

# *Parkinson's Patients Support Groups, Inc.*

P. O. Box 60188, Sunnyvale, CA 94088 408.542.5610 www.ppsg.org

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## **First Early-detection Blood Test For Parkinson's Shows Promise (03/12/2008)**

Source URL :

<http://www.sciencedaily.com/releases/2008/03/080311163624.htm>

Adapted from materials provided by Weill Cornell Medical College

March 12, 2008 — A test that profiles molecular biomarkers in blood could become the first accurate diagnostic test for Parkinson's disease, new research shows. The screen relies on changes in dozens of small molecules in serum. These "metabolomic" alterations form a unique pattern in people with Parkinson's disease, according to a team led by researchers at the Weill Cornell Medical College in New York City.

"A reliable blood test for Parkinson's disease would revolutionize not only the care of people with this debilitating illness, it would facilitate research as well," notes study senior author Dr. M. Flint Beal, chairman and Anne Parrish Titzell Professor of Neurology at Weill Cornell Medical College, and neurologist-in-chief at New York-Presbyterian Hospital/Weill Cornell Medical Center.

According to the National Parkinson Foundation, an estimated 1.5 million Americans have the neurodegenerative disease, and 60,000 new cases are diagnosed each year. Actor Michael J. Fox, boxer Muhammad Ali, and former U.S. Attorney General Janet Reno all suffer from Parkinson's, which strikes men and women in roughly equal numbers.

"Right now, a Parkinson's diagnosis is made solely on a clinical review of symptoms — we have no biologic test," notes Dr. Beal. At best, a symptom-based screen is still only 90 percent accurate, he adds.

"That can cause real problems, because that remaining 10 percent of patients — who may have look-alike conditions such as multi-system atrophy or progressive supranuclear palsy — end up getting treated with Parkinson's drugs," Dr. Beal says. "These medicines may appear to help them a little while, but in the meantime, they haven't been getting the treatment that's necessarily best for them."

An early-detection test would also be enormously useful in

tracking the health of patients who may be at higher risk for Parkinson's, such as those with a family history of the disease.

Finally, the integrity of clinical trials is undermined by the lack of an accurate screen, Dr. Beal notes. "Every time you do a clinical trial into Parkinson's and you have patients that are misdiagnosed, it enters 'noise' into the analysis, skewing the results. A truly reliable test could help eliminate that," the researcher notes.

That's why encouraging results for the new test — based on a patient's "metabolomic profile" — are so important. Metabolomics is the study of changes in thousands of distinct, very small molecules found in body fluids or tissues. "Anytime you have a genetic or environmental perturbation, these molecules are altered in specific ways," Dr. Beal explains.

Because Parkinson's treatment could itself trigger some of these alterations, the researchers first compared metabolomic patterns in the blood of Parkinson's patients who were not undergoing treatment versus those who were medicated. "That gave us a 'medication-free' profile that we could use going forward," Dr. Beal explains.

In the next stage of the research, the team compared blood samples from 66 patients with Parkinson's disease against 25 healthy controls (most of whom were the patients' spouses). The metabolomic analysis included over 2,000 small molecules found in blood.

"We discovered a clear differentiation between the metabolomic profiles of the Parkinson's disease patients versus those of the controls," Dr. Beal says. "No one molecule was definitive, but a pattern of about 160 compounds emerged that was highly specific to Parkinson's patients."

The significance of many individual compounds to the disease remains unknown and will be the focus of future study. But changes in a few well-known metabolites linked to oxidative stress were clearly linked to Parkinson's. These included low levels of the antioxidant uric acid; an increase in blood levels of another antioxidant, glutathione; and increased levels of a marker for oxidative damage called 8-OHdG.

"Together, these and other compounds were arranged into a metabolomic pattern that identified Parkinson's disease with great accuracy," Dr. Beal says.

He stressed that more work needs to be done to validate the finding, and a test that might be used routinely by doctors is still a few years away.

"We are currently enlarging the sample size and studying people at serial intervals, to see if this test might also serve as a benchmark for disease progression," Dr. Beal says.

"We are also looking at people who carry a gene for a familial form of Parkinson's, but who do not have the illness now. We hope to track them over time to see if this metabolomic profile is predictive of disease onset."

If those data prove as promising as this early trial, an early-detection blood test for Parkinson's disease could someday become a reality. According to Dr. Beal, "That would be a big step forward for both the treatment and the study of this devastating illness."

