

BRAIN WAVES

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July 2009



Dr. Mario Zuccarello helped organize the 4th Annual Tri-State Brain Aneurysm Symposium in April. Details inside.

Upcoming Events

- July 18. Annual picnic, Highland Hills Park, Fort Thomas, Ky.
- August 5. Regular Meeting, University Hospital, Open Sharing (Combined, Caregivers and Survivors)
- September 2. Regular Meeting, at University Hospital
- October 7: Regular Meeting, University Hospital
- November 4, Regular Meeting, University Hospital, Kristin and Robert Gillum, "Our Story"
- December 2, Holiday Social

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A large, attentive audience turned out for the brain aneurysm symposium at the University of Cincinnati's Vontz Center.

Support group has been active

This has been a busy, productive quarter for the Tri-State Aneurysm Support Group.

In addition to organizing several well-received monthly meetings, we put on another splendid seminar devoted to the causes, treatment and aftermath of brain aneurysms. Planning is now underway for the annual summer picnic and a full array of programs this fall.

This issue of the newsletter includes articles about the monthly meetings and a special section devoted to the seminar held April 18 at the University of Cincinnati.

We hope you enjoy this little publication. If you have any suggestions for articles or topics that you would like to see covered, please contact Sandy Ross, the secretary of the support group's governing board, at ross21@fuse.net.

It's great to be alive, to survive, to give

Here is a poem from group member Mary Lynn Quattrone, offered at our April 18 meeting.

Alive is a great thing to be.

Never be angry with anyone.

Every day do something for someone

Use your talents to help others.

Rejoice in the Lord.

You are in charge of the rest of your life.

Spend time doing things you want to do.

Make the world a better place.

Highlights from aneurysm seminar at UC

Dr. Mario Zuccarello, a neurosurgeon with the University of Cincinnati Neuroscience Institute and a long-time friend of the Tri-State Brain Aneurysm Support Group, gave the keynote talk at the April 18 symposium.

He said that surgeons and researchers have discovered, among other things, that:

* **About 85 percent** of all subarachnoid hemorrhages are anterior, 15 percent posterior.

* **About 20 percent** of patients have multiple aneurysms.

* **About 40 percent** of those who suffer a ruptured aneurysm are dead within a month.

* **About 33 percent** of those who survive have major deficits, and more than 50 percent have a persistent cognitive deficit.

A major study by UC researchers and others suggests that between 7 percent and 20 percent of first- or second-degree relatives will have an aneurysm themselves. A first-degree relative is at 2 to 5 times the risk of developing an aneurysm than the general population. The study has also produced strong evidence that high blood pressure, tobacco use and the abuse of certain drugs greatly increases the risk of a ruptured aneurysm.



Some aneurysms, particularly smaller ones, may be safely left alone and observed. For larger ones, the current clinical options include clipping and endovascular coiling. Extremely large aneurysms sometimes require an arterial bypass, according to Dr. Zuccarello.

Dr. Zuccarello said survivors are often advised to have a brain scan or angiogram every three to five years to see if new aneurysms are forming or if there are problems with the original repair.

Dr. Joseph Nicolas offered perspective on headaches



Dr. Joseph Nicolas answers a question.

Dr. Joseph Nicolas, a neurologist and headache specialist said migraine affects an estimated 28 million people in the U.S. and is not uncommon among aneurysm survivors.

The peak age for migraine is 40 years, and it has the biggest impact on those between 25 and 55 years old.

Many migraines start in the circle of Willis or the brainstem, Dr. Nicolas said.

Sleep apnea can trigger headaches, as can grinding teeth. Vertigo is a common symptom associated with migraine.

A wide variety of medicines from several different classes are available for migraine treatment. Dr. Nicolas also said recent research suggests migraine sufferers should:

* **Limit caffeine** consumption to the equivalent of about two cups a day.

* **Treat their** headaches in the earliest possible stage.

* **Avoid overuse** of over-the-counter medications. For most, the goal should be usage of no more than twice a week.

Dr. Brendan Kelley is studying outcomes for survivors

Dr. Brendan Kelley has been studying the neuropsychiatric aspects of people who have recovered from aneurysms. This includes cognitive abilities, behavior and personality changes. He noted that family members are often more helpful than patients in noting, identifying changes.

He explained the Glasgow Scale:

- * **Dead**
- * **Persistent vegetative state**
- * **Severe disability**
- * **Moderate disability**

* **Good recovery** (identified primarily as the ability to return to work)

He said there has not been a lot of research in this area. One study looked at 20 "good" outcomes. Among that group, only three survivors returned to work full-time. Seven were able to work part-time; 10 wound up being classified as "disabled."

Typical symptoms among those who have survived a subarachnoid hemorrhage (SAH) include:

- * **Mental fatigue**
- * **Decreased social contacts**

* **Reduced tolerance** for "normal" sound levels

He said some research suggests that SAH might affect the endocrine system.

He cited a UK study of cognitive changes among SAH survivors. Among other things, it found that between 35 percent and 65 percent of survivors report memory impairment, and that about 60 percent reported personality changes.

Personal wellness requires positive attitude

Wiley Piazza, a Northern Kentucky University faculty member, discussed "whole person wellness" and the importance of maintaining a positive attitude.

He said the term was coined in 1959 by an orthopedic surgeon, who was trying to answer a question: Why was it that two patients who had the same procedure, and who were in roughly the same physical condition, would experience markedly different outcomes?

The answer, he said: Those who thought they would get better did.

