

Parkinson's Patients Support Groups, Inc.

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Anxiety and Stress in Parkinson's Disease

Melanie M. Brandabur, M.D., MDS

Clinical Director of The Parkinson's Institute

Patients with PD often ask whether stress affects their PD symptoms.

The answer is a definite "Yes!" While we don't know the exact mechanism for this, it does appear that many patients describe worsening of symptoms, including tremor, slowness and difficulty walking when in stressful situations.

Frequently patients describe stressful events that seemed to be associated with the initial onset of their PD symptoms. For example, many noted a tremor that appeared or was noticed following a major operation, a head injury or the diagnosis of another condition, such as thyroid disease. In other instances, symptoms were noted after a particularly stressful event, such as the death of a spouse or other family member.

Once the diagnosis of PD is established, stress remains a common cause of worsening symptoms. For example, having houseguests for the holiday may be a happy occasion but it may also be stressful, and patients frequently describe worsening of their symptoms during these times. Patients describe the stress of suddenly needing to go to the bathroom as another source of anxiety that can increase their symptoms and slow them down, making it difficult to get there in time. Even going to see the doctor may be a stressful event that can temporarily worsen symptoms.

Managing stress can be challenging but can often be done by keeping some simple ideas in mind: Plan ahead! Ask for help! Build in extra time! During holidays, for example, it might be a good idea to enlist the help of family members to help with guests; perhaps they can house some of the visitors or help with food preparation and clean-up. Just because the person with PD has always been the main 'doer' when it comes time to entertain doesn't mean that they can't begin to accept some help. Perhaps you can entertain one or two people at a time, instead of a whole houseful of visitors.

Also, most guests are happy to help out when asked...so ask!

With regard to bathroom visits, it is sometimes helpful to schedule them at regular intervals so that getting there does not become such an emergency. For instance, use the restroom every 2-3 hours whether you feel the urge or not.

Doctor visits can be less stressful if you plan to arrive early and bring an updated list of medications and a list of questions to ask the doctor. Think about changes made at your last visit...did they help? Did they cause or lessen any side-effects?

Another good strategy for stress reduction is to practice a discipline such as yoga or meditation in which controlled breathing is taught. The breathing techniques learned in either program can be an excellent way to get stress under control in many situations.

Anxiety is another frequent symptom of PD and often goes hand-in-hand with stress. Anxiety or even panic attacks, often accompanied by depression, may occur because of changes in serotonin and norepinephrine in PD. Family members will say things like "She worries about everything!" Anxiety may also respond to some of the stress reduction ideas listed above. Finally, it is often helpful to treat anxiety with a low-dose SSRI (selective serotonin reuptake inhibitor) such as Lexapro or Paxil. While a benzodiazapine medication such as Xanax may be OK to take once in a while, frequent use may affect balance or thinking and is best avoided if possible.

In summary, stress and anxiety can be significant factors in PD and quality of life for some patients. Discuss these issues with your PD doctor and work together to find the best coping strategies for you.

This newsletter is assembled by The Morgan Center in Santa Clara. Thank you!

Cognitive decline seen after deep brain stimulation for Parkinson's disease

Medicexchange.com - Mild impairments in frontostriatal cognitive function can occur in patients who undergo bilateral subthalamic deep brain stimulation (DBS) for Parkinson's disease, according to a report in the Journal of Neurology, Neurosurgery, and Psychiatry for July.

"Potential (DBS) candidates should be counseled about the risk of mild cognitive declines following surgery so that they can weigh the risks and benefits," Dr. M. K. York, from Baylor College of Medicine in Houston, and colleagues emphasize.

In the new study, the researchers used standard tests to assess cognitive function at baseline and six months later in 23 patients treated with DBS and 28 who received medical therapy.

DBS was associated with a significant decline in verbal memory ($p < 0.003$), the investigators note. Moreover, there was also evidence that DBS led to impairments in oral information processing, including verbal fluency, timed transcription, and word naming. Lastly, one patient treated with DBS, but none given medical therapy, converted to dementia during the study.

