

Keep an Open Mind About CAM for Parkinson's

BY KERRI WACHTER
Senior Writer

WASHINGTON — Many patients with Parkinson's disease turn to complementary and alternative medicine therapies for the relief of symptoms. Keeping an open mind can help these patients get nontraditional treatments that actually may help them and at the very least won't harm them, said one expert speaking at the World Parkinson Congress.

"People are already using these therapies whether we doctors want them to or not," said Dr. Melanie M. Brandabur, medical director of the Parkinson's Disease and Movement Disorders Center at Alexian Neurosciences Institute in Chicago.

According to a 2001 study, 40% of Parkinson's disease (PD) patients use some form of alternative therapy, compared with 33% of adults without the disease. Vitamins, herbs, massage, and acupuncture were the most popular therapies among these patients (Neurology 2001;57:790-4).

Dr. Brandabur, also a professor of clinical neurology at the University of Illinois at Chicago, offered her thoughts on several popular CAM therapies:

► **Traditional Chinese medicine.** Traditional Chinese medicine seeks to maintain a balance between an organ (yin) and its activity (yang). Diseases are believed to result from disturbances in this balance, and treatment aims to restore balance. Modalities may include acupuncture, tai chi, and herbal medicines.

If patients want to explore traditional Chinese medicine, have them find a practitioner with the appropriate credentials. In general, encourage patients to seek out treatment from practitioners credentialed through the National Certification Commission for Acupuncture and Oriental Medicine. Alternatively, refer patients to conventionally trained physicians who are also trained in CAM.

► **Acupuncture.** Many patients who have experienced acupuncture report improvements in pain, stiffness, and dyskinesias. But the effect tends to wear off after a few days. A few small clinical trials of acupuncture for PD have been conducted, but so far, it has not been shown to offer any measurable benefit to affected patients.

► **Tai chi.** Tai chi is part of the Chinese qigong system of healing and is considered both a martial art and a medication technique. "Tai chi has been shown in study after study to help with various types of balance problems," Dr. Brandabur said. The slow side-to-side movements of tai chi—the sustained transfer of weight—"really seems to be invaluable for balance." Dr. Brandabur encourages her PD patients to practice tai chi if at all possible.

Recommend a well-trained instructor to patients or have them look for classes with words such as "senior" or "arthritis" in the title. Discuss health issues with patients prior to starting a class, so that they can talk with their instructor to explain physical limitations and any areas/functions that they would like to improve.

► **Ayurveda.** Ayurveda is an ancient Indian medicine that focuses on maintaining a mind-body balance. Ayurvedic practitioners determine a person's metabolic type and assess various pulse points and their relation to internal organs. Detoxification is accomplished through cleansing techniques; balance is restored with yoga and meditation.

One agent used in ayurvedic medicine is particularly interesting in the context of PD. *Mucuna pruriens* is a legume containing a levodopa-like substance. A few recent studies suggest that there may be an advantage of this substance over synthetic levodopa, in terms of decreased toxicity to the brain and neuroprotection.

There is no licensing board for ayurvedic practitioners. Ask local CAM practitioners if they can recommend a reputable ayurvedic medicine practitioner.

► **Yoga.** There have been no studies assessing the efficacy of yoga for improving PD symptoms. Many Parkinson's patients have trouble with full inhalation and exhalation, and the practice helps with breathing, Dr. Brandabur said.

Interested patients should enroll in beginning-level classes or classes aimed at those with physical limitations, taught by instructors who stress listening to one's body. Patients should discuss their limitations with the instructor before class.

► **Coenzyme Q10.** The antioxidant coenzyme Q10 was shown to slow the decline of mental and motor function in PD at a dose of 1,200 mg/day in a small study

(Arch. Neurol. 2002;59:1541-50). For patients who want to try coenzyme Q10, discuss the study limitations. Point out that no blanket recommendation exists for PD patients to take coenzyme Q10 but that if they are going to take it, go with a bigger dose (at least 1,200 mg/day).

► **Massage.** Neuromuscular therapy has shown some benefit to PD patients (J. Am. Osteopath. Assoc. 2005;105:26). Many types of massage exist; Dr. Brandabur advises her patients to try several.

"The tricky issue is getting it paid for," she said. An alternative medicine specialist might have a massage therapist in the office. In addition, some physical therapists are trained in massage. In these situations, massage therapy may be eligible for Medicare reimbursement. Another alternative is to look for a local, reputable school of massage therapy, which may offer reduced rates.

