

Parkinson's Patients Support Groups, Inc.

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675 Almanor Avenue
Sunnyvale, CA 94085-2934
www.ppsg.org 408.542-5610

Editor-in-chief: Phyllis Hsu Ng

Articles Editor: Ann Roper

Webmaster: Solna Braude

Editorial Staff:

Linda Chen

Charmaine Eng

Viola Mays

Parkinson's Disease Foundation to Webcast 50th Anniversary Symposium on Parkinson's Disease

To commemorate 50 years of service to the Parkinson's community, the Parkinson's Disease Foundation (PDF) will present a comprehensive two-day symposium on October 11 and 12. The jam-packed program will feature top-notch Parkinson's professionals presenting the latest news in science and quality of life initiatives, and will be webcast live, allowing viewers the opportunity to watch the sessions from their home or in groups at locations that offer internet and projection capabilities.

The meeting, entitled *Frontiers of Science and Clinical Advances in Quality of Life*, will be attended by Parkinson's researchers, clinicians, allied health professionals, people with Parkinson's and caregivers. The program, in two parallel tracks, will look at progress that has been made and where we expect to see future advances.

The basic science track for the event will cover the hottest topics in Parkinson's science including genetics, pathology, gene therapy and cell replacement. The quality of life track will cover such topics as the preclinical diagnosis of Parkinson's disease; respiratory, gastrointestinal and sexual issues; sleep disorders and caregiver support.

We are encouraging "viewing parties" to include those who do not have internet access at home; however, the webcast will be available on the PDF site following the symposium for one year. The benefit of watching live is that viewers can pose questions directly to the speaker.

To learn more about the event, visit www.pdf.org/50th. There you will find general information, event program, registration information, and other material on this webcast.

A special thank you to Don McCauley and Martha Gardner who worked very hard to spread the word!

The Parkinson's Institute's new address is 675 Almanor Avenue, Sunnyvale, CA 94085. Come and visit!

Clinical Studies Listed with PDtrials Now Include Non-Idiopathic Parkinsonian Disease

Source: www.pdtrials.org

May 14, 2007 -- Non-idiopathic parkinsonian syndromes and related diseases include Progressive Supranuclear Palsy (PSP), Multiple Symptom Atrophy (MSA), and Lewy Body Dementia (also known as Dementia with Lewy Bodies, or DLB). The partner organizations of the PDtrials initiative believe that increasing awareness of clinical trials for diseases related to PD can only help achieve a better understanding of the causes of Parkinson's and therefore increase the potential of ultimately finding a cure.

"When the PDtrials education and awareness initiative was launched in 2004 its focus had been exclusively on clinical trials and other investigations that are directly related to classic Parkinson's disease," says Parkinson's Disease Foundation Executive Director Robin Elliott, the lead organization of the PDtrials coalition. "Now in its third year, our Steering Committee is responding to popular demand by broadening the focus of the program to include diseases such as PSP and other 'Parkinson's-Plus' syndromes. We welcome this opportunity to better serve both the science and the prospective participants in these investigations."

The first of these studies listed with PDtrials is "Risk Factors for Progressive Supranuclear Palsy." This study is seeking 1,500 participants, including healthy individuals. To read about this trial and other new studies, please visit www.PDtrials.org. You may also call (800) 801-9484 to receive bi-annual issues of the PDtrials Clinical Trials Bulletin and our educational brochure on clinical trial participation.

For more information about PDtrials, please contact Ronnie Todaro, MPH, PDF Director of National Programs, at 800-457-6676.

This article was forwarded by Linda Chen. Thanks, Linda..

A Loving Leader: Robert Lemon

By Karen Eagan

I met Robert when I attended my first meeting of the Parkinson Support Group. My husband had been recently diagnosed and we were anxious to learn as much as we could about the condition. Robert sat in a wheel chair at the front of a long table surrounded by persons with PD and spouses, friends or caretakers. Reminding me of a sage, from olden times, softly, in a leisurely pace, Robert lead the meeting with kindness, taking care to include each person in attendance. As new members, my husband and I were warmly greeted by Robert and his wife Adele, who immediately made a table name card for us.

Robert inherited the leadership of the Oakland Parkinson's group from a woman whom he would drive to the PD meetings. As she was over 90, she was no longer driving. Eventually she asked Robert to plan and chair the meetings and in fact, she didn't live long after that. I have now inherited the mantle from Robert, and the records which he turned over to me, indicated that he has been the leader of the Oakland group at least since 1999, although he may have started a few years earlier.

