



Your Questions Answered

HEADACHE

Q I seem to get headaches after eating carbohydrates. Is there a connection between diet and headache?



DR. STEPHEN SILBERSTEIN ADVISES:

A In general, there is little evidence connecting certain foods with headaches. I think the relationship is overdone.

Still, there are some proven food-related headache triggers: skipping meals, consumption of alcohol or monosodium glutamate (MSG), and caffeine withdrawal.

Researchers have conducted controlled trials to look at whether chocolate has an impact on migraines. Study volunteers were given real or fake chocolate. And there was no difference between the two when it came to headaches.

What many experts believe is that certain foods are harbingers, rather than the cause, of headaches. So, if you're on the verge of developing a migraine, you might start to crave chocolate.

Since I believe that our bodies are telling us something when we have a craving, I would suggest going with it. Get yourself a bar of chocolate if that's what you crave.

Now, when it comes to your experience with carbohydrates and headaches, it is entirely possible that there is a connection. But it's not because carbohydrates cause headaches.

If you eat a lot of carbohydrates, your blood sugar goes up and then it crashes and you become hypoglycemic, which is also what happens when you skip meals. And that can cause a headache.

*Stephen Silberstein, M.D., is professor of neurology at Thomas Jefferson University in Philadelphia and president of the American Headache Society. He co-authored *Migraine and Other Headaches*, the first in a series of books for patients published by the American Academy of Neurology Press.*

ANEURYSM

Q I had a brain aneurysm several years ago. Is there anything specific I should be doing to prevent this from recurring?



DR. Y. PIERRE GOBIN ADVISES:

A There are many risk factors that could predispose you to developing a brain aneurysm.

Some of them, such as aging and genetic predisposition, can't be changed. But, there are things you can do: most important among these would be quitting smoking and getting high blood pressure under control.

You can also lower your chances of developing an aneurysm by working on risk factors for atherosclerosis, such as high cholesterol, high blood sugar and lack of exercise.

It's important to have your doctor check your cerebral arteries regularly after an aneurysm. In the beginning you should be checked annually and then once every five years because the aneurysm may recur, or—in rare cases—another aneurysm may appear.

Your doctor can check for this with a noninvasive imaging technique, such as MRI (magnetic resonance imaging) or CT (computed tomography) scan.

You are at a greater risk of developing a brain aneurysm if you are female, had an aneurysm in the past, have one or more parents who had a brain aneurysm, or have one of several rare diseases known to be associated with aneurysms.

Y. Pierre Gobin, M.D., is professor of radiology at the Weill Cornell Medical College and an attending radiologist at New York-Presbyterian Hospital/Weill Cornell Medical Center.

PARKINSON'S

Q My mother was recently diagnosed with Parkinson's and is becoming more and more forgetful. Is this a symptom of the disease?



DR. JANIS MIYASAKI ADVISES:

A As many as 70 percent of Parkinson's patients will ultimately end up developing dementia—usually in the later stages of the disease.

Even in the early stages of the disease, tests show some patients starting to have subtle changes in thinking. These patients may not be able to access information as efficiently as they once did. They can have trouble doing two things at once.

One problem is that the medications we give Parkinson's patients to help with motor problems can lead to worsening memory, confusion, hallucinations and delusions.

The good news is that the drugs used to treat Alzheimer's seem to be more effective in patients with Parkinson's dementia. But these medications also can worsen a patient's motor symptoms. Some notice they are slower and stiffer when taking these drugs. Some have increased tremor.

So, there's a trade-off. If a patient is reporting problems with memory and thinking and is having some hallucinations, I will try reducing the dosage of some of the less effective Parkinson's drugs. And I will try them on the lowest doses of an Alzheimer's medication.

However, I might just leave everything alone, if the cognitive problems are minor. Nothing needs to be done so long as their mental deficits aren't having a major impact on safety and quality of life: if they can still manage their money, pay their bills and they remember to turn off the stove, for example.

The memory problems you mention are a sign that you'll need to become more involved in your mother's care and life. And you probably should be attending her doctor's visits.

You are wise to observe these changes and you need to bring them up with her physician. Looking after the physical symptoms of Parkinson's can be so challenging that sometimes the physician may miss cognitive and behavioral problems.

Janis Miyasaki, M.D., is associate clinical director of the Toronto Western Hospital Movement Disorders Centre at the University of Toronto. She co-authored the American Academy of Neurology's new guidelines for treating Parkinson's disease.

ALZHEIMER'S

Q Will taking the Ginkgo biloba herbal extract help prevent dementia and specifically Alzheimer's disease?



DR. STEVEN DeKOSKY ADVISES:

A There are theoretical reasons to suspect that Ginkgo biloba might be helpful in preventing—or at least slowing—the development of Alzheimer's disease through the supplement's powerful antioxidant effects. In addition, some animal and cell culture models have suggested that Ginkgo biloba might have some specific effects on one of the proteins, Beta-amyloid, involved in the disease.

But we won't know if it is effective in preventing dementia until we have the results of an ongoing 3,000-person clinical trial. That trial, which is sponsored by the National Center for Complementary and Alternative Medicine and the National Institute on Aging at the National Institutes of Health, will be completed in 2008.

Several studies have assessed Ginkgo biloba in dementia or Alzheimer's disease and found variable effects. The most recent large placebo-controlled double-blind study, which tested the supplement for six months in people who had already developed Alzheimer's disease, found that Ginkgo biloba did not have significant effects compared to placebo. A secondary analysis of data from that trial seemed to show that the supplement might improve behavioral symptoms of Alzheimer's, but since the study wasn't originally designed to look at this, more studies would be needed to look at that specific outcome.

Even though there's no proof that Ginkgo biloba works, many people take it in hopes that it will be helpful.

What we do know is that it probably isn't harmful. It doesn't appear to have interactions with any of the currently prescribed Alzheimer's medications and there don't appear to be any serious side effects.

Steven T. DeKosky, M.D., is chairman of the neurology department and director of the Alzheimer's Disease Research Center at the University of Pittsburgh. He is also principal investigator of the multicenter trial to determine effect of Ginkgo biloba in decreasing the incidence of dementia and specifically Alzheimer's.