

# Brain & Me

LIVING WELL WITH NEUROLOGICAL DISORDERS



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**LIVING WELL**  
Self Care in  
Neuropathic Pain

**WELLNESS**  
Building Better  
Mental Health

**CARE GIVER - BURNOUT**  
Care Giver - Burnout

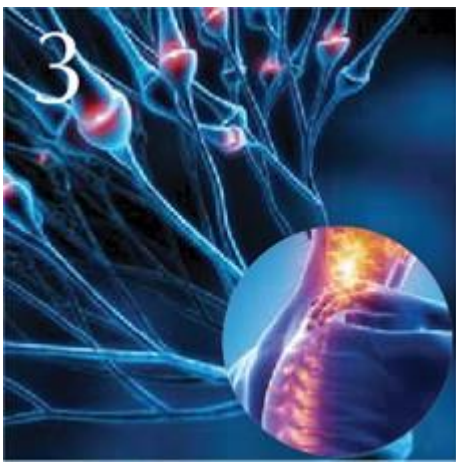
**TAKE CHARGE**  
Exerciese for  
Peripheral Neuropathy





## Foreword

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### WELLNESS

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### CARE GIVER - BURNOUT

- CARE G'VÉR - BURNOUT



### TAKE CHARGE

- NUTRITION FOR STROKE



# SELF CARE IN NEUROPATHIC PAIN



The predictors of depression and anxiety among people with peripheral neuropathy is not necessarily the severity of the symptoms but the psychological variables and social **variables**. The psychological variables include **how the patient** feel (hopeless, optimistic, anxious, etc.) while the social variables can be how active the **patient** is or does, they have supports. These variables can be **Wngod**.

TI you on dweTTing m whet mig k have if yolk were not diagnosed, **self-pitying, ruminating about better** times, and think of yourseE pnmarity as a “peripheraT nwrpalhy patient” would not help you in preventing W obese **mated** with this iTTnese.

8eiow are some of the effective self-care and coping skills which you can implement fi you are sufleng from neumparhic pain.

## IPS FORMANAGING PERIPHERAL NEUROPATHY

**Some of the suggestions which might help in managing peripheral neuropathy includes:**

- ▶ Caring your feet, particularly if you have diabetes. It is important for you to daily check your feet for signs of blisters, cuts, or **calluses**. Wring tight sq and sock might worsen the pain and tingling and may sit in **non-healing sores**. It is advised to wear soft, loose cotton socks and padded shoes. You can also use a **fi P, iCh** get in **ical** stores, to **bed covers off hot or sensitive feet**.

- ▶ Cigazelle s ing may affect circulation, t f d y increasing the



rnsk of foot problems and possibly resulting into amputation. Hence, it is advised a quit smoking.

If have increased risk of neuropathy or yoJ have a cktonic medical condition, then it is very impgztant to eat heckhyrneels. TI is advisedQ have low-fat and deity pn:ducts end include Tots of Cite Te\$, and whole greins in dix ATsg, consume aT hot in moderation.

w k lassapng your hands and feet or having **someone to message for** you might help in improving the j pp could **rarity** relieve die pain.

- > Patient with neuropathy are advised to avoid prolonged pressure. Hence, do not keep your knees crossed or teen on your elbows for !ongef Aeration of tirre as it might result in new nerve damp

## SKILLS FOR COPING WITH PERIPHERAL NEUROPATHY

## Living with chronic pain or disability

are some of these suggestions might

- ▶ Make your priorities and decide which tasks you need to do on a five-day (eg, paying bills or shopping first/second and which can wait until another time. Although it is advised to stay active, but do not overdo.
- ▶ Accept and acknowledge the negative aspects of your illness, but don't let them hold you back and be positive to find what works best for you.

might encourage you to maintain a balanced schedule while maintaining a healthy lifestyle.

would help in dividing your workload from pain.

would help in maintaining an optimum fitness. This is something you can control and offer so many benefits to your physical and emotional well-being.

- ▶ Find and accept support as asking for or accepting some help is not a sign of weakness when you need the same. Apart from

taking support from family and

pain support group. Support

hear about coping techniques or

others. Further, it would help you to meet people who understand what you are going through. For finding a support group in your community, ask your doctor or your nurse.

- ▶ Be prepared for challenging situations particularly if you have any medical conditions coming up in your life (e.g. nerve

- ▶ Approach and talk to your counselor or therapist. The possible complications of

experiencing any of these, you might find it helpful to talk to a counselor or therapist apart from

## TIPS FOR SLEEP WITH NEUROPATHY

Sleep is an essential part of living which helps in avoiding major health problems. Also, it is important for mental and physical

Sleep affects our mood and stress and anxiety levels. However, it is

observed that sleep disturbance or

neuropathic pain. It is reported to be

suffer from chronic pain

Approximately 70% of patients with pain, including those suffering from peripheral neuropathy, back pain, headaches, arthritis, and fibromyalgia, have reported trouble in sleeping.

Pain is observed to be interfering with sleep because of combination of issues such as discomfort, reduced activity levels, anxiety, worry, depression and use of medications like codeine that relieve pain but disturb sleep.



sleep daily for adults, irrespective of age or gender. However, this seems impossible in people who are suffering from chronic pain. Hence, these are steps you can take to improve your sleep, which might result in less pain and lower levels of depression and anxiety. Talk with your doctor to

check with them to make sure you're

sleep disturbance.

especially in the afternoon

- ▶ Stop smoking





P Limit alcohol consumption of

▶ Limit naps to < 1 hour, preferably

\* Avoid staying in bed on long as spending time in bed without using insights in more shallow

• Follow and stick to a regular daily schedule including going to bed and getting up at the same time

R Follow a regular exercise program and make sure to

before bedtime

P Make sure your bed is comfortable and you have enough room to stretch and turn

> Keep your room cool as the room temperature might also affect your sleep. It is observed that most of the people sleep best in a room (around 65° F or 18° C) with adequate ventilation. Too hot or too cold bedroom might interfere with the quality of your sleep.

\* Turn off your TV and lights as most of the people use the television to fall asleep or relax at the end of the day. This reported that the light suppress melatonin production and the TV might stimulate the mind, instead of relaxing the same.

