



Associated Neurologists'
"The NeuroTransmitter" Newsletter

Spring Edition, March 2015

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Wishing Everyone a Happy Spring!



Back Row (L to R): Drs. William Yorns, Samuel Markind, Robert Bonwetsch, David Greco, and Neil Culligan

Front Row (L to R): Drs. Behzad Habibi, Diane Wirz, Jan Mashman, and Michelle Lavallee Dagostine

Not Pictured: Dr. Charles Guardia, III

Psychologist Diana Naddeo, Psy.D.

Each edition of our newsletter features an interview with one of Associated Neurologists' staff members. For this edition, we're delighted to introduce our new Clinical Psychologist and Behavioral Medicine specialist, [Dr. Diana Naddeo](#).

Editor, *The NeuroTransmitter*: When did you first decide that you were interested in becoming a psychologist?

Dr. Naddeo: I knew early on that I wanted to pursue a career that allowed me to work with and help others. While in the eighth grade, we had a class assignment to select a career and find a professional to shadow during his or her workday. I chose a guidance counselor--and could see that assisting others was truly rewarding. I went on to pursue my Master's in counseling, and I was later involved in a field placement at a college counseling center. This is what pushed me to gain more experience and training in helping those with mental health issues.



Diana Naddeo, Psy.D.

Editor: There is such a broad range of interests within the field of psychology, with numerous subspecialties, including clinical, counseling, social, cognitive, and forensic psychology, just to name a few. What factors helped you determine your specialization in clinical psychology and behavioral medicine?

Dr. Naddeo: I am a big believer that life's biggest joys and biggest struggles come from our relationships. For many, the quality of one's relationships are a major contributing factor in what gets us through (or stuck) when we're facing illness, a trauma, or other bumps in the road. Clinical psychology has afforded me the possibility to help work with others to improve their relationships and thus strengthen other areas of their lives. Behavioral medicine provides the opportunity to better understand the connection between physical health, mental health, and support systems in one's life. For those who lack necessary support, the therapeutic relationship can often be a space for individuals to learn what it is like to be in a trusting and caring environment--something that has a profound effect on their sense of self. It is my belief that as one gains a stronger sense of self, they will have greater ability to make necessary changes that allow them to manage physical health problems.

Editor: You're seeing children, adolescents, as well as adult patients at Associated Neurologists. And you have noted that one of your special interests includes parent education and training. Could you tell us a bit about this and other services you'll be offering, as well as what most appeals to you about working with pediatric and adolescent patients, their parents, and/or other family members?

Dr. Naddeo: Parent training became a particular interest of mine when I became a parent! It opened my eyes to just how complicated it is to manage yourself and your family. While it is common for



parents to assume the problem lies only within the child/teen's behavior, moods, etc., the parent/child dynamic is no different than our other adult relationships in that each person impacts the other.

Working with parents directly can help them gain awareness of how they might be contributing to some of the behavioral and/or emotional problems their kids are having and empower them with the awareness to change. Parent training also can include helping parents set up better systems at home. Whether that is a reward system for younger kids or learning to be firmer with boundaries with teens, the process can have an effect on many aspects of home life.



I enjoy working with patients of all ages but do have a particular interest in working with children and adolescents. Self-awareness is a gift that most people do not learn about until much later in life. Helping younger patients build their understanding of themselves and to be able to link how our feelings and thoughts influence our behavior is a tool that can be used for the rest of their lives.

When working with this population, I draw a lot from Dialectical Behavioral Therapy (DBT), a form of **Cognitive Behavioral Therapy (CBT)**. Children and adolescents tend to function at extremes and can view things in very black-and-white terms. DBT strives to help people find their middle point or the balance between the two extremes. Through DBT, individuals can learn how to properly label and identify their emotions in the moment, consider ways that thoughts and feelings influence their behavior, and gain acceptance that different people have different feelings, reactions, and/or thoughts about the same situation. The latter is particularly helpful in working within the teenager/parent dynamic where both parties spend so much time proving "the truth" instead of listening and understanding one another.

Editor: What do you feel is most important when you're meeting a patient and potentially his/her family members for the first time?

