



PARKINSON NEWSLETTER

Winter 2020

Cognitive Evaluation in Parkinson's Disease

By Stephanie Assura, PhD, ABPP

Cognitive change can be a prominent feature of Parkinson's disease (PD). In fact, cognitive impairment is one of the most common non-motor symptoms in PD due, in part, to known neurotransmitter (e.g., dopamine, acetylcholine) changes. Cognitive functions include memory, language, visuospatial skills, attention or concentration, and higher order abilities called "executive functions," which include planning/organization, multi-tasking, and initiation of activities. Cognitive changes in PD might look like forgetfulness, misplacing items, slower thinking, disorganization, and trouble coming up with words. At first, cognitive difficulties may be frustrating but do not interfere with day-to-day functioning, which is described as mild cognitive impairment (MCI). Over time, these changes can progress and impact an individual's ability to manage daily responsibilities, such as making appointments, remembering to take medications, preparing meals, and driving. Thus, it is critical to determine if an individual with PD has experienced a degree of cognitive change that warrants support in daily activities to ensure both safety and quality of life.



Clinical neuropsychologists specialize in the study of brain behavior relationships, with a focus on assessment of cognitive and behavioral functioning that can be impacted by disease, such as PD, injury, and/or other factors. A neuropsychological evaluation can be requested for many reasons including diagnosis (e.g., Alzheimer's disease), assessment of strengths and weaknesses to guide treatment, and to establish a baseline if there is concern for future cognitive changes. The evaluation assesses a wide range of functions including attention, memory, language, reasoning and problem solving, visuospatial ability, and sensorimotor skills, as well as mood. The exam consists of a clinical interview to gather background information, administration of paper-pencil (and maybe computer) tests, completion of questionnaires regarding mood and personality, analysis and integration of data and findings, and feedback with the individual to review findings, and provide education and recommendations. The in-person component of testing typically lasts 2 to 6 hours depending on the scope of the specific evaluation, individual factors (e.g., need for breaks and rest periods), and referral question.

Results of the neuropsychological evaluation will include a description of the individual's cognitive strengths and weaknesses as well as conclusions regarding diagnosis or underlying causes of cognitive changes. For example, in an evaluation for PD-related cognitive changes, results may indicate whether or not cognitive changes meet criteria for MCI or dementia, and the contribution of depression in cognitive changes. Findings can guide specific recommendations such as treatment of depression and apathy, cognitive remediation to learn compensatory strategies (e.g., use of memory aides, problem-solving and time management strategies), and referral for in-home supports (e.g., home health aide). Many individuals will undergo neuropsychological evaluations every one to 2 years to determine if cognitive difficulties have progressed and if new treatment recommendations are indicated. If you are experiencing changes in your thinking ability or have questions about your cognitive functioning, consult with your neurologist who can refer you to a neuropsychologist for a comprehensive evaluation.



Support Groups!

The Department of Neurology currently hosts 3 support groups:

- PD Patient Support Group.** Meets the last Tuesday of every month. **NOW VIRTUAL!!**
- Care Partner Support Group** Meets the first Wednesday of every month. **NOW VIRTUAL!!**
- Deep Brain Stimulation (DBS) support group.** **NOW VIRTUAL!!**

For more information and to register please contact Elizabeth Delaney, LMSW at 212-305-5779.

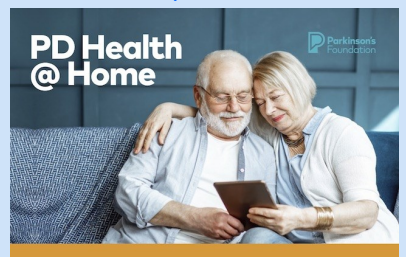
Parkinson's Foundation Presents:

[Health @ Home](#), a series of virtual events to keep your mind and body active all season long

Start your week with calmness on [Mindfulness Mondays](#)

Learn from experts on [Wellness Wednesdays](#)

Get moving at home on [Fitness Fridays](#)



Center Spotlight! : Promoting Physical Activity via Telehealth in People with PD



ENGAGE-PD
Physical Activity Workbook
Version 3



We would like to highlight a recent publication from Lori Quinn and her team at Columbia University’s Teacher’s College Neuro Rehab Lab. Lori and her lab have developed a study surrounding coaching intervention for people with Parkinson’s disease called ENGAGE-PD. Initially, ENGAGE PD was designed as a face-to-face, in person coaching program and consultative service. In this program, physical and occupational therapists provide expert guidance to overcome barriers, set realistic goals, and provide personalized advice to optimize exercise uptake and adherence.

In the face of COVID-19 we have seen a massive shift to providing medical care and services through telehealth platforms. The shutdown of community exercise programs, physical therapy offices and other resources proved to be immediate challenges for people with Parkinson’s disease. Early on in the pandemic, Lori and her team quickly adapted their ENGAGE PD program to telehealth, addressing the gap in physical activity and exercise that COVID-19 created. In reviewing the work that has been done within the ENGAGE-PD program during the pandemic, it was concluded that remotely delivered interventions may serve as a sustainable platform for physical activity coaching

programs for people with PD as well as other neurodegenerative diseases. Their findings have been published in the Physical Therapy Journal and the full article can be accessed here: <https://academic.oup.com/ptj/article/100/10/1730/5876269>

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COVID-19 And Parkinson’s Disease

In the spring of 2020, Parkinson's Foundation and Columbia University distributed an anonymous knowledge, attitude and practice survey with our quarterly newsletter to better understand the impact of policies implemented to minimize the spread of COVID-19 on people with Parkinson’s disease (PwPD) and to explore the factors contributing to accessing telehealth services. Among the 1,342 PwPD included in the final analysis, approximately half of them reported a negative change in PD symptoms, with 45-66% reporting mood disturbances. We also found that telehealth use increased 53.8% during the pandemic, and was more often used for doctors' appointments and mental health services than physical, occupational or speech therapies. 40% of telehealth users would like to continue using telehealth after the pandemic is over. Having received support/instruction for telehealth and having a care partner, friend, or family member to help them with the telehealth visit increased the likelihood of continued use after the pandemic ended. These findings are in press in *NPJ Parkinson’s Disease*.



If you have a question regarding Parkinson’s and its treatment that you would like featured in the next newsletter, please e-mail your question to Elizabeth Delaney, LMSW at movementdisorders@columbia.edu

The information published in this newsletter is not intended to replace, and should not be interpreted or relied upon, as professional advice, whether medical or otherwise. Please refer to your own professional for all advice concerning legal, medical, or other matters published in connection with this article.

“Don’t count the days, make the days count.”

-Muhammad Ali, diagnosed with PD in 1984