

Parkinson's Patients Support Groups, Inc.

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November/December 2008

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Pitt Researchers Identify an Underlying Cause of Pneumonia Common in Parkinson's Disease Patients

HealthNewsDigest.com) - PITTSBURGH, Sept. 17 – Impaired coordination between breathing and swallowing may be the underlying cause of aspiration pneumonia in patients with Parkinson's disease, report researchers from the University of Pittsburgh School of Medicine in a recent issue of the journal *Dysphagia*.

At least half of all Parkinson's patients report having difficulty swallowing, and a higher percentage show swallowing abnormalities on X-ray tests. Aspiration pneumonia, a leading cause of death for individuals with Parkinson's, often develops as a complication of mealtime swallowing problems, leading to the inhalation of food and drink. The high prevalence of swallowing problems and risk of aspiration pneumonia in these patients may be largely due to flawed breathing and swallowing patterns, according to the researchers.

The findings, marking a significant step toward preventing aspiration pneumonia in patients with Parkinson's, indicate that swallowing problems may be respiratory-based as well as neuromuscular-based, helping to explain why Parkinson's medications do not consistently help to improve swallowing function.

"Most Parkinson's patients don't know they have swallowing problems – even though aspiration pneumonia often is a severe complication of the disease – and Parkinson's drugs most often do not improve these patients' swallowing function," said Roxann Diez Gross, Ph.D., principal investigator and assistant professor in the Department of Otolaryngology at the University of Pittsburgh School of Medicine. "Now that we know the respiratory system may play an important role in swallowing problems in patients with Parkinson's disease, we can develop therapies to help these patients re-coordinate breathing and swallowing patterns to improve swallowing function and possibly avoid aspiration

pneumonia," said Dr. Gross, who also is a speech language pathologist and director of the Swallowing Disorders Center at the University of Pittsburgh Medical Center's (UPMC) Department of Otolaryngology.

Dr. Gross, an expert in swallowing and its disorders, has begun to incorporate this and other research into therapies for Parkinson's patients at the UPMC Swallowing Disorders Center, which is under the medical direction of the UPMC Department of Otolaryngology's Ricardo Carrau, M.D., Bridget Hathaway, M.D., and Libby Smith, D.O. Dr. Gross currently sees Parkinson's patients with swallowing disorders, and thus far, she has been able to stop aspiration instantly in some patients, after quickly teaching them how to re-coordinate their breathing and swallowing patterns.

While the underlying cause of swallowing problems in Parkinson's has not been well understood, prior research has found that healthy adults swallow most often during exhalation and that exhalation regularly follows the swallow, even when a swallow occurs during inhalation. Dr. Gross's study looked at 25 Parkinson's patients and a control group of healthy adults, all between ages 51 and 84, as they swallowed standardized portions of pudding and cookies. While participants from both groups spontaneously ate, researchers measured their nasal airflow and respiratory movement to determine where swallowing took place in the respiratory cycle. This data was then blinded and analyzed, and results found the Parkinson's patients inhale during and after swallowing significantly more often than the healthy adults. Also, the Parkinson's patients swallowed at low lung volumes more often than the healthy adults.

To make an appointment at the Swallowing Disorders Center, call (412) 647-2100. For more information about the Swallowing Disorders Center and other divisions of the UPMC Department of Otolaryngology, visit UPMC.com/Services/Otolaryngology.

www.HealthNewsDigest.com

This article was forwarded by Steven Russell. Thanks, Steven!

Pain Shows Up as Parkinson's Sets In

By Kelley Colihan, WebMD Health News

Sept. 8, 2008 -- Parkinson's disease has no known cure, although it is treated with several medicines. The movement disorder takes its time developing; it can go unnoticed for years, or show up initially as just a small shaking in your hand.

New research shows that another thing to look for as Parkinson's takes hold is pain.

The study, led by Giovanni Defazio, MD, of the University of Bari, shows that people with Parkinson's have more pain than those who are disease-free.

Researchers found that the pain seems to show up with the onset of the disease or shortly thereafter.

The research team looked at 402 patients who had Parkinson's disease, comparing them to 317 people who did not have the disorder.

The groups were similar in ages (mid-60s) and the proportion of men and women.

