

senior advantage

SUMMER 2017



MICHELLE JACKSON *survives a* **STROKE**

How awareness
is saving lives

INSIDE:

Recognizing the early
signs of dementia

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Learning to live with
Parkinson's disease



IN THIS ISSUE

- 4** **COULD I HAVE DEMENTIA?**
New study identifies proteins linked to dementia
- 6** **ASK THE DOCTOR**
The importance of advance care planning
- 7** **"I SURVIVED A STROKE!"**
Michelle Jackson was in the right place at the right time



From the **CEO**

The long days of summer are often full of opportunities to get more exercise and move around a bit more than we can in the cooler months. Maintaining healthy bodies is an important part of aging well, but staying tuned in to the state of our minds is also essential.

In this issue of *Senior Advantage*, you'll discover how our brains let us know what's going on – in ways both subtle and profound. We share advice regarding neurological conditions which progress slowly, as well as a story of the rapid and successful treatment for one of our own employees who suffered a stroke.

Whether in your critical moments or while preparing for the future, GW Hospital's internationally recognized neurosciences team and Comprehensive Stroke Center are committed to partnering with you each step of the way. You will learn how we do just that on the pages that follow.

I hope that the advice and these stories will help you in your journey to good health. Please know that we are here to care for you, in whatever ways that may be, for many summers to come.



Kimberly Russo

Chief Executive Officer/Managing Director



OUTPATIENT *Stroke Support Group*

Our monthly meeting guides, educates and supports stroke survivors and their caregivers through the disease process. We discuss problems, concerns, and methods for coping, and provide access to resources.

The group meets the fourth Thursday of every month, 1:30 - 2:30 p.m.
2131 K Street NW, Suite 450 • Conference Room • Washington, DC

For more information, contact Brianne Altavas at 202-715-4977, or Kristen Fiackos at 202-715-4971.

Living with **Parkinson's disease**

The Parkinson's Disease and Movement Disorders Program offers education, treatment and compassion



Parkinson's disease is a disorder of the central nervous system. It is caused in part by deterioration of nerve cells that produce dopamine. These nerve cells support areas of the brain that control movement.

No specific test for diagnosis

Parkinson's starts slowly and does not affect everyone the same way. Symptoms can include tremors; slow or limited movement; stiff, achy muscles; difficulty with walking; and balance. To detect the disease, doctors review your medical history and conduct a neurological exam, which includes observation of movement, balance, repetitive movements or tremors. In some circumstances, your doctor may order a brain scan and blood tests to rule out other conditions. There is no cure for Parkinson's disease; however, there are several medications, as well as non-medication therapies that can help improve symptoms and quality of life. Surgical options, such as deep brain stimulation, may be a possibility for some patients.

Multi-disciplinary specialty care

Aviva Ellenstein, MD, PhD, and Pritha Ghosh, MD, Assistant Professors and Co-Directors of the Parkinson's Disease and Movement Disorders Program at GW MFA Department of Neurology, say the program integrates best practices, evidence-based medicine and multi-disciplinary team-based care. "We are dedicated to educating our patients about all treatment options, and we believe collaborative care helps our patients have the best quality of life," says Dr. Ellenstein. ■

For more information on Parkinson's disease and other neurological disorders, visit www.gwhospital.com/neuro. To find a doctor, call 1-888-4GW-DOCS (449-3627).


How does Deep Brain Stimulation (DBS) work?

DBS uses an electrical device that acts like a pacemaker for the brain. The electrical stimulation appears to correct the abnormal circuit of electrical activity in the brain that causes abnormal movements. It does not cure the disease or replace the need for medications, but in the right patient, it can significantly improve function.

Not all people living with Parkinson's disease are candidates for DBS. Dr. Ghosh explains it's considered for a patient whose tremor isn't sufficiently responsive to medication or if the patient has developed motor complications. In the right patient, DBS can be an extremely effective treatment.

RECOGNIZING AND DIAGNOSING DEMENTIA *at the earliest sign*

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New study available for patients with dementia



As people get older, they realize that their brain doesn't function the way it used to and they start to forget things, all of which is considered normal. >

However, to some, it can be alarming. Christina Prather, MD, Assistant Professor of Medicine, Geriatrics and Palliative Medicine, says just because you start forgetting things, it doesn't mean you have dementia. "We have patients in their 50s who think that because they are starting to forget things, they have dementia. But there are many factors that contribute to memory loss, including depression, lack of sleep, sleep apnea, metabolic issues, anxiety, vitamin deficiencies, or medication side effects that have accumulated over time," she says. "The person should have a full evaluation to help determine the cause or causes and identify any possible interventions."

Is it dementia?

There are many different types of dementia, and Alzheimer's disease is just one example. "If someone has memory loss that is severe enough to interfere with daily living, or they can't find words to speak or don't recognize family, they should be evaluated," says Dr. Prather. "It is critical to recognize and share these symptoms with your doctor at the earliest signs of impairment."

While there is no specific test that indicates dementia, doctors can make a diagnosis based on medical history, blood work, a physical exam and a cognitive assessment. A PET scan may also be ordered. This non-invasive, painless scan is able to detect plaques in the brain characterized by Alzheimer's and some types of dementia.

To participate in the IDEAS Study, patients must be 65 years of age or older, be a primary Medicare or Medicare Advantage program participant, and have demonstrated cognitive deficits as determined by a specialist. For more information, please visit www.gwdocs.com/research/107.

