



Your Questions Answered

CHRONIC PAIN

Q I heard that over-the-counter pain relievers can cause stomach bleeding and liver damage. So what should I take to relieve pain?



**DR. ALAN
C. CARVER
ADVISES:**

A There is a fair amount of hysteria with regards to the potential for pain medications to cause stomach, liver, and kidney damage. It's not that these medicines can't cause these problems; of course they can, but typically, they occur after many weeks, if not months of daily usage, sometimes even beyond the usage that is recommended on the label.

It's important that you get the proper advice from your doctor as to what you can take and how long you can take it. It may very well be that you have many treatment options that are perfectly safe as long as you take the medicine as prescribed and you don't take it for weeks on end without proper medical supervision. As long as your doctor is prescribing within recommended dosing guidelines, then you should be okay.

The reality is that our best medicines for pain are by no means side-effect free. Sometimes in order to successfully manage chronic pain, we have to spend as much time talking about managing side effects as we do managing the pain. Many of these side effects can be treated and need to be evaluated during routine visits to your neurologist.

On the other hand, if you experience multiple side effects on a particular medication, then that medication is probably the wrong choice for you and needs to be changed.

Alan C. Carver, M.D., is director of headache and pain management within the department of neurology at Mount Sinai School of Medicine in New York City.

BRAIN ARTERIOVENOUS MALFORMATIONS

Q I heard about Senator Tim Johnson's arteriovenous malformation. What symptoms should I be alert to?



**DR. ROBERT
D. BROWN JR.
ADVISES:**

A An arteriovenous malformation, or AVM, is an abnormal tangle of arteries and veins in the brain or spinal cord. According to the National Institutes of Health, AVMs are believed to affect approximately 300,000 Americans. While they are rare, more brain AVMs are being detected over time, because CT and MRI brain scans are commonly performed, sometimes for reasons completely unassociated with the AVM.

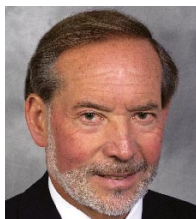
However, many people still have symptoms. Approximately 50 percent of AVMs are detected when they start to bleed, which causes a sudden severe headache, along with weakness, numbness, speech difficulty, unsteadiness, or vision loss. The other 50 percent may have a variety of other symptoms or no symptoms. Seizures occur in about 25 percent of cases. Headaches occur in about 15 percent, sometimes mimicking migraine, but it is often unclear if the headache is caused by the AVM. Slowly progressive difficulties such as weakness, numbness, speech difficulty, or vision loss occur in less than 10 percent. Some patients will notice a persistent pulsing noise—what's known as pulsatile tinnitus—in the ear from the blood rushing through the vascular malformation.

AVMs are most common in adults between the ages of 20 and 50. They sometimes show up in children, although this is unusual.

Robert D. Brown Jr., M.D., M.P.H., is professor and chairman of neurology at the Mayo Clinic College of Medicine in Rochester, Minn.

SLEEP APNEA

Q As a patient with sleep apnea, I was alarmed by studies linking the condition to stroke. Is there anything I can do to decrease my stroke risk?



**DR. ANTONIO
CULEBRAS
ADVISES:**

A Literally every patient who has clinically significant sleep apnea is at higher risk of stroke and heart attack. Generally, the more intense the sleep apnea, the higher is the risk of cardiovascular and cerebrovascular complications. This gets worse with the association of other risk factors, like high blood pressure, diabetes, or smoking. And of course, as you get older, the risk of stroke increases.

Studies show sleep apnea increases the risk of stroke through a variety of mechanisms. One is by increasing blood pressure, causing hypertension. Sleep apnea also causes heart dysrhythmias throughout the night. In addition, it decreases the blood flow in the brain and saturation of oxygen. If you put all of these together in a patient with atherosclerosis—the buildup of fatty material along artery walls, which may eventually lead to blockages of the arteries—you create the perfect storm for the development of stroke.

While studies on this are lacking, it seems that the best way to decrease the risk is to target the sleep apnea itself. Diagnosis of sleep apnea may initially be suspected by a primary care provider who will inquire about a variety of markers, such as very loud snoring, being overweight, and being tired during the day. The diagnosis is confirmed with an overnight test in a sleep laboratory.

A sleep specialist will then suggest lifestyle adjustments, and one of three treatments. One is to use an upper airway-patency appliance. This is a mouth device that helps people with mild sleep apnea breathe better during sleep; some research suggests this helps bring the blood pressure down. If a patient has more severe sleep apnea, the specialist will prescribe a mask called a C-PAP (Continuous Positive Airway Pressure), which blows air into the nose and facilitates breathing while asleep. This can decrease daytime sleepiness, correct oxygen desaturation, and lower the blood pressure. Lastly, in some cases, such as for people with large tonsils, surgery is recommended.

Antonio Culebras, M.D., is a consultant at the Sleep Center at Community General Hospital in Syracuse, N.Y., and a professor of neurology at the State University of New York Upstate Medical University.

PARKINSON'S DISEASE

Q Are there times when I should refrain from taking my medication?



**DR. WILLIAM
J. WEINER
ADVISES:**

A You should discuss this with your neurologist ahead of time. Some doctors feel strongly that they should be consulted before their patients make any changes. I usually try to set up some parameters for patients so that they can judge for themselves when they should cut back on doses.

I tell my patients that if their dyskinesias—those very wild, gyrating movements that are a side effect of Parkinson's medications—are becoming troublesome to them, it's probably a good idea to drop a dose or two to see if we can get them under control.

Also, sometimes patients with moderate to advanced Parkinson's disease will experience visual hallucinations, probably caused by their medications. So I tell patients that if they are seeing things that aren't there, are becoming suspicious or paranoid, or are undergoing some dramatic personality changes, it is quite all right to cut their medicine to the previous level, or if it's a new medicine, to stop it entirely, and then to call me to let me know. That way, the patient isn't waiting for a return phone call from me while they are getting upset, or seeing people who are not there, like long-departed family members, for example.

The most important thing is to try to explain to your doctor what your problems are and what you're trying to achieve in your life so that he or she can select the right medication for you. Once you are on one or two medications, there is a certain trial and error process that occurs before the right dosage is found.

William J. Weiner, M.D., is professor and chairman of the department of neurology at the University of Maryland School of Medicine, and director of the Maryland Parkinson's Disease and Movement Disorders Center.

DO YOU HAVE A QUESTION TO ASK THE EXPERTS?
Send it to neurologynow@lwwny.com