



Stanford
MEDICINE
School of Medicine

Work/Health Balance and Cognitive Changes in YOPD

**Margaret S Ferris, MD
Clinical Assistant Professor
Department of Neurology and Neurological Sciences
Stanford University School of Medicine**

Outline

How is YOPD Different?

Cognition

Work

How to find the Balance

What if I can't work?



How is YOPD Different: The Disease

YOPD

- <50 yrs old (or 45, 40)
- ?genetic cause
- slower progression
- fewer cognitive problems
- more side effects like dyskinesias
- early/more frequent dystonia

PD

- Average age dx 60-65
- Most are “idiopathic”
- Can have a faster progression
- More likely to have cognitive problems
- Less dystonia early

How is YOPD Different: The Person

more likely to be child bearing age or have young children

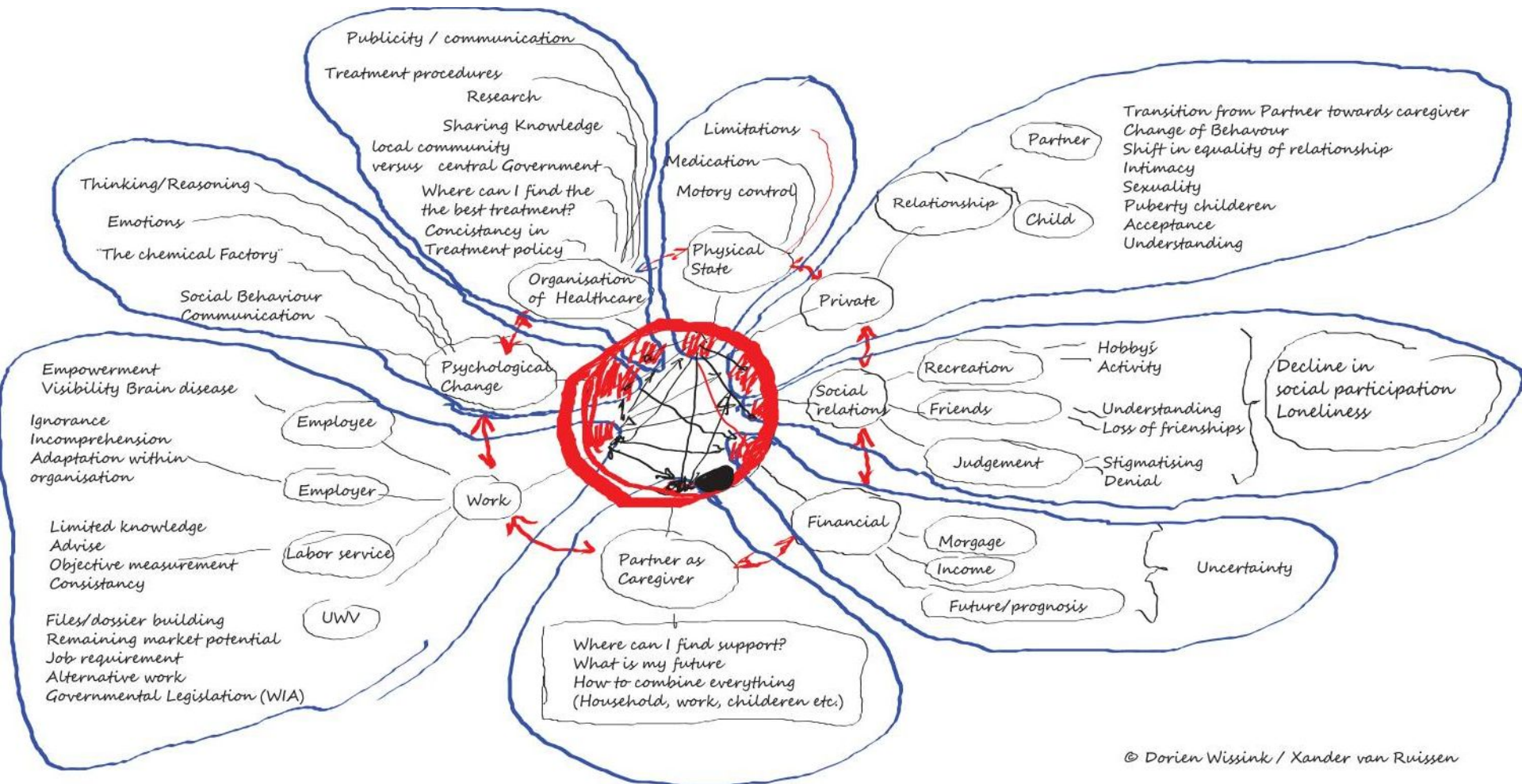
more likely to be working full time

less familiarity with the medical system

fewer/less available caretakers

More likely to be caretakers themselves



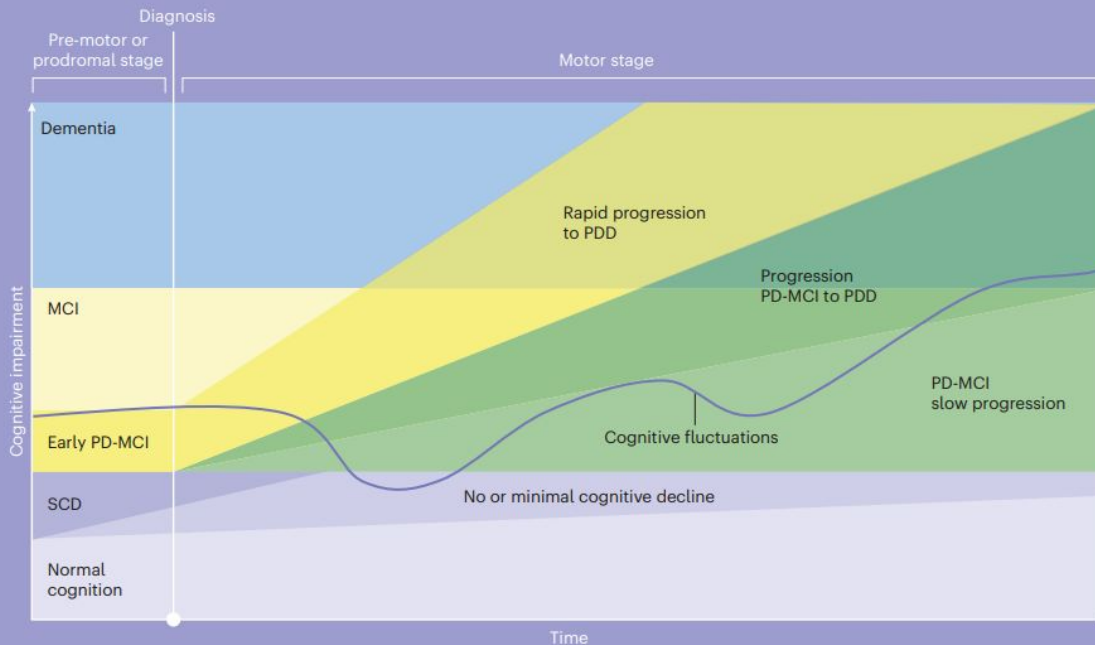


Cognition

Diagnosis

Identification of cognitive impairment in patients with PD can be carried out by screening of global cognition or neuropsychological testing. Neuropsychological testing can be used to determine the severity of cognitive impairment and the affected cognitive domains.

Biomarkers of pathologies underlying cognitive impairment can be used to understand disease biology and identify individuals at increased risk. These include extent of temporal and parietal cortex atrophy assessed by MRI and levels of cerebrospinal fluid markers of Alzheimer-type pathology.



SCD

SCD is a self-perceived reduction in cognitive function compared with historical function.

MCI

In contrast to SCD, MCI requires objective evidence of cognitive impairment.

PDD

Parkinson disease dementia (PDD) is the most severe form of cognitive impairment in this patient population, and is defined as severe cognitive impairment that affects normal functioning.

Cognitive impairment

Cognitive impairment can commence before or after the diagnosis of PD. Its progression rate varies substantially between patients.



Stanford
MEDICINE

School of Medicine

Cognition

More likely to be normal and stay normal longer

Most common complaints are “Brain fog”

Slower thinking

Complex processing and planning

Attention

Word finding

Spatial Problems

Executive Dysfunction

Some examples of executive dysfunction include:



Focusing too much on just one thing.