Declines in attention, set shifting, and semantic fluency were also noted in the DBS group, but the changes were on par with what was seen in the medically treated patients. Testing using reliable change indices supported an adverse effect for DBS on frontostriatal function. By contrast, DBS did not seem to cause depression, anxiety, or psychological distress.

"The need for future research investigating the long-term impact of these vital cognitive processes, their impact on the patient's daily functioning, and their correlation with neuro-imaging studies is clear," the authors state.

Betty Havens, passed away May 26, in San Jose. She, along with her late husband, Jerry, formed the Parkinson's San Jose Support Group at St. Francis Episcopal Church 17 years ago. After his passing, she continued to be an active and dedicated leader, until she retired a year ago, due to her health. Betty was very caring to all her members and took great interest in planning programs and speakers relating to Parkinson's. She was a great supporter for PPSG. Many friends will always remember her.

Taking Care of Ourselves While Caring for Our Loved Ones

By Vivian Silva

Working with older adults and families for almost twenty years, I began to see commonalities with those caring for their loved one. Whether talking to caregivers in my office, conducting home visits or even within the caregiver support groups I facilitated, caregivers put themselves on hold. When I began to help with my father's care, I really understood just how difficult caregiving could be.

Knowing I could help him did make me feel good; however, balancing my own life became a challenge. To help myself in my work and to share with my clients, I came up with a list of ways to take care of ourselves.

Be Your Own Best Friend: We know the right things to say when it comes to comforting or advocating for our friends and family but often are much less forgiving or kind when it comes to our own matters. "Get another opinion" a woman told her friend about a health problem but found it difficult to follow her own advice when she had a health issue. So, try to treat yourself as you would your best friend.

New Friendships: Social support is vital and helps depressed caregivers feel better. A 70-year old woman told me, "I used to feel alone all the time...but since I've come to this group, I don't feel that way anymore." If you can't find a group to join, start your own. And, keep in mind that friendships come in all ages.

Ask for Help: We are so proud, aren't we! I've heard often, "I've always been the one to help others, now it's so difficult being the one needing help." I remind clients, "If you don't take good care of yourself, then you will not be able to take care of others. And, you better have a Plan B in place in case you are not around to care for your loved one." Be specific when asking for help and remember to give others permission to take care of themselves by saying 'no' to you. Another important point is that we can't expect people to be mind readers and to automatically know when we need help.

Our Bodies: Begin listening to that 'gut feeling', know your body, research family history, and don't be afraid to speak out when those nagging doubts won't go away. Second opinions may be necessary but most important, we have the right to question authority. We have the right to speak up.

Nourish the Body with healthy foods and liquids Exercise regularly to help sleep better, relieve stress, help with depression, and keep us flexible and strong—move that body.

Once a Week Do Something You Enjoy: Can't think of anything? Just do something for fun! Take a bubble bath or perhaps you might take a walk in the park.

Set Limits: It's O.K. to say 'no' at times and if friends don't understand, perhaps they aren't such good friends after all.

Make Plans, Decisions and Prioritize: Makes you feel good to get something finished.

Accept Yourself: You are doing the best you can so acknowledge your best!

About the author: Vivian I. Silva, MSW has a 20-year career committed to advocate for the dignity of mid-life and older adults.

A private Geriatric Care Manager, she also works part-time for the City of Sunnyvale at the Sunnyvale Senior Center as their social worker/care manager. In addition, Vivian teaches part-time at San Jose State and Notre Dame de Namur Universities.

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Avoid brain drain with memory-boosting foods Improve your mental health with common fruits, vegetables — even coffee

By Joy Bauer

Every cell in your body needs a steady supply of oxygen and nutrients in order to stay alive and work properly, including brain cells. Because oxygen and nutrients are carried in the blood stream, anything that impedes blood flow will starve those all-important brain cells. The plain truth is that a healthy heart makes for a healthy brain. So keep your blood pressure and cholesterol in check, exercise regularly, don't smoke and get at least seven hours of sleep each night.

