Mind-Body Practices and Social Connection in Parkinson's Disease

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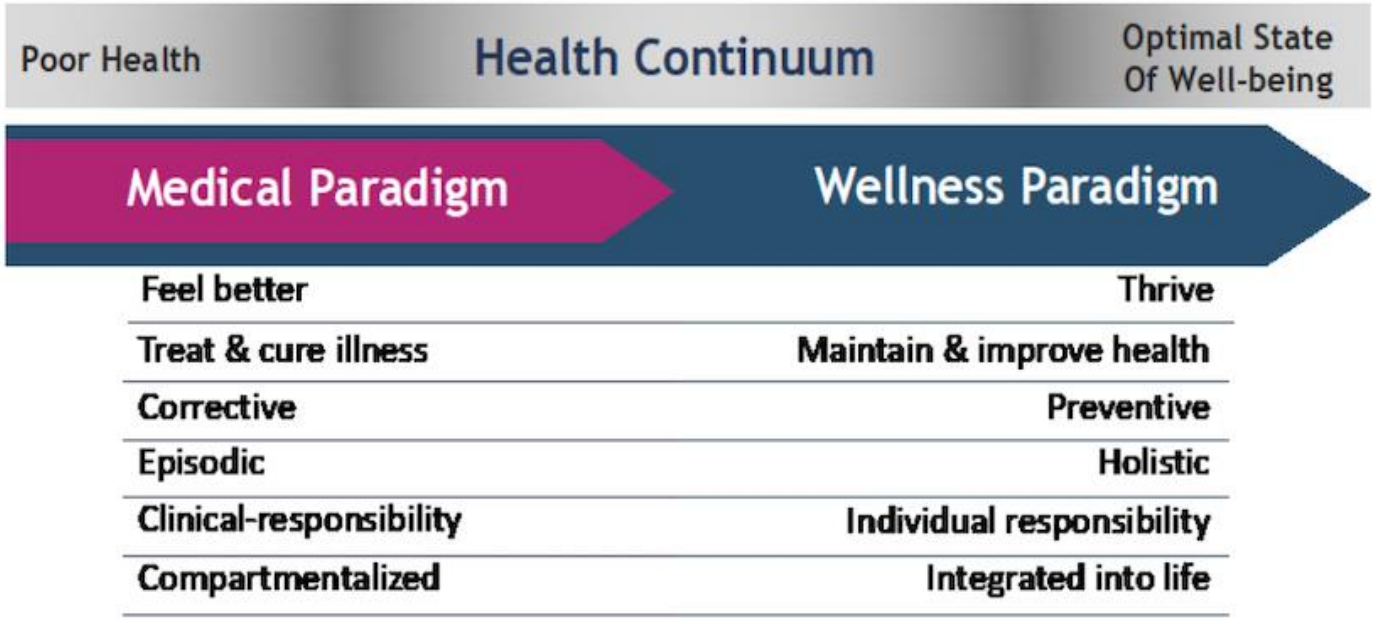
What Is Wellness?

Wellness Definition:

- **The active pursuit of activities, choices and lifestyles that lead to a state of holistic health**
- Wellness is considered a conscious, self-directed and evolving process of achieving full potential. The person has **control**
- Wellness is multidimensional and **holistic**, encompassing lifestyle, mental and spiritual well-being, and the environment.

Wellness Paradigm:



Feel better	Thrive
Treat & cure illness	Maintain & improve health
Corrective	Preventive
Episodic	Holistic
Clinical-responsibility	Individual responsibility
Compartmentalized	Integrated into life

Source: Global Wellness Institute

Definition Compared to Wellbeing

Wellness → **Wellbeing & Happiness**

- Multidimensional, dynamic, subjective, and personal
- Subject to historical and cultural differences and contexts