*This article was forwarded by Steven Russell and Robin Riddle. Thank you!*

## PDF and Partners Bring Leading Scientists to You

Responding to continuing demand from people with Parkinson's and their families for up-to-date research information, the Parkinson's Disease Foundation (PDF), announces a series of four educational symposia and webcasts entitled *Parkinson's Science: Innovations and New Perspectives*. The series will allow people with Parkinson's, their families, support groups and healthcare professionals nationwide to receive scientific updates directly from leading national and local Parkinson's authorities – both in person and via the web.

The traveling web series will bring Parkinson's experts to four cities across the US to discuss the latest discoveries in Parkinson's disease (PD) science. PDF is launching this program in conjunction with four leading regional Parkinson's organizations: the Parkinson Association of the Carolinas, the Michigan Parkinson Foundation, the Parkinson Resource Center of Spokane, and the Houston Area Parkinson Society.

Each half-day symposium will feature national and local scientists and clinicians presenting their latest insights on research that has potential impact both upon current treatments and upon the quality of life for those who live with PD. Webcast technology will enable those who cannot attend in-person, to view all four programs on the web, both live and after the event. For people who can join the live webcasts, the technology will provide the opportunity to submit questions about PD directly to researchers during their

presentations. Those who *cannot* join the webcast live can still view the symposia on their personal computers at any time they choose. Archived sessions will be available 24 hours a day, 7 days a week, for one year following each event.

Robin Elliott, Executive Director of PDF, says: "This unique web series is of great importance in the PD community – and by community, I mean all those who live with PD, those who live with them and love them, and those inspiring professionals who seek to treat and cure the disease that burdens them. Every person who lives with PD deserves access to the most current information and the most knowledgeable specialists – people who are familiar with the concerns and daily challenges that they face."

### **The Carolinas: What's in the Pipeline for Parkinson's?**

The first installment of the web series will take place on May 9, 2008, from Charlotte, NC, in collaboration with the Parkinson Association of the Carolinas. The theme of this session is, "What's in the PD Pipeline?," and presenters will include Dr. Katrina Gwinn-Hardy of the National Institutes of Health; Dr. Mark A. Stacy of Duke University; and Dr. Clive Svendsen of the University of Wisconsin (Madison).

Please see below for other upcoming dates and locations.

### **How Can You Participate in or View this Event?**

For more information on this four-part educational web series, please contact PDF at [info@pdf.org](mailto:info@pdf.org) or at (800) 457-6676 or visit [www.pdf.org/webcast](http://www.pdf.org/webcast). If you are interested in attending the first symposium in North Carolina, you may also contact PAC at [info@parkinsonassociation.org](mailto:info@parkinsonassociation.org). To learn more about how webcast technology can benefit you, your family or your support group, please email [webcast@pdf.org](mailto:webcast@pdf.org).

### **Four Symposia and Webcasts: Dates and Times**

**Friday, May 9, 2008** Charlotte, NC Jointly with the Parkinson Association of the Carolinas

**Friday, July 18, 2008** Lansing, MI Jointly with the Michigan Parkinson Foundation

**Saturday, October 11, 2008** Spokane, WA Jointly with the Northwest Parkinson's Foundation

**Saturday, April 4, 2009** Houston, TX Jointly with the Houston Area Parkinson Society

*This information is forwarded by Don McCauley. Thanks, Don!*

**This newsletter is assembled by  
The Morgan Center. Thank you!**

## My Side-Effects with Requip<sup>R</sup>

By Curt Chadwick, Los Gatos

After only a few weeks on Requip<sup>R</sup> I developed a side effect that could have been fatal for me and others as well, “sudden sleep.” This side effect caused me to fall asleep for a few seconds with no warning at least twice. The first time that it happened I regained consciousness in the middle of a four-lane expressway, against the light, with the road full of traffic! My doctor thought that the cause was fatigue due to lack of sleep caused by the RLS for which she had prescribed the Requip<sup>R</sup>. I thought so too.

However, about two weeks later it happened again while I was riding my mountain bike on a fire trail. This time I went down a thirty-foot embankment. I realized that I had suddenly lost consciousness, having no remembrance of anything between riding fully awake on the fire trail and bouncing along halfway down the embankment. I cleared a two foot downed tree while unconscious. Miraculously I survived with minor injuries.

