How not to fall

Sara Riggare
Tiredness
Depression
Pain
Dry mouth
Excess saliva
Sleep problems
Cognition
Loss of sense of smell
Sweating
Constipation
Depression
Tiredness
Tiredness, Depression, Pain, Dry mouth, Excess saliva, Sleep problems, Cognition, Loss of sense of smell, Freezing-of-gait, Sweating, Constipation, Sweating, Depression, Sweating.
Why do I fall?

I have a new friend. She can be seen on the photo here and I picked her up in a shop the other day. A few days earlier I had no idea that I would feel the need to pick her up, but there you go, that’s life I guess.

On Monday I went to work as usual, went to a few meetings in the morning, more or less ‘business as usual’. For lunch, I thought I’d show my two colleagues the brand new auditorium and the lunch restaurant there, so we took a short walk and went into the building that looks like a giant glass bowl. Of course, if you give three engineers the choice of three different dishes for lunch, they will pick one each. We went looking for a table, sat down with salmon on a bed of fennel, a giant ball of mince of lamb with mash and a Swedish quiche on a bed of greens, and no, the woman in the party (me) did not have the quiche...

Having finished both the food and the mandatory Swedish ‘fika’ (coffee or tea plus something sweet, like a cookie or cake or similar), we took our trays and made our way through the spacious restaurant towards the place for dirty dishes and I found myself thinking: “hmmmm, if I were to see someone I recognise sitting at those tables, I would probably find myself freezing...”. For those of you readers lucky enough to not understand the meaning of that sentence, here is a brief video from youtube (for the extra interested, look here). There is a lot to
Freezing-of-gait (FOG)

Freezing of gait: moving forward on a mysterious clinical phenomenon

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Freezing of gait (FOG) is a unique and disabling clinical phenomenon characterised by brief episodes of or by extremely short steps that typically occur on initiating gait or on turning while walking. This is a feature of parkinsonian syndromes, show variability in gait metrics between FoG episodes and a reduction in step length with frequent trembling of the legs during FoG episodes. Physiological, functional, and clinical-pathological studies point to disturbances in frontal cortical regions, the basal ganglia, and locomotor circuitry as the probable origins of FoG. Medications, deep brain stimulation, and rehabilitation can alleviate symptoms of FoG in some patients, but these treatments lack efficacy in patients with better understanding of the phenomenon is needed to aid the development of effective therapeutic strategies.

Clinical features

Although classic FoG is easily recognised, to define the phenomenon precisely is surprisingly difficult. The definition accepted at the 2010 workshop of clinicians and scientists interested in FoG was “brief, episodic absence or marked reduction of forward progression of the feet despite the intention to walk.” This definition includes episodes in which the patient cannot initiate gait (“start hesitation”) and arrests in forward progression during walking (“turn” and “destination” hesitation), as well as episodes of shuffling forward with steps that are millimetres to a couple of centimetres in length. The notion of FoG as an episodic phenomenon is important because it suggests transient disruptions of locomotor circuitry. Most commonly, FoG lasts a couple of seconds, but episodes can occasionally exceed 30 s. Rarely, FoG seems to be almost continuous, such that the patient is unable to generate steps that are long enough to provide useful ambulation.

Several important features can accompany FoG: (1) the foot or toe does not leave the ground or only barely
Clearing the FOG

Situation/context

Walking sensitive to:
- medication
- stress
- mood

Trigger

Sudden
- sound
- movement
- thought

Parkinson’s disease + = FOG
What did I do?
How did I do it?
What did I learn?
What did I learn?

- The QS community is AWESOME!!
Transcranial direct current stimulation for treatment of freezing of gait: A cross-over study

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Abstract

Keywords:
Parkinson's disease; basal ganglia; gait disorders; motor cortex; brain stimulation

ABSTRACT

Background and objective

Progression of Parkinson's disease (PD) is frequently characterized by the occurrence of freezing of gait (FOG) representing a disabling motor complication. We aim to investigate safety and efficacy of transcranial direct current stimulation of the primary motor cortex of PD patients with FOG.

Methods

In this cross-over, double-blind, sham-controlled study, 10 PD patients with FOG persisting in “on” state underwent anodal and sham direct current stimulation for 5 consecutive days. Clinical assessment over a 1-month period was performed.

Results

A significant improvement of gait, as assessed by the Stand Walk Sit test, with reduction in number and duration of FOG episodes, along with a significant reduction in the Unified Parkinson's Disease Rating Scale score, were observed after anodal stimulation. Beneficial effects were more evident after the entire 5-day stimulation session, and persisted until the end of the observation period.

Conclusions

Anodal transcranial direct current stimulation of the motor cortex is safe and has therapeutic potential in PD patients with FOG, © 2014 International Parkinson and Movement Disorder Society
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