

Med-Sense Guaranteed Association

JOURNAL



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BOOSTING STROKE RECOVERY

Advances in Rehabilitation Therapy

A stroke can change your life in an instant. Symptoms come on suddenly. Facial drooping, arm weakness, or slurred speech can all signal that a stroke is happening. A stroke can take away the ability to walk, talk, or do other daily activities. But survivors can often relearn skills affected by the stroke and overcome losses in ability.

Strokes happen when the brain doesn't get enough blood flow. This can be caused by blood vessels getting blocked or rupturing. Not enough blood flow means the brain doesn't get the oxygen it needs. And that can damage the brain.

Depending on how much damage there is, a stroke can lead to life-long disabilities or even death. What

problems it causes depends on where damage occurs in the brain. Survivors may have trouble using their arms or legs, talking, or thinking clearly. In more severe strokes, one side of the body may become weak or paralyzed.

Stroke rehabilitation, or "rehab," is designed to help stroke survivors return to their daily activities. It can help them recover and improve their quality of life. NIH-funded scientists are studying how to make rehab more effective for people recovering from a stroke.

Benefits of Rehab

Rehab can help survivors build back skills they have lost after a stroke. It uses exercises and other therapies to help restore physical function. It also provides strategies

to handle remaining problems. For example, a stroke survivor may no longer be able to grasp things with one hand. Rehab can help them learn to use their other hand.

Rehab usually starts at the hospital within 48 hours of a stroke. It relies on a team of specialists who tailor rehab to specific needs. The rehab team may include nurses, physical therapists, and speech-language pathologists.

Skills are lost when brain cell connections become damaged. To regain those skills, brain cells need to form new connections. That process is called remapping. Studies suggest that stroke survivors get better results when they spend more time doing rehab.

“Rehab can boost re-mapping when tasks are repeated and specific,” says Dr. Scott Janis, a neuroscientist at NIH who oversees clinical research on strokes.

Researchers are trying to find out how intense rehab needs to be to get the best results. They are also looking for ways to make rehab more engaging and easier to access. Ongoing studies are focused on restoring language and limb function.

Restoring Muscle Use

After a stroke, survivors can have trouble moving certain muscles. Muscles can become weak, uncontrollable, or paralyzed. Rehab programs can help address these issues. But some survivors have difficulty finding a provider in their area or getting to a clinic.

Dr. Steven Cramer, a stroke neurologist at the University of California, Los Angeles, wants to make rehab easier to access. He’s designed an in-home intensive rehab program for people who need to restore their arm function. All that’s needed is a computer and an internet connection.

“We give participants 1,000 arm movements per session, six days a week, for six weeks,” Cramer explains. “This is massively more than what the typical American patient gets in usual care.”

By ramping up intensity and access, Cramer’s team hopes to boost stroke survivors’ recovery and make rehab more engaging.

“We’re not doing typical stroke rehabilitation,” Cramer explains. “Participants are playing video poker, Mahjong, and shooting ducks. They can also play Stroke Jeopardy to learn more about stroke.”

But the “secret sauce is socialization,” he adds. Every other day, a licensed therapist meets with the program participants online. They give new exercises, review previous ones, and answer questions.

Cramer’s team compared their in-home rehab program to a traditional program conducted in the clinic. Both increased arm functioning and movement a similar amount. Now, they’re testing the impact of adding the in-home program to usual care.

Restoring Language

Strokes can also damage the part of the brain that controls language. At least one out of every four stroke survivors have a condition called “aphasia.” It affects speaking, reading, writing, and/or understanding language.

Not all stroke survivors recover from aphasia, even with speech-language therapy. They often have chronic (long-lasting) problems with language.

Dr. Julius Fridriksson, a neuroscientist at the University of South Carolina, is testing a new approach for patients with chronic aphasia treatment. His group is trying intensive speech-language therapy with brain



stimulation.

“We think that applying electrical currents to the brain areas that control language could stimulate the remaining brain cells,” says Fridriksson. Activating those cells could help build back brain connections for language.

To stimulate the cells, the team uses a technique called transcranial direct current stimulation (tDCS). The team places patches that conduct electricity on the outside of the participants’ scalp. It’s used during speech-language therapy.

“Aphasia is a serious condition because people are unable to communicate,” Fridriksson explains. “People with chronic aphasia need better therapy so they don’t experience it the rest of their lives.”