Since the Requip<sup>R</sup> I took was a manufacturer’s sample, I had not received a list of the side effects associated with it. I only received statements from my doctor that Requip<sup>R</sup> was “well tolerated”. My wife and I finally went to our pharmacist and got a list of the side effects. The description of “sudden sleep” made us realize that that was what I had. I stopped the Requip<sup>R</sup> and the problem has not recurred in the ensuing year-and-a-half.

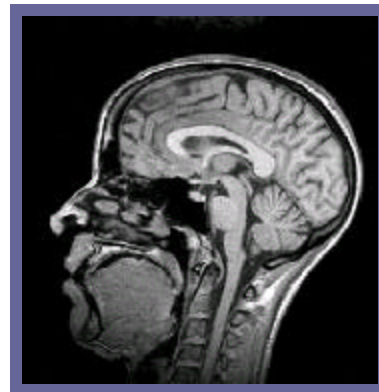
I am lucky I survived Requip<sup>R</sup> and I’m very thankful that I didn’t injure or kill anybody else while taking it. In the future I will make sure to go over the side effects with the prescribing physician before taking any drug. Doctors prescribing new medications should also make sure that they go over any potentially dangerous side effects with their patients.

**Upcoming activities for The San Jose Parkinson’s Support Group** (St. Francis Episcopal Church, 1205 Pine Avenue) schedule of upcoming meetings. Contacts: Jane Fox (408) 265-3991 or Darrell McLeod (408) 828-6745

**May 2** Ann Hayes, RN, Certified Meditation Instructor. ; “The benefits and how to of meditation.”

**June 6** Nengchun Huang, MD, PhD, Movement Disorder Specialist, The Parkinson’s Institute. Dr. Huang will address Parkinson’s medications.

## MRI STUDY OF PARKINSON’S DISEASE



### WHO WE ARE LOOKING FOR:

Males & females diagnosed with Parkinson’s Disease  
45-75 years of age

### WHAT IS INVOLVED:

MRI scan of your brain  
Neuropsychological Evaluation

All procedures performed at the  
San Francisco VA Medical Center on one visit  
lasting about 3 to 4 hours

If you are interested in participating,  
please call Dr. Gail Kang at (415)221-4810 x 3992

## Music Therapy May Offer Hope for People with Depression

ScienceDaily (Jan. 23, 2008) — A therapist may be able to use music to help some patients fight depression and improve, restore and maintain their health, according to a Systematic Review from The Cochrane Library.

About 121 million people world-wide are believed to suffer from depression. This can be seen in disturbed appetite, sleep patterns and overall functioning as well as leading to low self-esteem and feelings of worthlessness and guilt. It can lead to suicide and is associated with 1 million deaths a year.

Drugs and psychotherapy are common treatments, but a group of Cochrane Researchers set out to see whether there was evidence that music therapy could deliver benefits.

Music therapy might help ease the symptoms of depression, though its effectiveness as a stand-alone intervention is not certain, according to a recent review of five small studies.

Four of the studies found reduced depression symptoms in participants receiving music therapy compared to those who did not. The fifth study did not find any difference.

The benefits of music appeared greatest when providers used theory-based therapeutic techniques rather than “winging it.”

“In the four studies where there was an impact, there was a very coherent theoretical framework, a very coherent explanation of what went on in the session and obvious reasons why the therapists were there,” said lead author Anna Maratos. “In the study that showed no effect, there didn’t seem to be any theoretical underpinning to the intervention. We have no idea why the therapist was there, really.”

Therapeutic interventions included listening to music in groups, body movement and painting to music, and improvised singing.

The review appears in the most recent issue of The Cochrane Library, a publication of The Cochrane Collaboration, an international organization that evaluates medical research. Systematic reviews draw evidence-based conclusions about medical practice after considering both the content and quality of existing medical trials on a topic.

Because there was little or no uniformity in study approaches, study populations or therapeutic techniques, the researchers did not pool the results for meta-analysis.

The reviewers defined music therapy as an intervention designed to improve health status that included musical interaction between therapist and patient within a structured theoretical framework and in which outcomes were born of music, talk inspired by music or therapeutic relationships.

Each study author determined his or her own definition of standard care, on the other hand, which included pharmacological, routine hospital and cognitive therapeutic treatment.

Three studies focused on adults aged 60 and older; one study looked at adults between ages 21 and 65; and one focused on 14- and 15-year-old adolescents.