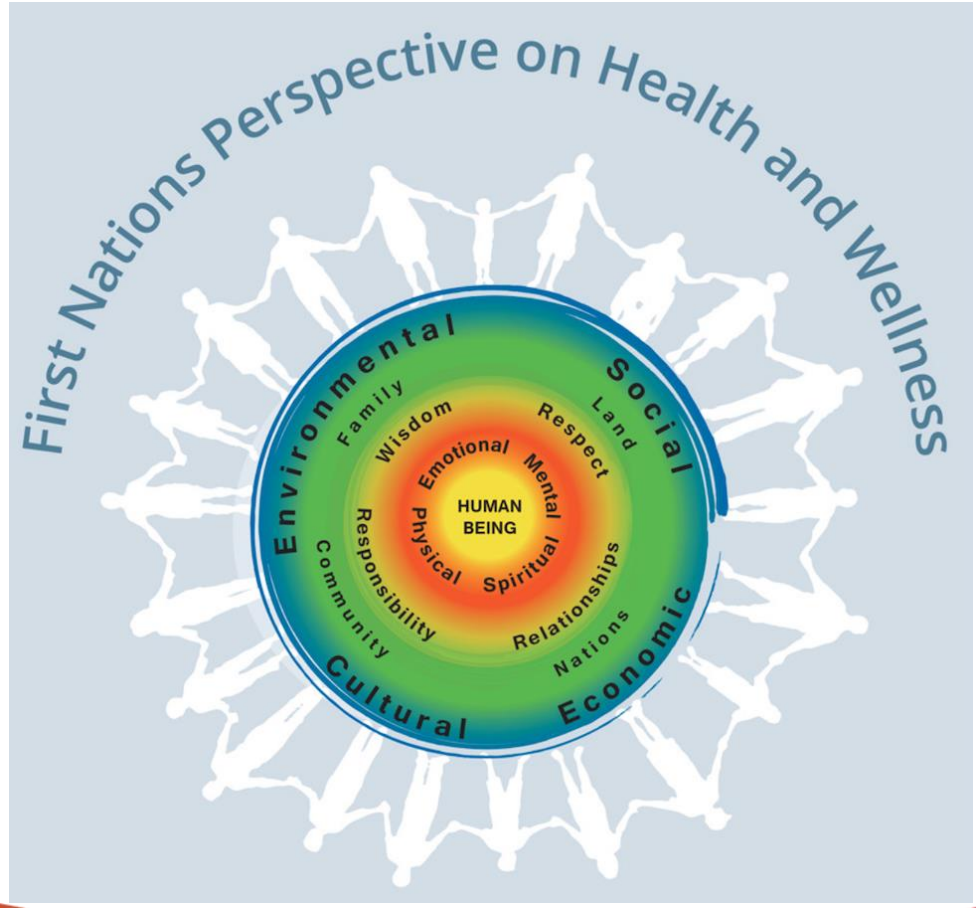
- Relate to intention, action, activities.
- Has a prominent physical dimension.
- Consumers associate it with a healthy lifestyle, choices and market offerings.
- Common usage in business/private industry context (e.g., wellness sector).
- Useful concept for measuring industry size and discussing business opportunities (e.g., wellness economy).

- Perception of a state of being.
- Has a prominent mental/emotional dimension.
- Citizens associate it with feelings of satisfaction and sense of fulfilment.
- Common usage in policy/government context (e.g., wellbeing budgeting).
- Useful for measuring individual/citizen welfare (e.g., Global Happiness Index) and organizing policies and interventions.

