

Cognitive Challenges in PD and What to Do About Them!

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Overview/Background



Cognitive Changes and Challenges in Parkinson's

- Common and important non-motor symptoms
- Up to 30% of people with Parkinson's have already noticed cognitive changes at diagnosis.
- Heterogeneity of changes
 - Aspects of cognition affected
 - Order of domains affected



Types of Parkinson's Cognitive Changes and Challenges

- Common areas affected
 - Memory
 - Executive functions
 - Visuospatial
 - Attention
 - Language
 - Processing speed



Cognitive Continuum

Normal Aging

Mild Cognitive Impairment

Dementia



Common Parkinson's Cognitive Symptom Profiles

Frontal-executive

- Young age of onset
- Fronto-striatial dopamine depletion
- Respond well to DRT
- Less likely to lead to dementia

Memory Visual/Spatial

- Increasing age of onset
- Increasing age in face of long-standing disease
- More axial, less responsive to medication
- Clinically complex/increased dementia risk



Difficulties Associated with Cognitive Challenges

- Decreased independence
- Medication adherence
- Diminished quality of life
- Poorer treatment outcomes
- Depression
- Anxiety
- Care partner burden
- Safety



Contributing Risk Factors for Cognitive Impairment

Age

■ Disease Duration

■ Baseline Cognitive Impairment

Other Medical Illness

■ Postural Instability/Gait Disorder

■ REM Sleep Behavior Disorder

■ Motor Severity

■ Neuropsychiatric Issues

■ Daytime Sleepiness

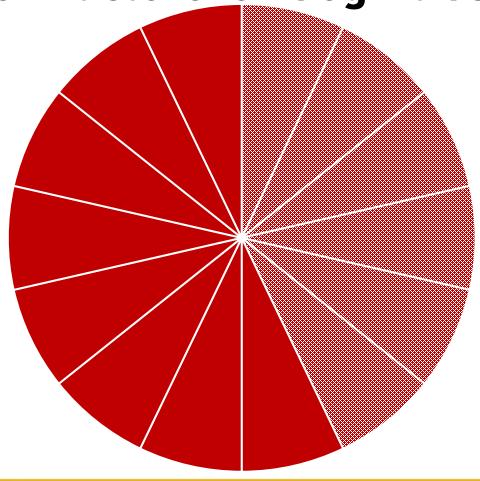
■ Social Isolation

Depression

Exercise

Diet

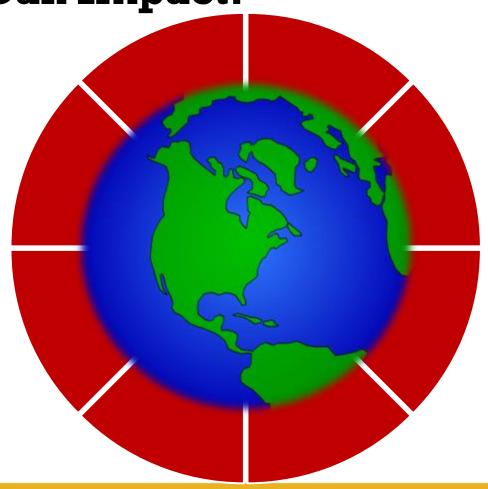
■ Self Care





Areas That You Can Impact!

- Motor Severity
- Neuropsychiatric Issues
- Daytime Sleepiness
- Social Isolation
- Depression
- **■** Exercise
- Diet
- Self Care





Interventions



Non-Pharmacological Interventions for Cognitive Health

Exercise

Mood Enhancement

Nutrition

Cognitive Training



Modifiable Risk Factors:

Motor Severity

Neuropsychiatric Issues

Daytime Sleepiness

Social Isolation

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Self Care





Exercise

- Exercise may enhance cognition through neurobiology and physiology
- Studies have shown improvements in
 - Attention
 - Processing speed
 - Executive function
 - Memory
 - Spatial cognition



Exercise

- Most widely studied= aerobic exercise, strength training and their combination
- Significant improvements in cognition with at least 150 min of moderate-intensity physical activity per week for 6 months, with benefits persisting after 18 months
- Some studies showed differences in as little as 6 weeks!



Exercise

- Aerobic Exercise → Executive Function
 - Walking 45 min 3x/week for 6 months
- Strengthening → Working Memory, Executive Function, Attention
 - Progressive Resistance 2x/week for 24 months
- Tango → Spatial Cognition
 - Dance Group 90 min 2x/week for 12 weeks



Modifiable Risk Factors:

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Nutrition

- There is growing interest in nutrition and its relationship to cognition
 - Brain-Gut Connection
 - Microbiome
 - Macronutrients
- Nutrition may impact inflammation, neurodegeneration.
- Studies in non-Parkinson's populations suggest that foods such as blueberries, cocoa, dark chocolate, tea and wine may protect against cognitive decline



Nutrition

- Nutrients that may have a relationship to increased/decreased risk of Parkinson's
 - Dairy
 - Fruit, vegetables, fish, caffeine
 - Nutritional supplements (folate, vitamin B12) may have cognitive benefit
- Specific Diets (Mediterranean-DASH Intervention for Neurodegenerative Delay (MIND))



Nutrition: the MIND Diet

10 Brain Healthy Food Groups		5 Brain Unhealthy Food Groups
Green Leafy Vegetables	Whole Grains	Butter & Stick Margarine
Other Vegetables	Seafood	Red Meat
Nuts	Poultry	Cheese
Berries	Olive Oil	Pastries & Sweets
Beans	Wine	Fried/Fast Food



Nutrition

- In one study, the MIND diet was associated with a 54% reduction in risk for AD
- "The difference in rates was the equivalent of being 7.5 years younger in age."
- "The MIND diet score was statistically significantly associated with each cognitive domain, particularly for episodic memory, semantic memory and perceptual speed."

