

Cerebral Small Vessel Disease – A Longitudinal 10 Years Evidenced Study

ABSTRACT

A Cluster of geriatric health issues which can lead to many neurodegenerative disorders including Parkinson's disease, Alzheimer's, and dementia. All these carry along with it a potential decline in quality of life, health care expenses; a larger amount of disability. An early identification of risk factors, along with treatment using due medication coupled with non – pharmacological treatment using physiotherapy were analyzed with evidence in a Ten year follow up of a subject with cerebral small vessel disease. Outcome of the research can be beneficial for geriatric subjects and to further the continuation of the findings of the research.

Cerebral small vessel diseases, with risk arising from ageing, hypertension, and diabetes can better be medically diagnosed, treated and duly followed up as it could lead to cognitive decline, dementia, falls, physical dysfunctions resulting in physical and psychological challenges lowering an elderly subject's quality of life. A holistic intervention, including regular physiotherapy can do a larger extent can minimize progression of CSVD as well be beneficial by maximizing functional independence among the subjects.

Keywords: CSVD: Cerebral small vessel disease; QOL: Quality of life; ADL: Activities of daily living; NPRS: Numerical pain ratings scale.

1. INTRODUCTION

There is an increasing longevity found to be associated with various health ailments, especially geriatric subjects vulnerable to psychosocial, physical, financial issues leading to diminished dignity, larger dependence and different degrees of disabilities. Systemic illnesses like hypertension, diabetes, atherosclerosis, can along with genetic factors play a vital role in global geriatric subjects developing neurodegenerative disorders like stroke, parkinson's disease, cognitive decline, psychiatric disorders, Alzheimer's. These neuro ailments are found to be linked with long term healthcare affecting subjects, families, and society [1-4]. Early identification of risk factors and treatment of that were to be more focused medically. Another key factor from literature recorded was an early onset of these said risk factors can more be critical on living days of affected subject 5-9].

One among the pathological manifestations of neurodegenerative disorders was vertigo, cerebral small vessel disease especially among subjects above 60 years. This research when non-pharmacological ways with specific physiotherapy were discussed using evidence on geriatric females on a longitudinal analysis from 2011 – 2021.

CSVD Accounts for 25% of strokes and contributes for future risks of stroke and dementia Ward low et al 2019, increasing burden on society. Future CSVD were found to be associated with increased mortality independent of gender and preexisting vascular risk factor [8] Genetic, environmental cultural factors were linked to cognitive decline increasing risk for SV D [9] Low vitamin B12 (Devakumar 2019) age, hypertension, diabetes mellitus were shown to be known risk factors for CSVD [10].

Katz index was validated in the assessment with optimal reliability among subjects with or without cognitive decline (Reductive et al 2015).

While neuro imaging studies demonstrate higher cortisol levels in neural activity as diffuse white matter hypertension intensity were related to atrophy, cognitive decline, dementia [11].

Features of vascular parkinsonism like bradykinesia, rigidity, gait disturbances were associated with CVSD (Vanderholst et al 2015).

Annual plaited dizziness [12] gait, balanced dysfunction [13], falls were also recorded among CVSD subjects.

Holistic approach ineffective assessment any in clinical management of patients with CSVD including experts in stroke neurology, cognitive, physical dysfunction, life style intervention and pharmacological treatment were emphasized for CSVD by Clancy et al 2020, as this being common global brain disease that causes cognitive impairment, ischemic or hemorrhagic stroke, problems with mobility, neuropsychiatric symptoms with focal white and deep gray matter lesion in NMRI [13-16].

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Repeated above

1.1 Aims and Objectives

1. To understand the pathogenesis of vertigo
2. To find the role of physiotherapy as a prophylactic therapeutic.

2. MATERIALS AND METHODOLOGY

2.1 Background Information

Mrs. XXX aged 78 years, known hypertensive on Amlodipine 10mg for twenty years, Type 2 diabetes for 15 years taking Glycomet 500 SR, had hysterectomy at her age of 43 years, mother of two female adults, literate and retired as a Tamil Nadu State Government official, India.

Physical examination as on 2011: BMI - 29kg/m²

Waist circumference - 98 cm, Blood pressure in sitting - 150/93mm/Hg

Previous medical treatment for chronic neck pain with vertigo was treated by physician tablet Vertin and NSAIDs since 2010.

Investigation:

YEAR	HbA1c
2011	6
2013	7.5
2021	7

NMRI in 2011 has revealed cortical atrophy, small vessel disease with white matter hyperintensity of Fazekas Grade I.