> Do not watch the clock and turn your alarm clock around so that it is not facing you

• Place a note pad and pencil by your bed to write down any thoughts that interfere with your sleep and then on put them to rest



- ▶ Do not take a hot bath or shower right before bed as the body needs to cool a degree before getting into deep sleep
- ▶ Listen to relaxing soft music or audio books instead, or practice relaxation exercises.
- ▶ Visualize a peaceful and restful place. Close your eyes and imagine a place or activity that makes you feel calm and keep you at ease. Consider how this place or activity makes you feel.

It is observed that some patients find comfort from a pillow between their legs that keeps their knees from touching. Added benefit of this approach is that a pillow between your legs at night prevent your upper

leg from pulling your spine out of alignment and reduces the pressure on the hips and lower back.

You might take 3-4 weeks of trying these techniques before you start to see an improvement in your sleep. You might notice worsen sleep during the first two weeks, but improved sleep might result in less pain intensity and improve the mood.



well/lifestyle/managing-peripheral-

periods%20of%20time. Accessed on 21



# REHABILITATION IN STROKE MANAGEMENT

Stroke rehabilitation aims to improve the relearn skills of the patient which is lost when a patient gets affected with stroke. This rehabilitation may help in regaining the independence and improve the patient's quality of life.

The severity of stroke complications and each person's ability to recover exhibit a wide variation. According to researchers it has been reported that people who participate in a focused stroke rehabilitation program perform better in comparison to most of the people who do not have stroke rehabilitation.

## WHAT DOES STROKE REHABILITATION CONSTITUTE?

Various approaches are available for stroke rehabilitation. The rehabilitation plan offered to you depends on the part of the body or type of ability affected by the stroke.

### *Physical activities may include followings*

- \* Motor skill exercises which might help in improving the muscle strength and coordination. These might be therapy to strengthen the swallowing.
- \* Mobility training which may help in learning how to use

mobility aids, like walkers, canes, wheelchair, or ankle brace. The ankle brace helps in stabilizing and strengthening your ankle which would help in supporting your body's weight while you learn to walk.

- \* Constraint-induced therapy as the unaffected limb is restrained while you practice moving the affected limb to improve the function. Sometimes this therapy is **called** as forced-use therapy.
- \* Range-of-motion therapy wherein certain exercises and treatments might help in easing muscle tension (spasticity) and help in regaining the range of motion.

### *Technology-assisted physical activities which may include*



### *following*

- \* Functional electrical stimulation, which is applied to weakened muscles, thereby resulting in their contraction. It is observed that the electrical stimulation might help in re-educating the muscles.
- \* Prosthetic technology assisted devices which may help in assisting impaired limbs with performing repetitive motions, that support the limbs to regain strength and function.
- \* Wireless technology wherein an activity monitor may help in increasing the post-stroke activity.
- \* Virtual reality in which the use of video games and other computer-based therapies helps the patient to interact with a simulated, realistic environment.

### *Cognitive and emotional activities which may include following:*

- \* Therapy for cognitive disorders like occupational therapy and speech therapy which might help you with lost cognitive abilities, like memory, processing, problem-solving, social skills, judgment, and self-awareness.
- \* Therapy for communication



disorders like speech therapy which might help you in regaining lost abilities at speaking, listening, writing and comprehension.

- \* Psychological evaluation and treatment where the emotional adjustment might be tested. Also, there may be counselling or participation session in a support group.
- Medication where the physician may recommend an antidepressant or a medication that affects alertness, agitation, or movement.

Experimental therapies that include following:

- Noninvasive brain stimulation techniques like transcranial magnetic stimulation that have been used with some success in a research setting where it helped in improving a variety of motor skills.
- Biological therapies, like stem cells, are being investigated; however, they should only be used as part of a clinical trial.
- \* Alternative approach like massage, herbal therapy, acupuncture and oxygen therapy are currently being evaluated.

## WHEN SHOULD STROKE REHABILITATION BEGIN?

The sooner stroke rehabilitation program is started, the more likely

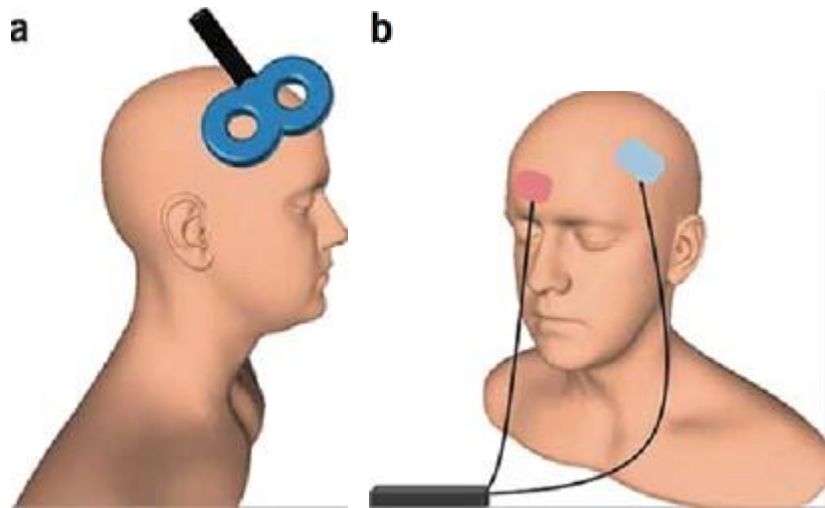


the patient can regain lost abilities and skills.

However, immediate priorities of your physician would be-

- \* To stabilize your medical condition
- To prevent life-threatening conditions
- To prevent another attack of stroke
- To limit any stroke-related complications

Generally, the stroke rehabilitation starts as soon as 24 to 48 hours post stroke, while the patient is still in the hospital.



## HOW LONG DOES STROKE REHABILITATION LAST?

- \* Duration of stroke rehabilitation is based on the severity of the stroke and related complications. It is observed that some survivors have quick recovery, however, most of the patients need some form of long-term stroke rehabilitation, that lasts possibly months or years after the stroke.
- Stroke rehabilitation plan



changes with the recovery as soon as the patient regains skills and these change in the needs. With ongoing practice, the patient can continue to make gains as time passes.

## WHERE DOES STROKE REHABILITATION TAKE PLACE?

The stroke rehabilitation program generally starts when the patient is still in the hospital. Before the patients

leave, he/she and the family work along with hospital social workers and the care team to identify the best rehabilitation setting. Factors that are considered while deciding this include the patient's needs, what insurance will cover, and what is most convenient for the patient and the family.