However, more Parkinson's participants had depression and medical conditions associated with pain symptoms, such as diabetes and herniated discs.

Taking into account age, sex, depression, and other medical conditions associated with pain, 70% of the Parkinson's patients said they experienced pain lasting at least three months, compared with 63% of the comparison group.

The type of pain that the Parkinson's patients most reported was related to "dystonia" -- involuntary muscle contractions.

Among the Parkinson's patients, 17% had dystonia. Dystonic pain was more commonly located in the leg, foot, neck, or shoulder.

When it came to pain that was nondystonic, rates were similar between Parkinson patients and the comparison group.

The researchers write that the brain area damaged in Parkinson's is also involved in pain perception, so this "might at least partly account for the increased risk of pain." The average age for the onset of Parkinson's disease was 60.

The researchers write that pain should be considered an important feature of Parkinson's disease since it often begins at the onset of the disease or soon after. They add that the findings could help lead to better treatment strategies for people with the disorder.

Folate Deficiency Associated With Tripling Of Dementia Risk, Study Shows

ScienceDaily (Feb. 5, 2008) — Folate deficiency is associated with a tripling in the risk of developing dementia among elderly people, suggests research published in British Medical Association's the Journal of Neurology Neurosurgery and Psychiatry.

The researchers tracked the development of dementia in 518 people over two years from 2001 to 2003. All participants were over the age of 65 and lived in a rural or an urban area in the south of the country.

Validated tests were carried out at the start and end of the two year period to find out if participants had a dementing illness. Similarly, blood tests were taken to assess levels of folate, vitamin B12, and the protein homocysteine, and how these changed over time.

High levels of homocysteine have been associated with cardiovascular disease.

At the start of the two year period, almost one in five people had high levels of homocysteine, while 17% had low vitamin B12 levels and 3.5% were folate deficient.

The higher the levels of folate to begin with, the higher were vitamin B12 levels, and the lower those of homocysteine.

By the end of the study, 45 people had developed dementia. Of these, 34 had Alzheimer's disease, seven had vascular dementia, and four had "other" types of dementia.

Dementia was more likely in those who were older, relatively poorly educated, inactive, and had deposits of the protein ApoE.

The onset of dementia was significantly more likely in those whose folate levels then fell further over the two years, while their homocysteine levels rose. People who were folate deficient to begin with, were almost 3.5 times more likely to develop dementia.

The authors suggest that changes in micronutrients could be linked with the other typical signs that precede dementia, including weight loss and low blood pressure. While weight loss is unlikely to alter micronutrients levels

in the blood, it may indicate dietary changes in the quality of quantity of food intake.

Volunteers Appreciation Luncheon: OT says “Thank You!” A Speech Summary from Julie Groves, OT, PT, ST

- I spoke of my love for my profession of Occupational Therapy with an emphasis on DOING, ENGAGING, CHALLENGING, ADAPTING, COMPENSATING, and making the task ENJOYABLE. Those words describe OT as well as what you do. I spoke of the neuro-research that supports why DOING at the right level of challenge is effective. As Dr. Liang also reiterated, since 1998 we know that brain cells can re-grow, grow more connections and have more efficient synapses. Although some cells may be damaged by PD, you are never too old to learn new techniques. And you, volunteers, might want to go back to school to be an OT!

We discussed specifically:

- Dexterity and using large arm movements: Using art work, washing windows, shooting the rubber band from the morning paper.

- Rhythm: Clapping, drumming, listening and responding to music, applying these concepts to mobility, and dancing (in a wheel chair, behind a wheelchair, both of you holding a walker, rocking arm in arm), and the PD Tango Class at Avenidas Senior Center in Palo Alto.

- Facial exercise and swallow skills: Laugh with the funny faces, use your hands to encourage those muscles to move, pause long enough for a response, sing, and yell. Make poetry with the KKK and GGG sounds which help the swallow muscles.

- Breathing: Again, yell and sing for fun! Use your hands on the rib cage, encourage breathing into your hands and help expel the air with a firm pressure. Touch almost always makes an activity more meaningful and enjoyable. And while you are at it, be sure to breath out long and slowly yourself!

