Neurodegenerative diseases are complex, and often come with a wide variety of symptoms that put strain on both the patient and their caregiver. They are often incurable and fatal, but can also be chronic and go through many different stages that have unique sets of needs. Because of this, using a palliative care approach or working with a neuropolliative care team may be recommend ed to a patient and their caregiver by their provider.

Oftentimes, this may be alarming to patients, because neuropalliative care can be mistaken for hospice or end-of-life care. While end-of-life care can be one of the ways a neuropalliative care specialist may provide support to a patient and their family, it is not the only way.

It is also different from traditional palliative care as one might see for cancer patients or patients with advanced heart failure, as it is specific to the unique challenges that accompany neurological disorders, such as cognitive impairment and motor difficulties.

Neuropolliative care is neurological care provided with a palliative lens that focuses on improving quality of life when dealing with a chronic and/or fatal neurological disease. It is often provided by a palliative care specialist who has knowledge of different types of neurological con-

Continued on page 3

Center Celebrations

Congratulations to Dr. Zachary Macchi, who received the American Academy of Neurology’s Clinical Research Training Scholarship in Lewy Body Diseases. The award will be used to fund Dr. Macchi’s research examining current practices among movement disorder specialists in recognizing aggression among patients with Lewy Body Diseases and approaches to supporting caregivers.

Congratulations to Dr. Peter Pressman, a behavioral neurologist with our Center, and Dr. Peter Foltz from the CU Boulder campus on being awarded a grant from the AB nexus program! The grant will fund their new collaboration to develop technology designed to enable early detection of cognitive decline. The AB nexus program provides funding to spur new intercampus collaborations and innovations with faculty from the Anschutz Medical Campus and CU Boulder.
Peter Pressman, MD, has always been fascinated with understanding people and how people’s experiences and actions are processed and controlled through the brain. This interest led him to many questions about human nature and why people behave the way they do.

Dr. Pressman’s interests in understanding people led him to earn a bachelor’s degree in English in addition to Biology. He felt that both areas of study provided unique perspectives for understanding people. The subjective nature of English literature, however, led him to focus on the sciences and research, where he felt he could find more concrete answers and solutions to the questions he had and to the problems he wanted to solve. Soon after he graduated from college, Dr. Pressman began working as a research assistant at the Layton Aging and Alzheimer’s Center at Oregon Health and Sciences University (OHSU).

While initially believing he would pursue a career strictly in research, Dr. Pressman quickly turned to the medical field, where he felt he’d be able to help people more directly through a balance of medical practice and research. He attended medical school at OHSU and completed his neurology residency at Northwestern Memorial Hospital in Chicago and his fellowship in behavioral neurology at the University of California, San Francisco.

Dr. Pressman now works as a behavioral neurologist for the CU Alzheimer’s and Cognition Center, specializing in atypical dementias that affect the way people communicate, such as frontotemporal dementia and primary progressive aphasia. Dr. Pressman is dedicated to understanding these complex diseases in order to help those suffering from them, and he is a principal investigator for multiple clinical trials at the center. Dr. Pressman also has a special interest in disorders that impact human communication.

His current research hopes to answer some of the complex questions about how people talk to and interact with each other. For example, he is studying how the brain interprets facial expressions, tone of voice, body expressions, and how the brain determines when to pause and when to interrupt during conversations.

Dr. Pressman currently oversees two observational studies that focus on understanding facial expressions and how to analyze conversational speech as a way to detect cognitive decline. To learn more about Dr. Pressman’s communication research, visit www.csandlab.org.
Six Healthy Habits For Your Brain

1. Healthy Eating
2. Exercise Regularly
3. Get a Good Night’s Sleep
4. Manage Stress
5. Stimulate the Mind
6. Stay Socially Engaged

The six steps to brain health are six daily habits that people can adopt into their life to help improve brain health. These steps include eating healthy, exercising regularly, getting a good night’s sleep, managing stress, stimulating the mind, and staying socially engaged.

For example, not only can exercising improve your quality of life, but it can also help slow the progression of diseases that kill brain cells*. Additionally, a good night’s sleep make us feel more awake, and can also help remove some of the proteins involved in Alzheimer’s disease*. For more information about the six steps, please visit our website https://bit.ly/CUACC-6steps.

*References: https://bit.ly/6stepsref

A Palliative Approach to Neurological Care, Continued

Continued from page 1

ditions, allowing them to address issues related to these diseases using specific tools in their palliative care toolkit. However, neuropalliative care can also be provided by the patient’s primary provider, who may not be a specialist but still uses a palliative approach, or it can be provided by an entire neuropalliative care team. This will depend upon both the needs of the patient and the resources available at the clinic.

Using a palliative care approach at all stages of disease progression is useful for helping to improve quality of life, reduce caregiver burden, manage complex symptoms, and help prepare for the future, among other positive benefits.

Some neuropalliative teams will also have a chaplain available, or will help to find one, to work through complex conversations and existential crises that come with having an incurable and ultimately fatal disease. The neuropalliative team, caregiver, and patient work together to determine what resources would provide the best support for their care.

Every person’s journey with neuropalliative care looks different based on his or her needs, whether that is spiritual, behavioral, advanced care planning, or something else, and will be constantly changing as the patient progresses through various stages of their disease. Ultimately, neuropalliative care helps support patients and their families through extremely difficult times and strives to improve quality of life as best as possible.