



Associated Neurologists' *"The NeuroTransmitter" Newsletter*

December 2014

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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

Not Pictured: Dr. Charles Guardia, III

New Neuropsychologist at Associated Neurologists

Welcome, Dr. Moore!

We're delighted to announce that Neuropsychologist, **Dr. Dana Moore**, has joined Dr. Erin Lasher, Chief of Neuropsychological Services, and Dr. Jonathan Woodhouse at Associated Neurologists.

Dr. Moore served as an instructor of Neuropsychology at the Weill Cornell College of Cornell University in the Department of Neurology and Neuroscience. In addition, she has held positions at Mount Sinai School of Medicine and Beth Israel Deaconess Medical Center.

Dr. Moore has several publications, including on



Neuropsychologist Dana Moore, Ph.D.

Normal Pressure Hydrocephalus (NPH). NPH is an abnormal buildup of fluid in the brain's cavities (ventricles), causing a complex of symptoms that may include dementia, distinctive walking difficulties, and impaired bladder control. Dr. Moore has also presented at scientific meetings both nationally and internationally. For more information on Dr. Moore, click [here](#).

Special Rehab for Parkinson's Disease (PD)

Therapists Receive Certification for "LSVT BIG"

Early this December, [Physical Therapist \(PT\), Cynthia Bahr](#), and [Occupational Therapist \(OT\), Kim Downs](#), completed a training and certification course for a special form of rehabilitation that was developed specifically to address the unique movement impairments for people with Parkinson's disease (PD).



Kim and Cynthia (on top left) celebrate their LSVT BIG Certification

"**LSVT BIG**" is derived from the "Lee Silverman Voice Treatment (LSVT)" used for treatments of speech disorders associated with PD. It has been shown to increase the amplitude--that is, the magnitude, extent, or "bigness"--of body, leg, and arm movement in PD patients. LSVT BIG focuses on improving the amplitude of trunk rotation and gait, with an associated increase in speed of arm and leg movements, improved balance, and enhanced overall quality of life. It has been shown that PD patients were able to maintain these improvements for 2 years after completion of the program with continued use of a home program.

LSVT BIG can be provided by a PT or OT, with treatment given in 16 sessions over one month: i.e., four individual 60-minute sessions per week. The LSVT BIG protocol is intensive, with multiple repetitions of core movements that are used in activities of daily living. This intensity and type of practice is needed for optimal learning and application for improved movement. With few exceptions, LSVT BIG can be used with patients at most stages of PD.

Our LSVT BIG Certified Clinicians are planning the development of a LSVT BIG program here at Associated

Join our New Caregiver Series

Four-week Educational/Support Series for Caregivers of Loved Ones with Alzheimer's and Dementia

Being the caregiver for a family member with dementia poses multiple daily challenges and can be extremely stressful on so many levels. If you or someone you know is a caregiver who could use some additional support, our **new Caregiver Series** will provide helpful information and resources as well as the ability to speak with others who truly understand and share similar concerns and challenges.



Each week, our Clinical Psychologist, [Lori Wagner, Psy.D.](#), will moderate a new topic for the group:

1. **January 21st:** [Understanding Dementia and Alzheimer's disease](#)
2. **February 4th:** [Caregiver Stress Management](#)
3. **February 11th:** [Coping with Difficult Behaviors](#)
4. **February 18th:** [Resources and Tools for the Caregiver](#)

The group will take place from 4:00 to 5:00 pm on Wednesdays. Dr. Wagner is also continuing our monthly Caregiver Support Group in 2015. **For more information, please call Danielle at (203) 748-2551, x332.**

Meet Our Providers

Each edition of our newsletter features an interview with one of Associated Neurologists' staff members. For this edition, we're delighted to introduce Rebecca Bonetti, Registered Dietitian.

Editor, "The NeuroTransmitter":

Did you always know that nutritional counseling was going to be your career choice? Or was there a particular event that made you realize you wanted to become a nutritionist?

Rebecca: By the end of my freshman year in high school, I knew I wanted to be a Dietitian. My desire to [do so] came from my interest in helping men and women with eating disorders. I had several friends with



eating disorders, and it opened my eyes to how serious these diseases can be. I actually worked with a Dietitian myself throughout high school, and she inspired me to really want to focus on nutrition. I always enjoyed the counseling aspect of nutrition, because I had considered getting into psychology as well. Also, I have worked as a personal trainer, so fitness is a big part of my life: thus, studying nutrition has always coincided with my interest in fitness.