- Move more: From the audience came discussions of Tai Chi and of the Wii, both known to be beneficial for PPD. The Parkinson's Institute is planning training in use of the Wii; call to get on their list. The Wii is the ultimate biofeedback machine, encourages challenge, participation, adaptation for different levels of participation and skill. The grandkids or friends or significant others can play it with you. We discussed Wii sports, Wii dance and Wii Fit. Wii is like your grandkids' Xbox but

interactive. It's not cheap, but the benefits may make it worth it. Hook up the “box” to your TV and hold the

wireless “controller.” The TV/box senses how you move (swing a bat, change your balance, launch a bowling ball) and shows the result on the TV screen, giving you immediate feedback and you just WANT to do it again better.

- Finally: take care of yourself. Besides all the usual ways, we discussed:

o Anticipate change, prepare

o Accept help, ask for help

o Compensate for decreased judgment, memory and comprehension rather than expecting the old level of participation and understanding

o Be ready to say “no.” Look ahead; will you be able to do this next year? What will you do on a bad day? Adapt, before you need to, before you get worn down and grumpy. Think through your options, talk about them with your support system.

A question was raised later in the program about why the healthcare community doesn't address all the other symptoms of PD: constipation, lack of concentration, stiffness and fatigue, depression. Research shows healthcare providers are not comfortable or skilled at talking about these subjects. If you can bring up the subject it is more likely to be discussed, and we are more likely to learn more about how PD is impacting you.

Some resources that were requested:

Places to get equipment and ideas:

-Abledata.com, 1-800-227-0216: ABLEDATA provides objective information about assistive technology products and rehabilitation equipment available from domestic and international sources. Although ABLEDATA does not sell any products, they can help you locate the companies that do. Hint: call and ask, don't just use the online version.

-SammonsPreston.com

-Ncmedical.com

-Alimed.com

Resources about attending to all the other needs of the person with PD:

-*My Mother, Your Mother* by Dennis McCullough *Slow Medicine* advocates for careful anticipatory "attending" to an elder's changing needs rather than waiting for crises that force acute medical interventions--an approach that improves the quality of elders' extended late lives without bankrupting their families financially or emotionally

-*Handbook for Mortals* by Diane Lynn, available in full online

-CodaAlliance.org and the *Go Wish Cards* for facilitating difficult conversations.

Finally, consider asking for Occupational and Physical therapy each time there is a change of condition. Your

insurance probably covers therapy, and it is available through Outpatient or, if you are homebound, through Home Health. In some cases you might need to pay privately for therapy at \$80 to \$130 an hour. Be sure to explain to the therapist what the problems are that you are experiencing and ask for (demand?) practical solutions, not just more exercises. Help the therapist understand your individual needs. If you have questions, please call me at **408-358-0201**. Thank you, again. Julie Groves, Therapy in Your Home – OT, PT, ST

Elevated Urate Levels May Slow Progression of Parkinson's Disease

Findings may lead to new treatment trials
Sue McGreevey, Massachusetts General Hospital

April 17, 2008 Naturally elevated levels of the antioxidant urate may slow the progression of Parkinson's disease in men. Researchers from the MassGeneral Institute for Neurodegenerative Disease (MGH-MIND) and Harvard School of Public Health (HSPH) examined data from an earlier study and found that, among recently diagnosed Parkinson's patients, those with the highest urate levels had a significantly slower rate of disease progression during the two-year study period. The report appears in the online edition of Archives of Neurology and may lead to urate-based therapies for the disorder.

Parkinson's disease – characterized by tremors, rigidity, difficulty walking and other symptoms – is caused by the destruction of brain cells that produce the neurotransmitter dopamine. Several epidemiologic studies, including the HSPH-based [Health Professionals Follow-up Study](#), have found that healthy people with elevated levels of urate, a normal component of the blood, may have a reduced risk of developing Parkinson's disease.

“Because the neurodegenerative process that leads to Parkinson's disease starts years before the onset of symptoms and progresses throughout the disease course, we reasoned that blood urate could be slowing the rate of neurodegeneration and hypothesized that urate's beneficial effect might extend beyond the time of diagnosis,” says Alberto Ascherio, an Associate Professor of Nutrition and Epidemiology at Harvard School of Public Health.