Dr. Naddeo: During a first session, I am always observing the content of the information that is being provided. What is said and what is not said (or glossed over/pushed to the side) are equivalent in my book. I am also gaining a sense of the patient's readiness for or commitment to treatment.

Understanding what patients are able and willing to do with what they learn is crucial in establishing a treatment plan, especially when working with parents. For example, it is not the best use of time to set up a token system for good behavior at home if the parents do not feel they will be able to provide the rewards to the children. In this case, my approach is to find out what they are willing to do and formulate accordingly.

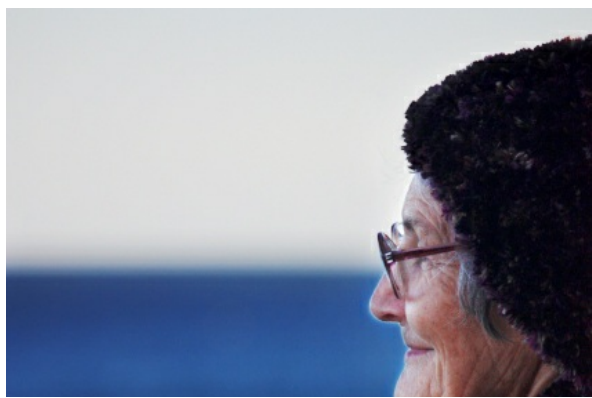




Editor: Some folks are a bit intimidated about the thought of seeing a psychologist, perhaps due to a sense of stigma, fear of revealing their vulnerabilities, or anxiety about confronting difficult challenges and doing what is necessary to change unhealthy patterns of behavior. What would you say to patients for whom a psychologist has been recommended by their neurologist or primary care provider, but who are reluctant or resistant to having an appointment?

Dr. Naddeo: I'd encourage them to come try it out! There can be a lot of anxiety about seeking help often stemming from a person's individual personality and early experiences of asking/receiving help. I also like to emphasize that I do not take a "one size fits all" approach to treatment. While I have a specific theoretical orientation, it is always tailored to the person sitting across from me. For some, becoming comfortable in therapy is a treatment goal in itself.

Editor: What has been most rewarding to you in your work as a clinical psychologist?



Dr. Naddeo: Seeing people apply what they have learned in therapy to be more content with their lives. I use content and not "happy" because in our culture, there is such an emphasis on "being happy," and while that is something we all want to experience, it is a high expectation to put on daily living. Contentment can simply be an acceptance of certain truths and a greater level of understanding of one's self which, frankly, may lead to greater happiness.

Editor: What hobbies do you most enjoy?



Dr. Naddeo: I come from a big Italian family, so cooking has become something that I enjoy and value as part of my everyday life. I always make time to prepare dinner for me and my family and find the process of putting together a meal relaxing. I also enjoy spending time outdoors with my family. Our family dog Hazel is a Vizsla, a very active, Hungarian breed that requires at least 2 hours of rigorous outside exercise (and we're not talking a walk on the leash) per day. So my husband and I spend a lot of time with our kids hiking and finding open fields to throw the Frisbee around, visit a nearby lake or trails, and explore. She gives us great reason to get fresh air and stay active.

Editor: What career could you see yourself in if you were

not a psychologist?

Dr. Naddeo: I honestly cannot see myself in any other position. My husband always comments: "You never complain about your work." And he's right. Yes, of course, there are bad days here and there, but this field is such a great fit for me overall. I enjoy helping people. I enjoy solving problems. I enjoy listening and being able to provide people with interaction that differs from those found within our family and social relationships.

Editor: What is the last great book that you read?

Dr. Naddeo: The last great book I read is one that I read for the second time, called *I Know This Much is True*, by Wally Lamb. It is a story of a man whose twin brother suffers from Schizophrenia. The story tracks different times within his life, going back to his great-grandfather's time in Italy. It is an excellent example of how family dynamics repeat themselves over generations and influence the shaping of who we become.

Editor: Thank you, Dr. Naddeo, for your time and for sharing such helpful information. We're so pleased to have you aboard as the newest clinical member of our Behavioral Medicine department!

If you are interested in making an appointment to see one of the licensed psychologists in the [Behavioral Medicine Department](#) at Associated Neurologists, please contact Danielle Abraham (Coordinator, Behavioral Medicine) at (203) 748-2551, ext. 332.