► **Herbal therapy.** Herbal therapies all have potential side effects. Encourage patients to keep you informed of everything they are taking—herbal therapies, over-the-counter supplements, and vitamins and minerals. "I try to keep an open mind. When a patient comes in with three agents, if I haven't heard of any one of them, I send to an alternative medicine practitioner to go over what they're taking and make sure it's safe," she said.

Dr. Brandabur recommended visiting www.integrativemedicine.arizona.edu/alum/index.html to find a physician trained in alternative medicine. ■

Antidepressants Appear to Bolster Executive Function After Stroke

BY DOUG BRUNK
San Diego Bureau

SAN DIEGO — Treatment with antidepressants improved executive function in patients who had a recent stroke, results from a 2-year study of 47 patients demonstrated.

The finding suggests that "modulation of the monoaminergic neurotransmission by chronic administration of antidepressants after stroke might have positive effects on the reorganization of neuronal networks associated with prefrontal functions," researchers led by Dr. Kenji Narushima wrote in a poster presented at the annual meeting of the American Neuropsychiatric Association.

The study was conducted because, while decline of executive function is common following stroke, "there is little empirical evidence of effective biological treatments to improve stroke-related executive dysfunction," the researchers wrote. "Antidepressants administered after stroke are known to prevent subsequent depression, improve activities of daily living, and reduce mortality independent of depression."

In a double-blind, placebo-controlled

study, he and his associates in the department of psychiatry at the University of Iowa College of Medicine, Iowa City, enrolled 47 patients who had had a stroke in the prior 6 months to receive 12 weeks of therapy with nortriptyline, fluoxetine, or placebo, followed by tests of executive function at 3 months and 2 years.

Tests of executive function included the Controlled Oral Word Association Test, the Wisconsin Card Sorting Test, and the similarities, digit span, and arithmetic subtests of the Wechsler Adult Intelligence Scale-Revised.

The researchers observed no significant effect on executive function between treatment and placebo groups at 12 weeks. However, at 2 years, patients in the placebo group showed worsening of executive function while those in the treatment group demonstrated clear improvement of executive function independent of depressive symptoms.

Specifically, the treatment group showed significant improvements on the Controlled Oral Word Association Test and the Wisconsin Card Sorting Test, compared with the placebo group. Scores from

the treatment group on the similarities, digit span, and arithmetic subtests of the Wechsler Adult Intelligence Scale-Revised, meanwhile, showed either improvement or resistance to worsening of executive function, but the differences did not reach statistical significance.

In an interview, Dr. Narushima said he expected the study to show that improvement of executive function would be re-

lated to improvement of depression. "But it didn't show that," he said. "Even the patients who didn't get depressed after the stroke improved on executive dysfunction. That's amazing to me."

He added that it remains unclear when the best time to start an SSRI in a stroke patient is and what the proper dose is. "We are trying to find that out," he said.

A larger study is being planned. ■



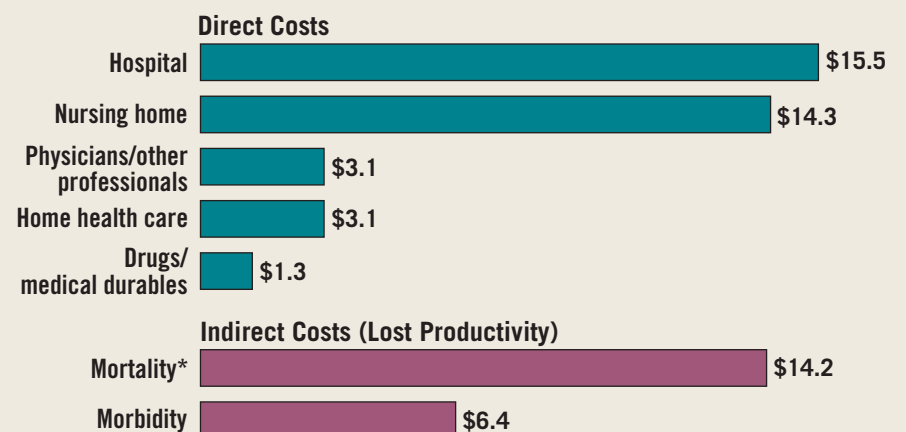
The best time to start a stroke patient on an SSRI and the proper dose remain unclear.

DR. NARUSHIMA

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DATA WATCH

Estimated Costs of Stroke for 2006 (in billions)



*Estimated loss in future earnings of persons who will die in 2006, discounted at 3%.
Source: American Heart Association