To investigate this hypothesis, the MGH/HSPH team analyzed information from the PRECEPT trial conducted by the Parkinson Study Group, based at the University of Rochester. That study followed a group of recently diagnosed Parkinson's patients to see if an experimental medication could delay disease progression, measured by the need to begin standard drug therapy and by imaging of the brain structures that produce dopamine.

Blood samples from about 800 PRECEPT trial participants were analyzed for urate levels, which were compared to information about symptom progression of the trial participants and the imaging study results.

The results showed that participants with the highest urate levels at the beginning of the study had about half the risk of needing to start Parkinson's treatment drugs as did those with the lowest levels. The brain scans indicated that participants with higher urate levels also lost the fewest dopamine-producing neurons.

The association of urate levels with risk of progression was seen both in those receiving the drug studied in the PRECEPT trial – which did not have significant results – and in the placebo group. Men are known to have higher urate levels, and since there were only a few women among those with elevated urate, results of the current analysis were not significant for women. The potential of urate to treat female Parkinson's patients needs to be investigated in future studies, the researchers note.

“These findings, combined with prior knowledge of urate's protective properties in laboratory studies, raise the possibility that urate-elevating strategies could be used to slow the neurodegeneration of Parkinson's disease,” says Michael Schwarzschild, the study's lead author and an Associate Professor of Neurology at Harvard Medical School. “Potential benefits of urate have to be tempered against the known risks of elevated urate levels, which include gout and kidney stones. From what we know now, urate elevation should only be attempted in the context of a closely monitored clinical trial, in which potential benefits and risks are carefully balanced.”

Schwarzschild and Ascherio, with an award from The Michael J. Fox Foundation for Parkinson's Research, are teaming up with Parkinson Study Group doctors

from across the country to conduct a multicenter Phase 2 trial, the Foundation announced earlier this week. Ninety people newly diagnosed with Parkinson's but not yet needing treatment will be treated with the urate precursor inosine or a placebo. Information about trial enrollment will be available later this year. (Please do **not** contact Harvard Science regarding trial enrollment.)

Edited from www.harvardscience.harvard.edu/medicine-health

Physical Decline Caused By Slow Decay of Brain's Myelin

By Mark Wheeler

October 17, 2008 — During this year's baseball playoffs, Chicago White Sox outfielder Ken Griffey Jr., 38, threw a picture-perfect strike from center field to home plate to stop an opposing player from scoring. The White Sox ultimately won the game by a single run and clinched the division title.

Had Griffey been 40, it could be argued, he might not have made the throw in time. That's because in middle age, we begin to lose myelin — the fatty sheath of "insulation" that coats our nerve axons and allows for fast signaling bursts in our brains.

Reporting in the online version of the journal *Neurobiology of Aging*, Dr. George Bartzokis, professor of psychiatry at the UCLA Semel Institute for Neuroscience and Human Behavior at UCLA, and his colleagues compared how quickly a group of males ranging in age from 23 to 80 could perform a motor task and then correlated their performances to their brains' myelin integrity. The researchers found a striking correlation between the speed of the task and the integrity of myelination over the range of ages. Put another way, after middle age, we start to lose the battle to repair the myelin in our brain, and our motor and cognitive functions begin a long, slow downhill slide.

The myelination of brain circuits follows an inverted U-shaped trajectory, peaking in middle age. Bartzokis and others have long argued that brain aging may be primarily related to the process of myelin breakdown.

“Studies have shown us that as we age, myelin breakdown and repair is continually occurring over the brain's entire 'neural network,’” said Bartzokis, who is also a member of UCLA's Ahmanson–

Lovelace Brain Mapping Center and the UCLA Laboratory of Neuro Imaging. "But in older age, we begin losing the repair battle. That means the average performance of the networks gradually declines with age at an accelerating rate."

The researchers proposed that cognitive, sensory and motor processing speeds are all highly related to this decline. To test their hypothesis, they used one of the simplest and best understood tests of central nervous system processing speed: how fast an individual can tap an index finger.

