OnDemand Symposia

300 - Increasing Complexity Awareness of Parkinson Disease Psychosis: Risk Factors, Symptoms, Diagnosing & Management

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Background:
After Alzheimer's disease, Parkinson' disease (PD) is the second most common age-related neurodegenerative disorder globally. Approximately 1 million individuals in the United States (US) have PD; every year 60,000 more Americans are diagnosed. PD is a movement disorder caused by dopamine insufficiency in the substantia nigra. The disease process is complicated by falls, constipation, dysphagia, insomnia, anxiety, depression, and behavioral/cognitive disorders. Upon diagnosis, evidence-based symptom management should include individualized nonpharmacologic and pharmacologic interventions along with lifestyle changes that will promote positive outcomes.

More than 50% of persons diagnosed with PD develop psychotic symptoms. Parkinson's disease psychosis (PDP) is a non-motor symptom and consists primarily of hallucinations and delusions. PDP is caused by neurotransmitter changes in the brain, some related to long-term use of parkinsonian medications. In many cases, PDP symptoms are mis-diagnosed as a chronic co-morbid condition, such as mild cognitive impairment or dementia.

Symptoms run from benign to aggressive. Undiagnosed and untreated symptoms can accelerate. Delirium caused by medications or infections may contribute to psychosis. Rapid Eye Movement Sleep (REMS) Disorder associated with PD results in daytime sleepiness and acting out dreams. All symptoms profoundly impact formal and informal care partners. When underlying causes are identified by expert clinicians, symptoms may be reversible. There are many evidence-based paths to follow such as managing polypharmacy, appropriate prescribing patterns, and the effective use of nonpharmacologic interventions.

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Conclusion:
During this symposium the complexities of the disease are addressed including the toll PDP can have on the person living with PD, their care partner(s) and the interdisciplinary health care team. It is imperative clinicians can simultaneously manage the overlapping motor symptoms and PDP to prevent physical and mental disabilities and improve quality of life. After attending this session, clinicians will be able to provide quality care to individuals living with PDP and their care partners.

301 - Symposium social health: a pathway to inclusion and cognitive health

Social health, social inclusion and its associations with cognitive functioning

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Background: Inclusion is taken as a natural situation, until feelings of exclusion are perceived. Social relations are for human beings like water to plants. Social health has been defined in 1946 by the WHO as the social domain of health. It is an umbrella concept that covers how the individual relates to his or her social environment and vice versa. Social inclusion is a key marker or characteristic of social health, represented by specific markers such as participation in leisure activities.

Objective: We aim to study theoretical mechanisms and social health markers relevant to inclusion and cognitive functioning.

Methods: identification of mechanistic pathways and systematic review on the relationship between combinations of social health markers and cognitive functioning and dementia in healthy older adults.

Results: We combined neurobiological and social pathways to guide our study. The search for social health markers yielded 4332 potentially relevant citations. Eleven articles were eligible for inclusion. Combining social health marker reflecting social exclusion (e.g. social isolation, financial deprivation, living alone and lacking basic social rights) revealed a significant risk factor for both the development of dementia and reduced cognitive functioning. A combination of a high educational level, high occupational complexity and participating in leisure activities was protective for good cognitive functioning and dementia.

Conclusion: Several social health markers are a pathway to social inclusion and to cognitive functioning, with markers reflecting exclusion being a risk factor, while those reflection inclusion are associated with protective effects. These findings open doors for interventions using the potential of social health in prevention of cognitive decline and dementia.

Social Health And Reserve in the Dementia patient journey (SHARED): Females, older adults, and people living with dementia are vulnerable to social isolation

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