2.2 Complaints of the Subject

Neck pain, vertigo, unexplained dizziness, fatigue, stiff shoulders, occasional low back and knee pain.

2.3 Major Medical Conditions

- a. Hysterectomy at her age of 45
- b. Covid 19 tested positive in July 2020, has recovered with due medical treatment, but in December 2021 had hypertonicity of both extremities with mild rigidity, was treated by physician with tablet pregabalin.

- c. Hypertensive for 20 years
- d. Diabetic for 15 years
- e. Having CSVD since 2011

2.4 On Examination

- Peripheral joints nil deficit restricted movements
- Cervical and shoulder movements painful and mild restricted
- ADL - Independent reasonably
- Gait - Ambulant and functionally independent to a large extent

Last decade she has made adequate life style changes with regular walking, good sleeping pattern, along with regular adherence to specific physiotherapy.

2.5 Procedure

This Research was carried in longitudinal means from May 2011 to 2021 December with weekly twice physiotherapy sessions for 25-30 minutes at an exercise intensity of 60-70% of her maximal heart rate.

Cervical spine strengthening, shoulder bracing, core strengthening and inversion therapy were carried in sitting, standing, supine, side and prone positions. A set of 15 exercises were used with 5-6 repetitions. Gadgets including physio ball, tera band were used. With no untoward incidents she was regularly treated during this period.

Pain, activities of daily living were taken in 2011 and 2021 were analysed and presented with due literature evidence as below:

3. CLINICAL PROGNOSIS AND RESULTS

Major functional problems faced by this research subject were neck pain, dizziness who has retired from Government service, being the mother of two adult girls becoming a widow at the age of 76 years.

She was treated for hypertension and diabetes, but mesomorphic. She was infected with SARS Covid 19, developed cerebral hypoxia, and was medically treated.

Table of Results on Nprs, Hba1c, Katz, Fazekels Scale

Years	Scales on NPRS	Hba1c	Katz index on adl %	Fazekels scale on csvd
2011	8	6	69	Grade 1 on 2011
2021	2	7	83	
Prognosis	<u>Has not taken MRI</u>			

Along with medication for Hypertension and Diabetes Mellitus, she was regularly treated with twice a week with physiotherapy and her function and prognosis were analyzed along with from 2011 till December 2021.

She is functionally independent for ADL, daily care, and financial needs.

Pain, stiffness of shoulders, knee pain (Right) with occasional dizziness recorded.

Cognitively doing good as she was found to live independently living with a good lifestyle.

4. DISCUSSION

4.1 Critical Research Questions Arising

4.1.1 Does Vertigo give a clue for SVD

Vertigo was thought to be related to cardiovascular predictor; Few researchers have related dizziness among elders with CSVD leading to neurodegenerative disorders.

Toker et al [17] in a systematic review from 1,506 citations and 5 studies vertigo could be a predictor for cardiovascular diagnosis. Whereas this research does not give any known history or complaints of cardiac ailment, but a hypertensive and on medication. Further *Fatah zadeh et al* 2006 in clinical classification of including stroke and Transient ischemic attack to be cardiovascular diseases, which supports this subject having had the single vessel disease as shown in her NMRI with vertigo for which she was treated but SVD was not treated with medication.

Cerchia et al [18] with ENT and Neurological experts from Italy have shown a link between cerebral small vessel white matter disease with Dizziness among geriatric subjects. SVD further can give rise to cognitive decline [19] dementia (Tavera 2016) and Falls [20].

4.1.2 Role of physiotherapy here?

Karlberg et al 2004 theorized that parts of the vestibular system are differentially susceptible to

global drops in pressure leading to ischemia [21]. Further Newman et al [17] have added strength (this research subject having vertigo and cerebral ischemic changes) that a global reduction in blood pressure lead to local asymmetries in the vestibular system causing vertigo via a Transient ischemic attack type mechanism.

Tan et al [22], recorded hypertension, diabetes mellitus and genetic to be associated with Arteriosclerosis, aging hence called hypertensive SVD [23].

An impaired autoregulation of involved small vessels results in reduced cerebral blood flow and chronic cerebral hypoperfusion.

Rigsby et al [24] have noted in male hypertension rats spironolactone to improve the tone of the cerebral vasculature.

Rensma et al [25] in a systematic review risk factors such as hypertension, diabetes mellitus, smoking, dyslipidemia, infection, hereditary diseases, obesity, homocysteine concentration for CSVD.