GLOBAL WELLNESS INSTITUTE™

Source: Global Wellness Institute

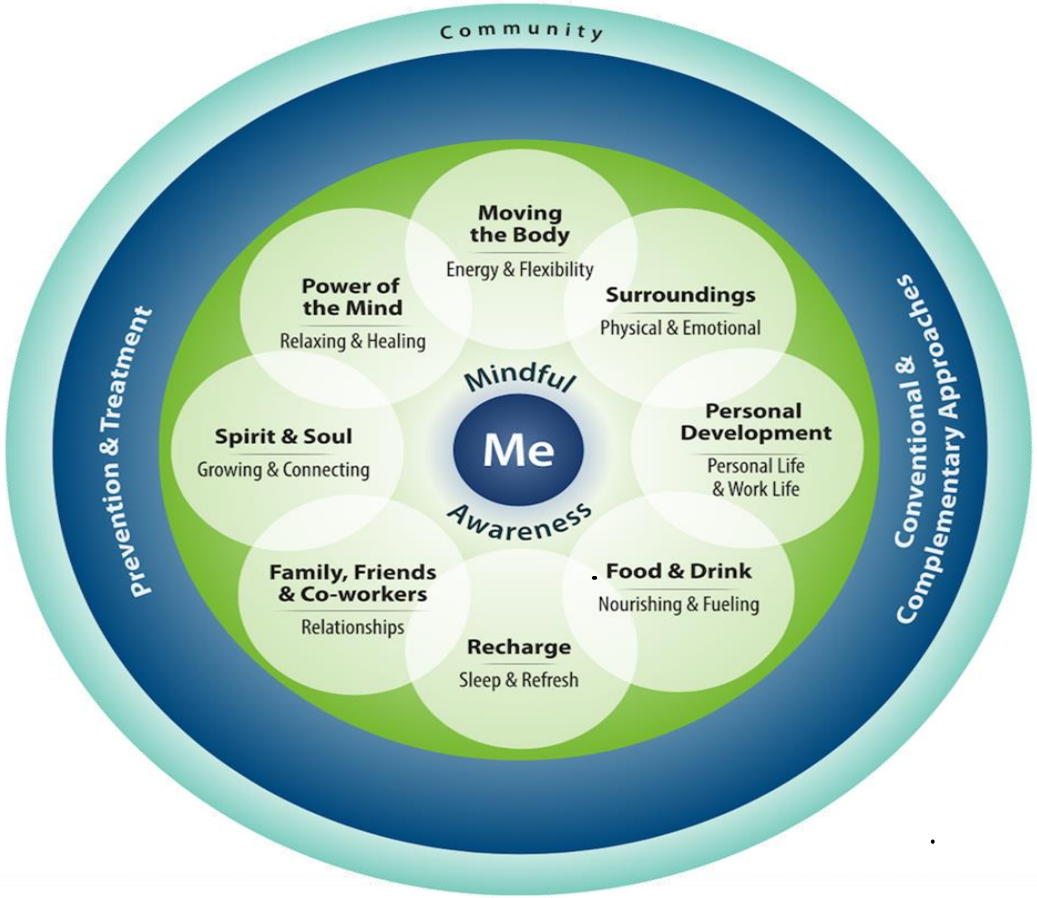
Wellness Has A Cultural Context



Integrative Medicine

- Integrating aspects from other health care systems along with western approaches
- Attempts to activate the innate healing process rather than relying on cure-oriented medicine
- The mind and body can be very resilient
- WHO Defn in 1940's :" Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"
- Holistic, lifestyle oriented approach

VA Whole Health- Holistic Lifestyle Rx



Purpose:

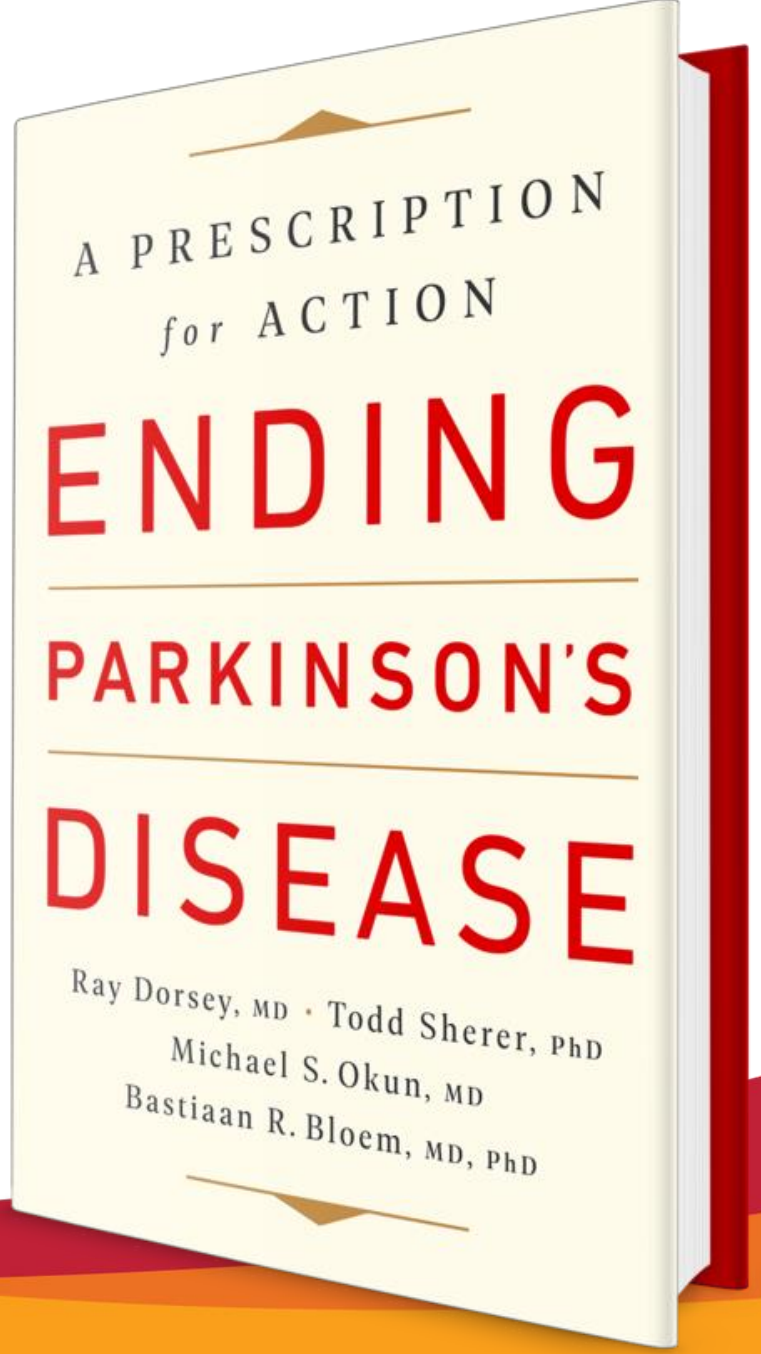
Define your goal of care:

- What is your purpose?
- What is your priority in getting healthy?
- What brings you **meaning and joy**?

Advocacy/Activisim-

Get Involved!