Editor: Can you describe the different types of services that you provide to our patients here at Associated Neurologists and how such services can assist in the care and overall well-being of patients?

Rebecca: I offer nutrition counseling services to the patients here. In a counseling session, I go over past medical and nutritional history, as well as discussing goals the patient would like to achieve. I work with the patient in creating a meal plan and suggested meal ideas. I prefer working with patients on their meal plans as opposed to just handing them set meal plans because patients are more likely to follow a plan they helped to create. I focus on making changes over time and not focusing on a diet but adapting their current eating behaviors to fit a healthier lifestyle.



Editor: Could you discuss ways in which nutritional counseling can be beneficial specifically for patients with certain neurological conditions and dietary concerns that may be associated with their diagnoses?

Rebecca: Nutrition counseling can be very important to neurology patients in a variety of ways. Many of these patients tend to be on several different medications whose effectiveness can be affected by food intake or inhibited or enhanced by certain nutrients. Also, some medications may cause other adverse health effects like constipation, diarrhea, or nutrient deficiencies. It's important to address these concerns to prevent further medical complications. In some neurological diseases, particularly PD, timing of meals and eating consistently

throughout the day is important. Certain PD medications inhibit the patient from eating an hour before or after the medication, severely limiting the amount of times the patient can eat in a day--and thus limiting their intake. I have seen this lead to weight loss in many cases.

Rebecca: Also, I frequently see patients for headache, which is associated with many conditions. In many cases, the timing of food intake, as well as types of food choices, such as avoiding foods high in preservatives, can have a beneficial effect on headaches. It's important to review with patients certain routines and specific "trigger foods" that may worsen symptoms, which they may not have realized before. In terms of other neurological conditions, such as PD or multiple sclerosis (MS), there are different nutrient recommendations. Some conditions require more calories, as well as other nutrients: it is important to ensure the patient isn't deficient in any nutrient that can result in worsened symptoms.

Editor: Do you find that many patients have co-morbidities that may not have been their primary

focus? If so, could you describe how nutritional counseling can have a positive impact on such conditions as well?

Rebecca: Surprisingly, most patients have co-morbidities that they either did not know about or that were not the reason they were initially referred to nutrition counseling. I see several patients who come in for neurological disorders or headaches who also are obese or have pre-diabetes or diabetes. Many patients also have high cholesterol or lipid levels. I have seen many patients who are obese who are also in physical therapy (PT). Because extra weight puts increased stress on the patients' joints, it is critical to lose weight to aid in their PT treatment. Overall, nutrition counseling can help to control these co-morbid conditions, which can have a positive impact on a patient's primary diagnosis.

Editor: **In addition to referrals from our in-house neurologists, are you accepting referrals from other physicians in our community, such as primary care providers (PCPs) and endocrinologists?** If so, are there specific conditions, such as diabetes, where nutritional counseling could be particularly helpful for certain patients?

Rebecca: Yes, I am accepting referrals from other physicians in the community, as well as self referrals. We work hard to look into insurance coverage for each individual because we are in connection with many private insurance companies, as well as Medicare. There are several conditions

for which nutrition counseling is beneficial, including obesity, MS, Parkinson's, headaches, and any gastrointestinal disorders such as Ulcerative Colitis, Crohn's disease, and irritable bowel syndrome. In addition, it is critical for patients with diabetes or pre-diabetes to come in for nutrition counseling. Also, nutrition counseling can be crucial for patients with food allergies, since in many cases, patients may not be aware of all the foods that may contain a certain allergen. I have always seen proper nutrition and eating right as a form of medicine and critical for preventive care. If we can get a patient to eat correctly now, then we can help prevent many diseases in the future.

Editor: **We know that a growing percentage of people in the United States are turning to dietary supplements in an effort to enhance their general health.** And understandably, during nutritional counseling, many patients with neurologic disorders may have questions about whether such supplements might benefit their conditions. But we also know that one has to be extremely careful, because there have been few clinical trials on such agents providing robust data for certain patient populations. In addition, though dietary supplements are regulated by the Food and Drug Administration (FDA), the regulations are different and less strict than for prescription and over-the-counter medications, and they do not need approval from the FDA before they are marketed. Importantly, some dietary supplements may also pose risks for certain medical conditions and interact with and impact the effectiveness of other medications. How do you address such patient questions during nutritional counseling?