Special Services from our PT Department

What We Offer

At Associated Neurologists, we're proud that our Physical Therapy Department is offering a growing number of special programs for our patients.

Our department's highly skilled professionals are committed to providing *compassionate and individualized care* for a variety of conditions involving the **neurological, musculoskeletal, and vestibular systems**, using a multidisciplinary team approach. Our services currently include all of the following. Click on each link below to learn more:



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- * Tailored "Phase IV" Exercise Program
- * Personal Training
- * Parkinson's "Move With Music"

Are Sleep Difficulties Keeping You Up at Night?

Asking an Expert

Neurologist, [Dr. Charles Guardia III](#), who joined our practice last August, has a special interest in sleep disorders and is board eligible in Sleep Medicine. In recognition of March as National Sleep Awareness Month, we asked Dr. Guardia to answer the following questions for our readers concerning sleep disorders:

Q: How much sleep does a person need, depending on his/her age, and why is receiving sufficient sleep so crucial for optimal health?



Dr. Guardia: CDC data indicate that 28 percent of U.S. adults report sleeping six hours or less in a 24-hour period. Poor sleep can increase the risk of physical and cognitive health problems, mortality, accidents, and injuries. Between seven to nine hours of sleep each night is sufficient for most adults for optimal health and productivity. There is a bell-shaped curve for normal with respect to sleep quantity, however. Some adults are short sleepers, and there are others who need more than most, that being closer to the nine hours per night. A recent CDC study linked too little sleep (six hours or less) with coronary heart disease, diabetes, anxiety, and obesity. However, patients often get caught up in quantity of sleep, but the focus of most sleep medicine physicians is upon the quality of sleep they achieve, and treating sleep

disorders is often aimed at this therapeutic target.

Q: Because almost everyone experiences sleep difficulties from time to time, how does one know when he or she should seek the help of a physician due to a possible sleep disorder?

Dr. Guardia: If sleeplessness persists for one to two months, there are difficulties with drowsy driving, or there are pauses in your breathing when you are asleep noticed by you or a bed partner, then it would be reasonable to seek out the opinion of a physician.

Q: Are there specific factors, such as age or weight, that are associated with a higher risk of certain sleep disorders?

Dr. Guardia: Obesity is strongly linked to sleep disordered breathing. Increased neck circumference (greater than 17 inches for men or 16 inches for women) as well as upper anatomy do play a significant role in sleep disorders.

Q: The CDC declared sleep deprivation as a public health epidemic, and the U.S. National Highway Traffic Safety Administration (NHTSA) reports that drowsy driving is responsible for at least 100,000 auto crashes and 1,550 fatalities annually.



In addition, as you noted, the CDC has reported that insufficient sleep often results from undiagnosed sleep disorders and may be associated with an increased risk for chronic disease, such as high blood pressure (hypertension), diabetes, and obesity.

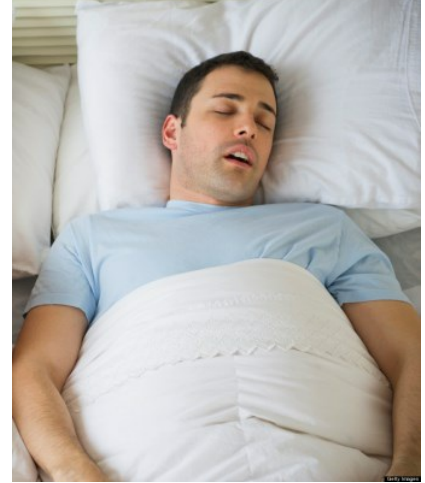
Yet many folks are reluctant to undergo testing for a potential sleep disorder--perhaps due to disliking the idea of spending the night in a sleep clinic or concern that they may require treatment with a CPAP (continuous positive airway pressure) mask device while sleeping. How do you address such concerns with patients who have symptoms highly suggestive of a sleep disorder who should receive such testing?