It's well known that the speed of a movement increases with the frequency of neuronal action potential (AP) bursts in the brain. AP is an electrical discharge that travels over the axons connecting nerves, whether it's Ken Griffey Jr.'s brain ordering his arm to throw or the brain telling a finger to tap. Fast movements require high-frequency AP bursts that depend on excellent myelin integrity over the entire axon network involved in controlling that movement.

In the study, each of the 72 participants had a magnetic resonance imaging (MRI) scan that measured the myelin integrity in the vulnerable wiring of their brain's frontal lobes. The maximum finger-tapping speed (the number of taps over a period of 10 seconds) was measured just before the MRI measure was obtained.

The results supported what the researcher had suspected, that finger-tapping speed and myelin integrity measurements were correlated and "had lifespan trajectories that were virtually indistinguishable," according to Bartzokis. And yes, they both peaked at 39 years of age and declined with an accelerating trajectory thereafter.

Bartzokis said these observations are consistent with the hypothesis that "maximum motor speeds depend upon high frequency AP bursts that, in turn, depend on the myelin integrity of the neural networks involved in the task."

"Beginning in middle age," he said, "the process of age-related myelin breakdown slowly erodes myelin's ability to support the very highest frequency AP bursts. That may well be why, besides achy joints and arthritis, even the fittest athletes retire and all older people move more slowly than they did when they were younger."

"The results are pretty striking," Bartzokis said. "The nearly identical trajectory across the lifespan for both measures of myelin integrity and fine motor speed supports the notion that myelin health underlies maximum AP burst frequency."

Significantly, the research suggests that the myelin breakdown process should also reduce all other brain functions for which performance speed is dependent on higher AP frequencies, including memory; it also supports the suggestion that myelin breakdown is a biological process of aging underlying the erosion of physical skills and cognitive decline, including the onset of such age-driven disorders as Alzheimer's disease.

There is, however, some good news, according to Bartzokis.

"Since in healthy individuals brain, myelin breakdown begins to occur in middle age, there is a decades-long period during which therapeutic interventions could alter the course of brain aging and possibly delay age-driven degenerative brain disorders such as Alzheimer's," he said. "Non-invasive, serial evaluations of myelin integrity could be used to monitor the effects of new and current treatments that may slow the process of myelin breakdown as early as midlife." www.newsroom.ucla.edu

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PPSG SUPPORT GROUPS

---NORTHERN REGION---

Berkeley 3rd Wed 1PM-3PM North Berkeley Senior Center 1901 Hearst Ave Roddy Raikow 510.231.1998 roddy@raikow.com Irene Smythe 510.524.4847 **Eureka** 2nd Fri 3:00PM-4:00PM Adorni Center 1011 Waterfront Dr Call 707.442.5245 **Fremont** 4th Mon 7PM- Fremont Senior Center 40086 Paseo Padre Pkwy Lettie Webb 510.656.6393 **Fremont/Caregivers** 2nd Mon, 4th Mon 1PM-2:30PM City Hall-Bldg B Large Conference Rm 3300 Capitol Ave Nancy Rothschild 510.574.2035 **Mill Valley/Marin County** 4th Tue 1:00PM-3:00PM Redwoods Auditorium 40 Camino Alto Eric Stoelting 415.383.5145 **Oakland** 1st Thu 1:30PM-3:30PM Easter Seals Bay Area 180 Grand Ave Suite 300 Karen & Jim Eagan 510.763.4492 **Petaluma** Fri 1:00PM-3:00PM Petaluma Senior Center (Lucchesi Pk) 211 Novak Drive Pearl Sorenson 707.795.4858 Judy Geri 707.766.8521 **Pleasanton Tri-Valley** 2nd Sat 10:00AM-12Noon Pleasanton Senior Center 5353 Sunol Blvd Norman & Jackie Bardsley 925.831.9940 jnbard@pacbell.net **San Leandro** 1st Thu (xJul/Aug) 10:00AM-11:30AM **San Lorenzo** Community Church 945 Paseo Grande Norma Zeff 510.663.6435 Harry Santi 510.351.3224 **Santa Rosa/ New Caregivers** 2nd Wed 2:00PM-4:00PM Sunrise Center 3250 Chanate Rd Amy Southwick 707.539.2646 **Santa Rosa/Sonoma County Support Group** 1st Sun (xAug/Dec) then 2nd Sat-no Jan/Jul/Sep 1:00PM-3:00PM Christ Church United Meth Church 1717 Yulupa Ave Ron & Colleen Trowse 707.526.4373 George Irizary irizary@juno.com **Walnut Creek/Mt. Diablo Parkinson's Network** 2nd Sat 10:00AM-Noon Grace Presbyterian Church 2100 Tice Valley Blvd Nancy Walls 510.236.7065 Ronalee Spear 925.284.2189 **Walnut Creek/Mt. Diablo Young Onset Supp Grp** 3rd Sat 10:00AM-Noon Grace Presbyterian Church 2100 Tice Valley Blvd Ronalee Spear 925.284.2189