Although the studies did not show a definitive cause-and-effect relationship between music therapy and clinical improvement in depression, the authors found a positive correlation. They attributed the unevenness of the studies’ results to the varied uses of music by therapists in the studies and the relative weakness of some researchers’ methods.

Journal reference: Maratos AS, et al. Music therapy for depression (Review). Cochrane Database of Systematic Reviews 2008, Issue 1.

*Adapted from materials provided by [Center For The Advancement Of Health](#)*

## **Music Thought To Enhance Intelligence, Mental Health and Immune System**

ScienceDaily (Jun. 22, 2006) — A recent volume of the Annals of the New York Academy of Sciences takes a closer look at how music evolved and how we respond to it. Contributors to the volume believe that animals such as birds, dolphins and whales make sounds analogous to music out of a desire to imitate each other. This ability to learn and imitate sounds is a trait necessary to acquire language and scientists feel that many of the sounds animals make may be precursors to human music.

Another study in the volume looks at whether music training can make individuals smarter. Scientists found more grey matter in the auditory cortex of the right hemisphere in musicians compared to nonmusicians. They feel these differences are probably not genetic, but instead due to use and practice.

Listening to classical music, particularly Mozart, has recently been thought to enhance performance on cognitive tests. Contributors to this volume take a closer look at this assertion and their findings indicate that listening to any music that is personally enjoyable has positive effects on cognition. In addition, the use of music to enhance memory is explored and research suggests that musical recitation enhances the coding of information by activating neural networks in a more united and thus more optimal fashion.

Other studies in this volume look at music's positive effects on health and immunity, how music is processed in the brain, the interplay between language and music, and the relationship between our emotions and music.

The Neurosciences and Music II is volume 1060 of the Annals of the New York Academy of Sciences.

*Adapted from materials provided by [Blackwell Publishing Ltd.](#), via [EurekAlert!](#), a service of AAAS.*

### **Disclaimer**

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**5<sup>th</sup> Annual Parkinson's Walk**  
FUND THE RESEARCH – FIND THE CURE!  
SUNNYVALE, CA  
SATURDAY, MAY 17, 2008

Registration: 9 AM ----- Meet at Washington Park  
(on McKinley Avenue, by the picnic area)

Note: Walkers for the 4.2 mile-walk begin at 9:30 AM  
Walk begins: 10 AM

Total distance of WALK: 1.8 miles OR 4.2 miles

For a walker registration form: [www.theipi.org](http://www.theipi.org) OR

[www.ppsg.org](http://www.ppsg.org)

PRIZES AWARDED TO TOP FUNDRAISERS!!

**PPSG SUPPORT GROUPS**

**---NORTHERN REGION---**

**Berkeley** 3<sup>rd</sup> Wed 1-3 North Berkeley Senior Center, 1901 Hearst Av, Roddy Raikow 510.231.1998 or Irene Smythe 510.524.4847 **Fremont** 4<sup>th</sup> Mon 7PM Fremont Senior Center 40086 Paseo Padre Pkwy, Lettie Webb 510.656.6393 **Fremont Caregivers** 2<sup>nd</sup> Mon 1-2:30PM also 4<sup>th</sup> Mon 1-2:30PM Bldg B City Hall Large Conf Rm., 3300 Capitol Ave., Nancy Rothschild 510.574.2035 **Marin County** 4<sup>th</sup> Tue most mo., 1-3 Redwoods Auditorium 40 Camino Alto Mill Valley Eric Stoelting 415.383.5145 **Mt. Diablo Parkinson's Network General Mtgs.** 2<sup>nd</sup> Sat 10-12, Grace Presby. Ch., 2100 Tice Valley Blvd, Walnut Creek, Nancy Walls, 510.236.7065, Philip Wheeler, 510.527.3588, Margy Hansell, 925.939.4210, or Ronalee Spear, 925.284.2189 **Young Onset Group** 3<sup>rd</sup> Sat 10-12 Grace Presby. Ch., Walnut Creek Ronalee Spear 925.284.2189 **Oakland** 1<sup>st</sup> Thu 1:30-3:30 Easter Seals Bay Area, 180 Grand Av, Suite 300, Karen & Jim Eagan, 510.763.4492 **Petaluma** Last Sat 1:30-3:30 Sunrise of Petaluma, 815 Wood Sorrel Dr, Pearl Sorenson 707.795.4858 **Pleasanton Tri-Valley** 2<sup>nd</sup> Sat 10-12, Senior Center, 5353 Sunol Blvd, Norman & Jackie Bardsley 925.831.9940 [jnbard@pacbell.net](mailto:jnbard@pacbell.net) **San Leandro** 1st Thu (except Jul & Aug) 10-11:30, San Lorenzo Community Church, 945 Paseo Grande, Norma Zeff, 510-663-6435 Harry Santi 510.351.3224 **Santa Rosa Caregivers** 2<sup>nd</sup> Wed 2-4, Sunrise Center, 4250 Chanate Rd, Amy Southwick 707.539.2646 **Sonoma County** 1<sup>st</sup> Sat (no meeting Jan, Jul, Sep, 2<sup>nd</sup> Sat in Aug and Dec) 1-3, Christ Church United Methodist Church 1717 Yulupa Ave. Santa Rosa, Ron & Colleen Trousé 707.526.4373

