

The Hagerstown Parkinson's Support Group

Hagerstown, MD and the Four-State Area

Monthly Newsletter

September 2020

Visit Our Website at:
www.fareshare.net/Parkinsons/

[Visit us on Facebook](#)

Volume 10, Issue 9

This Month's Meeting

? Meeting

Due to the coronavirus issues at hand, none of our meetings in August will be held.

We will let you know about upcoming meetings sometime next month.

We feel it is better to be safe in this matter and not risk further spread of the virus since we are a high-risk population. Let's pray this will be under control soon.

To keep our communications simple, I have decided to do a one-sheet newsletter until we can get back in full swing again.

Support Group Meetings are important.

Block off the first Thursday of every month on your calendars and try not to schedule anything else that day! It's just one day a month!



On a personal note, I am still in Florida. We are staying in the house; we have not been out more than a couple times since the end of March. We have groceries delivered to the house. When we do have to go out, we wear masks and keep our distance from others as much as possible. We hope you are doing the same – stay safe until we can be together again.

MARK YOUR CALENDARS

Join us for our next
Parkinson Support Group Meeting
at the

Western Sizzlin' Steakhouse
17567 York Road, Hagerstown, MD

Sometime Soon, I Hope!

AUGUST MEETING CANCELLED

AUGUST CAREGIVERS MEETINGS CANCELLED

PLEASE STAY HEALTHY
SO WE CAN MEET AGAIN

[If you are interested in viewing or participating in some of the virtual activities that are out there now, please let me know and I will put you on a special mailing list so you know what's coming up.](#)

Hagerstown Parkinson's Support Group Meetings in 2020

Sep 3, Robert Lindsay, Author, Communicating
Oct 1, Dr. Zach Levine, Neurosurgeon
Nov 5, Shannon Murphy, Physical Therapist
Dec 3, Our Holiday Party! No Speaker.

SPOTLIGHT

Please stay safe and follow the guidelines the medical community is promoting. Stay at home, wear masks if you do go out, wash your hands frequently and keep a proper distance from others.

COVID-19 affects people in different ways. Infected people have had a wide range of symptoms reported – from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

Cough
Shortness of breath/difficulty breathing
Fever
Chills
Muscle pain
Sore throat
New loss of taste or smell

Look for emergency warning signs for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:

Trouble breathing
Persistent pain or pressure in the chest
New confusion
Inability to wake or stay awake
Bluish lips or face

The Hagerstown Parkinson's Support Group

Group Facilitator:

Art Guyer, 240-625-2722
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The Hagerstown Parkinson's Support Group
is supported in part by:



17567 York Road, Hagerstown, MD
Stop by for lunch or dinner to support them!

Thanks to Paul Romsburg, his family, and staff of the *Western Sizzlin'* for supporting our group.

UNSUBSCRIBE: If you no longer wish to receive this newsletter, please contact the Group Facilitator, Art Guyer.

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Vision Problems Common in Older Parkinson's Patients in US

Ines Martins, PhD
July 16, 2020

Problems with vision are more common in older people with Parkinson's disease than in others of a similar age, and are linked with poorer health outcomes, a study based on U.S. Medicare records found. Fewer than 60% of the more than 285,000 Parkinson's patients whose data were analyzed, however, had annual eye exams.

Difficulties with vision at older ages — Medicare beneficiaries in the U.S. are overwhelmingly people age 65 or older — are associated with a poorer quality of life, including a greater risk of falls, depression, anxiety, and dementia, the study noted.

With vision problems increasingly recognized as a nonmotor symptom of Parkinson's, researchers at the University of Pennsylvania investigated Medicare claims data from 2010–14, looking at the prevalence of these problems and outcomes in this patient group. Specifically, they sought to determine the prevalence of moderate to severe visual impairment in Parkinson's patients, and how poorer vision related to disease outcomes. They also explored patterns of eye examinations

given patients. Because most causes of visual impairment are either preventable or treatable, they wrote, findings could lead to better healthcare approaches in patients at greater risk for diminished vision.

Researchers first examined 26.21 million unique Medicare beneficiaries in 2014. Of them, 287,010 (1.1%) had a diagnosis of Parkinson's, and 187,572 (0.72%) had a diagnosis of moderate to severe visual impairment. Such impairment was significantly more common in the Parkinson's group (1.67%) than the general older adult population (0.71%), data from 2010–14 showed. But in both groups, vision problems were especially common among those of racial and ethnic minority backgrounds (Blacks and Hispanics), as well as in the more elderly, women, and those with diabetes and hypertension. After adjusting for these variables, visual impairments remained significantly more common, by 60%, in the Parkinson's population.

Factors affecting health outcomes, like demographics, tobacco use, obesity, and diabetes, were also adjusted. Data then showed that moderate to severe visual impairment was significantly associated with depression, anxiety, and dementia in people with Parkinson's.

Over the years of follow-up, 54.6% to 56% of these patients underwent at least one eye exam, with examination rates higher for older patients, whites, those living in metropolitan areas, and people under a neurologist's care. Male patients and those with dementia were associated with lower rates of eye exams. Across this patient group, 37.2% had diabetes (which can cause eye problems), 36.3% had cataracts, 18.9% had age-related macular degeneration, and 14.9% had glaucoma. Having such a disorder did not lead to higher eye examination rates, but those rates were significantly higher among patients with diabetes or any form of eye disease. In fact, only 54% of Parkinson's patients with visual impairment had at least one annual eye exam. But this rate rose to 78.3% for those with age-related macular degeneration, 80.5% for those with diabetic retinopathy, and 84% for people with cataracts. The highest eye examination rate was among patients with glaucoma; 91.6% had at least one eye exam each year.

These findings show that "visual impairment is more common in PD than the general population," the researchers wrote. They attribute this to possible shared molecular mechanisms between Parkinson's and eye diseases, lesser access to ophthalmic care, or to difficulties applying certain eye treatments. Drops, for instance, can be challenging for people with a disease that causes tremors and affects dexterity.

Still, "because more than half of all-cause visual impairment in older adults is preventable or treatable, the identification of PD as a risk factor for eye-related visual impairment presents a unique opportunity to target early detection and treatment programs for these patients to prevent future visual impairment," the researchers added.