Being easily distractible.



Daydreaming or “spacing out” when you shouldn’t be.



Struggling to switch between tasks.



Problems with impulse control.



Trouble starting difficult or boring tasks.

Work Impact: How PD affects work

Motor

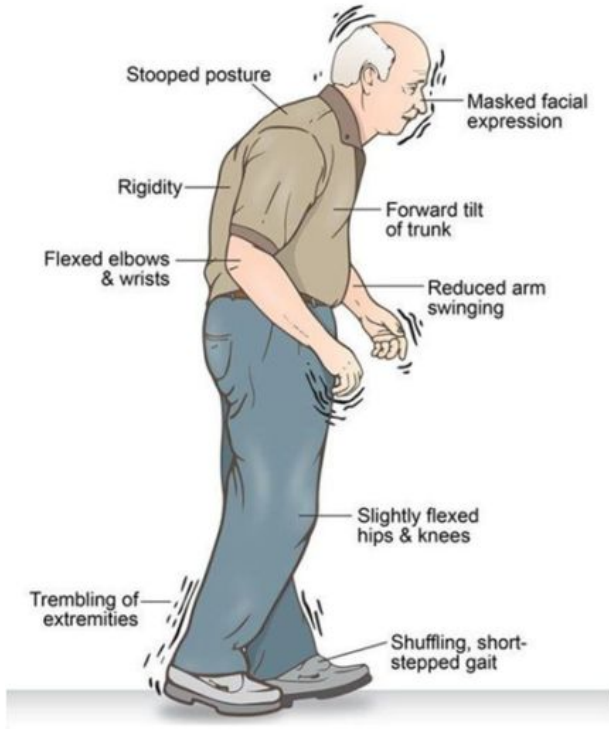
Emotional

Cognitive

Social



Motor Effects



T Tremor: shaking, usually starting on one side

R Rigidity: stiffness of the limbs, neck, or trunk

A Akinesia: loss or impairment in power of voluntary movement

P Posture and balance

Driving

Emotional Effects

Apathy

Anxiety

Depression

Fatigue



Cognitive Effects

Planning

Execution

Multi-tasking

Executive Dysfunction

Some examples of executive dysfunction include:



Focusing too much on just one thing.



Being easily distractible.



Daydreaming or "spacing out" when you shouldn't be.



Struggling to switch between tasks.



Problems with impulse control.



Trouble starting difficult or boring tasks.