**---PENINSULA REGION---**

**Daly City** 1<sup>st</sup> Tue 3-4 Doelger Senior Center, 101 Lake Merced Blvd, Leonard Ke 415.587.1285 **Los Altos Young Parkinson's Support Group** 2<sup>nd</sup> Sat 10-12, United Methodist Ch/Los Altos, Foothill at Magdalena, Dean Prescott 408-738-2505 or deanp53@yahoo.com **Magnolia-Peninsula** 2<sup>nd</sup> Thu 1:30 main conference room Magnolia Apts, 201 Chadbourne Ave Millbrae 650.344.8118 **Palo Alto** 2<sup>nd</sup> Wed 2:00-3:30 Avenidas Senior Ctr dining rm. 450 Bryant St, Charles Biton 650.529.2394 **Redwood City Positive People Against Parkinson's** 3<sup>rd</sup> Fri 1-2:30, (No mtgs. Aug, Nov, Dec) Sequoia Hosp. Health & Wellness Ctr,

749 Brewster Ave, Tom Constantino 650.366.7166 or David Shein, 650.367.5998 **San Francisco Caregivers** 1<sup>st</sup> Thu 12-12:50 Veterans Affairs Med Ctr, Parkinson's Ctr conf room, Bldg 203 Room 1B26A, Susan Heath 415.221.4810x2505 Call in 800.767.1750 access code 59930# **San Mateo Atypical**

**Parkinsonism (PSP, LBD, MSA, CBD) Bay Area Caregivers** Sun 5-7 about every 6 weeks, Mimi's Café 2208 Bridgepointe Pkwy, San Mateo, Robin Riddle 650.233.9277 or

riddle@stanfordalumni.org **San Mateo Caregivers** 1<sup>st</sup> Wed 2:30-4:30 Ellsworth Room 100 San Mateo Dr., Call Ann Sasaki, Mills Health Ctr 650.696.4741 **Sunnyvale** 2<sup>nd</sup> Wed 1-3 First United Meth. Ch, 535 Old San Francisco Rd, 408.733.5648

**YOPD (Young Onset PD)** 2<sup>nd</sup> Tue 6:30-8:00, Board Rm., Lucile Packard Child. Hosp, 725 Welch Rd. Palo Alto, Martha Gardner, 866.250.2414

**---SOUTHERN REGION---**

**Hollister** 1<sup>st</sup> Tue 1:30-3:30 First Presby. Ch, 2066 Cienega Road, Shirley Kennedy 831.637.3839 John Skinner 831.637.6755

**Monterey** 3<sup>rd</sup> Mon 2:30-4:00 SHARE Room, Hayes School, 200 Coe Av, Seaside. Helen Garrett 831.657.4241 Kathy Warthan 831.372.7510 **Salinas** 4<sup>th</sup> Wed 1:00-2:30 Salinas Adult Sch., 20

Sherwood Pl., Sherry Whitcomb, 831.663.5926 **San Jose/Berryessa** 1<sup>st</sup> Wed 1:00-2:30 Berryessa Comm. Ctr, 3050 Berryessa Rd, Bob & Jane Pomeroy 408.263.8485 **San**

**Jose/Caregivers** 4<sup>th</sup> Wed 1:30-3:30 St Francis Episcopal Ch., 1205 Pine Ave, Charmaine Eng 408.723.8116 **San Jose/The Villages** #rd Tue 2:00- Gate access pass required George Pratte

408.223.8033 **San Jose/Willow Glen** 1<sup>st</sup> Fri 10-12 St Francis Episcopal Ch, 1205 Pine Ave, Jane Fox 408.265.3991 Darrell McCleod 831.427.0966 **Santa Cruz** 1<sup>st</sup> Wed 12:30-2:30 St.