Compelling research also indicates that certain foods and nutrients can help enhance your memory. Read the facts on fish, berries, leafy greens and coffee — and be sure you remember to incorporate them into your diet.

Fish (3 servings per week)

Research suggests that when it comes to food and memory, fish plays a starring role. Specifically fatty fish like salmon and sardines, thanks to the ample amounts of omega 3 fats they provide. In fact, a study published in the Archives of Neurology in November 2006 found people with the highest levels of omega 3 fats were significantly less likely to be diagnosed with dementia, compared to people with the lowest levels.

Another earlier study conducted by researchers at the Rush University Medical Center in Chicago followed more than 3,000 men and women for six years to see how diet affected memory. People who ate fish at least once a week had a 10 percent slower decline compared with those who

did not eat fish, a difference that gave them the memory and thinking ability of a person three years younger.

Fatty fish is concentrated in the most potent form of omega 3 fats (EPA and DHA), so go out of your way to incorporate three-to five-ounce portions at least three times each week.

Best fish to eat (low in contaminants AND high in omega 3 fats): Wild salmon, sardines, lake trout, pacific oysters, and Atlantic mackerel. If that's not feasible, you can buy fish oil supplements or at the very least use plant based sources of omega 3 fats (significantly less potent than fish): ground flaxseeds, omega-3 fortified eggs and walnuts.

Berries (one cup a day)

Studies that focus on food and memory suggest that the more overall produce you eat, the better. But when it comes to fruit and your memory, berries rate number one! Berries have some of the highest antioxidant concentrations among fruit, and ALL berries are rich in healthy compounds called anthocyanins and flavanols... which may help protect against the breakdown of brain cells.

Plus, these days, it seems you can't say enough about the health benefits of blueberries. What makes them so powerful? Their deep blue hue — caused by flavonoids — those natural compounds that protect the brain's memory-carrying cells (neurons) from the negative effects of oxidation and inflammation. Blueberries are one of the best sources of flavonoids around, and encouraging animal studies suggest that diets rich in flavonoids may help reverse memory loss in humans. In fact, a new British study, published just last month, reveals eating plenty of blueberries can enhance spatial memory and learning.

Buy firm-fleshed berries from a farmer's market, local supermarket, or health food store. For off season months, take advantage of frozen, unsweetened varieties. Berries taste great mixed into plain yogurt, as a topping for hot or cold cereal or right out of the bowl.

Leafy greens (one cup a day)

Leafy greens like spinach, kale, collard greens, mustard greens, and turnip greens, are loaded with folate, also known as folic acid — a nutrient which seems to have a direct effect on memory. A study conducted at Tufts University in Boston followed about 320 men for three years. Those who had high blood levels of homocysteine showed memory decline, but if the men ate foods rich in folic acid (folic acid directly lowers homocysteine levels), their memories were protected.

An Australian study also found that eating plenty of foods rich in folic acid was associated with faster information

processing and memory recall. After just five weeks of introducing adequate folic acid into their diets, women in the study showed overall improvements in memory.

Aim for one cup each day!

Coffee (adjust to your personal tolerance)

Good news for coffee lovers. About two years ago, researchers from the University Innsbruck in Austria found caffeinated coffee can temporarily sharpen your focus and memory. After giving volunteers the caffeine equivalent of about two cups of coffee, they observed that their brain activity was increased in two locations—one being the part responsible for memory. Results were observed using MRI technology. Without caffeine, there was no increase in brain activity.

Then, earlier this year, another study published in a leading Neurology journal, found the effects of coffee may be longer lasting — specifically in women. This four-year long study involving about 7000 participants... all participants went through thorough baseline evaluations – cognitive function was tested, along with blood pressure, cholesterol and other vascular issues. Participants were re-evaluated at the two-year mark, and again at the four year mark.

At the end of the four year period, researchers found that women age 65 and older who drank more than three cups of coffee per day (or the caffeine equivalent in tea) had 33 percent less decline in memory over time than women who drank one cup or less of coffee or tea per day. The results held up even after researchers adjusted for other factors that could affect memory abilities, such as age, education, baseline cognitive function, depression, high blood pressure, high cholesterol, medications, and other chronic illnesses. This caffeine-memory association was not observed in men — the authors hypothesize that perhaps that's because men and women metabolize caffeine differently.