---PENINSULA REGION---

Daly City 1st Tue 3PM-4PM Doelger Senior Center 101 Lake Merced Blvd Leonard Ke 415.587.1285 **Los Altos/Young Parkinson's Supp Grp** 2nd Sat 10:00AM-12Noon United Methodist Church 655 Magdalena Ave Dean Prescott 408.738.2505 deanp53@yahoo.com **Millbrae/Magnolia-Peninsula** 2nd Thu 1:30PM-3:00PM Magnolia Apartments 201 Chadbourne Ave Van Knight 415.678.8455 millbraesupportgroup@gmail.com **Palo Alto** 2nd Wed 2:00PM-3:30PM Avenidas Senior Center 450 Bryant Street Charles Biton 650.529.2394 **Palo Alto/PD Under 50 Group** 2nd Tue 6:30PM- Board Rm Lucile Packard Children's Hosp. 725 Welch Rd Martha Gardner 866.250.2414 **San Francisco Support Group** 3rd Tue 6:00PM-7:30PM PD Center Conf Rm 1B-31 Building 203 4150 Clement St Susan Heath, RN MS 415.379.5530 susan.heath@va.gov **San Mateo/Atypical Parkinsonism** Sundays-approx every 6 wks 5:00PM-7:00PM Mimi's Caf  2208 Bridgepoint Pkwy Robin Riddle 650.233.9277 riddle@stanford.edu **Sunnyvale** 2nd Wed 1:00PM-3:00PM First United Methodist Church 535 Old San Francisco Rd Call 408.733.5648

---SOUTHERN REGION---

Hollister 1st Tue 1:30PM-3:30PM First Prebyterian Church 2966 Cienega Rd Shirley Kennedy 831.637.3839 John Skinner 831.637.3839 **Monterey** 3rd Mon 2:30PM-4:00PM SHARE

Room Hayes School 200 Coe Ave Seaside Helen Garrett 831.657.4241 Kathy Warthan 831.372.7510 **Salinas** Quarterly 1:00PM-3:00PM Salinas Adult School 20 Sherwood Pl Sherry Whitcomb 831.663.5926 **San Jose/Berryessa** 1st Wed 1:00PM-2:30PM Berryessa Community Center 3050 Berryessa Rd Bob & Jane Pomeroy 408.263.8485 **San Jose/Caregivers** 4th Wed 1:30PM-3:30PM St. Francis Episcopal Church 1205 Pine Ave Charmaine Eng 408.723.8116 **San Jose/The Villages** 3rd Tue 2:00PM- The Villages Golf and Country Club San Jose, CA George Pratte 408.223.8033 Access Pass Required **San Jose/Willow Glen** 1st Fri 10:00AM-12Noon St. Francis Episcopal Church 1205 Pine Ave Jane Fox 408.265.3991 Darrell McCleod 831.427.0966 **Santa Cruz** 1st Wed 12:30PM-2:00PM St. Stephen's Lutheran Church 2500 Soquel Ave David Donohoe 831.479.4485 Sally & Darrell McCleod 831.479.4485 **Saratoga** 3rd Tue 2:00PM-4:00PM 1949 Via Real Dr Lois McPherson 408.867.1807