PDAvengers



Exercise Is Medicine:

- More is more, mix it up to avoid getting bored, do in a group (to make more accountable, social connection), do something you love, get out in nature, get a coach, see physical therapy
- Skill Based
- Aerobic exercise
- Resistance Training
- Balance
- Mind/Body
- Stretching/flexibility

Stay Mentally Active:

- Crossword puzzles, sudoku
- Read books/books on tape
- Learn something new (language, musical instrument)
- Reminisce with old photos of trips, family events
- Do something productive- but set small bite-size goals

Sleep: Recharge

- 8 hours per night, like floss for your brain, when you detoxify and replenish-avoid naps;
- Write out your goals for each day and times, start small and keep building, walk 5 min every hour even
- The more cardio you get the better your sleep will be
- Minimize social media/ news to 30 min per day if you are susceptible, turn off 2 hours before bedtime
- Wind down at bedtime- quiet music, book, soothing tea,

Nutrition: Your Body Is A Temple

- Mediterranean Diet (colorful fruits and vegetables, olives and olive oil, fish, whole grains, nuts, seeds, legumes)
- lots of fruits (7-9 servings-berries, fruits, dark leafy greens, cruciferous veg, allium veg, color/veg/nut/seed/bean/ legume/whole grain /mushroom/tea/spices)
- Healthy fats- flax seed, nut oils, EVOO
- Lots of spices and herbs
- Lots of variety/color (flavonoids, quercertin)

Hydrate, Hydrate, Hydrate!

- Do Drink 6-8 glasses of liquid daily (keep in mind that fluids with electrolytes are much more hydrating than plain water, such as V8, coconut water, or gatorade)
- Fluids- water; tea (green tea); coffee in moderation (two cups early in day)
- Cranberry juice- can help prevent urinary tract infections

Mind-Body Approaches:

- Yoga
- Tai Chi
- Mindfulness meditation- 20 min/day
- Gratitude/Compassion/Loving-Kindness
- Listing what you can and cannot control
- Journaling
- Breathing exercises
- Nature-gardening, forest bathing, star-gazing, gathering around a fire
- Prayer
- Sing, dance, play music, art,

Yoga

> JAMA Neurol. 2019 Jul 1;76(7):755-763. doi: 10.1001/jamaneurol.2019.0534.

Effects of Mindfulness Yoga vs Stretching and Resistance Training Exercises on Anxiety and Depression for People With Parkinson Disease: A Randomized Clinical Trial

Jojo Y Y Kwok [1], Jackie C Y Kwan [2], M Auyeung [3], Vincent C T Mok [4], Claire K Y Lau [5], K C Choi [6], Helen Y L Chan [6]

Affiliations + expand

PMID: 30958514 PMCID: PMC6583059 DOI: 10.1001/jamaneurol.2019.0534

Free PMC article

Abstract

Importance: Clinical practice guidelines support exercise for patients with Parkinson disease (PD), but to our knowledge, no randomized clinical trials have tested whether yoga is superior to conventional physical exercises for stress and symptom management.

Objective: To compare the effects of a mindfulness yoga program vs stretching and resistance training exercise (SRTE) on psychological distress, physical health, spiritual well-being, and health-related quality of life (HRQOL) in patients with mild-to-moderate PD.

Design, setting, and participants: An assessor-masked, randomized clinical trial using the intention-to-treat principle was conducted at 4 community rehabilitation centers in Hong Kong between December 1, 2016, and May 31, 2017. A total of 187 adults (aged ≥18 years) with a clinical diagnosis of idiopathic PD who were able to stand unaided and walk with or without an assistive device were enrolled via convenience sampling. Eligible participants were randomized 1:1 to mindfulness yoga or SRTE.

Interventions: Mindfulness yoga was delivered in 90-minute groups and SRTE were delivered in 60-minute groups for 8 weeks.

Main outcomes and measures: Primary outcomes included anxiety and depressive symptoms assessed using the Hospital Anxiety and Depression Scale. Secondary outcomes included severity of motor symptoms (Movement Disorder Society Unified Parkinson's Disease Rating Scale [MDS-UPDRS], Part III motor score), mobility, spiritual well-being in terms of perceived hardship and equanimity, and HRQOL. Assessments were done at baseline, 8 weeks (T1), and 20 weeks (T2).

Results: The 138 participants included 65 men (47.1%) with a mean (SD) age of 63.7 (8.7) years and a mean (SD) MDS-UPDRS score of 33.3 (15.3). Generalized estimating equation analyses revealed that the yoga group had significantly better improvement in outcomes than the SRTE group, particularly for anxiety (time-by-group interaction, T1: β, -1.79 [95% CI, -2.85 to -0.69; P = .001]; T2: β, -2.05 [95% CI, -3.02 to -1.08; P < .001]), depression (T1: β, -2.75 [95% CI, -3.17 to -1.35; P < .001]); T2: β, -2.75 [95% CI, -3.71 to -1.79; P < .001]), perceived hardship (T1: β, -0.92 [95% CI, -1.25 to -0.61; P < .001]; T2: β, -0.76 [95% CI, -1.12 to -0.40; P < .001]), perceived equanimity (T1: β, 1.11 [95% CI, 0.79-1.42; P < .001]; T2: β, 1.19 [95% CI, 0.82-1.56; P < .001]), and disease-specific HRQOL (T1: β, -7.77 [95% CI, -11.61 to -4.38; P < .001]; T2: β, -7.99 [95% CI, -11.61 to -4.38; P < .001]).