The places where stroke rehabilitation program might take place can

- \* Inpatient rehabilitation units: These facilities are either freestanding or part of a large hospital or clinic where the patient may stay for up to 2-3 weeks as part of an intensive rehabilitation
- \* Outpatient units: Generally, these facilities are part of a hospital or clinic where the patient may spend a few hours at the facility a couple of days a week.

- \* **Skilled nursing facilities:** The nursing facility varies wherein some facilities specialize in provide fees-intensive therapy options.
- \* **Home-based programs:** This offer therapy at home and offer greater available options. However, its drawback is that the patient do not have access to specialized rehabilitation equipment.

It is advised to talk to the physician and family about the best option for the patient.

## WHO ARE INVOLVED IN THE STROKE REHABILITATION TEAM?

Stroke rehabilitation involves a variety of specialists who can help with physical needs and include:

- **Primary care:** is in addition to the neurologists and specialists in physical medicine rehabilitation who can guide the patient care and help in planning treatments. Also, these physicians may help the patient in diagnosis and management of a healthy lifestyle to avoid chronic
- \* **Behavioral Therapists:** This includes nurses who are specialized in caring for people with limitations to activities and may help the patient to incorporate the habits which would help in forming the daily routines. Also, these nurses offer



- **Occupational Therapists:** These therapists help the patient in relearning movements like walking and keeping the balance.
- > **Occupational Therapists:** These therapists help the patient in relearning hand and arm use for daily tasks like bathing, tying the shoes or buying the dirt. Also, they help in addressing swallowing and cognitive issues.

**Specialists who focus on cognitive, emotional, and vocational skills include:**

- **Speech and Language Pathologists:** These specialists help in improving language skills and swallowing ability of the patient. Also, these specialists can work in developing tools to address memory, linking and communication problems.
- \* **Social Workers:** Who help plan for financial resources, plan for new living arrangements if necessary and identify community resources.
- \* **Psychologists:** These specialists assess the thinking skills and help in addressing the mental and emotional health.
- > **Therapeutic Recreation Specialist:** These specialists help in resuming activities and the roles which the patient enjoy before suffering from stroke, including hobbies and community participation.
- **Vocational Counselors:** These specialists help in addressing return-to-work issues if that is a goal.

## WHAT ARE THE FACTORS THAT DETERMINE THE OUTCOME OF STROKE REHABILITATION?

Recovery from stroke varies from

person to person. It is difficult to predict how many activities the patient may recover and in how much time. Generally, successful stroke rehabilitation is based on following:

- \* **Physical factors,** including the severity of recognizing cognitive and physical effects
- \* **Emotional factors,** including motivation and mood, and the patient's ability to stick with rehabilitation activities outside of therapy sessions
- > **Social factors,** like the support of friends and family
- **Therapeutic factors,** including early start of rehabilitation and the skill of the stroke rehabilitation team

It is observed that the recovery rate is maximum in the weeks and months post stroke. However, evidence also shows that the performance might improve even in the first 8 months post stroke.

## REMEMBER THAT STROKE REHABILITATION TAKES TIME

Recovery in patient with stroke can



be a long and frustrating experience. It is normal to face difficulties along the way. However, dedication and willingness to work toward improvement would help the patient to overcome them.

Source: Stroke rehabilitation: What to expect as you recover [Internet] [Updated 17 Apr, 2019]. Available at: <https://www.who.int/news-room/fact-sheets/detail/stroke-rehabilitation>

rehabilitation on azt-2W5g72. Accessed 21 Dec. 2020.

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# SAFETY OF ALZHEIMER PATIENTS

## HOME SAFETY

Patients having Alzheimer's can live in their homes if the safety measures are in place. During the progress of Alzheimer's a person's abilities change; however, with some creativity and problem solving, the patient can adapt the home environment to support these changes.

### How safety is affected due to dementia?

Alzheimer's disease causes multiple changes in the brain that might affect the safety. Based on the disease stage, these might include:

- **JUDGMENT:** Forgetting how to

- use household appliances
- \* **SENSE OF TIME AND PLACE:** Getting lost on one's own street
- \* **BEHAVIOR:** Getting easily confused, suspicious or withdrawn
- \* **PHYSICAL ABILITY:** Having problem with balance
- \* **SENSES:** Experiencing changes in vision, hearing, sensitive to temperatures or depth perception

Some of the home safety tips which can be taken care of are as follows:

- ▶ Evaluate the environment as patient of dementia may be at risk in certain areas of the home or outdoors. Give special attention to garages, work rooms, basements and cluttered areas where there are more tools, chemicals, cleaning supplies

and other items that need supervision.

- \* Avoid safety hazards in the kitchen: Install a hidden gas valve or circuit breaker on the stove so that patient of dementia cannot turn it on. Remove the knobs. Use appliance that have an auto shut-off fire. Keep them away from water sources and sinks. Remove decorative items, sugar substitutes and seasonings from the table and counter.
- Prepare for emergencies.
- Prepare and be ready with a list of emergency numbers: fire, police, ambulance, hospital, and poison control helpline.
- Keep the safety devices in working order. Make working fire extinguishers, smoke detectors and carbon monoxide detectors.
- Install locks out of sight. Place deadbolts either high or low on exterior doors so that it is difficult for the patient to reach out of sight for. Keep a set of keys hidden near the door for easy access. Remove trip hazards in bathrooms or bedrooms so that the patient cannot get tripped inside.
- \* Ensure walkways well-lit and place





extra lights to entries, doorways, stairways, areas between rooms,

- ▶ Use night lights in hallways, bedrooms, and bathrooms for preventing accidents and reduce disorientation.
- Home and disabled persons or other weapons as the presence of a weapon in the home of a person with dementia might

a person mistakenly believe that a familiar caregiver is an intruder.

- \* Place medications in a locked drawer or cabinet so that medications are taken safely, use a pill box organizer or keep a daily list and check off each medication as it is taken.
- ▶ Items are tripping hazards. Keep floors and other surfaces clutter-free. Remove magazine racks, coffee tables and floor lamps.
- ▶ Watch the temperature of water and food as it might be difficult for the patient of dementia to tell the difference between hot and cold.

temperature.

- \* Avoid injury in the bathroom. Install walk-in shower. Add grab bars to the shower or tub and at the edge of the vanity which help in independent, safe movement. Place textured stickers to slippery

keep throw rugs and carpeting in

- ▶ Install one laundry room and secure. Ask about coming products like detergent, liquid laundry "ender" bleach-Pontacross the washer and Ayer. Keep a good number for poison control and if possible, keep the door to his

garage and/or basement. Secure hand and power tools and keep point chemicals like gasoline, spray paint and paint thinner out of reach. Install a garage door safety sensor.