Rebecca: When dealing with dietary supplements, you truly have to take the patients' individual conditions into account, including their lab values, their medications, what their diagnosis is, what their goals are. Except for cases in which a new "dietary ingredient" is included, manufacturers are not required to provide the FDA with the evidence it has obtained to determine safety or effectiveness before or after marketing its products.

Rather, the manufacturers are responsible for ensuring that the labeling and ingredients' lists are accurate, that such ingredients are safe, and that the content within matches the amount specified on the label. As a result, this may lead to false or misleading claims on the label about what the supplement can do for the patient.



My take on supplements is always "food first," but if the patient has a deficiency in a nutrient, then a supplement can be useful. Research has shown that the most effective supplements are Calcium and Vitamin D. Some patients may have other deficiencies such as vitamin B12, Iron, and Magnesium, and in these cases, I would assess the patients' labs and would first try to add in more natural food sources of these nutrients before jumping to using a supplement. Again, I take each individual's needs into consideration when making this decision.

Editor: Could you tell us a bit about the nutritional education classes you've provided in schools, to the general public, and here at the practice since you've joined us at Associated Neurologists?

Also, what's on the horizon for any nutritional counseling classes you're planning for the new year?



Rebecca: The classes that I have provided here have included "*Nutrition for Cognitive Decline*" and "*Healthy Eating During the Holidays*." The former informed caregivers of patients with disorders such as dementia and Alzheimer's on research-based diet guidelines to help prevent further cognitive decline and control symptoms, as well as helpful strategies and recipes to use. "*Healthy Eating During the Holidays*" was a class where I discussed how to enjoy eating throughout the holiday season, while still maintaining and not gaining weight. I provided helpful strategies for holiday parties, healthful recipes, as well as taste testing. I have also given presentations in the community regarding General Nutrition Guidelines, Nutrition for Exercise, and Fad Diets.

Rebecca presenting a nutritional class at Associated

In the new year, I would love to bring the Fad Diet class to Associated Neurologists, since it is one of the most common areas where I receive questions, particularly concerning gluten free diets, low carb diets, and vegetarian or vegan diets. This presentation would discuss the characteristics behind each diet and the best guidelines to follow for overall health. I am still brainstorming classes to provide for next year and would love to receive suggestions and feedback from doctors and patients regarding classes they may find beneficial.

Editor: With the holiday season upon us right now, are there any general pointers you could provide for our newsletter readers on how to enjoy the holidays, but without overindulging on all those goodies?

Rebecca: There are many strategies to help survive the holidays without overindulging but still enjoying yourself! I'm happy to share some of my most helpful tips.

Editor: A big thank you to Rebecca for her time and a wonderful interview filled with helpful information! And without further ado, **please see "Rebecca's Helpful Holiday Tips" directly below.**

Rebecca's Healthful Holiday Tips!

Enjoying the holidays without
overdoing



- 1. Bring healthy dishes to parties, so you don't have the excuse,** "But there wasn't anything healthy to eat."
- 2. Don't sit or stand next to food at parties,** since it increases your chance of mindlessly snacking.
- 3. Eat your seasonal favorite foods.** You don't need to eat food that is available year round. For example, do you really need a chocolate chip cookie when you can have that year round?
- 4. Plan ahead for what you are going to eat that day,** and try to stick to that plan. You do not need to eat everything that is offered. Make a list of your favorite foods that you want to enjoy.
- 5. Eat slowly.** It takes at least 20 minutes after your first plate to determine whether you are comfortably full or not.
- 6. Eat a healthful snack before a holiday party,** so that you are not famished and tempted to eat large amounts of food.
- 7. If you do splurge, do not be hard on yourself.** Simply acknowledge that it happened, and get back to healthful eating!



We at Associated Neurologists wish you a wonderful, safe holiday season!



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Associated Neurologists, PC

69 Sand Pit Road

Suite 300

(203) 748-2551 (phone)

(203) 790-6375 (fax)

www.associatedneurologists.com

<https://www.facebook.com/Associated.Neurologists.PC>

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