

Your Head in the Clouds

Brain Fog with Parkinson's Disease

Parkinson's Society of BC

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Agenda


- * What is Brain Fog? How do we define it?
- * A symptom with many contributing factors
- * How we try to determine what is causing the brain fog
- * Discuss compensatory and adaptive strategies
- * General wellness and overall brain health

“Brain Fog”

- * “fuzzy thinking”
- * “unable to feel sharp in their thoughts”

- * **the inability to have a sharp memory or to lack a sharp focus.** You just really feel like you’re not yourself and you’re unable to think clearly.



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- * A description of a symptom
 - * **caused by various lifestyle choices and behaviours, medications, other medical conditions**
 - * Poor diet, [sleep](#) disorders, infections, altered mood, inactivity, chronic stress
 - * Diabetes, thyroid condition, low iron, heart disease, excess weight

“Fatigue”

- * 1/2 PD patients report fatigue with 1/3 indicating it is most debilitating symptom
- * Exhaustion, lack of energy. Not improved by rest
- * **Physical**-deeply tired/weary. Unable to do things. No energy
- * **Mental**-difficult to think , focus or concentrate
- * Overlaps many other symptoms

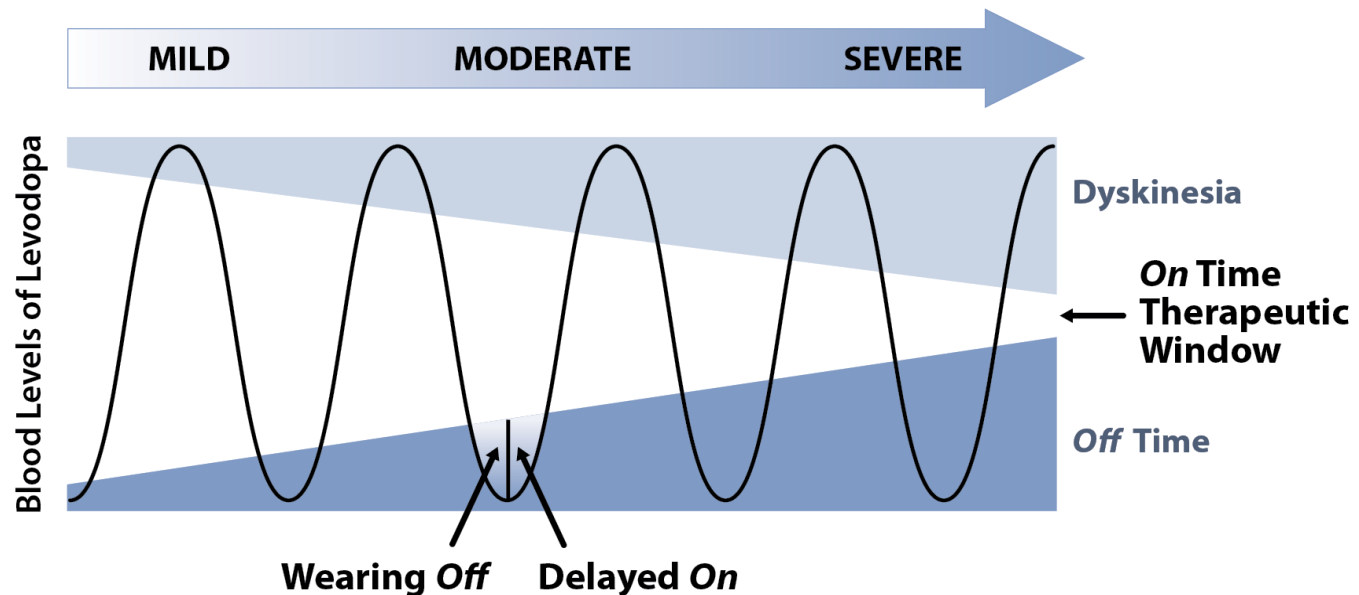


Causes of Fatigue

- * Medications
- * Sleep issues
- * Mood alterations-Depression/Anxiety/Apathy
- * Cognitive deficits
- * Deconditioning
- * Other health conditions

Effects of Medications

* Levodopa-ON/OFF phenomena



Advanced therapies

* DBS



* Duodopa



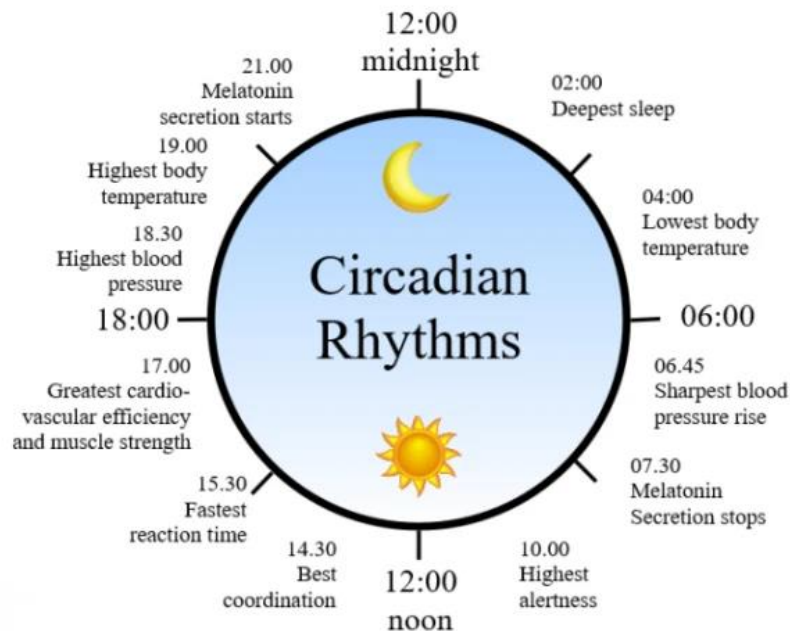
Medications cont'd

- * Dopamine agonists – sleep attacks, compulsive behaviors, anti-depressant properties
- * Amantadine-stimulant
- * Antidepressants/anxiolytics
- * Sedatives, pain medication, beta blockers
- * What else are you taking?? Medication review