- ▶ Support the patient's need and by not to create a home that feels too restrictive. The independence and social interaction of the patient should be encouraged at home. Clear areas for activities.

## WANDERING

It is noted that 6 out of 10 patients having dementia wander. Patient having Alzheimer's may forget his or her name or address, and can

places. Wandering in patients of dementia can be dangerous but there are strategies and services which can help in preventing the same.

### *Patient who are at*



### *risk of wandering?*

Anyone having problems with memory and can walk is at risk for wandering. It is reported that even in the early stages of dementia, patient might become disoriented or confined for a period. Hence, it is important to plan for this type of case for the following

warning signs:

- ▶ Returns from a regular walk or drive later as compared to usual
- ▶ Forgets how to get to familiar places.

obligations, like going to work

- ▶ Tries or wants to "go home," even when at home
- ▶ Is restless, paces or makes repetitive movements
- ▶ Faces difficulty locating familiar places such as bathroom, bedroom, or dining room

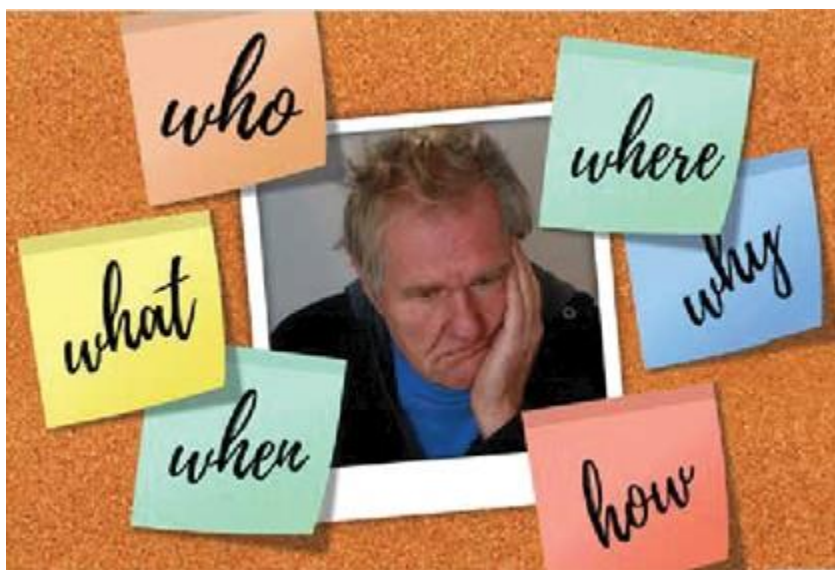
- \* Accidentally or anxious in

malls or restaurants.

### *prevent wandering?*

Wandering can take place even if the caregiver is the most diligent one. Following strategies can be used to help lower the chances:

- **Boin6Me**



- ▶ Carry out daily activities and having a **time** might provide structure. Learn about creating a daily routine.
- ▶ Determine the most likely time of day during which wandering might occur and plan activities at that time. Activities and exercise may help in reducing anxiety, agitation, and restlessness.
- ▶ Reassure the person if he/she feels lost, abandoned, or disoriented. If the patient with dementia wants to leave to 'go home' or 'go to work,' use focused communication and validation. Avoid correcting the person (e.g. "We are staying here tonight. We are safe and I'll be with you. We can go home in the morning after a good night's



- resL
- \* Make sure that the basic needs of patients are met. Make the person go to the bathroom if they do not go to the toilet or hunt.
  - \* Avoid busy places that lead to confusion and can cause disorientation (e.g., shopping malls, group stores or other busy venues).



- Place locks out of the line of sight and install either high or low on exterior doors and consider placing a slide bolt at the top.
- \* **Until** use of devices that signal when a door or window is open can be as simple as a sophisticated electronic home alarm.

unsupervised in or changed surroundings. Do not ask a person in at home or tease him or her in a car alone.

- \* Keep car keys out of sight if the patient is no longer driving, remove access to car keys as such a patient may not just **take** by force but a parent might forget that he or she can no longer **drive**. If the patient is still able to **drive**, use a CPS device to help if they get lost.

## Prevention of dementia

Significant prevention of dementia is experienced by families and

dementia wanders and becomes lost. Have a plan in place so that you know what to do in case of an emergency:

- > Keep a list of people ready to call for help and have easy access to their numbers.

- ▶ Ask neighbors, friends, and family to call in case they see the patient.
- \* Keep a current photo and updated medical information so that it can be easily shared with the police.
- \* Know your neighborhood and identify dangerous areas near the home (e.g., bodies of water, open streets, dense foliage, tunnels, bus stops and roads with heavy traffic).
- Keep track of whether the patient is right or left-handed as wandering generally follows the direction of the dominant hand.
- Keep a list of places where the patient might wander (e.g., past jobs, former homes, places



of tip or a restaurant.

- \* If the patient does wander search the immediate area for not > 15 minutes. If the person is not found within 15 minutes, then call the police to file a missing person's report and inform them that the patient has dementia.





# TRIGGERS MIGRAINE

It is observed that migraine related triggers precede the attack by a short interval which may range up to 6 to 8 hours. It is not an easy task to identify a trigger by factor may trigger an attack in a person who is predisposed to migraine, and the list of possible causes can be long and confusing.

It is not easy to identify that trigger the migraine if the patient attack is linked to several different things. Also, a trigger might not be responsible for an attack every time, which might lead to more confusion. Example if the patient is a young woman and the triggers include skipping a meal, stress, and a change in hormonal levels. If the patient has just come home late from a very stressful meeting at work, and she may straight go to bed without eating a proper meal, then the patient almost certainly might suffer the attack. However, if the patient had skipped dinner another time, when the other triggers were not present, she might

not probably get a migraine. Most patients may have long periods of time without a migraine between attacks. At this time, the body seems to be in a less sensitive state, and the patient may find that even a combination of triggers does not start a migraine.

In some cases, the triggers might be identified. Example during the start of an attack, the patient may experience a craving for sweet things. If the patient eat some chocolate and get a headache, it might be assumed that chocolate is the trigger. However, the patient started to get a migraine before the consumption of chocolate.