So if memory problems are a major concern for you, and if you don't have a medical condition that precludes caffeine, feel free to indulge in a cup or two in the morning to jump-start your brain.

Note: If you have elevated low-density lipoprotein (LDL) cholesterol, you should limit your caffeine fix to plain brewed coffee or tea. There is some evidence that unfiltered coffee (the kind used to make espresso, cappuccino, and latte) may raise cholesterol levels, especially in people who are already battling high cholesterol. To be safe, skip the fancy brews and stick with a regular cup of joe. Of course, be cautious and moderate with added sugar!

For more information on sharpening your memory, along with meal plans, grocery lists and recipes, check out Joy's Web site at www.joybauernutrition.com

www.today.msnbc.msn.com

Serotonin: 9 Questions and Answers

By Colette Bouchez
WebMD Feature

1. What is serotonin?

Serotonin is a neurotransmitter, a type of chemical that helps relay signals from one area of the brain to another. Although serotonin is manufactured in the brain, where it performs its primary functions, some 90% of our serotonin supply is found in the digestive tract and in blood platelets. The average adult has between five and 10 milligrams of serotonin in the body.

2. How is serotonin made?

Serotonin is made via a unique biochemical conversion process. It begins with tryptophan, a building block to proteins. Cells that make serotonin use tryptophan hydroxylase, a chemical reactor which, when combined with tryptophan, forms 5-hydroxytryptamine, otherwise known as serotonin.

3. What role does serotonin play in our health?

As a neurotransmitter, serotonin helps to relay messages from one area of the brain to another. Because of the widespread distribution of its cells, it is believed to influence a variety of psychological and other body functions. Of the approximately 40 million brain cells, most are influenced either directly or indirectly by serotonin. This includes brain cells related to mood, sexual desire and function, appetite, sleep, memory and learning, temperature regulation, and some social behavior.

In terms of our body function, serotonin can also affect the functioning of our heart, muscles, and various elements in the endocrine system. Researchers have also found evidence that serotonin may play a role in regulating milk production in the breast, and that a defect within the serotonin network may be one underlying cause of SIDS (sudden infant death syndrome).

4. What is the link between serotonin and depression?

There are many researchers who believe that an imbalance in serotonin levels may influence mood in a way that leads to depression. Possible problems include low brain cell production of serotonin, a lack of receptor sites able to receive the serotonin that is made, inability of serotonin to reach the receptor sites, or a shortage in tryptophan, the

chemical from which serotonin is made. If any of these biochemical glitches occur, researchers believe it can lead to depression, as well as obsessive-compulsive disorder, anxiety, panic, and even excess anger.

One of the newest theories about depression centers on the regeneration of brain cells -- a process that some believe is mediated by serotonin, and ongoing throughout our lives. According to Princeton neuroscientist Barry Jacobs, PhD, depression may occur when there is a suppression of new brain cells and that stress is the most important precipitator of depression. He believes that common antidepressant medications, such as Celexa, Lexapro, Prozac, and Paxil -- designed to boost serotonin levels -- help kick off the production of new brain cells, which in turn allows the depression to lift.

Although it is widely believed that a serotonin deficiency plays a role in depression, there is no way to measure its levels in the living brain. Therefore, there have not been any studies proving that brain levels of this or any neurotransmitter are in short supply when depression or any mental illness develops. And while blood levels of serotonin are measurable -- and have been shown to be lower in people who suffer from depression -- what doctors still don't know for certain is whether or not the dip in serotonin causes the depression, or the depression causes serotonin levels to drop.

Antidepressant medications that work on serotonin levels -- medications known as SSRIs (selective serotonin reuptake inhibitors) and SNRIs (serotonin and norepinephrine reuptake inhibitors) are believed to reduce symptoms of depression, but exactly how they work is not yet fully understood.