Stephen's Lutheran Ch 2500 Soquel Ave, David Donohoe 831.479.4485 Darrell McCleod 831.427.0966 **Saratoga** 3<sup>rd</sup> Tue 2-4 19449 Via Real, Lois McPherson 408.867.1807

**---CENTRAL VALLEY REGION---**

**Fresno, Greater** 2<sup>nd</sup> Sat 10-12 Bridge Evangelical Free Ch., 3438 E. Ashlan Ave., Max Robinson, 559.226.2673 Ellen Jablonski 559.298.4080 **Merced** 4<sup>th</sup> Thu 10AM (Dec no mtg)

Mission Gardens 1450 E. 27<sup>th</sup> St, Amie Marchini 209.384.3300 **Modesto** 3<sup>rd</sup> Wed 1:30-3:00 Centenary United Meth. Ch,

Fireside Rm., 1911 Toyon Ave, JoAnn & David Ryan 209.529.5643 or [davejoann@sbcglobal.net](mailto:davejoann@sbcglobal.net) **Pine Grove** 3<sup>rd</sup> Thu 10-12 Calvary Chapel Patio Bldg 18400 Ridge Rd, Sarah Johnson 209.296.2575 **Roseville** 1<sup>st</sup> Tue 1:30-3:00 Maidu

Comm Ctr, 1550 Maidu Dr, Tara McCain 916.862.3973 **Sacramento-Parkinson's Assn of Northern CA** various venues throughout N. CA 916.489.0226 **San Andreas** 3<sup>rd</sup> Tue 10-12

San Andreas Sr. Ctr. 956 Mountain Ranch Rd., Sarah Johnson 209.296.2575 **Stockton** 2<sup>nd</sup> Wed 1:30-, O'Connor Woods Sr. Living, 3400 Wagner Heights Rd, Dr. David Freis 209.465.9761

**Stockton Young Onset** 3<sup>rd</sup> Thu 6:30-, Admin Bldg. Hospice of San Joaquin, 3888 Pacific Ave, Karen Frank 209.406.9317 **Tulare-Kings** 1<sup>st</sup> Fri 10:30 United Meth. Ch., 5200 W. Caldwell