"It's time to start thinking about what's right with us," Piazza asserted. "I've had to redefine who I am."

We're multi-dimensional people, he said.

Piazza discussed at length a chart depicting a "Whole-Person Wellness Model," attributed to Jan Montague,



Wiley Piazza, left, gave an inspirational talk.

1995. It is a sort of wheel with Personal Wellness at the center. Clockwise in a circle around that comes Intellectual, Social, Emotional, Vocational, Spiritual and Physical. Each category is connected to the other and to Personal Wellness.

Personal Wellness, Piazza said, requires:

- * Self-Responsibility
- * Optimism
- * Self-Directed Approach
- * Self-Efficacy
- * Choices

"What you think of me is you business. It's up to me to define myself -- or redefine myself," he said.

Piazza emphasized the notion of personal responsibility repeatedly. Among his mantras:

- * Think Well.
- * Act Well.
- * Be Well.

His closing was an audience participation exercise. It started with everyone saying "ha." Then "ha ha." And again and again, until the audience reached

"Hahahahahahahahahahahahaha."

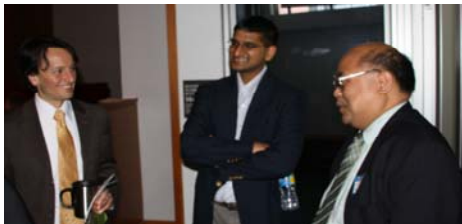
A little laugh always helps.

Research shows the human brain is more elastic than once thought

Dr. Samir Belajae is with the UC Neuroscience Institute. He is a member of the stroke team of Greater Cincinnati/Northern Kentucky and practices extensively at the Drake Center.

He noted that modern medicine can fix almost any organ, but added that so far stroke is a different story. "We are almost prehistoric when it comes to treating diseases of the brain," he said.

Dr. Belajae said we have long held a misconception that the adult human brain cannot change. He said the brain responds to functional demands,



Drs.. Brendan Kelley, Samir Belajae and Joseph Nicolas.

environmental factors, and can repair itself to a degree. In other words, using the brain can affect recovery.

He noted that researchers are developing neural interfaces, among them a chip implanted in the brain that attempts to get an electrical signal to the lower extremities for patients who are paralyzed.

He said researchers have also developed ways to perform "magnetic stimulation" of the brain from the outside, without surgery.

He also discussed the use of virtual reality technology and games as therapeutic tools.

'Aftermath' symposium offered a chance to share and to learn from each other



The "Dealing With the Aftermath" seminar provided opportunities for both informal mingling between presentations and a conversation in the auditorium.

Pictured at right are, left to right, survivor Charlene Taylor, moderator Laura Sauerbeck, caregiver Glenn Varney and survivor Patricia Varney.



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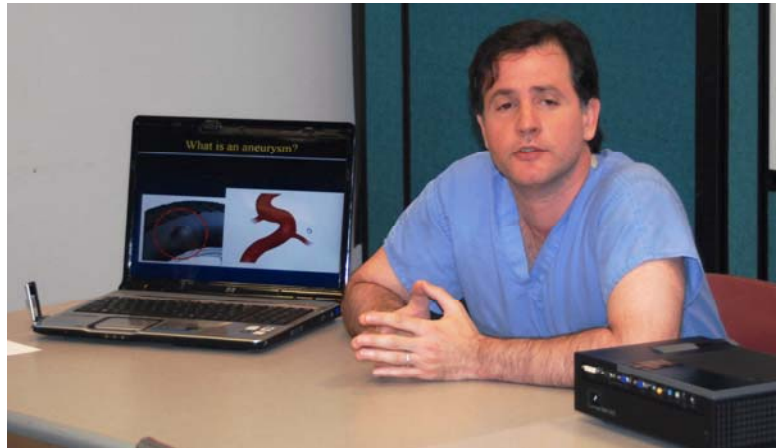
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Dr. Todd Abruzzo, a neuroradiologist, right, gave a compelling talk at the June meeting about techniques for the diagnosis and treatment of brain aneurysms. While clipping and coiling are the current treatments of choice, he said evidence is mounting about the efficacy of devices that shift blood flow away from aneurysms in the brain.



About the Aneurysm Support Group

The Tri-State Brain Aneurysm Support Group Inc. was established to help survivors of brain aneurysms, as well as the family members and friends involved with their care. It is a volunteer-driven, non-profit organization. Much of the organization's work is conducted at monthly meetings, to which this page is devoted. The support group meets on the first Wednesday of each month (except January and July) at 6:30 p.m. in a room off the cafeteria at University Hospital.

March meeting focused on Social Security benefits

At the March 2009 meeting Sue Denny, a representative of the Social Security Administration and a repeat, popular guest of the Tri-State Brain Aneurysm Support Group, gave an update on the benefits available to aneurysm survivors and others. Among her points:

Social Security is about to be swamped, financially and operationally. An estimated 80 million Baby Boomers will start to retire soon.

There is no provision for partial disability under Social Security. This is different than most workers' compensation programs.

Social Security has a separate



Sue Denny's repeat presentation was warmly received — and informative.

benefits program for those diagnosed as having permanent disabilities.

About 35 percent of all initial

Social Security claims for disability are approved, and 65 percent are denied. But the denials can be appealed, and eventually some of the initial decisions are reversed. Her advice is to file early and file online whenever possible.

Other remarks from those at the meeting:

"This is your right. You've paid into the system. You've earned it."

"Put away your pride and file. You are probably going to need the money."

"Hopefully, you don't have to use it. But if you do, it's there."