Caregiving with Love through a Degenerative Disease

**By Robin Riddle
Leader of San Mateo Atypical PD SG**

Janet Edmunson's husband, Charles, was diagnosed with PSP (Progressive Supranuclear Palsy) in the late '90s. After his death at age 50, a brain autopsy revealed he had CBD (Corticobasal Degeneration). (These are both Atypical Parkinsonism disorders and are commonly confused with each other.) After her husband died, Janet wrote a book titled *Finding Meaning with Charles: Caregiving With Love Through A Degenerative Disease*. She writes that "Difficult experiences teach us precious lessons of wisdom." Here is an excerpt from her book:

During the later stages in dealing with Charles's disease, I had learned quite a few lessons:

Don't wait too long to get help. Trying to do it all seemed

like the only way at first, but that eventually wore me down. I hadn't thought that Charles would accept help from home health aides-especially female ones. In retrospect, I found that once he had the help, he quickly got used to it, after a bit of complaining. I ended up missing out on needed help earlier in his disease.

Stress makes you stupid. I couldn't concentrate, couldn't find the right word I wanted, or I would just forget things. I understand that there is actually a physiological explanation for this phenomenon: Stress can impact our ability to think clearly. I was glad to realize that I wasn't really losing my mind.

Surround yourself with positive people and messages. I felt uplifted when I listened to the Norman Vincent Peale tape we had ordered for Charles through the National Library of Congress. Peale's affirming theme of "you can if you think you can" gave me courage and assurance that my positive attitude was what would get me and Charles through. Two other quotes from Peale also encouraged me: "It's always too soon to quit" and "To every disadvantage there is an advantage." I wrote each of those down and kept the notes handy. They fit in well with a saying I had always tried to follow: "When life gives you lemons, make lemonade." With positive people and messages around me, I had the confidence to make it through this unimaginable life difficulty.

Strength comes in helping someone else. The more I committed to help Charles fulfill his goals, the stronger I felt in my caregiving. I guess that was because I had become a partner with him in preserving his legacy, which provided meaning and purpose for this struggle.

It's difficult dealing with the very long good-bye that is part of a neurodegenerative disease. While I didn't hear her say this, I understand that Nancy Reagan used these words to describe living with Ronald Reagan's Alzheimer's disease. While I chose to be optimistic and tried to make the best out of our situation, I had nonetheless been losing my beloved Charles bit by bit. And that was still very difficult and painful.

Be more upfront. I wish I could have dealt earlier with certain issues that arose with Charles, such as his driving, retirement, and getting a wheelchair. I felt that he needed to be emotionally ready to address some of these things. However, in some instances, I might have waited longer than I really should have. I could get the gumption to deal with potentially contentious issues only if I psyched myself up first. But even then, these issues took me out of my comfort zone. I watched for the appropriate opportunity and pounced on it when it came, but I wish I could have been more proactive.

Life isn't fair. That was just the way it was. By accepting that life isn't fair, I was usually able to stay clear of the anger and frustration that can paralyze caregivers. My brother explained to me once that the Chinese symbol for crisis is danger plus opportunity. The danger just happened -- Charles had a degenerative disease. Even though it was unfair, this tragic opportunity allowed me to live more deeply and passionately.

Who is Janet Edmunson?

Janet Edmunson is the author of *Finding Meaning with Charles: Caregiving with Love Through a Degenerative Disease*. Her book offers an inspirational approach for family and professional caregivers--using tools like the "Symptom Tracking Form", and affirmations written for caregivers. Janet provides practical help for dealing with doctors, and emotional support for family members. She has a master's degree and is a 30-year wellness professional, national speaker and publisher. Her website is <http://www.findingmeaningwithcharles.com>.