## KEEPING A DIARY

The best way to determine the triggers is to keep a detailed diary. It is observed that triggers might influence an attack up to 48 hours before the headache starts. The diary can help the patient to identify at this

period before each attack. Aim, to identify a pattern of possible triggers which are occurring together during this time can be observed.

### Keeping a record of following things may be useful:

- > Time of going up and then time of sleep
- \* Daily routine like going to work, watching TV etc.
- R Environment that can contain triggers
- > Food and drink which are consumed
- Rating and drinking
- \* Bowel movements
- \* Exercise or travel
- \* Mood
- \* Type of weather
- > Menstrual cycle in women
- ▶ If migraine or other headache, then its severity and symptoms
- ▶ Medications consumed and its dosage
- \* Factors that is changing a part of the life

The timing of attack might also help in identifying the triggers. Example, if





the headache may be triggered by caffeine withdrawal due to drinking fewer cups of tea or coffee at home than at work. Note that winding down at the weekend after a stressful week at work might also cause an attack. In some patients it is observed that too much sleep at the weekends can trigger an attack.

## AVOIDING TRIGGERS

If the migraine related attacks triggered by a single factor then

most of the attacks from happening. However, attacks triggered by a combination of factors might be harder to avoid.

The patient should be clear about what is expected to achieve from a routine for managing migraine, and the expectation should be realistic. Example, aiming to reduce how often the headaches happen may be

may not be. The patient should set up a realistic goal (which can be aimed at) for example, He/she should not feel bad with

quid not all W attacks cannot be controlled by avoiding Triggers. Most of the patients need after methods of **management** to bring their condition under control.

## CHANGES RELATED TO LIFESTYLE

\* Routines regular & hard to break

so changes are more difficult to

Major changes may be necessary, which take time, effort, and support

However, if the patient can make these changes, it can cause major improvements in their quality of life.

A sensible amount of exercise each week, and eating a nourishing, well-balanced diet is advisable. If the patient is fit and in good general health, coping with migraine attacks

the patient might continue to experience disabling headaches even after looking at all the discussed in this article. If so, then he/she should talk to a doctor about the possibility of using preventive treatment.



Source: What is a trigger? [Internet]. Available at: <https://www.migrainetrust.org/about-migraine/trigger-factors/what-is-a-trigger/>. Accessed on 21 Dec, 2020.

# BUILDING BETTER MENTAL HEALTH



Slaying home as a precaution for preventing viruses and others from becoming ill due to **COVID-19** has disrupted almost every aspect of daily life including physical activity. Closure of gyms, fitness studios, and physical therapy practices have caused all exercise to be done at home or outside at least six feet away from others. As a result of all these constraints, some people have adopted a sedentary lifestyle.

However, exercise has become more important now, not only because it offers health benefits but also it counters boredom and fills the time productively. Exercise offers multiple benefits including more strength and flexibility, better balance, improved sleep, less stress, cardiorespiratory boost such as lower blood pressure and cholesterol, better endurance, less depression, and cognitive improvement like better memory due to better blood flow to the brain.

Exercising regularly helps in maintaining a healthy weight. It is important among people having certain neurological conditions, including Parkinson's disease,

multiple sclerosis (MS), and stroke, as it can enhance functioning and sleep, relieve fatigue, and in some cases even improve mobility and balance. Exercise results in more neuroplasticity and therefore better brain repair in individuals having neurologic dysfunction.

In case your workplace is temporarily closed due to COVID-19,

you would want to incorporate more exercise into your activity at home. Before starting any fitness regimen, talk to your doctor, physical therapist, or neurologist. If case you were prescribed exercises by a physical or occupational therapist, review the instructions with the therapist. Follow the below given tips for doing physical activity at home.

## MAKE A ROUTINE

Establish a schedule and location for exercising and those activities should be done at a similar amount and time. For beginners it is advised to start with 15-20 minutes daily at a pace where breathing is easy, but conversation can be maintained.

## STRETCH FIRST

Being sedentary shortens muscles, impairing mobility as the muscles adapt to the shorter range. It is advised to stretch the calves, hips, lower back, and neck. Stretch until a pull is felt in the muscle without pain and hold it for at least 30 seconds; repeat 4-5 times daily.







## USING EQUIP/ TENT

Use the old stationary bid at OeedmiTT. StreWh arms Bad legs wig a towel or belt.

## COUNTING CHORES

N dayt<day household cho«s, hke vacuuming, washing duhes, and doing laundry, may act as a krvr la moderate level of exercise, keep a track of these activities and challenge youWif to do km Master or more frequently.



## TAKE IT EASY

Evidence state that exercise Ti ke Lai chi, yoga, and walking ie beafictaT for those with naraTogic conditions. A 2017 ze ir of sthies in the joungl PaAinsonigm and feeled Disorders atrated that Lai chi and qigoog Mps D s if antTy i rose motor I no6on, mood, and quad ol T for people wit Parkinson's disease. Fas more on coosisWcy than intewily. Even sixty standing up and siaing down

## jU5T DANCING

It is reported that r<isictherapy Mps in improving moles symptoms and quality of lik, as per a 2018 review of



27 articles on its benefits, published in W journal of the Vicon /• ical Digs ietlon. TO are online clm available hich can die utilized dun g this time ol COVED.

## LIFTING WEIGHTS

Strength train ng helps in developing health. Also, it is good fa' brain and



men ink mobili and functim.

## DOING EXERCISE IN. A CHAIR

Almost most of theaovities ir<luding soetc£iing, yoga, saength shining, and even dancing may be adapted to be performed in a chair. Chair lated workouts can be customized to anyone's level of fitness and ability.

Tn case Are the l' ié .too difficult tzy doing deep•bzeaiing exercises. Tance as many deeg brealla as you can and Tel them out stay. Repeat this 3-4 times in a row.



Source: 8 Ways to Stay Active at Home [Internet] [Updated Jun-Jul, 2020]. Available at: <https://www.brainandlife.org/articles/8-ways-to-stay-active-at-home/>. Accessed on 21 Dec, 2020.



# CARE GIVER- BURNOUT



Caregiver burnout is defined as a state of physical, emotional, and mental exhaustion which may be associated with a change in attitude, from positive and caring to negative and uncommitted. Generally, this phase comes when the caregivers do not get the help they need, or if they try to do more than they are able, physically, or financially.

