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Stroke: Act F.A.S.T.



Robert A.
Yapundich, MD
*Physician at
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Swimming, biking and running are just three of the many sports in which the winner has the fastest time. In other sports such as football, basketball or volleyball, the winners are determined after a set period of time. When it comes to having a stroke, the person who seeks treatment in the fastest time possible can be a winner in the game of life. That's because the faster blood flow is restored to the brain, the lower the risk of disability or death.

A stroke, also known as a brain attack, occurs when blood flow to the brain is interrupted or blocked. When this happens, brain cells in the immediate area start to die be-

cause they do not get the oxygen and nutrients they need to function properly. Disabilities that can result from a stroke include paralysis, cognitive deficits, speech and emotional problems, pain and numbness. Approximately 80 percent of strokes are ischemic, which means they occur when a clot blocks a blood vessel or artery in the brain. The remaining 20 percent of strokes are hemorrhagic. These strokes are caused by a blood vessel that breaks and bleeds into the brain.

Symptoms of a stroke are easy to spot because they happen quickly. It is important to act F.A.S.T. in these situations because the most effective treatments for stroke are available only within the first three hours after symptoms start. Look for the following signs of a stroke:

- **Face** – Does one side of the person's face droop when you ask them to smile?
- **Arms** – Does one arm drift downward when you ask the person to raise both arms?
- **Speech** – Does the person slur speech when asked to repeat a simple phrase?
- **Time** – Call 9-1-1 immediately if you see any of these signs.

If you or someone you know is having a stroke, be prepared to act promptly if there is sudden:

- Numbness in the arm, leg or face, especially if it is on one side of the body.
- Confusion, difficulty talking or problems understanding speech.
- Trouble seeing out of one or both eyes.
- Difficulty walking, dizziness, or loss of balance or coordination.
- Intense headache for no known reason.

"It is important not to wait for symptoms to go away or worsen," stated Dr. Yapundich, neurologist on staff at Frye Regional Medical Center and Stroke Director at Catawba Valley Medical Center. Ischemic strokes can be treated with a clot-busting drug called tissue plasminogen activator, or t-PA. "However, for the treatment to be effective, the stroke patient must get to a hospital within one hour, and be evaluated and receive the drug within three hours of the onset of stroke symptoms," added Dr. Yapundich. A study by the National Institute of Neurological Disorders and Stroke found that some patients receiving t-PA within the three-hour window were at least 30 percent more likely to recover from a stroke after 90 days.

Risk factors that can increase the chances of having a stroke include high blood pressure, heart disease, smoking, diabetes, sedentary lifestyle and elevated cholesterol. For more information about treating strokes, talk with your doctor or visit the National Stroke Association website at www.stroke.org.

Having seizures? Should you consider VNS?



Jessica
Cain, PA-C
Physician Assistant at
Neurology Associates

Seizures occur when there are sudden, abnormal electrical activities in the brain. Multiple seizures are referred to as epilepsy. There are many people who have refractory epilepsy. Refractory epilepsy occurs when two or more anti-epileptic drugs have failed to control seizures. Statistics suggest a 50% response rate to the first anti-epileptic drug (AED) and only 11% responder rate with the addition of second AED, regardless of the medication. Despite the addition of 14 new AEDs to the market in the past 15 years, the rate of refractory epilepsy has not changed.

So what do these individuals with refractory epilepsy do to help control their seizures? Consider vagal nerve stimulator (VNS).

VNS is made by Cyberonics and is the leading medical device for epilepsy. The use of VNS started in 1988 and 68,000 people have been implanted with this device since that time. VNS is a small pace maker type device surgically implanted in the upper chest with a small lead that runs into the neck to stimulate the vagus nerve. This causes a release of neurotransmitters in the brain believed to reduce seizure activity. This stimulation occurs intermittently and at a rate determined by a person's needs. This device does not guarantee seizure freedom but does typically reduce the need for as many medications, thus reducing the side effects associated with meds. There has also been an increase in alertness and cognitive function as seizures become well controlled. Finally, the response rate to the device is typically much faster than that seen with medications.

The surgery to install VNS device is typically same day and performed by neurosurgery or ENT. There are currently five generators available: 101, 102, 103, 104, and Aspire HC. The 101 and 102 devices are older devices and are being phased out to allow for smaller generators and one such as HC, the newest, with longer battery life. The Aspire SR is currently in clinical trials in Europe and should be able to detect seizure activity and automatically generate a response to avoid impending seizure activity. Completely MRI safe leads are currently being designed for the device as well, but we are able to complete MRIs now with certain protocols.

So, if you or a family member suffers with frequent seizures despite the use of multiple medications then VNS may be a very good option to consider. Currently data shows that 60% of the patients implanted with VNS have 50% improvement in their seizures and up to 20% may have 90% improvement. These are good odds for someone who may not have been able to drive or live a full life due to repeated seizure activity. If you think this may help you, ask us about it at your next visit.



Rita Katz, PA-C and Jessica Cain PA-C attended the
VNS Conference in Orlando, Florida

Can Eating Peppers Help Ward Off Parkinson's Disease?

