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Determining Workflows

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Declining Quality of Life in Parkinson Disease Before and After Diagnosis

Natalia Palacios\textsuperscript{a,+}, Xiang Gao\textsuperscript{a,b}, Michael Schwarzschild\textsuperscript{c} and Alberto Ascherio\textsuperscript{a,b}

\textsuperscript{a}Department of Nutrition, Harvard School of Public Health, Boston, MA, USA
\textsuperscript{b}Channing Division of Network Medicine, Harvard Medical School, Boston, MA, USA
\textsuperscript{c}Department of Neurology, Massachusetts General Hospital, Boston, MA, USA

In a large prospective cohort of initially healthy men (HPFS) and women (NHS) for many of whom the SF-36 was first administered before the onset of symptoms of PD and then again after onset. We were also able to uniquely compare participants with PD to similarly aged participants without PD within our cohort. Additionally, in a subset of participants with PD, we measured ADL and Hoehn and Yahr Staging scale at various stages after disease onset and were able to chart the change in those scales associated with progression of PD.

General measures of functioning and well being, such as the SF-36, reflect qualities that are important to the daily experience of PD patients and allow comparison across conditions [7]. For example, a 9-point difference in physical functioning is equivalent to the effect of having arthritis or back problems [7]. Likewise, having diabetes or congestive heart failure, would translate to a 13 point difference in role limitations due to physical health [7]. Although there is no well-established

ACKNOWLEDGMENTS

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REFERENCES

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Temporal dynamics of ocular indicators of sleepiness across sleep restriction.

Pouni S¹, Rahman SA, Crowley KE, Anderson C, Rajaratnam SM, Lockley SW.

Abstract
The current study characterized the temporal dynamics of ocular indicators of sleepiness during extended sleep restriction. Ten male participants (mean age ± SD = 23.3 ± 1.6 years) underwent 40 h of continuous wakefulness under constant routine (CR) conditions; they completed the Karolinska Sleepiness Scale (KSS) and a 10-min auditory psychomotor vigilance task (aPVT) hourly. Waking electroencephalography (EEG) and ocular measures were recorded continuously throughout the CR. Infrared-reflectance oculography was used to collect the ocular measures positive and negative amplitude-velocity ratio, mean blink duration, the percentage of eye closure, and a composite score of sleepiness levels (Johns Drowsiness Scale). All ocular measures, except blink duration, displayed homeostatic and circadian properties. Only circadian effects were detected in blink duration. Significant, phase-locked cross-correlations (p < 0.05) were detected between ocular measures and aPVT reaction time (RT), aPVT lapses, KSS, and EEG delta-theta (0.5-5.5 Hz), theta-alpha (5.0-9.0 Hz), and beta (13.0-20.0 Hz) activity. Receiver operating characteristic curve analysis demonstrated reasonable sensitivity and specificity of ocular measures in correctly classifying aPVT lapses above individual baseline thresholds (initial 16 h of wakefulness). Under conditions of sleep restriction, ocular indicators of sleepiness paralleled performance impairment and self-rated sleepiness levels, and demonstrated their potential to detect sleepiness-related attentional lapses. These findings, if reproduced in a larger sample, will have implications for the use of ocular-based sleepiness-warning systems in operational settings.

KEYWORDS: circadian rhythms; constant routine; electroencephalography; ocular measures; oculography; performance; sleep deprivation

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Temporal dynamics of ocular indicators of sleepiness across sleep restriction.

Pouni D, Rahman SA, Crowley KF, Anderson G, Rejaratnam SM, Lockley SW

Abstract

The current study characterized the temporal dynamics of ocular indicators of sleepiness during extended sleep restriction. Ten male participants (mean age ± SD = 23.3 ± 1.8 years) underwent 40 h of continuous wakefulness under constant routine (CR) conditions; they completed the Karolinska Sleepiness Scale (KSS) and a 10-min auditory psychomotor vigilance task (aPVT) hourly. Waking electroencephalography (EEG) and ocular measures were recorded continuously throughout the CR. Infrared-reflectance oculography was used to collect the ocular measures positive and negative amplitude-velocity ratio, mean blink duration, the percentage of eye closure, and a composite score of sleepiness levels (Johns Drowsiness Scale). All ocular measures, except blink duration, displayed homeostatic and circadian properties. Only circadian effects were detected in blink duration. Significant, phase-locked cross-correlations (p < 0.05) were detected between ocular measures and aPVT reaction time (RT), aPVT lapses, KSS, and EEG delta-theta (0.5-5.5 Hz), theta-alpha (5.0-9.0 Hz), and beta (13.0-20.0 Hz) activity. Receiver operating characteristic curve analysis demonstrated reasonable sensitivity and specificity of ocular measures in correctly classifying aPVT lapses above individual baseline thresholds (initial 16 h of wakefulness). Under conditions of sleep restriction, ocular indicators of sleepiness paralleled performance impairment and self-rated sleepiness levels, and demonstrated their potential to detect sleepiness-related attentional lapses. These findings, if reproduced in a larger sample, will have implications for the use of ocular-based sleepiness-warning systems in operational settings.

Keywords: circadian rhythms; constant routine; electroencephalography; ocular measures; oculography; performance; sleep deprivation

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Temporal dynamics of ocular indicators of sleepiness

S. Fiouni et al.

Abstract

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