Not only a retired PD group leader, Robert is also a retired pastor of the Disciple of Christ Church, affiliated with the Pacific School of Religion. I believe he extended his care for people through the PD group, as he not only took responsibility for planning meetings, but he and Adele called members who were ill, called to remind us of meetings, sent information that might be of interest and simply sent caring notes.

Both Robert and Adele are well known in the Berkeley community for their outreach and activism. Robert was involved in the Vietnam anti-war movement and later in the East Bay Sanctuary movement at the University Lutheran Chapel. Adele worked for many years at the First Congregational Church in Berkeley with homeless people, helping them find shelter, food and jobs. Her much appreciated focus was on developing self-help skills.

Robert, no longer able to attend the group, is now at home, keeping in touch with us. Not as strong as he used to be, even now his past commitment to his flock, to peace and justice and to persons living with Parkinson's Disease is apparent. Be well, Robert, and know that we miss your ministry to us.

Disclaimer

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Caffeine, Stress and Your Health: Is Caffeine Your Friend or Your Foe?

Elizabeth Scott, M.S.

Caffeine is a drug, popularly consumed in coffee, tea, soft drinks and, in smaller doses, chocolate. While we seem to have a love affair with these products, there's been quite a bit of confusion and even controversy surrounding caffeine lately. Is it good or bad for us? Here's a brief tutorial on caffeine, and some surprising answers to these questions.

Effects on the Body:

Hormones- You can feel the effects of caffeine in your system within a few minutes of ingesting it, and it stays in your system for many hours—it has a half-life of four to six hours in your body. While in your body, caffeine affects the following hormones:

Adenosine- Can inhibit absorption of adenosine, which calms the body, which can make you feel alert in the short run, but can cause [sleep](#) problems later.

More on this below.)

Adrenaline- Caffeine injects [adrenaline](#) into your system, giving you a temporary boost, but possibly making you fatigued and depressed later. If you take more caffeine to counteract these effects, you end up spending the day in an agitated state, and might find yourself jumpy and edgy by night.

Cortisol- Can increase the body's levels of [cortisol](#), the "stress hormone", which can lead to other health consequences ranging from weight gain and moodiness to heart disease and diabetes.

Dopamine- Caffeine increases dopamine levels in your system, acting in a way similar to amphetamines, which can make you feel good after taking it, but after it wears off you can feel 'low'. It can also lead to a physical dependence because of dopamine manipulation.

These changes caffeine makes in your physiology can have both positive and negative consequences:

Sleep Caffeine can affect your [sleep](#) by keeping you awake longer, thereby shortening the amount of sleep you get, and giving you less time in the restorative stages of sleep, which takes a toll on your level of alertness the next day and overall health.

Interestingly, though, caffeine doesn't affect the stages of sleep the way other stimulants do, so it's a better choice than speed or other 'uppers' to use if you need to stay awake.

Weight Many experts believe that increased levels of cortisol lead to stronger cravings for fat and carbohydrates, and cause the body to store fat in

the abdomen. (Abdominal fat carries with it greater health risks than other types of fat.) Also, if increased cortisol levels lead to stronger cravings for caffeine-laden foods, the body goes into a cycle that leads only to worse health.

The good news, though, is that caffeine can speed up metabolism. Also, it can help the body break down fat about 30% more efficiently if consumed prior to exercise. (You must be exercising to get this benefit, though.) Additionally, caffeine can keep blood sugar levels elevated, leaving you feeling less hungry.

Exercise If caffeine elevates levels of cortisol and other hormones for a temporary boost, after caffeine wears off, the body can feel fatigued, and feelings of mild to moderate depression can set in. This can make physical activity more difficult.

On the positive side, caffeine has been found to enhance physical performance and endurance if it isn't overused. This, combined with its effect of fat burning during exercise, can actually enhance workouts and enable you to get in better shape if you take it at the right time.

Caffeine and Stress

Because caffeine and stress can both elevate cortisol levels, high amounts of caffeine (or stress) can lead to the negative health effects associated with prolonged elevated levels of cortisol. If you ingest high levels of caffeine, you may feel your mood soar and plummet, leaving you craving more caffeine to make it soar again, causing you to lose sleep, suffer health consequences and, of course, feel more stress. However, small to moderate amounts of caffeine can lift your mood and give you a boost.