Social Effects

Uncertainty

Embarrassment

Isolation

Loss of confidence

Communication



Work Impact: How work affects PD

Time

Stress

Social

Cognitive



How Work can Influence PD: Time



How work can influence PD: Stress



How work can influence PD: Social interaction



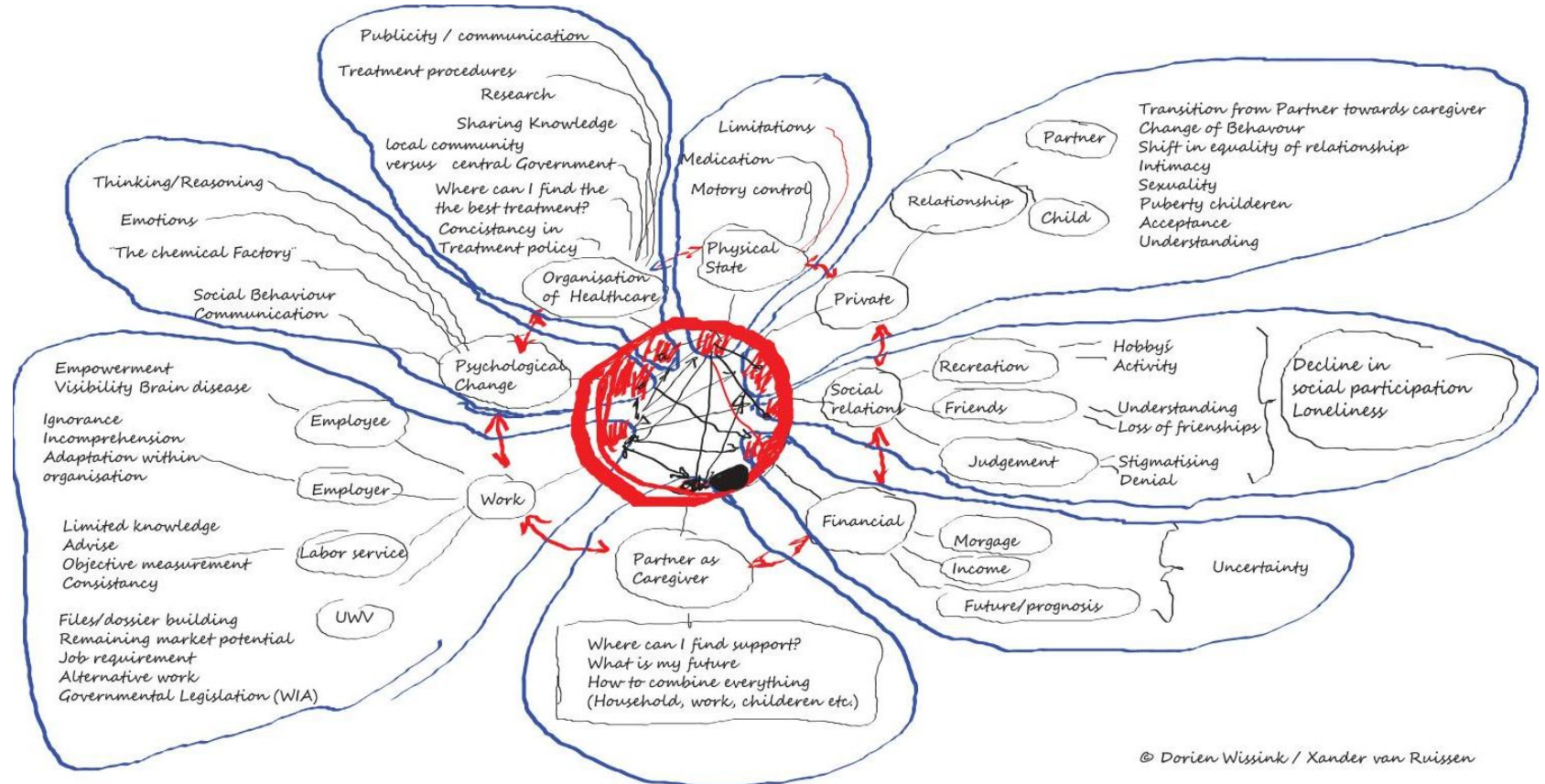
How work can influence PD: Cognition



Finding A Balance



Finding A Balance



What if I can't work?

1. FMLA
2. Short Term Disability
3. Long Term Disability
4. SSDI
5. Early Retirement

Disability and Retirement: Do I qualify as disabled?