Also, it is observed that many caregivers feel guilty if they spend time on themselves instead on their ill or elderly loved ones. Burned out caregivers may experience fatigue, stress, anxiety and depression.

## FACTORS CAUSING CAREGIVER BURNOUT

Generally, caregivers are so busy caring for others that they neglect their own emotions, physical, and spiritual health. The demands on a caregiver's body, mind and emotions may easily seem overwhelming, resulting in fatigue, hopelessness and ultimately burnout.

Other factors which may be responsible for caregiver burnout included

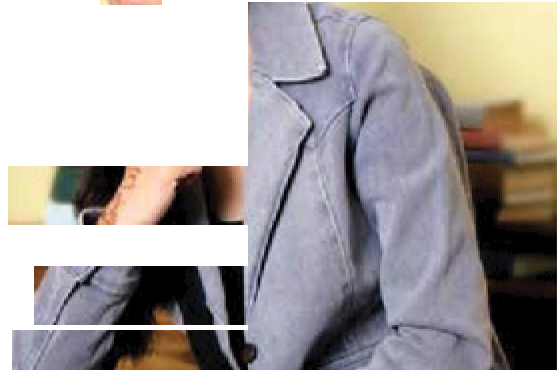
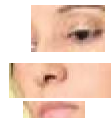
- \* **ROLE CONFUSION:** Many people are confused when thrust

into the role of caregiver. It might be difficult for a person to separate her role as caregiver from her role as spouse, sister, child, friend, or another close relationship.

- \* **UNREALISTIC EXPECTATIONS:** Many caregivers expect their involvement to have a positive effect on the quality and happiness of the patient. However, this expectation might be unrealistic in patients who are suffering from a progressive disease, like Parkinson's or Alzheimer's.
- \* **LACK OF CONTROL:** Many

caregiver might become frustrated due to lack of money, resources, and bills to effectively manage, and organize their loved one's care.

- \* **UNREASONABLE DEMANDS:** It is observed that some of the caregivers put unreasonable burdens upon themselves, partially as they provide responsibility. Some family members like siblings, adult children or the patient himself/herself might put unreasonable demands on the caregiver. Also, they might disregard their own responsibilities and place



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## PREVENT CAREGIVER

- **OTHER JOBS:** Many caregivers are not able to recognize when they are becoming burnt out and financially reach a point where they cannot function effectively. They may even become sick.

## BURNOUT

Some of the tips which may be helpful in preventing caregiver

- \* Find someone you trust to help you. This could be a friend, co-warmer, or neighbour to whom you can talk about your feelings.

that might also need help while caregiving. Ask others for help with some tasks. focal

worship might act as support groups together in person or

members serving in disease

Also, such organizations provide respite care to allow the caregiver to have time away from the patient.

- ▶ Take advantage of respite care services as they help to take a temporary break from caregiving which might range from a few hours of in-home care to a short stay in a nursing home or assisted living facility.

Be realistic about your loved one's disease, particularly in case of progressive disease like Parkinson's or Alzheimer's. Be aware that there might come a time when the patient needs

nursing services or assisted living

- ▶ Don't be too busy caring for someone else. Keep fixed time for yourself. Even if it is just an hour or two. Taking care of yourself is really a priority but on an absolute necessity for caregivers.
- ▶ Talk to a professional like

who are trained to counsel individuals dealing with a wide range of physical and emotional

- ▶ Know your limits and be honest. Check yourself about your potential

your potential few caregiver

- ▶ Educate yourself about the illness, which would make you more effective in caring for the person with the illness.
- ▶ Develop new skills for coping and remember to lighten up and accentuate the positive.

- \* Eat right and get plenty of exercise and sleep to remain healthy.
- ▶ Accept your feelings. Having negative feelings like frustration or anger about your responsibilities or the person for whom you are caring is normal. This does not make you a bad caregiver.

- ▶ Join a caregiver support group as soon as you can. Share your feelings and experiences with others who experience the same situation. Meet in person, your stress, locate a helpful resource, and reduce feelings of frustration and isolation.

## SYMPTOMS OF CAREGIVER

## BURNOUT

The simple caregiver burnout are the symptoms of stress and depression which may include

- \* Withdrawal from friends, family, and other loved ones
- Loss of interest in activities which previously they used to enjoy
- ▶ Feeling blue, irritable, hopeless, and helpless
- \* Changes in appetite, weight, of both
- \* Change in sleep patterns
- R Getting sick more frequently
- \* Feelings of wanting to hurt

- \* Emotional and physical



TAKE CHARGE



# NUTRITION FOR STROKE

Healthy eating post stroke is key to recovery. Selection of healthy foods may help in controlling blood pressure, body weight, reduce a person's risk of having another stroke, and might help with the demands of stroke therapy and other daily activities.

It is possible to prevent another stroke and stay healthy by taking appropriate steps to control the body weight and blood pressure. A major step is making healthy food choices in the right portion and taking help of a registered dietitian who can guide the right foods. A dietitian helps in leading how to prepare and plan meals and snacks to enhance the health.

This article would help in staying on the road to recovery after a stroke. As no two people have the same results it is advised to incorporate these healthy eating strategies. With regular check-ups

with the physician and taking the medications as prescribed.

## FOOD CATEGORIES THAT SHOULD BE INCORPORATED IN

### THE PLATE

> GRAINS: At least half of your



choices from this group come from whole grains.

- ▶ **VEGETABLES:** Often select nutrient-rich dark green and orange vegetable and regularly eat dried beans and
- ¥ **FRUITS:** Eat a variety of fresh, frozen, or dried fruits daily.
- e **DAIRY:** Select low-fat or fat-free dairy foods, or a variety of non-dairy calcium-rich foods daily.
- \* **PROTEIN:** Select low-fat or lean meats, poultry; and remember to vary your choices with more beans, peas, nuts, seeds, and fish sources. In terms of fats, make most of the fat sources from fish, nuts, and vegetable oils. Limit saturated fat and butter.

## STRATEGIES THAT MAY HELP IN

- **Boin&Me** -



## REDUCING THE RISK OF A STROKE

### 1) Eat a variety of foods daily

As no single food may offer the body with all the nutrients that are required for good health, consume a variety of foods each day. Incorporate a variety of foods as suggested above.



### 2) Eat a rainbow of colorful foods at each meal

For achieving the health protective nutrients found in fruits and vegetables, choose a variety of colorful foods at each meal. Go for a rainbow approach by choosing a variety of fruits, vegetables, and



legumes — dark reds, oranges, vibrant yellows, deep greens, blues, and purples.