Ave, Visalia, Mary Dickerson 559.622.9044

## EXERCISE CLASSES

**Berkeley:** North Berkeley Senior Center, Thursday, 10-11:30  
Kay Ellyard 510.848.5143 **Berkeley:** Mon. 1030-1200 & Tues 1-  
230, John Argue 510.985.2645 JCC East Bay  
[www.parkinsonsexercise.com](http://www.parkinsonsexercise.com) **Daly City:** Tue./Wed/Thu 930-  
1130, Doelger Sr. Ctr. Gym John Pantazy 650.991.8012 **Gilroy:**  
Gavilan College, Dave Ellis, 408.848.4878 **Hayward:** Kaiser  
Permanente, Wed. 10-11:30, John Argue 510.985.2645  
**Kensington:** Tue. 1:30-3:00, John Argue 510.985.2645 **Los  
Gatos:** 1<sup>st</sup> Tue 2-4 1<sup>st</sup> Fri 2-3 Community Hosp. of Los Gatos  
Rehabilitation Ctr. 355 Dardanelli Lane 408.378.6131x4182 **Los  
Gatos:** Mon 2PM/Thu 1PM Parkinson's Lifelong Useful Skills  
(PLLUS) balance, gait, posture and Tai Chi/Qi Gong The  
Terraces 8010 Blossom Hill Rd. Kujiweza Healing Arts Jane  
408.315.1179 [Kujiweza@sjogataichi.com](mailto:Kujiweza@sjogataichi.com) **Monterey:**  
Monterey Peninsula College, Mark Clements, 831.646.4231  
**Palo Alto:** CAR, Aquatic Therapy, 650.494.1480 **Palo Alto:**  
Avenidas Sr. Ctr. 450 Bryant St. 650.289.5400 **Palo Alto:** Sat  
10-1130 Tai Chi/Qi Gong for Parkinson's Atrium Stanford  
Hospital Kujiweza Healing Arts Jane 408.315.1179  
[Kujiweza@sjogataichi.com](mailto:Kujiweza@sjogataichi.com) **Redwood City:** Canada College,  
4200 Farm Hill Blvd. Barbara McCarthy 650.306.3473 **Salinas:**  
Hartnell College, Melissa Stave, 831.755.6876 **Saratoga:** Mon.  
– Fri. 9-12; 1:30-3, West Valley Comm. Coll. Joan 408.741.2420  
**San Bruno:** Mon/Wed 1:10-2:30, Tue/Thur. 12:35-1:50, Skyline  
College Bess 650.738.4286 **San Jose: Camden Community  
Ctr.** M/W 10:30-11:45 T/TH 10:00-11:15 Adapted Exercise  
M/W/F 1:00-3:30 Adapted Fitness 408.369.6438, **Houge Ctr.**  
Tue/Thur 10-11:45, **Easter Seals Comm Ctr.** Aquatic Exercise  
programs, 408.295.0228, **Evergreen Ctr.** Deanna,  
408.369.6435, **Evergreen Valley College,** Rich Wagner,  
408.274.7900 x 6447 **Southside Community Ctr.** M/W/F 1:00-  
1:45 Chair Exercises F 9:00-11:30 2:00-3:30 Tai Chi  
408.629.3336 **The Villages:** Mon 11:30-12:30 Wed 11:15-12:15  
Thu 11:30-12:30 Parkinson's Exercise Program(PEP) Kujiweza  
Healing Arts Jane 408.315.1179 [Kujiweza@sjogataichi.com](mailto:Kujiweza@sjogataichi.com)  
**San Mateo:** College of San Mateo, 1700 W. Hillsdale Blvd.,  
John Hogan, 650.574.6469 **San Rafael:** Osher Marin JCC, San  
Rafael. 415.444.8000 **Santa Rosa:** 151 Sotoyome Street Rehab.  
Gym Tue 12:30-1:20 Balance Class Linda 707.543.2570 **Santa  
Rosa:** 151 Sotoyome Street Rehab. Gym Mon/Thu 12:30-1:20  
Parkinson's Exercise Class Linda 707.543.2570 **Sunnyvale:**  
Tue/Thu 9-10, Sr. Ctr. 550 Remington Dr., Ruth Hanes  
408.864.8873 **Sunnyvale:** Wed. 10-12 Beginning and  
Intermediate Wed 12-2 Intensive The Parkinson's Institute, 675  
Almanor Ave., Marilyn Basham 408.542.5685 **Sunnyvale:** 1<sup>st</sup>  
and 3<sup>rd</sup> Thu 12-1 Shakin not Stirred vocal exercise group, the  
Parkinson's Institute, 675 Almanor Ave., Randy Hoffman  
408.542.5658 **Walnut Creek/Mt Diablo:** Thu 1-3 Tremble  
Clefs vocal exercise group, United Methodist Church, 1543  
Sunnyvale Ave., Elsie Chapman 925.682.0809 Joan Hodgkin  
925.943.7393

**If you would like to receive a copy of our newly-  
assembled Caregiver's Packet, please call us at 408.  
542.5610, or write to: PPSG, P.O. Box 60188,  
Sunnyvale, CA 94088.**

## Manufacturer of the Parkinson's Patch Announces Recall of US Batches (03/22/2008)

Source URL :

<http://pdf.org/news/news.cfm?type=1&selectedItem=409>

March 22, 2008 -- UCB Inc., the company that manufactures rotigotine (Neupro(R)), the transdermal patch treatment that is used to ease the symptoms of Parkinson's disease in its early stages, has announced a recall of all Neupro batches in the United States and some areas of Europe. The company has assured the public that the recall has been made not because of concern about contamination or toxicity, but because of a deviation from approved product standards that has apparently reduced the effectiveness of the treatment.

Because correction of the problem and the replenishment of the batches will take time, patients on Neupro are being advised to contact their health care professionals to arrange for their doses to be reduced slowly over time, as advised on the product label.

## Caregivers and Chronic Brain-Related Illness

Millions of Americans are caregivers. Most of these caregivers are family members or friends who have the primary responsibility for taking care of loved ones who are ill or disabled and living at home.

The responsibility of making sure that all of a loved one's needs are fulfilled is often compounded by the emotional impact of watching the person suffer or possibly deteriorate in health.