Conclusions and relevance: Among patients with mild-to-moderate PD, the mindfulness yoga program was found to be as effective as SRTE in improving motor dysfunction and mobility, with the additional benefits of a reduction in anxiety and depressive symptoms and an increase in spiritual well-being and HRQOL.

Tai Chi

Randomized Controlled Trial > N Engl J Med. 2012 Feb 9;366(6):511-9.
doi: 10.1056/NEJMoa1107911.

Tai Chi and Postural Stability in Patients With Parkinson's Disease

Fuzhong Li [1], Peter Harmer, Kathleen Fitzgerald, Elizabeth Eckstrom, Ronald Stock, Johnny Galver, Gianni Maddalozzo, Sara S Batya

Affiliations + expand

PMID: 22316445 PMCID: PMC3285459 DOI: 10.1056/NEJMoa1107911
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Abstract

Background: Patients with Parkinson's disease have substantially impaired balance, leading to diminished functional ability and an increased risk of falling. Although exercise is routinely encouraged by health care providers, few programs have been proven effective.

Methods: We conducted a randomized, controlled trial to determine whether a tailored tai chi program could improve postural control in patients with idiopathic Parkinson's disease. We randomly assigned 195 patients with stage 1 to 4 disease on the Hoehn and Yahr staging scale (which ranges from 1 to 5, with higher stages indicating more severe disease) to one of three groups: tai chi, resistance training, or stretching. The patients participated in 60-minute exercise sessions twice weekly for 24 weeks. The primary outcomes were changes from baseline in the limits-of-stability test (maximum excursion and directional control; range, 0 to 100%). Secondary outcomes included measures of gait and strength, scores on functional-reach and timed up-and-go tests, motor scores on the Unified Parkinson's Disease Rating Scale, and number of falls.

Results: The tai chi group performed consistently better than the resistance-training and stretching groups in maximum excursion (between-group difference in the change from baseline, 5.55 percentage points; 95% confidence interval [CI], 1.12 to 9.97; and 11.98 percentage points; 95% CI, 7.21 to 16.74, respectively) and in directional control (10.45 percentage points; 95% CI, 3.89 to 17.00; and 11.38 percentage points; 95% CI, 5.50 to 17.27, respectively). The tai chi group also performed better than the stretching group in all secondary outcomes and outperformed the resistance-training group in stride length and functional reach. Tai chi lowered the incidence of falls as compared with stretching but not as compared with resistance training. The effects of tai chi training were maintained at 3 months after the intervention. No serious adverse events were observed.

Conclusions: Tai chi training appears to reduce balance impairments in patients with mild-to-moderate Parkinson's disease, with additional benefits of improved functional capacity and reduced falls. (Funded by the National Institute of Neurological Disorders and Stroke; ClinicalTrials.gov number, NCT00611481.).

Nature PJ Parkinson's Disease

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Synergy of pandemics-social isolation is associated with worsened Parkinson severity and quality of life

Indu Subramanian[1,2]✉, Joshua Farahnik[3] and Laurie K. Mischley[3,4]

Social isolation and its deleterious effects on health increases with age in the general population. People with Parkinson's Disease (PWP) are no exception. Social isolation is a risk factor for worsened health outcomes and increased mortality. Symptoms such as depression and sleep dysfunction are adversely affected by loneliness. There is a paucity of research on social isolation in Parkinson's disease (PD), which is all the more critical now in the setting of social distancing due to COVID-19. The goal of this study was to survey individuals with PD to evaluate whether social isolation is associated with PD symptom severity and quality of life. Only individuals reporting a diagnosis of idiopathic PD were included in this analysis. The primary outcome measures were the Patient-Reported Outcomes in PD (PRO-PD) and questions from PROMIS Global related to social health. PRO-PD scores increased as social performance and social satisfaction scores diminished. Individuals who reported being lonely experienced a 55% greater symptom severity than those who were not lonely ($P < 0.01$). Individuals who documented having a lot of friends had 21% fewer symptoms than those with few or no friends ($P < 0.01$). Social isolation was associated with greater patient-reported PD severity and lower quality of life, although it is unclear whether this is the cause and/or a consequence of the disease. In essence, the Parkinson pandemic and the pandemic of social isolation have been further compounded by the recent COVID-19 pandemic. The results emphasize the need to keep PWP socially connected and prevent loneliness in this time of social distancing. Proactive use of virtual modalities for support groups and social prescribing should be explored.

npj Parkinson's Disease (2020)6:28 ; https://doi.org/10.1038/s41531-020-00128-9

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Background:

- Social isolation has deleterious effects on health
- Basic human need- food, water, shelter
- Increases with age in general population
- Social isolation is a risk factor for worsened health outcomes &increased mortality - **worse than smoking half a pack of cigarettes a day or being obese**
- Lack of research in Parkinson disease

Definitions:

- Social isolation - “the lack of integration of individuals in their social environment. Living alone, possessing fewer social network ties, and minimal social contact are all markers of social isolation”

- Loneliness- “is an undesirable subjective emotional state in which there is a **perception of social isolation**, or the felt experience of being lonely”. **Gap between what we desire in our relationships and what we perceive we have in our relationships**.