The Verdict on Caffeine

With potential negative and positive health consequences, caffeine can be your friend, but in controlled doses. Here's what you should remember about caffeine:

Don't Take Too Much Because of the health risks (above) associated with higher levels of caffeine, as well as the risk of physical dependence that can come with four cups of coffee or more each day, it's wise to limit your caffeine intake. (Withdrawal symptoms can include cravings, headache, fatigue and muscle pain.)

No Caffeine After 2pm Because sleep is important to proper physical functioning, and caffeine can stay in your system for 8 hours or longer, you should cut off or limit your caffeine intake to the first part of the day to ensure that your sleep isn't disrupted.

Enjoy Caffeine With Physical Activity Caffeine is best ingested before exercise—that way your performance is enhanced and the stress-

management benefits of exercise can keep you healthy and feeling less stressed throughout the day.

<http://stress.about.com/od/stresshealth/a/caffeine.htm>

Acid Inhibitors May Raise Dementia Risk

By Thomas H. Maugh II, Times Staff Writer
August 4, 2007

Elderly African Americans who are chronic users of acid-inhibiting medications in the family that includes Zantac, Pepcid and Tagamet have 2 1/2 times the normal risk of developing dementia, Indiana researchers reported Friday.

The drugs block production of stomach acid by inhibiting so-called histamine-2 receptors; a pump in the stomach releases hydrochloric acid when stimulated by histamines.

But they also inhibit the brain's cholinergic system, which is involved in memory and cognition. Low levels of cholinergic activity have previously been linked to dementia.

"There have been hints that the drugs, known as histamine-2 receptor antagonists, might be linked to dementia, but previous studies have come down on both sides of the question", said Dr. John Morris of Washington University in St. Louis, who was not involved in the study.

"This is certainly not the final word on the potential risk of these drugs," he said. "But what it tells us is that, for older adults, drug use should be considered very carefully."

Dr. Constantine G. Lyketsos, a psychiatrist at Johns Hopkins University, who was also not involved in the study, said: "This is one of the medicines we worry about when people with Alzheimer's are taking them. It can make memory worse and lead to confusion. Whether they will make it more likely that someone will develop Alzheimer's or dementia is still an open question."

GlaxoSmithKline, which manufactures Tagamet and Zantac, did not return calls seeking comment.

The study did not look at other races, and there was not enough data to suggest a risk from a different family of acid-inhibiting drugs called proton pump inhibitors, which includes Prilosec, Nexium and Prevacid.

The histamine-2 receptor antagonists are among the most commonly prescribed medications in the United States, with more than 16 million prescriptions dispensed in 2005 in addition to over-the-counter sales. They are used to treat ulcers, acid reflux and other gastrointestinal disorders.

The study, published in the Journal of the American Geriatrics Society, was conducted by Dr. Malaz Boustani, a geriatrician at the Indiana University School of Medicine.

He said he noticed that a significant number of his hospitalized patients appeared confused when they were taking medications to reduce acid reflux.

To explore the link, he looked at 1,558 black Indianapolis residents who had taken part in other studies through the school. None had dementia when the study began.

Each member was surveyed for use of the histamine antagonists and other drugs at the beginning of the study, at the end of three years and at the end of five years. The team also physically checked their medications.

The researchers found that, when they controlled for possible confounding factors, those taking the drugs were 2.42 times more likely to have dementia, which is marked by confused thinking, poor memory and impaired reasoning powers.

Boustani said he was not yet prepared to suggest that people stop taking the drugs. The proton pump inhibitors, he noted, are associated with an increased risk of osteoporosis, so that "if you switch, you then might deal with other alternatives.

"This is a very limited study in a specific population, but it picked up a signal that really needs to be confirmed," Boustani said. "The picture is really not clear yet."

This article was forwarded by Robin Riddle. Robin is the leader of Atypical Parkinson's Support Group in San Mateo, California. Thanks, Robin!

Anti-depressants Don't Solve Depression in Patients with Parkinson's Disease

August 28, 2007 -- Many patients with Parkinson's disease continue to experience depressive symptoms despite taking anti-depressants.

This is the finding of the pan-European PRODEST study in 1,016 patients with Parkinson's disease, which was presented at the 11th Congress of the European Federation of Neurological Societies (EFNS) in Brussels this week.

The study confirmed that depressive symptoms associated with PD are not only highly prevalent, but nearly half (44.1%) of patients receiving antidepressant treatment continued to experience depressive symptoms.