### 3) Choose 5 servings of fruits and vegetables daily

The best way to get the benefits of a healthy diet is to increase the intake of fruits and vegetables. In addition to steps 1 and 2, eat a minimum of 5

servings each day.

### 4) Read food labels

Reading food labels helps in learning more about the foods you are eating. Good foods must have nutritional information listed in a standard way. So while selecting foods for reducing your risk of stroke, focus on the following information on the food

label for each serving:

- \* Calories
- > Total fat
- \* Saturated fat
- \* Trans Fat
- \* Cholesterol
- \* Sodium
- \* Dietary Fiber

### 5) Limit the intake of saturated and trans and cholesterol

It is reported that diets high in saturated fats lead to high cholesterol and an increased risk of cardiovascular disease. Saturated fats tend to be solid at room temperature and are found in animal products (e.g., meat, cheese, egg yolks, butter, and ice cream) and some vegetable oils (e.g., palm, palm kernel and coconut). Limiting the amount of saturated fat from these foods acts as a key in prevention of stroke.



### 6) Reduce the sodium in the diet

Eating too much sodium may result in fluid retention and increase your blood pressure. Not adding salt to





## UNDERSTANDING THE SODIUM CONTENT IN FOODS

- \* **Low sodium:** Contains 140 mg sodium or less.
- R** **Very low sodium:** Contains 35 mg sodium per serving.
- > **Reduced sodium:** Contains 25% less sodium than the comparable food.
- > **Light or lite in sodium:** The food has at least 50% less sodium than the comparable food.
- \* **No salt added:** No salt was added in the processing of the food product but naturally-occurring sodium might be present in the ingredients.

foods is one way to cut down on the sodium, but \* is not enough.

### FOLLOW BELOW GIVEN TIPS TO CUT DOWN ON SODIUM:

- \* Substitute herbs and spices for table salt as the latter is one of the largest sources of sodium in the diet. Instead of using salt, try using herbs and spices. Avoid mixed seasonings and spice blends having salt or garlic salt.
- ▶ Use fewer processed and canned foods. Apart from adding flavor, sodium is used to preserve foods. The more processed foods have the higher sodium content. Limit convenience foods like canned soups, instant soups, or vegetables, canned meats, frozen side dishes with gravies, and puddings, gravy and sauce mixes, and quick cooking boxed mixes for rice, pasta, and soups.
- ▶ Use fresh ingredients if possible and avoid those with no salt added.

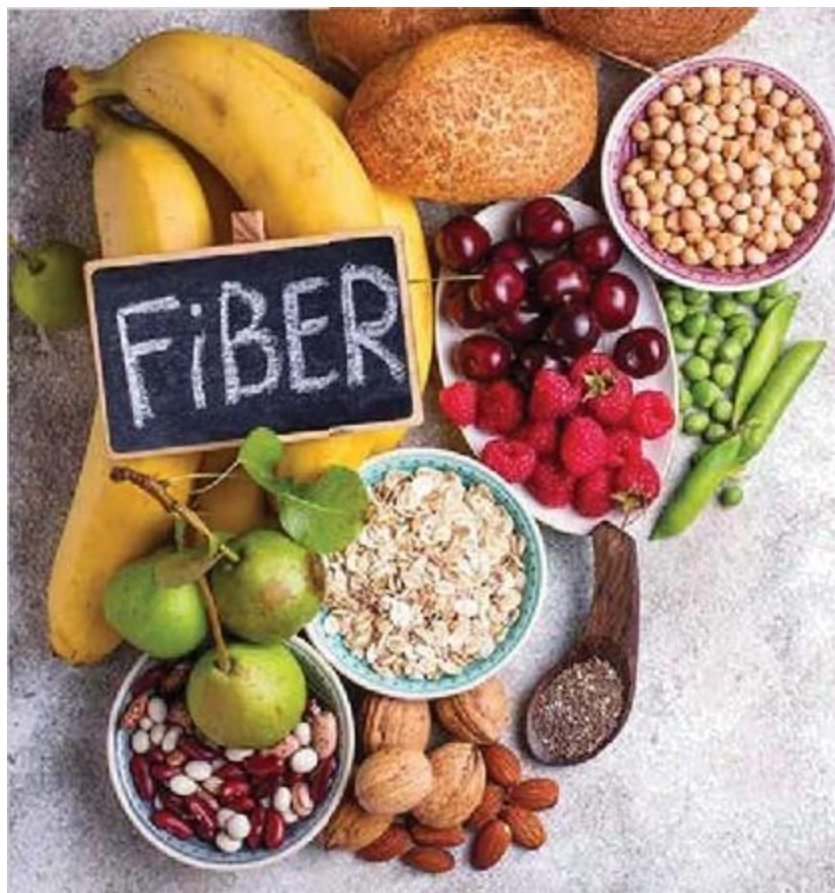
Limit to 600 mg of sodium. Limit to one of these per day. Always check the package label for sodium content.

Some foods such as potato chips, peanuts, pretzels, and crackers are high in sodium. Select low sodium options.

- ▶ Read medication labels. Although not a significant source of sodium in your diet, read labels for cold, headache, and stomach medicine. Many contain sodium in the ingredients.

Most health professionals limit persons with high blood pressure or a history of heart disease or stroke to 1,500 mg daily. Consult your physician to determine what sodium level is appropriate for you.

## (7) Choose foods high in fiber





## of added sugar

result in hypertension, obesity, type 2 diabetes, and dyslipidemia, all of which act as risk factors for stroke. Examples: added sugar are white sugar, brown sugar, honey, molasses, jelly, jam, and soft drinks.

## (10) Get so elect potassium

Adequate consumption of dietary potassium is needed for maintain proper heart function. But it is observed that most of the adults do not consume enough potassium. Fruit, vegetables, and milk products are rich in potassium. Hence, consumption of recommended amount of these food groups helps in achieving an adequate intake of potassium. Bananas, apricots, oranges, cantaloupe, and apples are good choices. Vegetables having high potassium include potatoes,

Fiber can reduce cholesterol and the overall risk for cardiovascular disease. Dietary fiber is the part of plants that the body cannot digest. As it passes through your body it affects the way your body digests foods and absorbs nutrients. Quantity of fiber consumption not only affects your cholesterol level and risk for stroke but may have other health benefits like it helps in controlling blood sugar, prevents constipation, presents gastrointestinal disease and helps in weight management.