Loneliness in 3 spheres:

- **Intimate**, or emotional, loneliness : yearning for a close confidante or emotional partner
- **Relational**, or social, loneliness: longing for close friendships and social companionship
- **Collective** loneliness: need for a network or community of people who share one's sense of purpose and interests
- Loneliness can be felt if any one of these dimensions is not satisfied
- Possible to be happily married and still feel lonely

Loneliness Is Bad for the Body:

Stress: Social support buffers stress

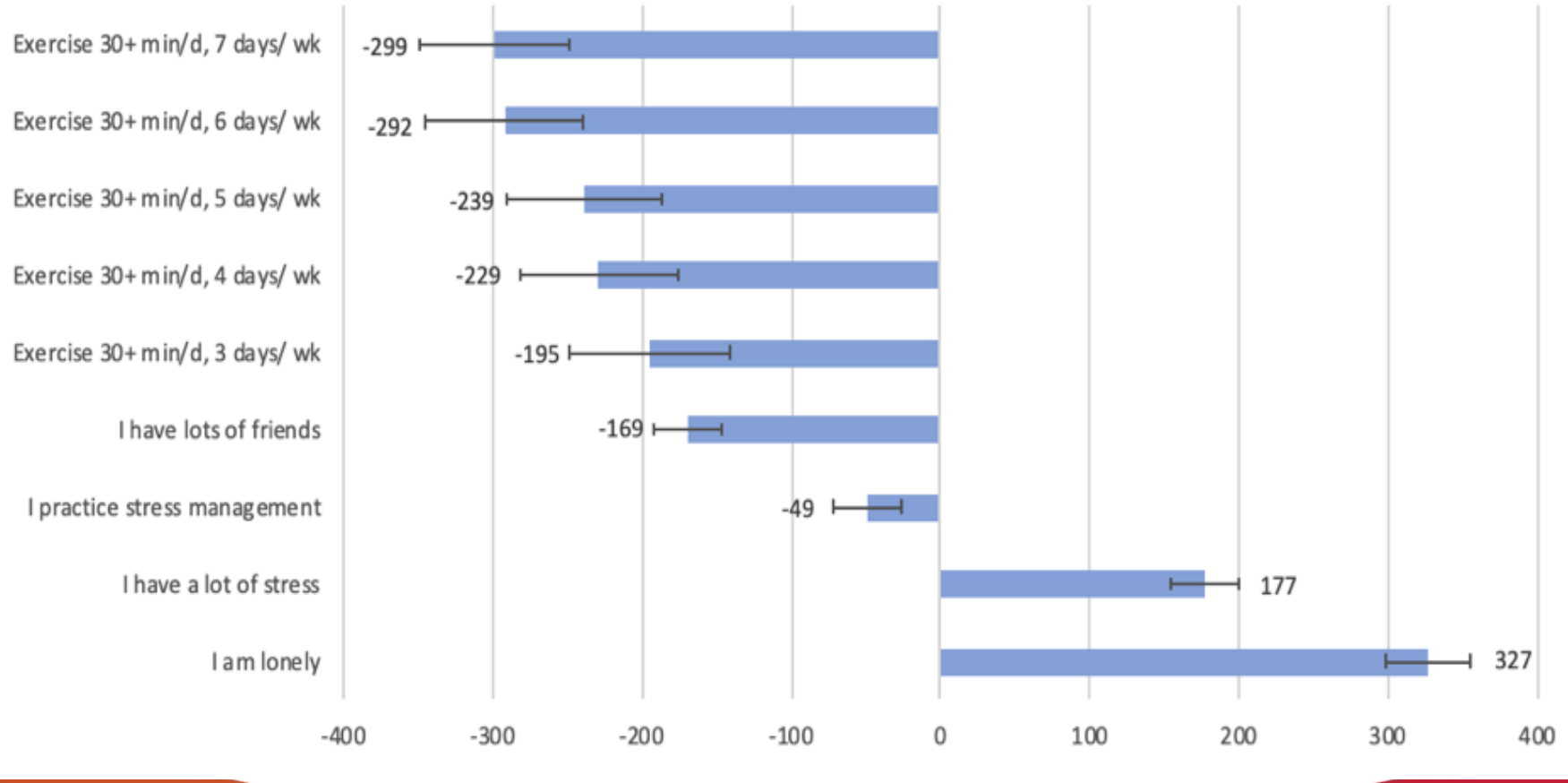
Immunity: worst immune response being in people who are both lonely and lack a social network