"These symptoms have a significant impact on PD patients' quality of life, often equal in impact to that of the traditionally better known motor symptoms of Parkinson's disease. The results suggest that many depressive symptoms are an expression of Parkinson's disease, rather than of a depressive syndrome," said Professor Paolo Barone, Department of Neurological Sciences, University of Napoli-Federico II, Naples, Italy, and lead investigator of PRODEST.

"This consideration, if supported by further analysis of the

PRODEST study results, might suggest different treatment approaches of depression in PD," he added.

In those 282 patients with a reported medical history of depression, the study results also showed that over half (54.3%) of these patients had a marked score in The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) with 66% receiving anti-depressant treatment, confirming a persistence of depressive symptoms despite treatment.

Data from recent studies with pramipexole, a non-ergot dopamine agonist, have shown a beneficial effect on the depressive and motivational symptoms in PD. Ongoing trials are aimed to confirm these previous findings.

Professor Matthias Lemke, M.D., Professor of Psychiatry and Medical Director at the Rheinische Kliniken, Bonn, Germany, said: "PD-related depressive symptoms can overlap or even be mistaken for motor symptoms. It is therefore important that physicians learn to differentiate these in order to find the optimal treatment for their PD patients. While pramipexole has proven an effective treatment for the motor symptoms of PD, there is now evidence that pramipexole may also improve PD-related depressive symptoms."

PD-related depressive symptoms have also been studied in an ongoing two-year Italian study, known as PRIAMO. Initial findings of the 55 centre study support the evidence that non-motor symptoms (NMS) are highly prevalent with the majority of patients experiencing one or more NMS. Psychiatric symptoms (anxiety and depression) were rated most frequently and with a high impact on patients' quality of life.

"The conclusions from PRIAMO further support the PRODEST study in highlighting the need to address the often undiagnosed and under-treated aspects of Parkinson's disease which impart a significant burden on PD patients, relative to their disease severity," Professor Barone told the conference.

<http://onmedica.net/content.asp?t=1&c=40575>

This article was forwarded by Linda Chen. Thanks, Linda!

SSRI Antidepressants Involve Dopamine as Well as Serotonin Signaling

www.eurekalert.org

Researchers have discovered that antidepressant drugs such as Prozac not only affect levels of the neurotransmitter serotonin in the brain, but also "hijack" dopamine signaling as well--causing it to launch serotonin signals. Their findings offer new insight into how Prozac and other "selective serotonin uptake inhibitors" (SSRIs) work and how they might cause problems in patients taking them.

SSRIs perform their antidepressant function by increasing the concentration of serotonin in the signaling junctions, called synapses, between neurons. This increase alleviates the deficiency of serotonin that causes depression.

As their name indicates, SSRIs prevent uptake of the serotonin after it has performed its task as a chemical messenger that enables one neuron to trigger a nerve impulse in a neighbor. SSRIs prevent this uptake by inhibiting the action of the molecular cargo carriers called transporters that recycle serotonin back to the neuronal storage sacs called vesicles.

Now, however, Fu-Ming Zhou (presently at the University of Tennessee) and colleagues at Baylor College of Medicine have revealed that SSRIs can have more complex effects on neurotransmitter traffic in the brain than just altering serotonin levels. They found that higher serotonin concentrations caused by SSRIs can "trick" transporters of another key neurotransmitter, dopamine, into retrieving serotonin into dopamine vesicles. Dopamine transporters have a low affinity for serotonin, but the higher serotonin levels result in its uptake by the dopamine transporters, found the scientists.

As a result, the normal dopamine-triggered firing from such neurons, in essence, launches two different types of neuronal ammunition, causing "co-signaling."

The researchers were led to study the role of dopamine signaling in SSRI action by previous evidence that dopamine was involved in depression and in the function of antidepressants in the brain. They studied the nature and machinery of serotonin and dopamine signaling by treating mouse brain slices with fluoxetine (Prozac) and other chemicals, and analyzing the effects on the dopamine-signaling machinery.

The relatively inefficient, slow process of "hijacking" of dopamine transporters by serotonin during SSRI treatment could explain why it takes many days of treatment before anti-anxiety effects are seen, suggested the researchers.

Also, they wrote that their findings may explain why treatment of children with fluoxetine can induce depressive symptoms in adulthood. The researchers wrote that, since serotonin plays a vital role in neuronal development, disruption by fluoxetine of the normal serotonin levels during development could be responsible for such behavioral abnormalities.

