAL MILESTONES  
IN HISTORY**



## MEDICAL MILESTONES IN HISTORY



**1846**

Sulfuric ether was first used as anesthesia for surgery at Massachusetts General Hospital by dentist William T.G. Morton and surgeon John Warren



**1945**

The first influenza vaccine was approved for military use in the United States and in 1946 it was approved for civilian use



**1981**

Doctors from Mass General, MIT and Shriners' Burns Institute create the first artificial skin from living cells for burn victims

[www.RegencyPk.com](http://www.RegencyPk.com)  
[www.facebook.com/RegencyParkSeniorLiving](https://www.facebook.com/RegencyParkSeniorLiving)

# Telemedicine Is Here: Experts Offer Tips for Seniors

By Amy Norton

Virtual medical visits have been invaluable for many during the COVID-19 pandemic, but older adults may still need help managing them -- especially if they are hard of hearing.

That's according to doctors at Johns Hopkins University, in Baltimore. Writing in the Aug. 11 *Annals of Internal Medicine*, they offer some practical advice on navigating "telemedicine."

First and foremost, they say, it should be assumed that any older adult will have some difficulty hearing during a virtual visit. Hearing loss is very common: About half of Americans older than 75 have some difficulty with hearing, according to the U.S. National Institutes of Health.

Yet those hearing issues have not necessarily been diagnosed.

"Many people don't even realize they have hearing loss," said Dr. Carrie Nieman, of the Cochlear Center for Hearing and Public Health at Johns Hopkins.

But the issue may come to the fore, she said, when older patients have a telemedicine visit. The volume or quality of the sound -- whether over the phone or Zoom -- can present a problem, as can the lack of in-person visual cues.

One way to manage, Nieman said, is for both doctors and patients to use headphones or a headset -- which amplify sound and drown out background noise. "You can get fairly inexpensive ones," she noted.

A video visit is preferable to a phone call, Nieman said, since it allows doctors and patients to see each others' expressions and gestures. And that visual information can give doctors an idea of whether a patient is understanding what's being said.

But the reality is, not all older adults have the devices or internet access needed for video-conferences. Other times, there are privacy concerns: "Some patients don't want you to see their home," Nieman said.

All of those issues are more likely to be barriers for low-income seniors. Doctors need to be aware of that, Nieman said, and -- even though video is ideal -- ask patients what type of telemedicine visit they prefer.



It's true that many telemedicine visits during the pandemic have been by phone call, according to Dr. Ateev Mehrotra, an associate professor of health care policy at Harvard Medical School, in Boston.

Many patients are used to phone calls being a courtesy, he pointed out. So one issue that has come up is money: Patients are often surprised, and unhappy, to get a bill for a telemedicine visit done by phone.

However, telemedicine -- which has been around for decades -- is here to stay. It grew to a "staggering" degree during the pandemic, Mehrotra said, and "we can't go back."

Old-fashioned medical visits will never be replaced, he stressed, and as doctors' offices have reopened in recent months, telemedicine visits have declined. But Mehrotra expects that going forward, around 8% of doctor visits will be of the remote variety.

That means it's important to keep improving the quality of those interactions, according to Nieman. Along with using headsets whenever possible, she said, doctors should make sure they are in a well-lit area for video visits -- and use captioning options for all patients by default.

According to Mehrotra, doctors sometimes have to act as technology specialists, instructing patients to "unmute" or adjust the volume on their devices.

**Continued Page 3**



But basic communication skills are always key, according to Nieman: Doctors should speak slowly and clearly, look for visual cues that their patients are having trouble hearing or understanding, and see if patients can "teach back" the information they were just given.

And patients should not be afraid to speak up about any communication issues.

"You can ask your doctor to slow down, or to say things a different way if you're not understanding," Nieman said.

Families can also be a big help, she said. That can mean helping older relatives set up the technology, and figure out details like lighting and camera position. But they may also want to be there for the appointment, Nieman said.

According to Mehrotra, that has been one of the pluses of telemedicine visits: Older patients have been able to include their adult children on visits, regardless of where they live.

## Two Common Nutrients Might Keep Vertigo at Bay

By E.J. Mundell

Taking in extra vitamin D plus calcium might cut your odds of getting a debilitating form of vertigo, new research shows.