(Morris et al., 2015)



Modifiable Risk Factors:

■ Motor Severity

Neuropsychiatric Issues

Daytime Sleepiness

Social Isolation

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Exercise

Diet

Self Care

Cognitive Training



Cognitive Training

- Based on the idea that cognitive functions can be "strengthened" over time with practice
 - Neuroplasticity/Neurogenesis
- "Brain Exercises" and "Targeted Practice"
- Improvements in executive functioning, working memory and processing speed



Cognitive Training

- Search tasks
- Matrices
- Puzzles
- Speech production
- Picture completion
- Storytelling
- Sudoku

Improvement in Executive functioning



Mood Enhancement

Modifiable Risk Factors

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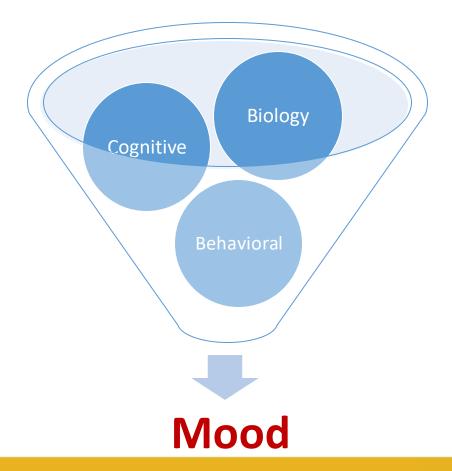
Mood Enhancement and Coping

- Anxiety, Depression, Sleep, and Fatigue:
 - Mirror symptoms of cognitive challenges (memory, concentration)
 - Increase impact of existing cognitive symptoms
 - Treating mood simultaneously addresses associated cognitive symptoms



Cognitive Behavioral Therapy

 Multiple interacting causal factors





Examples of 1:1 Interventions

- Increasing meaningful and social activities
- Problem solving for physical limitations
- Anxiety management and relaxation
- Sleep hygiene
- Thought monitoring and restructuring
 - * Identify
 - * Pause
 - * Rewind
 - * Replay



Practical Recommendations



Talk to your Doctor!

- Make sure Parkinson's medications are optimized
- Consult with a professional if appropriate
 - Neuropsychiatrist medical doctor; can prescribe and manage medication
 - Neuropsychologist assessment and treatment
 - Both can diagnose and create treatment plans experience with Parkinson's is Key!
- Evaluate the pros and cons of medications for cognitive function vs. side effects



Get Moving!

- Any exercise is better than no exercise!
- Meet with a Parkinson's-informed physical therapist for a tailored plan
 - Experience
 - Evidence
 - Training
- Aerobic + strength training
- Yoga, dance, boxing



Add More Healthy Foods!

- Avoid processed/fried foods
- Eat more veggies, especially green leafy ones!
- Nuts/berries/beans
- Whole grains
- Seafood/poultry
- Olive oil



Cognitive Training

- Stay engaged!
- Puzzles, word searches, memory games
- Reasonable level of difficulty
- Computer training
 - Adaptive
 - Generalized
 - Varied



Grow Your Healthy Coping Toolbox

- Understand and normalize experience
- Seek help if feeling depressed or anxious
- Hobbies
- Stay active socially
- Talk back to negative thoughts
- Relaxation and breathing
- Focus on what you <u>CAN DO</u> to take control over your cognitive abilities



Selected References

Biundo, R., Weis, L., Fiorenzato, E., & Antonini, A. (2017). Cognitive rehabilitation in Parkinson's disease: is it feasible?. *Archives of Clinical Neuropsychology*, 32(7), 840-860.

Calleo, J., Burrows, C., Levin, H., Marsh, L., Lai, E., & York, M. K. (2012). Cognitive rehabilitation for executive dysfunction in Parkinson's disease: application and current directions. *Parkinson's Disease*, 2012.

Goldman, J. G., Vernaleo, B. A., Camicioli, R., Dahodwala, N., Dobkin, R. D., Ellis, T., ... & Golden, R. (2018). Cognitive impairment in Parkinson's disease: A report from a multidisciplinary symposium on unmet needs and future directions to maintain cognitive health. *npj Parkinson's Disease*, 4(1), 19.

Morris, M. C., Tangney, C. C., Wang, Y., Sacks, F. M., Barnes, L. L., Bennett, D. A., & Aggarwal, N. T. (2015). MIND diet slows cognitive decline with aging. *Alzheimer's & dementia*, 11(9), 1015-1022.

Seidl, S. E., Santiago, J. A., Bilyk, H., & Potashkin, J. A. (2014). The emerging role of nutrition in Parkinson's disease. *Frontiers in aging neuroscience*, 6, 36.

Van de Weijer, S. C. F., Hommel, A. L. A. J., Bloem, B. R., Nonnekes, J., & De Vries, N. M. (2018). Promising non-pharmacological therapies in PD: Targeting late stage disease and the role of computer based cognitive training. *Parkinsonism & related disorders*, 46, S42-S46.