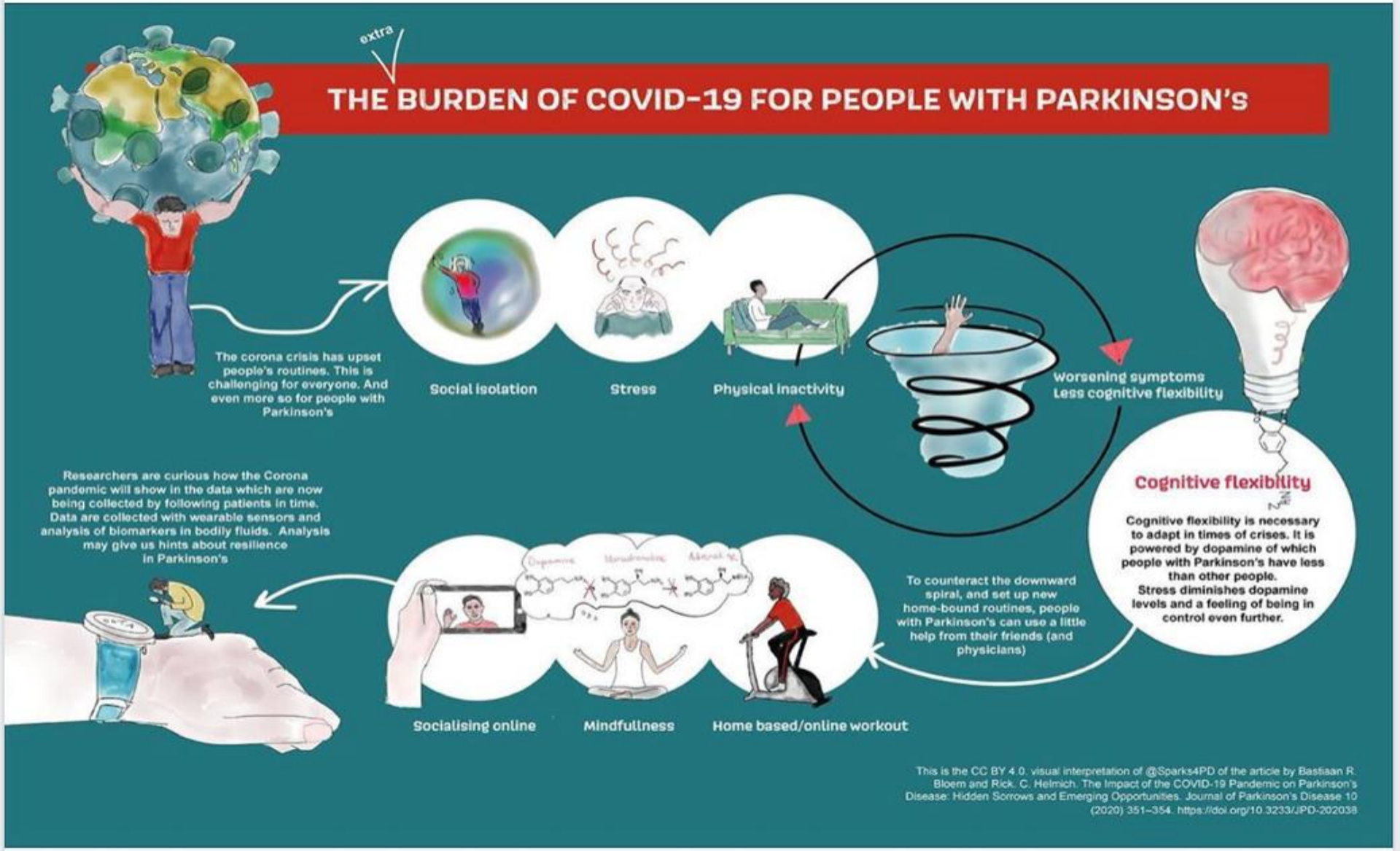
Cognition: affect cognitive processing ,cause a hypervigilance that predisposes to anxiety

-Lonely individuals tend to visually fixate more on socially threatening stimuli than on pleasant ones