The Korean study focused on benign paroxysmal positional vertigo (BPPV), a sudden spinning sensation that's commonly triggered by changing your head position. According to the study authors, about 86% of people who have this type of vertigo find that it affects their life, even resulting in missed days at work.

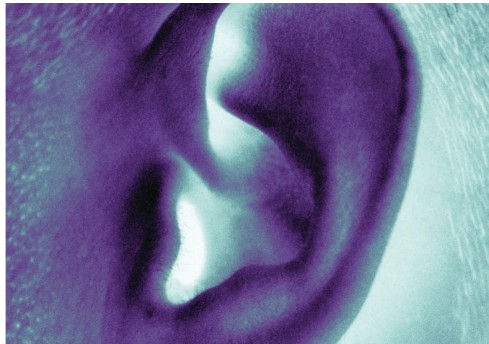
Often, the condition can be remedied by undergoing a specific type of head movement under a doctor's supervision, according to researcher Dr. Ji-Soo Kim, of Seoul National University College of Medicine.

But the new findings now suggest that for folks with BPPV, "taking a supplement of vitamin D and calcium is a simple, low-risk way to prevent vertigo from recurring," he said in a news release from the American Academy of Neurology.

Kim added that the treatment "is especially effective if you have low vitamin D levels to begin with."

One U.S. expert said the study adds to prior data supporting the therapy.

The study "represents the best evidence to date that a simple over-the-counter treatment of this common condition affecting adults over the age of 50 is safe and effective," said Dr. Anthony Geraci. He directs neuromuscular medicine for Northwell Health in Great Neck, N.Y.



In their study, Kim's team recruited more than 900 people with BPPV. Participants were divided into two groups. In the first group, those with low vitamin D levels (below 20 nanograms per milliliter) were given supplements with 400 international units of vitamin D and 500 milligrams of calcium, twice daily, while those with healthier vitamin D levels (equal to or greater than 20 ng/mL) were not given supplements.

The second group was not given supplements regardless of their vitamin D levels.

The result: People taking the supplements experienced a 24% reduction in their rate of vertigo compared with those not taking supplements, the researchers found.

The greatest benefit was seen in those who were more deficient in vitamin D to begin with. People whose vitamin D levels were lower than 10 ng/mL saw a 45% reduction in vertigo recurrence, while those with vitamin D levels of 10 to 20 ng/mL saw only a 14% reduction, the researchers found.

In all, 38% of people who took vitamin D/calcium experienced another episode of vertigo, compared with 47% of those who weren't taking them.

"Our results are exciting because, so far, going to the doctor to have them perform head movements has been the main way we treat benign paroxysmal positional vertigo," Kim said. "Our study suggests an inexpensive, low-risk treatment like vitamin D and calcium tablets may be effective at preventing this common, and commonly recurring, disorder."

Geraci noted there are already good reasons to get more vitamin D and calcium into your diet.

"The beneficial effects of vitamin D and calcium supplementation have previously been shown to improve cardiovascular health, bone health and reduction in fractures due to falls in the elderly," he noted.

Dr. Sami Saba is a neurologist at Lenox Hill Hospital in Great Neck, N.Y. He said that "the standard treatment for BPPV is a repositioning maneuver that puts the crystals in the inner ear that have been displaced back where they belong."

However, Saba added, "the symptoms often recur after such a maneuver, and until now there hasn't been any proven treatment to prevent recurrence."

Vitamin D plus calcium might change all that, Saba said -- and there's logic behind the treatment.

"The inner ear crystals, or otoconia, are partially made of calcium carbonate, and vitamin D is essential for calcium metabolism, so the mechanism of the treatment makes sense," he said.

# Another COVID Hazard: False Information

By Steven Reinberg

Be careful that the COVID-19 information you're getting is accurate and not opinion masquerading as the real McCoy, says the American College of Emergency Physicians.

Watch out for bold claims and instant cures touted on social media or by friends. Get health and medical information from experts like the ACEP and the U.S. Centers for Disease Control and Prevention, the physicians' group says.

"A troubling number of purported experts are sharing false and dangerous information that runs counter to the public health and safety guidelines endorsed by ACEP and the nation's leading medical and public health entities," said Dr. William Jaquis, president of the college.