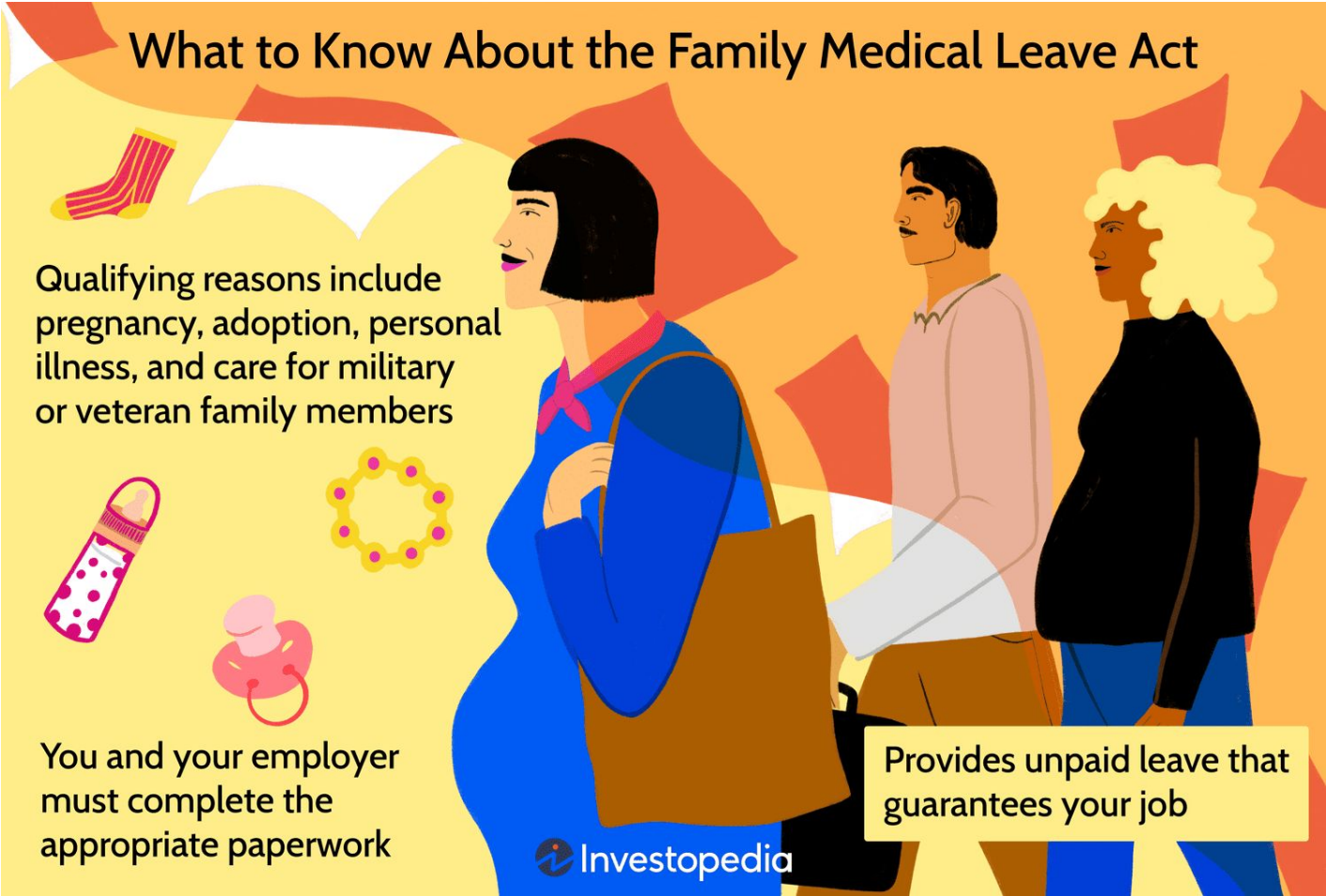
A. Disorganization of motor function in two extremities (see 11.00D1), resulting in an extreme limitation (see 11.00D2) in the ability to stand up from a seated position, balance while standing or walking, or use the upper extremities.

OR

B. Marked limitation (see 11.00G2) in physical functioning (see 11.00G3a), and in one of the following:

1. Understanding, remembering, or applying information (see 11.00G3b(i)); or
2. Interacting with others (see 11.00G3b(ii)); or
3. Concentrating, persisting, or maintaining pace (see 11.00G3b(iii)); or
4. Adapting or managing oneself (see 11.00G3b(iv)).

What to Know About the Family Medical Leave Act



Qualifying reasons include pregnancy, adoption, personal illness, and care for military or veteran family members

You and your employer must complete the appropriate paperwork


Provides unpaid leave that guarantees your job

Short Term Disability

Private or state run
3-6 months
percentage of your salary
Must document disability



Long Term Disability

 WHAT'S THE DIFFERENCE BETWEEN SHORT- AND LONG-TERM DISABILITY COVERAGE?		
	Short-Term Disability Coverage	Long-Term Disability Coverage
Coverage Lasts	Typically lasts between three to six months	Typically lasts years
Cost	Less Expensive	More Expensive
Buy Individual Policy?	Less common to find policies outside what an employer provides	Possible to find an individual policy
Waiting Period	Zero to two weeks	90 days commonly but can vary from 30 days to two years

SSDI

Federal Program/Social Security
Only if you have worked
Pay related to your income history
Calculators are available online

UNDERSTANDING SOCIAL SECURITY DISABILITY INSURANCE