Sleep: disrupt circadian rhythms and lead to more fragmented sleep

The Impact of Loneliness





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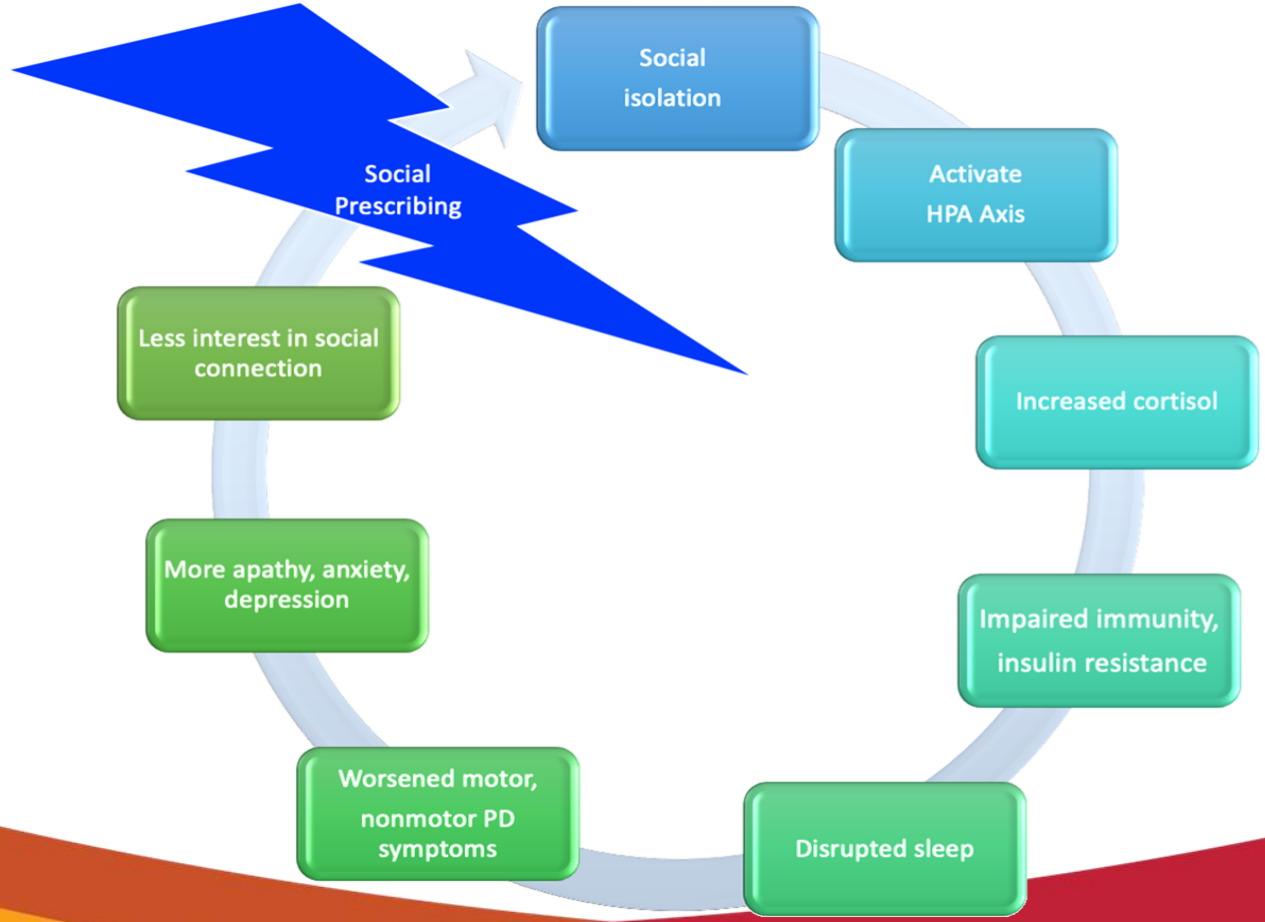
Discussion: Synergy of Pandemics

- Increase in PD Cases globally
- Loneliness Pandemic
- COVID-19

Social Isolation, Stress and PD Symptoms: Role of Social Prescribing



Tips for Clinicians

- **Ask** your patients about their social health- remember the 3 spheres
- **Learn** about ”Social Prescribing”
- **Help** patients connect with support groups, identify their tribe or cheerleaders early in disease to support them throughout disease
- Be more **vigilant** given **COVID-19** and take advantage of **virtual** modalities like virtual support groups, **proactive phone calls**

VA: Compassionate Contact Corps

- Referral from clinicians
- Patients are matched to volunteers
- These volunteers used to come in person to the VA
- Can help volunteers as well with wellness
- Found 3 key questions about loneliness- would like to add to the survey
- Run by VA Voluntary Service
- Have been approached by AARP, Rotary

Social Connection

- Find Your tribe
- Find your cheerleader/confidant
- Meet your neighbors
- Join a support group (online)
- Exercise class (online)
- Religious/spiritual group (online)
- Volunteer-phone a friend who is more isolated than you (tend & befriend)
- Zoom family time-happy hour, coffee
- Read a book to a grandchild over zoom, facetime

Family

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Blog- Parkinsonsecrets.com

Social connection is a universal human need. We urge you to pick up the phone and reach out to someone who may have been forgotten and ma be lonely or socially disconnected. It could be the only human contact that the person may have had in a long time and could make a world of difference.

This blog is brought to you by Michael S. Okun and Indu Subramanian.

Self-Care For All- Caregivers

- Sleep- like floss for your brain; 8 hours
- Exercise is medicine
- Diet- your body is a temple; Hydration-40 ounces of water
- Mental stimulation- learn a new language, music
- Checking in with Your Doctor- like an **oxygen mask on a plane; put yours on first before you help others**
- Find a battle buddy- someone to call and check in with
- Ask for help if you are in trouble

Be Kind To Yourself

- Expecting to do all of these well is impossible-being **good enough; letting go of expectations**
- Do not compare yourself to others- different people handle stress differently (some are painting their whole house, some are publishing 8 articles/month)
- Many of us are totally emotionally exhausted- we are the pillars of support for everyone around us, it is not sustainable
- Realize this a **marathon not a sprint (self-pacing)**
- Allow yourself to **sleep in or just rest, take a break, alone time**
- **Give yourself permission to not be perfect**.. sometimes just taking a shower and making a sandwich is a lot

Source:
Whiteboardpsychology.com
with Michal Moskowitz PhD