Encouraging quality of life

Tania Alchalabi, MD, Assistant Professor of Medicine, Geriatrics and Palliative Care Physician, says neurodegenerative disorders are progressive, treatment is limited and there is currently no cure. "If dementia or Alzheimer's is confirmed, we develop a palliative care plan from the beginning to manage the symptoms and lower the risk factors that can make things worse. We also promote independence and guide the caregiver," she says. "The goal is to improve the quality of life while managing any discomfort."

Dr. Prather says their goal is to help people with dementia and their families overcome the challenges of dementia to live as well as possible for as long as possible. "There are many great resources available for patients and their caregivers, such as the American Alzheimer's Association website," she says. "People can still have a full quality of life, you just need to bring out the person who still lives inside the disease."

Study identifies proteins in the brain linked to dementia

A national study sponsored by the American College of Radiology is planning to enroll 18,000 participants. The purpose of the Imaging Dementia-Evidence for Amyloid Scanning (IDEAS) Study is to learn how PET scan images of the brain can help doctors narrow down a care and possible treatment plan for patients. The imaging is FDA-approved to identify the amyloid plaques in the brain. ■



UNDERSTANDING advance care planning

When it comes to discussing the care we receive if we become seriously ill, there are many options, which can be overwhelming. Geriatrician **Katalin Roth, MD**, shares some helpful advice on gathering information so you can be better prepared and feel more comfortable knowing you have a plan in place in the event of a health crisis.

What is an advance directive?

This is an opportunity to let your doctors and friends and family know how you feel about treatment options in case of severe illness. You would name an advocate (also known as a healthcare power of attorney) who can make medical decisions on your behalf if you are unable. You also create a living will, which details your preference of medical treatments, such as a feeding tube or ventilator, and acts as a guideline to properly manage your care.

If I choose not to be resuscitated, how will emergency responders know?

If you are seriously ill, or do not wish resuscitation, you and your doctor, or your proxy and your doctor, can sign a form. This lets emergency responders know that you only want care in the event of an injury that does not require resuscitation. For example, if you fall and break your leg, they will take you to the hospital for appropriate treatment.

What is a DNR, and do I need one?

A Do Not Resuscitate (DNR) form lets doctors know that you do not want CPR or life support in the event your heart stops or you stop breathing. Without this form, paramedics are required to attempt resuscitation. A DNR form does not prevent you from being treated for your condition, or receiving pain or other necessary medications. Speak with your doctor and make sure he or she and your power of attorney both have a signed copy.

How do I know which is the best option for me?

Your physician can advise you on what forms you need based on your end-of-life care decisions. Living wills, DNRs and other end-of-life documents are usually state-specific, and you may be advised to consult with an attorney. **Remember to involve your loved ones and caretakers in your decisions so your wishes are honored. ■**

To learn more about advance care planning, visit www.dc.gov, www.acpdecisions.org or www.theconversationproject.org for more information and form downloads.



“I survived a stroke, THANKS TO MY COWORKERS!”

– Michelle Jackson

Knowing the signs of possible stroke can mean the difference between life and death.

Michelle Jackson, a surgical technician at the George Washington University Hospital, was in the right place at the right time. On January 30th, she was working at the hospital and eating lunch when her speech started to slur. Knowing the symptoms of a possible stroke, Michelle’s colleagues determined that she needed immediate intervention.

They rushed Michelle to the catheterization lab, where doctors ran a CT scan and administered tPA, a medication that helps dissolve clots which are blocking blood flow. “I noticed results right away,” says Michelle. Neurosurgeon and Interventional Neuroradiologist Dimitri Sigounas, MD, says quick action and treatment within three hours of symptom onset is critical if someone is having a stroke. “The more time that passes without treatment, the more brain cells are lost,” he says.

As a Comprehensive Stroke Center (CSC), the goal is to have treatment initiated within 30 minutes of the patient’s arrival at the hospital. Dr. Sigounas says they are notified when a stroke patient is coming in, so the team has time to prepare and begin treatment right away. “Michelle was already here at the hospital, so her treatment was even quicker,” he says.

Michelle is grateful for her coworkers’ quick thinking and says they saved her life. “I had no brain damage, paralysis or vision loss. By the grace of God, I was in the right place at the right time,” she says. ■

To learn more about the Comprehensive Stroke Center, visit www.gwhospital.com/stroke.

Recognize these signs of stroke and act **FAST**



FACE: Ask the person to smile. Does one side of the face droop?



ARMS: Ask the person to raise both arms. Does one arm drift downward?



SPEECH: Ask the person to repeat a simple phrase. Is it slurred or strange?



TIME: is critical! If you see any of these signs, call 9-1-1 immediately.

If these symptoms appear, DON'T WAIT! Call 9-1-1 or seek medical attention right away.

“Brain Attack LVO” code provides faster care for stroke patients

A stroke, also known as a “brain attack,” occurs when the blood flow to the brain is cut off. Stroke Nurse Navigator Mary Cres Rodrigazo, RN, says a new code, “Brain Attack LVO” (Large Vessel Occlusion) alerts the interventional radiology team to prepare for a patient who needs a clot removed from a large vessel of the brain. “As a Comprehensive Stroke Center, we recognize there are several types of strokes and they should be treated differently,” says Mary. “The quicker we can treat the patient, the less brain damage they sustain.”

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