Not surprisingly, caregivers almost invariably report high levels of stress. At least half of all caregivers juggle work, family, and caregiving responsibilities.

A number of organizations are devoted to providing support, in many forms, for caregivers and the people in their care. If you or someone you know is a caregiver, recognize that there is help available. After all, taking care of caregivers is essential—for the sake of the caregivers and those they care for.

**Who Are Today's Caregivers?** A 1997 survey of caregivers for adults with brain disorders (Alzheimer's disease, stroke, head injury, Parkinson's disease, etc.) underscores the importance of taking care of caregivers. Here's what the survey found out about caregivers:

About three-quarters of all caregivers are female.

Caregivers' average age is 60.

Three-quarters of caregivers live with the patient.

Half of all caregivers also work outside the home. Some have had to quit working or reduce their work hours.

Caregivers spend an average of 73 hours per week providing care for the patient

About two-thirds of patients cannot be left alone. Half of these patients are unable to perform basic daily functions such as eating, bathing, or dressing

About one-third of all caregivers receive no help from family and friends.

### Effects of Caregiving on Health

Being a caregiver is a generous act. But evidence increasingly points to the fact that caregiving exacts a huge physical, emotional, and financial toll on the caregiver—even though it can be a source of great personal satisfaction.

Many caregivers become isolated and lose touch with social contacts. This can worsen stress and have a negative impact on their overall health.

Also, caregivers may have little time to take care of their own health or emotional needs, and they may find it difficult to take time for activities that they enjoy.

### Research about Caregiving and Health

Many caregivers report significant personal health problems, ranging from minor complaints to serious, chronic disorders. A number of studies have described the physical- and mental-health difficulties associated with caregiving. These include fatigue, weakened immunity, and increased risk for depression.

One recent poll found significant depressive symptoms in more than half of caregivers surveyed. A few studies have also suggested that some caregivers may experience stress-induced health changes, which may increase the risk of heart disease or cancer in some individuals.

Caregiving's chronic stress has also been linked with impaired immune-system function. This means caregivers may be more susceptible to infectious conditions like the flu or the common cold.

Caregivers' healing processes following injuries may also be slowed. In older caregivers—who may have chronic health problems of their own—lowered immunity can be devastating.

### Tips for Coping with Caregiving

Reserve some of your time and energy to take care of yourself.

Ask for help from friends, family, or community/patient-support groups.

Try to arrange your schedule so that you can take regular breaks.

Ask your doctor's advice about how best to manage the patient's symptoms. This may mean by adjusting medications or ordering special equipment (such as a hospital bed or portable toilet) to help you with caretaking.

Arrange for a home health aide, if possible, to help with certain duties or to enable you to take breaks (some insurance plans cover these services).

Try not to do everything on your own—ask others for assistance.

Seek help, if necessary, in managing financial and legal matters related to caregiving.

Join a support group for caregivers, read about coping strategies, and seek resources for getting help.

Seek psychological and emotional support from family and friends, counselors, clergy, or community groups.

Don't isolate yourself—maintain your social networks.

Allow yourself to take regular breaks to pursue things you enjoy doing. Arrange for others to stay with the patient if necessary.

Don't be afraid to ask for help; seek help from community services or home-health agencies if needed.

Schedule regular health checkups for yourself, and be sure to tell your doctor about your caregiving role.

Be alert to signs of depression, and seek treatment if you have symptoms such as persistent sadness, sleep disturbances, or a loss of pleasure in things you used to enjoy. *Source: Family Caregiver Alliance*

[www.aarp.org](http://www.aarp.org)

If you would like to be removed from our mailing list or know someone who would like to be included, please take a minute, call us at **our NEW NUMBER 408.542-5610**, or e-mail **pmsginfo@yahoo.com**, and let us know. Thank you

## PPSG Board Meetings

You are welcome to drop by our board meetings and share ideas with us! We meet on the **3rd Monday** of the month between **1:00 and 3:00 PM** at the Parkinson's Institute, at 675 Almanor Avenue, Sunnyvale, CA 94085. To confirm meeting dates and time, please call us at **408.542.5610**. If you are planning to attend, please call Charmaine Eng at 408.723.8116 (dial \*82 before the number).

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**May 17:** 5<sup>th</sup> Annual Parkinson's Walk in Sunnyvale.

**May 27** at the Parkinson's Institute: Newly Diagnosed; call 408.734.2800



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