Eating foods that contain even a small amount of nicotine, such as peppers, may reduce the risk for Parkinson's disease (PD), new research hints.

Peppers are in the same botanical family as tobacco — the Solanaceae family. In a population-based study, researchers found that increasing consumption of edible forms of Solanaceae plants was associated with a lower risk of developing PD, with peppers displaying the strongest association.

“If our results are confirmed in similar studies, and we also learn more about why peppers might be protective, then the research may

be of particular interest to people who want to eat foods that might benefit their health, especially people without PD already,” Susan Searles Nielsen, PhD, who led the study, told *Medscape Medical News*.

“We weren't able to explore whether peppers or other foods slow progression of the disease once you have it, although research to address that question might be a natural extension,” added Dr. Searles Nielsen, research scientist in the Department of Environmental and Occupational Health Sciences, University of Washington, Seattle.

The study was published online May 9 in *Annals of Neurology*.

Employees of the Month

Neurology Associates recognizes the importance of our employees and their dedication to our patients, medical providers and co-workers. Each month all employees of the practice vote on an Employee of the Month (EOM).



November 2012 -
Diane Whitener,
Business Office
Associate



December 2012 -
Mandy Weaver,
MOA



January 2013 -
Kim Sparks,
Insurance Manager



February 2013 -
Pam Stephens,
MOA and
MRI Associate



March 2013 -
Connie Maloney,
Front Office Manager
and MOA

Our Physicians on the Airways

During May, two of our physicians, Dr. Robert Yapundich and Dr. Dale Menard, were each invited by Frye Regional Medical Center to discuss the causes and effects of stroke on an individual. Dr. Yapundich was a guest on the WHKY "First Talk" radio program answering questions from host Hal Rowe and Dr. Menard appeared on WBTV, the Charlotte television station. To listen to both presentations click on the links below.

Dr. Yapundich's Talk: <http://www.noggingdocs.com/whky-interview.html>

Dr. Menard's WBTV Segment:

<http://www.wbvtv.com/story/22234216/health-connections>



Dr. Menard, MD, of Neurology Associates, speaks with WBTV's Health Connections about strokes

Dr. Conrad Has Office Hours in Denver, NC

Dr. Ryan Conrad from Neurology Associates is now seeing patients on the fourth Thursday of each month at our satellite office located at 6127 Highway 16 South in Denver, North Carolina.

Dr. Conrad is Board Certified in both Neurology and Sleep Medicine. His expertise includes general Neurology, Sleep Disorders, EMG/ Nerve Conduction and most other neurological conditions.

Any physician's office in the area may call the Neurology Associates central scheduling phone line at 828-485-2476 to make an appointment with Dr. Conrad in the Denver office.



Depression Strongly Linked to Stroke Risk

Middle-aged women with depression are more than twice as likely to have a stroke as those without depression, a new study shows, suggesting the stroke risk in these women is stronger than previously thought.

Because traditional risk factors, such as diabetes and hypertension, accounted for only some of the association, the study authors surmise that a biological mechanism may play a role.

The study results underline the importance of identifying depression as a possible preventable risk factor for stroke, said study author Caroline A. Jackson, PhD, Centre for Longitudinal and Life Course Research, University of Queensland, Brisbane, Australia.

"We're adding to the growing body of evidence which shows there's a strong relationship between mental health and physical health," said Dr. Jackson. "It's important to raise awareness not just among individual patients — men and women — but also among doctors, to make sure that people can access proper treatment and care."

The research is published online May 16 in *Stroke*.

Skin Cancer Linked to Dramatically Lower Alzheimer's Risk

Results of a new study shows that having a history of squamous cell or basal cell skin cancer is associated with a reduced risk of Alzheimer's disease (AD), on the order of 80% in older adults.

"Those who had nonmelanoma skin cancer had a dramatically reduced risk of developing Alzheimer's disease over several years of follow-up," Richard B. Lipton, MD, professor and vice chair of neurology and director, Division of Cognitive Aging and Dementia, Albert Einstein College of Medicine in Bronx, New York, and one of the study authors, told *Medscape Medical News*. "The question is, why."

Neurology Associates' Neuroimaging Center

Neurology Associates schedules patients for MRI procedures every Monday in our mobile MRI unit located on the ground level of our Hickory office at 1985 Tate Boulevard.

All MRI scans performed at Neurology Associates are read by Dr. Catherine Weymann, Board-Certified Neurologist and Medical Director of Neuroimaging.



Patient Tip:

- Do you have an appointment scheduled? If so, you can complete your paperwork at home by visiting our web-site (www.noggingdocs.com). This can actually cut down on your waiting time and make your appointment go much faster. Website forms are in both English and Spanish.

Questions or comments?

- Please feel free to contact us at 828-328-5500.



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Neurology Associates, P.A. specializes in adult and pediatric neurological conditions, including sleep disorders, headaches, seizures, dementia, stroke, Parkinson's, multiple sclerosis, fibromyalgia, dizziness, nerve disorders, and much more.