Pantoni [26] with neuroimaging of CSVD involving lacunar infarcts, subcortical infarct with microbleeds, brain atrophy and enlarged perivascular spaces.

While research studies have identified hypertension and diabetes to be associated with CSVD, this research subject was hypertensive and diabetic along with vertigo, and more vulnerable to developing ischemic changes of neurological higher centers.

Her NMRI revealed at her age of 60 years with vertigo has shown CSVD with cortical atrophy.

4.1.3 Is there a link with hypertension age?

Liet al [27] have stated main clinical manifestations of CSVD include stroke, cognitive decline, dementia, psychiatric disorders, a normal gait and Urinary incontinence.

According to Petty et al [28], 25% of all ischemic stroke from SVD, puts patients at twice the risk for SVD [29].

The leading cause of functional loss, cognitive decline and disability in elders.

Subtle gait and postural abnormalities were recorded among SVD subjects (Ahmad et al, 2016).

BPPV [30] to be prevalent among 9 % of elders can reduce ADL and depression.

Vestibular rehabilitation programs were shown to be effective (Herdman 2013).

Gait and posture can get altered in CVSD which are physical components involved.

Pinkhardt et al 2014 recorded Oculomotor and cognitive functioning probably depend more on which fibers are hit by SVD than the amount of fibers affected.

White matter lesions burden positively correlates with age [31] as SVD is linked with the development of geriatric syndrome (Kuo et al 2004).

Dizziness Handicap Inventory Questionnaire [32].

SVD burden based on Fazekas scale [33].

White matter hyperintensities on T2 weighted on MRI are the radiological expression of SVD and known marker of a higher risk cerebral, cerebellar and brainstem stroke [34].

Una et al [35] on a holistic approach in the clinical management of CSVD.

This research subject was found to have in the last ten years independent for ADL, reasonable cognitive abilities going for regular walking for 30 minutes weekly five times.

Having been infected with SARS Covid -19, she has recovered with bilateral hypertonicity (could be cerebral hypoxia) but with good functional recovery. She was complaining of a stiff neck, shoulders which were treated with physiotherapy [36-38].

With regular adherence to specific physiotherapy findings of this longitudinal research can be vital for larger RCTs as a prophylactic therapy for CSVD.

Within frequent complaints with knee pain, LBA was treated with specific physiotherapy and VD3 supplements.

As shown in the table of results, NPRS reduced but glycemic control varied but remained functionally independent for all his daily activities, which were worth noting.

Cognitive decline and dementia were proven with cerebrovascular pathology on MRI findings to be associated with symptomatic stroke including silent stroke and markers of cerebral small vessel diseases especially among subjects with atrial fibrillation as evidence in a birth cohort researched by Lira ryden et al [39]. However this research subjects did not have any known atrial fibrillation.

Hooper et al [40] have recorded that preexisting CSVD as risk factor for poor clinical outcome and predictor of mortality in patients with symptomatic ischemic stroke, despite successful recanalization with endovascular thrombectomy for large vessel occlusion, the probable reason could be pathological changes with chronic cerebral hypoperfusion and ischemia affecting small perforating cerebral arterioles, venules and capillaries in CVD as recorded by (Streifer et al 2017) but this research findings where the subject was conservatively treated him holistic approach of meditation and physiotherapy and lifestyle modification.

Zhou et al [41] among 158 CVD patients with mean age of 60 years measured with elevated serum cortisol level and concluded that cortisol can be a promising biomarker in CVD as cortisol is concerned with anxiety and depression. This research subject having lost her life partner recently could further increase with CVSD.

Lariza et al 2020 having carried out MRI among 96 CSVD Russian subjects of both sex above 60 years recorded heterogeneity of CVSD and variations in clinical manifestations observed in Fazekas stage 3 of this disease but this research subject had a Fazekas stage 1.

5. CONCLUSION

Less focused was geriatric research, but as it necessitates their right to lead their life well, prophylactic means where especially with physiotherapy, a non-pharmacological means can along with due treatment with medication can be a boon in elderly care with an increasing elders worldwide, this unfocused area of

preventing neurodegenerative disorders gets more
highlighted in this ten year of longitudinal

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follow up and Analysis with due evidence from 2011–2021.

Further studies on other measurable variables such as sMRI, specific parameters like gait, including other disciplines into the research are highly recommended.

CONSENT

As per international standard or university standard, patients' written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

As per international standard or university standard, written ethical approval has been collected and preserved by the author(s).

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