PPSG SUPPORT GROUPS

---NORTHERN REGION---

Berkeley 3rd Wed 1-3 North Berkeley Senior Center, 1901 Hearst Av, Roddy Raikow 510.231.1998 or Irene Smythe 510.524.4847 **Fremont** 4th Mon 7PM Fremont Senior Center 40086 Paseo Padre Pkwy, Lettie Webb 510.656.6393 **Fremont Caregivers** 2nd Mon 1-2:30PM also 4th Mon 1-2:30PM Bldg B City Hall Large Conf Rm., 3300 Capitol Ave., Nancy Rothschild 510.574.2035 **Marin County** 4th Tue most mo., 1-3 Redwoods Auditorium 40 Camino Alto **Mill Valley** Eric Stoelting 415.383.5145 **Mt. Diablo Parkinson's Network General Mtgs.** 2nd 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** 3rd Sat 10-12 Grace Presby. Ch., **Walnut Creek** Ronalee Spear 925.284.2189 **Oakland** 1st Thu 1:30-3:30 Easter Seals Bay Area, 180 Grand Av, Suite 300, Karen & Jim Eagan, 510.763.4492 **Petaluma** 4th Friday 1:30-3:30 Sunrise of Petaluma, 815 Wood Sorrel Dr, Pearl Sorenson 707.795.4858 **Pleasanton Tri-Valley** 2nd Sat 10-12, Senior Center, 5353 Sunol Blvd, Norman & Jackie Bardsley 925.831.9940 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** 2nd Wed 2-4, Sunrise Center, 4250 Chanate Rd, Amy Southwick 707.539.2646 **Sonoma County** 1st Sat (no meeting Jan, Jul, Sep, 2nd Sat in Aug and Dec) 1-3, Christ Church United Methodist Church 1717 Yulupa Ave. **Santa Rosa**, Ron & Colleen Trowse 707.526.4373

---PENINSULA REGION---

Daly City 1st Tue 3-4 Doelger Senior Center, 101 Lake Merced Blvd, Leonard Ke 415.587.1285 **Los Altos Young Parkinson's Support Group** 2nd Sat 10-12, United Methodist Ch/Los Altos, Foothill at Magdalena, Dean Prescott 408-738-2505 or deanp53@yahoo.com **Magnolia-Peninsula** 2nd Thu 1:30 main conference room Magnolia Apts, 201 Chadbourne Ave **Millbrae** 650.344.8118 **Palo Alto** 2nd 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** 3rd 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** 1st 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 rriddle@stanfordalumni.org **San Mateo Caregivers** 1st Wed 2:30-4:30 Ellsworth Room 100 San Mateo Dr., Call Ann Sasaki, Mills Health Ctr 650.696.4741 **Sunnyvale** 2nd Wed 1-3 First United Meth. Ch. 535 Old San Francisco Rd, 408.733.5648 **YOPD** (Young Onset PD) 2nd Tue 6:30-8:00, Board Rm., Lucile Packard Child. Hosp, 725 Welch Rd. **Palo Alto**, Martha Gardner, 866.250.2414

---SOUTHERN REGION---

Hollister 1st Tue 1:30-3:30 First Presby. Ch, 2066 Cienega Road, Shirley Kennedy 831.637.3839 John Skinner 831.637.6755 **Monterey** 3rd Mon 2:30-4:00 SHARE Room, Hayes School, 200 Coe Av, **Seaside**, Helen Garrett 831.657.4241 Kathy Warthan 831.372.7510 **Salinas** 4th Wed 1:00-2:30 Salinas Adult Sch., 20 Sherwood Pl., Sherry Whitcomb, 831.663.5926 **San Jose/Berryessa** 1st Wed 1:00-2:30 Berryessa Comm. Ctr, 3050 Berryessa Rd, Bob & Jane Pomeroy 408.263.8485 **San Jose/Caregivers** 4th 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** 1st Fri 10-12 St Francis Episcopal Ch, 1205 Pine Ave, Jane Fox 408.265.3991 Darrell McCleod 831.427.0966 **Santa Cruz** 1st Wed 12:30-2:30 St. Stephen's Lutheran Ch 2500 Soquel Ave, David Donohoe 831.479.4485 Darrell McCleod 831.427.0966 **Saratoga** 3rd Tue 2-4 19449 Via Real, Lois McPherson 408.867.1807