## WAYS TO INCREASE FIBER IN THE DIET

- ▶ Start the day with whole grain cereal or whole grain toast (if high cholesterol then select oatmeal or oat bran cereal or toast).
- \* Instead of fruit juice, have a whole piece of fruit.
- \* Top yogurt or cottage cheese with fresh fruit or nuts.
- \* Substitute brown rice for white.
- \* Drink fruit, veggies, as a healthy

## (8) Maintaining or achieving a healthy weight

Another strategy which helps in reducing the risk of a stroke is to achieve a healthy body weight. Keep a check on the portion sizes, eat foods high in fiber and low in fat avoid fad diets, increase activity, and keeping a record of eating habits are ways to achieve a healthy body weight.

## 9) decrease intake

sweet potatoes, spinach, zucchini, and tomatoes.





# Exercises for PERIPHERAL NEUROPATHY

Research has shown that strengthening exercises for peripheral neuropathy moderately improve muscle strength in people with PN. In addition, exercises help peripheral neuropathy, mind done regularly, may reduce neuropathic pain and can help control blood sugar levels.

## AEROBIC EXERCISE

males, and raises your breathing rate. For most people, it's best to aim for a total of about 30 minutes a day, 3-5 days a week. If you haven't been active recently, you can start with 5 or 10 minutes a day and work to more time each week. Or split up your activity throughout the day — try a 10-minute walk each meal.

Here are some examples of aerobic

- Take a brisk walk (outside or inside on a treadmill)
- Take a low-impact aerobics class
- Swim or do water aerobic
- Stationary bicycle indoors

## FLEXIBILITY EXERCISES

Flexibility exercises, also called

stretching, help keep your joints flexible and reduce your chances of injury during other activities. Gentle stretching for 5 to 10 minutes helps your body warm up and get ready for aerobic activities such as walking or swimming.

## Calf Stretch

Place one leg far behind you with the heel flat on the floor. Push the back foot forward keeping your back heel



on the floor. You should feel a muscle stretch in the calf of your back leg.

**HOLD: 15-20 SECONDS ON EACH LEG**

## Seated Hamstring Stretch

Sitting on the front half of a firm chair, place one leg out straight with the foot pointing up. Bend the opposite knee so that your foot is flat on the floor. Center your chest over your hips. Straighten your back until you feel a muscle stretch in the back of your leg.

**HOLD: 15-20 SECONDS ON EACH LEG**



## Plantar fascia Stretch



While facing a door frame, place your heel as close to the door frame as possible. Slowly lean forward, moving your heel to slide back as your toes extend upward. To increase the stretch, bend the front knee toward the door frame. You should feel a muscle stretch in the bottom of your foot and along your heel cord.

**HOLD: 15-20 SECONDS**

## STRENGTH TRAINING

Strength training exercises help to make the muscles stronger and more injury resistant. It can help you regain lost strength in your muscles through constant training routines. Here are some strength training exercises you can do at home.

Check with your physician before beginning any exercise program.

## Kitchen Counter Calf Raises

While standing at the kitchen counter, place two finger tips on the counter. Stand on one foot, tilting the other heel all the way, standing on your toes as you strengthen your



muscles, by to alternate your feet as shown in the picture below). Slowly lower yourself to the floor and repeat. Once you are on your toes, control your lowering and do not just drop down to the floor.

**REPEAT: 10-15 TIMES**

## Chair Squat

Using a firm chair with armrests, position yourself in a split stance with one foot at the base of the chair and the other foot placed comfortably in front and straight out to the side. Slowly transfer your weight toward until your legs are supporting your body weight. Slowly push up with



your legs to standing. To lower yourself, slowly reach for the chair with your hands. Touch the chair with your hips and press back up for your next repetition. Do not "plop" in chair or rest in between repetitions.

**REPEAT: 10-15 TIMES**

## Seated Dorsiflexion



While sitting on the front half of a chair, place both feet flat on the floor. Gradually pull the toes and ankle up as high as you can. Slowly let them down. To make this exercise more challenging, position your feet closer to your body.

**REPEAT: 10-15 TIMES**

## BALANCE

Keeping your balance system healthy is especially important if you have problems due to illness, such as joint pain, weakness or dizziness. Balance training can help you get back to normal, and overcome feelings of stiffness or unsteadiness. Balance,

in particular, is emerging as an important element for the elderly. Older muscles are smaller and slower and respond less efficiently when you need to brace yourself, making you more vulnerable to falls.

## Counter Calf Raises





While standing at the kitchen counter, place two finger tips on the counter. Stand on one foot Tilting the other heel Pdf be for, standing on your toes (as you strengthen your muscles, try to alternate your heels as shown in the picture below). Slowly lower self to the floor and repeat. Once you are on your toes control your lowering Do not just drop down to the floor.

REPEAT: 10-15 TIMES

2 REPETITIONS ONE EACH LEG / 2 TIMES A DAY.

### *I-hip Flexion*

Hold table or chair with one hand, then one fingertip, then no hands; then do exercise with eyes closed, if steady. Stand straight: holding onto table or chair for balance. Slowly bend one knee toward chest,



without bending waist or hips. Hold position for 5-10 seconds. Slowly lower leg all the way down. Repeat with other leg.

HOLD: 5-10 SECONDS

REPEAT: 2 REPETITIONS ON EACH LEG / 2 TIMES A DAY.

### *^\*R Extension*



Hold chair or table with one hand, then one fingertip, then no hands; then do exercise with eyes closed, if steady. Stand 12 to 18 inches from chair or table. Bend at hips; hold onto chair or table. Slowly lift one leg straight backwards. hold position 5-10 seconds. Slowly lower 1 leg and repeat with other leg.

### *Side leg Raise*

Hold chair or table with one hand, then one fingertip, then no hands; then do exercise with eyes closed, if steady. Stand straight, directly behind chair or table, feet slightly apart. Hold chair or table for balance. Slowly tilt one leg to side, 6-12 inches. Slowly



HOLD: 5-10 SECONDS

REPEAT: 2 REPETITIONS ON EACH LEG / 2 TIMES A DAY

lower leg and repeat with other leg. Your back and knees as straight throughout exercise.

HOLD: 5-10 SECONDS

REPEAT: 2 REPETITIONS ON EACH LEG / 2 TIMES A DAY



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