---CENTRAL VALLEY REGION---

Fresno (greater) 2nd Sat 10AM-12Noon The Bridge Evangelical Free Church 3438 E. Ashlan Ave Max Robinson 559.226.2673 Ellen Jablonski 559.298.4080 **Merced** 4th Thu (xDec) 10:00AM- Mission Gardens 1450 E. 27th St Amie Marchini 209.384.3300 **Modesto** 3rd Wed 1:30PM-3:00PM Fireside Rm Centenary United Meth. Ch. 1911 Toyon Ave David & Joann Ryan 209.529.5643 davejoann@sbcglobal.net **Pine Grove/Amador County** 3rd Thu 10:00AM-12Noon Patio Building Calvary Chapel 18400 Ridge Road Sarah Johnson 209.296.2575 **Roseville** 1st Tue 1:30PM-3:00PM Maidu Community Center 1550 Maidu Dr John Springer 916.947.7235 **Sacramento/Parkinson's Assn of N. California** See website for times Regional Headquarters 900 Fulton Ave Suite 100-5 Various 916.489.0226 **San Andreas/Calaveras County** 3rd Tue 10:00AM-12Noon San Andreas Senior Center 956 Mountain Ranch Rd Sarah Johnson 209.296.2575 **Stockton** 2nd Wed 1:30PM- O'Connor Woods Senior Living 3400 Wagner Heights Rd Dr. David Freis 209.465.9761 **Stockton/Young Onset** 3rd Thu 6:30PM- Admin Bldg Hospice of San Joaquin 3888 Pacific Ave Karen Frank 209.406.9317 **Turlock/Forming** TBA TBA Covenant Village 2125 N. Olive Ave Marianne Johnson 209.634.3157 **Visalia/Central Valley Parkinson's Supp Grp** 1st Fri 10:30AM- United Methodist Church 5200 W. Caldwell Ave Mary Dickerson 559.622.9044 marydickerson99@comcast.net www.cvspsg.org

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:** Thu 2-3P Balance Class Community Hosp. of Los Gatos Rehabilitation Ctr. 355 Dardanelli Lane \$10/session Samantha 408.866.4022 **Los Gatos:** Mon 2PM/Thu 1PM Parkinson's Lifelong Useful Skills (PLUS) balance, gait, posture and Tai Chi/Qi Gong The Terraces 8010 Blossom Hill Rd. Kujiweza Healing Arts Jane 408.315.1179 Parkinsons@sjyogataichi.org

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 Parkinsons@sjyogataichi.org **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 Parkinsons@sjyogataichi.org **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

Gait and Balance Classes at the PI

The Gait and Balance Classes at the Parkinson's Institute are great and fun. Come check them out!

The Classes are held on **Wednesdays**. The **beginning classes** run from **10:30 -12 noon** and the **intermediate classes** run from **12:30 -2:30 pm**. A donation of **\$10.00 per session** is suggested. The classes are held at The Parkinson's Institute, at 675 Almanor Avenue, Sunnyvale, CA 94085. Please call **408.734.2800** if you have any questions.

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).

Upcoming Conference on Parkinson's Disease

Saturday, November 22, 2008

12 noon – 4 pm

From UCSF, Parkinson Disease Clinic & research Center
Mission Bay Campus (Robertson Auditorium)
1675 Owens Street, Francisco, CA 94158

Some topics of this conference include: "Parkinson's Disease: Exercise Can Be Fun and Neuro-protective," "The Recognition and Treatment of Non-Motor Symptoms in Parkinson's Disease," "Gene Therapy in Parkinson's Disease," "What Causes Parkinson's Disease?" "Dance Therapy in Parkinson's Disease." Conference registration fee is \$20 person. Pre-registration is strongly recommended to reserve a space. Please make the check payable to the UCSF Parkinson's Center. Mail the check for total number of attendees to: **Tim Underwood, UCSF Parkinson's Center, 505 Parnassus Avenue, Box 0114, San Francisco, CA 94143-0114. For more information, call 415.502.1672, or e-mail: timothy.underwood@ucsf.edu**

Thank you so much for your donations! Please use return address labels, to help us acknowledge your donation properly. Your generous contributions go to support newsletters, education and community awareness of Parkinson's disease. Please mail your donations to: PPSG, P O Box 60188, Sunnyvale, CA 94088

Help us help others, no donation too small! Thank you!

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



Parkinson's Patients Support Groups, Inc.
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