---CENTRAL VALLEY REGION---

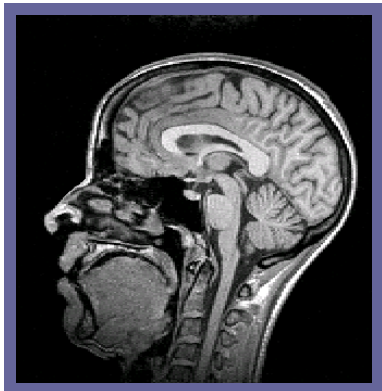
Fresno, Greater 2nd Sat 10-12 Bridge Evangelical Free Ch., 3438 E. Ashlan Ave., Max Robinson, 559.226.2673 Ellen Jablonski 559.298.4080 **Merced** 4th Thu 10AM (Dec no mtg) Mission Gardens 1450 E. 27th St , Amie Marchini 209.384.3300 **Modesto** 3rd Wed 1:30-3:00 Centenary United Meth. Ch, Fireside Rm., 1911 Toyon Ave, JoAnn & David Ryan 209.529.5643 or davejoann@sbcglobal.net **Pine Grove** 3rd Thu 10-12 Calvary Chapel Patio Bldg 18400 Ridge Rd, Sarah Johnson 209.296.2575 **Roseville** 1st 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** 3rd Tue 10-12 San Andreas Sr. Ctr. 956 Mountain Ranch Rd., Sarah Johnson 209.296.2575 **Stockton** 2nd Wed 1:30-, O'Connor Woods Sr. Living, 3400 Wagner Heights Rd, Dr. David Freis 209.465.9761 **Stockton Young Onset** 3rd Thu 6:30-, Admin Bldg. Hospice of San Joaquin, 3888 Pacific Ave, Karen Frank 209.406.9317 **Tulare-Kings** 1st 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 **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:** 1st Tue 2-4 1st 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 **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 **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 **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:** 1st and 3rd 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

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
 University of California, San Francisco

Congratulations to **Curt Chadwick** who recently joined the Board of PPSG as a new board member. The following is Curt's bio:

Curt Chadwick is near the end of a long career as a design engineer specializing in mechanical engineering and physics. He obtained a Master's degree in physics from Kansas State University in 1965 and a PhD in Applied Mechanics from Stanford in 1972. After working as an opto-mechanical engineer for 6 years, he joined KLA Instruments in 1978 as its 70th employee. KLA later merged with Tencor to become KLA-Tencor, the premier supplier of automatic machines for inspecting semiconductors for all types of defects.

Curt grew with the company, managing the optical and mechanical design of six of the company's major products obtaining 17 patents along the way. He retired in 2003 returning as a consultant after a year off building houses with Habitat for Humanity.

He has now retired from consulting freeing up time for working with the PPSG board of directors and doing more work with Habitat for Humanity.

Carpentry (both houses and furniture) is one of his passions starting at age 7 with elaborate tree houses and hamster cages.

Another of Curt's passions has been rock and mountain climbing. Highlights are the first ascent of Tehipite Dome, a 3000 foot high vertical face in King's Canyon National Park, and the 3rd ascent of the Pioneer ridge on Mt. McKinley .

Curt has also been an avid bicycle rider (mountain and road) for many years. He still enjoys it in spite of his diagnosis of PD in February, 2005. He has been attending the San Jose Willow Glen support group ever since.

Bernadette, Curt's wife of many years, is also active in PPSG, in both the support group and the care givers group.

Bernadette and Curt are active in the Center for Spiritual Awareness a non-denominational group emphasizing meditation. They have both been committed to regular meditation for the last 27 years.

Their son Charles is enrolled in the Master's program at the San Francisco Art Institute.

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).

Chair:

Charmaine Eng

Vice Chair:

Dean Prescott

Secretary:

Carla Gwosden

Treasurer:

Allan Daily

Directors:

Solna Braude

Curt Chadwick

Bob Dens

Viola Mays

Phyllis Ng

Steven Russell

Le Sotir

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 **ppsginfo@yahoo.com**, and let us know.

Visit our PPSG website: www.ppsg.org for the following:

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***To receive a copy of our caregivers' packet, please call 408.542.5610.**

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