Sleep issues

- * Very common
- * Can occur any time-often precedes diagnosis by many years
- * REM sleep behavior disorder
- * Difficulty falling asleep
- * Difficulty staying asleep – insomnia
- * Sleeping too much – often in more advanced situations
- * Cognitive symptoms- sun downing, agitated, wandering, hallucinating

- * Changes in parts of the brain that regulate sleep. Primary sleep-wake cycle is dysregulated leading to fragmented sleep patterns





* Result is daytime sleepiness and fatigue, reduced mental clarity

* Other disrupters:

- difficulty turning in bed

- return of PD symptoms- tremor, rigidity, restlessness, dystonia, thermoregulatory symptoms, dysregulated mood

- need to go to the bathroom frequently

- sleep apnea

- stress

Improve Sleep

- * Medications- melatonin, clonazepam, antidepressants
- * Maximize management of PD symptoms by adjusting medications
- * Good sleep hygiene
- * Satin sheets, pyjamas, bed rails
- * Exercise, sunlight , avoid late naps, stimulation
- * Psychological stress



Mood Changes


- * Depression, anxiety and apathy
- * No joy in life, feel tired, constant worry, panic attacks, loss of interest in things you used to enjoy, difficulty focussing and concentrating on things
- * Affects 30-60% of patients
- * Any time during the course of the disease as well as before motor symptoms appear
- * Due to adjusting to the diagnosis but also overall changes in brain functioning
- * A feature of wearing off

Mood Boosters

- * Medication-PD and mood stabilizers
- * Counselling, Psychiatry
- * Meditation, biofeedback, yoga, Cognitive Behavioural therapy
- * Social activities, support, volunteer
- * Exercise, sunlight and fresh air, healthy eating
- * **One of the more common causes of cognitive complaints relate to altered mood**

Cognitive changes

- * Changes the ability to maintain attention, think clearly , remember things, slowing of thought
- * Increases with age and disease duration-Mid-later stages of the disease
- * Memory/thinking problems (dementia) OR hallucinations/delusions
- * Fluctuates with medication ON/OFF cycle
- * Exacerbated by some PD treatments and even levodopa
- * Can be other underlying pathology contributing to cognitive dysfunction – head injuries, stroke or vascular damage

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- * 40% of people over 65 experience some memory loss
 - * Considerable variation in the specific cognitive functions over time and per the individual
 - * Consider other contributing factors to cognitive changes
 - * In general, cognitive changes that are concerning interfere with day to day function, independence, are a concern of others around you and less apparent to the individual themselves
 - * **How are you functioning in relation to your peer group??**
 - * **Is safety a concern??**

Managing cognitive problems

- * Manage PD symptoms-sleep and mood issues
- * Treatment specific medications-rivastigmine, donepezil
- * PD medication adjustments
- * Cognitive exercise
- * Timing of activities/events
- * Practical strategies
- * Caregiver support

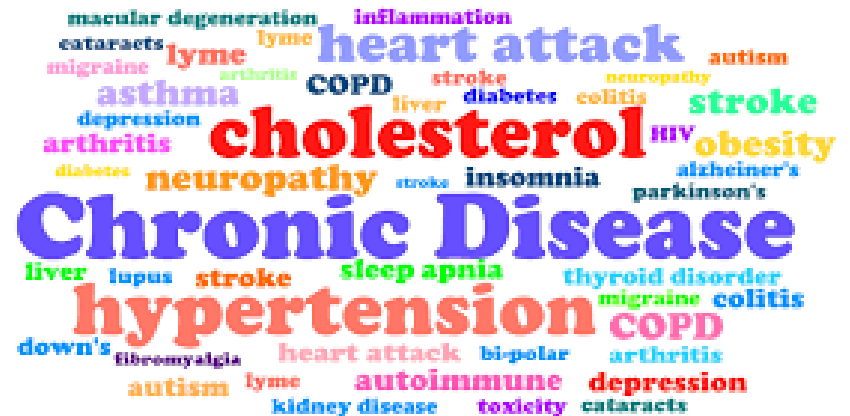



Decreased activity levels

- * Increased difficulties/challenges walking, moving
- * Reduced activity levels-with or without apathy
- * Caregiver stress, relationship stress
- * Deconditioning
- * Reduced brain perfusion, decreased stimulation
- * Increased fatigue and slowed cognitive function
- * **Exercise, participate, encourage visitors, elicit help**

Other Health Conditions

- * Commonly diagnosed after age 60, increases in incidence with age
- * Vascular disease, diabetes, thyroid problems, low iron
- * Medication side effects
- * Orthostatic hypotension, chronic pain
- * Sleep apnea



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- * Manage other underlying medical conditions
 - * Healthy blood pressure, blood sugar
 - * Medication review-substitute, alter timing, simplify
 - * Exercise
 - * Healthy eating
 - * Drink water

Brain Wellness

- * Control Blood pressure
- * Be smoke free
- * Alcohol in moderation
- * Healthy eating
- * Adequate rest
- * Organization
- * Plan ahead
- * Be kind to yourself and others



Summary

- * Brain fog is a common symptom in PD
- * There are many other things that can contribute to brain fog
- * Many medical and practical solutions
- * Fluctuates with med cycle
- * Exercise is important