His team has been testing what parts of language therapy brain stimulation can enhance. They’ve found that it can help with remembering names of objects. Survivors with aphasia often have difficulty recalling names of objects they knew before their stroke. Now the team is testing if brain stimulation with language therapy is more effective than therapy alone.

Article reprinted from NIH-News In Health



How Rehab Can Help After a Stroke

Stroke survivors may experience changes with:

- **Muscle and nerve control.** Day-to-day activities can become difficult. Physical and occupational therapists can provide exercises to strengthen and stretch muscles. They can also help with strategies to relearn daily activities, such as getting dressed, eating, and bathing.
- **Bladder and bowel problems.** Feeling the need to urinate often, even without a full bladder, can be an issue for some survivors. Medicines and a bladder or bowel specialist can help with these problems.
- **Speaking or understanding language.** Some survivors have trouble communicating after a stroke. Problems with memory and thinking clearly can also arise. Speech-language therapists can help build new ways to communicate and improve language.
- **Swallowing and eating problems.** Trouble swallowing or eating normally after a stroke can also arise. A speech-language therapist can help with these problems. They may suggest changes to eating habits, such as chopping up food or drinking thick liquids.

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Understanding Huntington's:

Scientists Search for Therapeutic Targets

Huntington's disease can be devastating. The illness reduces your ability to control your body's movements. It can also give rise to problems with thinking and memory. It's caused by changes in one gene, and those changes are passed down from generation to generation. Scientists are looking for ways to lessen the impact of the disease.

Huntington's disease is caused by a gene that makes a protein called huntingtin. Certain changes in the gene cause it to make a defective protein. The defective protein has toxic effects in brain cells, causing them to die. The brain areas most affected are those that control voluntary movements.

People with Huntington's may develop uncontrollable, irregular movements. These are called chorea. They may also have body stiffness and trouble moving, called akinesia. Symptoms get worse over time, and the disease is eventually fatal.

"Right now, we don't have a therapy that can prevent the disease, or slow down or stop it," says Dr. X. William Yang, an expert on neurodegenerative diseases at the University of California, Los Angeles.

As the disease worsens, people can experience problems with swallowing, eating, thinking, emotions, body posture, or speaking. Eventually, they cannot walk or care for themselves. Some people may also have hallucinations or believe things that aren't true, called delusions.

The problem in the huntingtin gene is in a short DNA sequence that's repeated multiple times in a row. As the number of those repeats increases, so does your risk for Huntington's disease.

Most people have fewer than 27 of these repeats. People with Huntington's disease usually have at least 36 repeats. Those with 27 to 35 repeats are not likely to develop the disease, but they may pass along genes that increase their children's risk.

The number of these repeats also influences when symptoms appear. "The more repeats, the earlier the disease onset," Yang says. The disease can start as early as childhood, though that's rare.

Children inherit two copies of the huntingtin gene—one from each parent. They only need to get one copy of the gene with too many repeats to develop the disease.

A genetic test can tell you how many repeats your huntingtin genes have. But the test itself isn't a diagnosis. The diagnosis is based on a clinical exam and specific movement symptoms.

Scientists are studying ways to lessen the effects of the disease-causing huntingtin gene. They're looking at ways to alter the gene and testing how to lower levels of the defective huntingtin protein.

Yang's team is investigating the role of other genes in Huntington's disease. They're studying an animal model of the illness. In these animals, the huntingtin gene gains more repeats during their lifetime, like it does in people with the disease. Yang's team has found that the extra repeats are added most rapidly in the brain cells most affected by the disease. The changes happened more slowly in animals lacking certain other genes. In these animals, the huntingtin protein is also much less toxic.

Yang thinks these other genes may make good targets for interventions. His team is now searching for molecules that can turn off those genes.

Although we can't stop Huntington's disease, there are ways to improve quality of life for people with the illness. Medications are available that decrease uncontrolled movements, curb hallucinations, and soothe emotional symptoms.

Identifying the disease as early as possible may make those treatments more effective.

Article reprinted from NIH-News In Health

SYMPTOMS OF HUNTINGTON'S DISEASE

DIFFICULTY CONCENTRATING

INSOMNIA

MOOD SWINGS

LOSS OF ENERGY

DIFFICULTY SPEAKING CLEARLY

TREMORS

PROBLEMS WITH MEMORY, THINKING

HALLUCINATIONS

LOSS OF COORDINATION

DEPRESSION

DIFFICULTY SWALLOWING

ABNORMAL EYE MOVEMENTS

BREATHING PROBLEMS

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