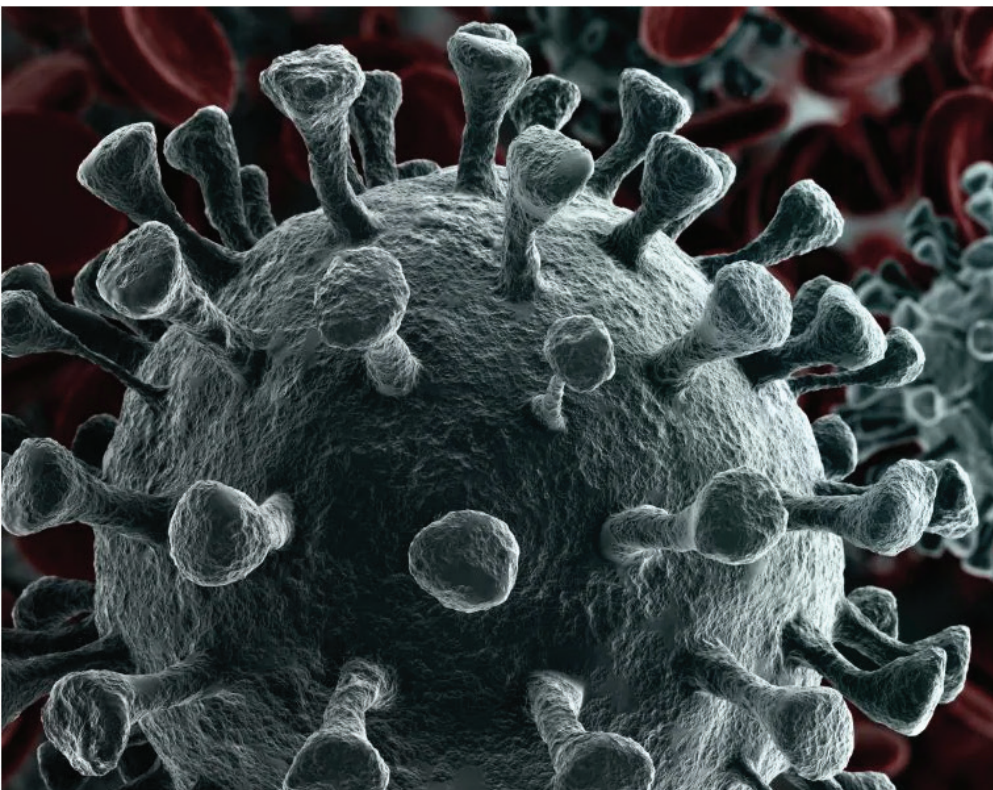
"This kind of misinformation can not only be harmful to individuals, but it hinders our nation's efforts to get the pandemic under control," he added in a college news release.

You should know that there is no cure or vaccine for COVID-19. Scientists keep learning more about the virus and how to treat it. COVID-19 can be spread by anyone -- even people who don't think they're infected.

About 40% of those infected don't have symptoms, but can spread the virus. The virus isn't harmless, and its long-term effects are still being studied.

Without a cure, the best defense is making smart choices and safe behaviors, the college says.

"There are still many questions about COVID-19, but we know these three simple steps offer the best protection that we have until a vaccine is developed: cover your face, wash your hands frequently and practice social distancing," Jaquis said.



## REGENCY PARK SENIOR LIVING WELLNESS REPORT



**PUBLISHED BY:**

**REGENCY PARK  
SENIOR LIVING, INC.**

Copyright © 2019 HealthDay.  
All rights reserved.

**For More Information, Contact:**

**Regency Park Senior Living, Inc.**  
Randi Cohen - Editor  
626-773-8800

[www.RegencyPk.com](http://www.RegencyPk.com)  
[www.facebook.com/RegencyParkSeniorLiving](https://www.facebook.com/RegencyParkSeniorLiving)

**Senior Living Pasadena Style<sup>SM</sup>**

### The Fair Oaks by Regency Park

Independent and Assisted Living  
951 S. Fair Oaks Avenue  
Pasadena, CA 91105  
626.817.6451  
Lic. 197604266

### Regency Park Astoria

Assisted Living and Memory Care  
925 E. Villa Street  
Pasadena, CA 91106  
626.817.6503  
Lic. 197607820

### Regency Park Oak Knoll

Assisted Living and Memory Care  
255 S Oak Knoll Avenue  
Pasadena, CA 91101  
626.817.6449  
Lic. 191200037

### The Villas by Regency Park

Independent Living  
539 N. Mentor Avenue  
Pasadena, CA 91106  
626.817.6412