



CHRISTIAN COMMUNITY HOMECARE HERALD NOVEMBER/DECEMBER



Hard to believe that this issue covers Thanksgiving and Christmas! As of this writing I haven't even trick-or-treated yet. This morning at the store I noticed the Halloween items were already placed in a corner and boxes of Christmas chocolates had center aisle. The time will fly quicker than a witch on her broom now-until cold January arrives. Then it seems like time s-l-o-w-s down until April.

This holiday season will be different for all of us. I will miss my annual trip to Florida for Halloween fun with grand-daughter Summer who is 6 now and adjusting to life with a new baby brother Mason. We are giving Mason some time to build immunity before meeting him at Christmas. The dates I will be gone are December 21-27. Sandy will cover phones during my absence. You can leave a message at office if needed and she'll return your call.

Our trip to KC for turkey dinner with family is also canceled. I already miss that yummy spread my brother and his wife put on. It's my favorite meal of the year. Whatever changes you encounter these holidays, I pray that you stay safe and in good health! Chris Lewis



HAPPY BIRTHDAY!
Rose Wahlig November 9
Freda Henderson December 11

LIVING WITH LEWEY BODY DEMENTIA, By *Samantha Costa*

In 2010, Judy Kauser, then 68, started having pains in her leg. It progressed so much that her family physician suggested the source was a back problem, or sciatica. When steroid medications didn't help, she was sent for injections for inflammation, but the pain continued and worsened, requiring her to use a walker. Her husband, Dennis, says Judy became confused and disoriented, but he and the doctors blamed it on the pain medication. It would take another two years before Judy was diagnosed with dementia with Lewy bodies.

The Lewy Body Dementia Association estimates the condition affects more than 1.4 million individuals in the U.S. alone. It's the second most common type of progressive dementia after Alzheimer's disease yet it's often underdiagnosed.

What Is Dementia With Lewy Bodies?



Lewy Body Dementia is an umbrella term that refers to both Parkinson's disease dementia and dementia with Lewy bodies -- the abnormal protein deposits in the brain that can lead to problems with thinking, movement, behavior and mood. While it often resembles Alzheimer's disease, dementia with Lewy bodies involves differing symptoms, says Dr. James Galvin, a neurology and psychiatry professor and associate dean for clinical research at the Charles E. Schmidt College of Medicine at Florida Atlantic University.

In Alzheimer's disease, memory loss is more common at any earlier point than it is in dementia with Lewy bodies. And although Alzheimer's disease can cause problems with walking and balance, those with dementia with Lewy bodies are more likely to exhibit more disabling physical symptoms such as stiffness and hunched posture. Hallucinations, disruptions to the body's nervous system and REM sleep behavior disorder also occur more frequently in early-stage dementia with Lewy bodies compared with Alzheimer's disease.

Other signs of the condition include repeated fainting, loss of consciousness, difficulties with simple body functions like digestion, hallucinations, inability to perceive visual information like the surrounding environment and other psychiatric problems.

"The two things that are most easy to test are memory and movement, which leads people to often initially be diagnosed with Alzheimer's disease or Parkinson's disease," Galvin says. "That's why it's very confusing and often not diagnosed until later in the course of the disease. Until recently, there's really been no other good way to measure those symptoms."

Any of the symptoms can appear in any order, he adds. If movement symptoms are first, a doctor might make a Parkinson's disease diagnosis. Or if memory problems are most visible, the patient might be diagnosed with Alzheimer's disease. If psychiatric symptoms are most noticeable, someone may be diagnosed with a bipolar disorder or schizophrenia rather than dementia with Lewy bodies, Galvin says, adding: "Of course, all of those diagnoses are wrong."

Tests may include a neurological exam that looks at the body's reflexes, eye movements, balance and sense of touch, as well as a memory test to determine whether it's Alzheimer's disease or dementia with Lewy bodies. Brain scans can rule out other conditions, such as vitamin deficiencies, Alzheimer's disease or strokes.

"If you don't have the right diagnosis, it's very difficult to balance how the medicines are used," Galvin explains. "For example, medicines that improve movement can worsen hallucinations, and medications that treat hallucinations can worsen movement."

If a doctor doesn't take all that into account, someone may be misdiagnosed and treated with psychiatric medications that have been proven to worsen dementia symptoms, Galvin adds. That's why the U.S. Food and Drug Administration warns that the drugs be avoided in those with the disease.

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Thinking that the presidential candidate needed to show a more human side of himself, his committee advised him to visit an old age home. Walking into the room of an old man, with the cameras whirring, the nominee was surprised when the old man offered him some peanuts from a bowl on the table. “Thank you”, said the nominee after being offered more for the 3rd time, “why don’t you have some yourself?” “Oh, I can’t eat it” said the old man, “I don’t have any teeth.” “So why do you have them?” asked the confused nominee. “Oh, I like the chocolate around it” was the glib reply.