Dr. Guardia: This concern often arises with many of my patients who are often reluctant to seek out treatment. The overall health benefits to addressing sleep disorders, in the long run, such as prevention of stroke and coronary artery disease, are paramount and need to be addressed. I often tell patients that there are no side effects like with a medication, as sleep disordered breathing is treated with a device

(CPAP) that uses pressurized air.

Q: What are some of the most common sleep disorders?

Dr. Guardia: Obstructive Sleep Apnea, Insomnia, Restless Legs Syndrome, and Circadian Rhythm Disorders are quite common. Narcolepsy and other disorders of hypersomnia are not as common.



Q: Are there general recommendations that are considered most helpful for improving sleep (called "sleep hygiene") for those affected by insufficient sleep?

Dr. Guardia: Emphasis remains on following a consistent sleep-wake schedule. Your body sleeps best at night, when it is dark, and functions best when you keep a regular routine. I encourage patients to try to go to bed at the same time each night and wake up at the same time every morning.

Q: Are there certain sleep problems that are frequently associated with particular neurologic diseases or conditions?

Dr. Guardia: ALS (Lou Gehrig's Disease) as well as morbid obesity are often associated with nocturnal hypoventilation and hypoxemia. We often intervene with non-invasive methods of nocturnal ventilation to improve sleep quality.

Q: Could you tell us a bit about the neurologic sleep-wake disorders known as Restless Legs Syndrome (RLS) and Narcolepsy?



Dr. Guardia: Restless Legs Syndrome is a disorder that tends to possess an unpleasant sensation in the legs in the evenings with an insatiable desire to move the legs, which often provides temporary relief of the symptoms. Patients often have difficulty putting into words what they experience, and over the years I have gotten many adjectives, such as numbness, pulling, and "creepy-crawly" sensations.

Narcolepsy is a rare disorder of hypersomnolence in which the brain's inherent mechanisms for controlling sleep wake onset cycles is perturbed. There are two kinds: Narcolepsy Type I, which is associated with cataplexy, during which there is loss of muscle tone with an attack, as well as Narcolepsy Type II, which is not associated with cataplexy. Onset is often in adolescence, and formal diagnosis is made with an overnight sleep test followed by an all-day nap test. It is not considered to be a neurodegenerative disease, as the disease does not tend to become progressively worse following its onset. Treatment focuses on good sleep hygiene and medications to keep patients awake and asleep at socially appropriate times.

Q: For most people, even when we have the most vivid of dreams, where we're imagining ourselves engaged in physical activity, our bodies remain still. Yet for folks who have "REM sleep behavior disorder" (RBD), such muscle paralysis is absent or incomplete, enabling them to "act out" vivid or dramatic dreams during the REM sleep stage. What are your thoughts concerning the ongoing research suggesting that the development of REM sleep behavior disorder is suggestive of an increased risk of developing Parkinson's disease or a similar neurodegenerative disorder?

Dr. Guardia: With RBD, there is an increased risk of developing an alpha-synucleinopathy, such as [Parkinson's disease](#), Lewy Body Dementia, and Multiple System Atrophy, above and beyond the general population. However, not all patients who have RBD will go on to develop a neurodegenerative disease. There has been some newer evidence in the medical literature looking into functional neuroimaging in those with RBD and following them to see if there are any biomarkers that may herald the development of a neurodegenerative condition. Hopefully, in the future, we may be able to have greater positive predictor values for those who will develop Parkinson's disease and intervene in the pre-clinical phase with treatment to potentially arrest the condition.

Q: What might treatment involve for patients with RLS, narcolepsy, REM sleep behavior disorder, or other neurologic sleep-wake disorders?

Dr. Guardia: The treatment is varied for these conditions. RLS, narcolepsy, and RBD can all be treated with medications. However, the common theme in treatment of all of these conditions remains fixed upon addressing sleep fragmentation and improving sleep quality.



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- **Migraine Headache**
- **Multiple Sclerosis**
- **Parkinson's Disease**
- **Post Stroke with Gait impairment**

To learn more about these trials at Associated Neurologists, [please link here.](#)

If you think you may be a candidate:

* Please ask your Neurologist at your next office visit.

* Or contact Janet Mauro, BA, CCRC, at (203) 748-2551, extension 351, or Dawn Morsey, BS, CCRC, at (203) 748-2551 extension 277 for more information.

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