They also theorized that such co-release of dopamine and serotonin caused by SSRIs could explain cases of a "potentially life-threatening serotonin syndrome" caused by such situations as dietary overload of serotonin precursors in people taking SSRIs.

The researchers wrote that the relationship between dopamine and serotonin signaling "is likely vital for normal behavior and for the pathology that can be treated with SSRIs." The brain area involved, the ventral striatum, "is critically involved in the neuronal processes of reward and

emotional functions. Thus," they wrote, "enhanced participation of the striatal dopamine system in serotonin signaling during treatment with SSRIs "may contribute to the therapeutic efficacy of SSRIs."

Published in *Neuron*, Volume 46, Number 1, April 7, 2005, pages 65–74. <http://www.neuron.org>

More Good News About Omega 3 Fatty Acids

Fish IS Brain Food!

Even our grandmothers told us fish was "brain food" -- and now scientists have evidence to back the claim.

Researchers with the Department of Veterans Affairs (VA) and the University of California at Los Angeles (UCLA) found that a diet high in docosahexenoic acid, or DHA -- an omega-3 fatty acid found in relatively high concentrations in cold-water fish -- dramatically slowed the progression of Alzheimer's disease in mice. Specifically, DHA cut the harmful brain plaques that mark the disease. The results appear in the March 23 online edition of the *Journal of Neuroscience*.

Therapy that is Easily Available

Senior author Greg M. Cole, Ph.D., a neuroscientist at the Greater Los Angeles VA Healthcare System and UCLA, said that unlike many studies with mice, this one points to the benefits of a therapy that is easily available and already touted for other medical conditions.

DHA -- either from food sources such as fish and soy, or in fish-oil supplements -- is recommended by many cardiologists for heart health, based on scores of previous studies.

"The good news from this study is that we can buy the therapy at a supermarket or drug store," said Cole. "DHA has a tremendous safety profile -- essentially no side effects -- and clinical trial evidence supports giving DHA supplements to people at risk for cardiovascular disease."

About the Study

The new study involved older mice genetically altered to develop Alzheimer's disease. The researchers fed one group of the mice DHA-fortified chow. The control mice ate a normal or DHA-depleted diet. After three to five months -- the equivalent of several years in human biology -- the high-DHA group had 70-percent less buildup of amyloid protein in the brain. This sticky protein makes up the plaques, or patches, that are a hallmark of Alzheimer's.

A similar study by Cole's group published in *Neuron* last fall showed that DHA protected against damage to the "synaptic" areas where brain cells communicate and enabled mice to perform better on memory tests.

The studies, say the scientists, suggest that even people who are genetically predisposed to the disease may be able to delay it by boosting their DHA intake.

Omega-3 Deficient Diets

Omega-3 fatty acids, typically deficient in the American diet, are essential for human health. DHA in particular is vital to proper brain function, as well as eye health and other body processes. In recent years epidemiologists have tied fish-rich diets to a lower incidence of Alzheimer's disease and homed in on DHA as the preventive factor. Omega-3 fatty acid supplements are now being tested in clinical trials with early-stage Alzheimer's patients in the United States, Canada and Sweden to see if the therapy really slows the disease.

Food sources of omega-3 fatty acids include fish such as salmon, halibut, mackerel and sardines, as well as almonds, walnuts, soy, and DHA-enriched eggs. Concerns about mercury contamination in fish have helped popularize purified DHA supplements based on fish oil or algae.

A Spice That Works Too

Last year, Cole's team identified another nutrient that appears to combat Alzheimer's plaques in mice: curcumin, the yellow pigment in turmeric, one of the spices that make up curry powder. Researchers became interested in curcumin's potential to prevent or treat Alzheimer's disease after noting the low prevalence of dementia among the elderly in India, where curry is a staple.

Cole is the associate director for research at VA's Los Angeles-based Geriatric Research, Education and Clinical Center, and a professor of medicine and neurology at UCLA. Lead author for the new study was Giselle P. Lim, PhD, a UCLA postgraduate researcher in Cole's group. Working with them were colleagues from VA, UCLA and the National Institutes of Health. The study was supported by the National Institute on Aging, VA, the Alzheimer's Association, and the Canadian Institutes of Health Research.

Source: [U.S. Department of Veterans Affairs](http://nutrition.about.com/od/researchstudies/a/omega_3_alzheim.htm)
http://nutrition.about.com/od/researchstudies/a/omega_3_alzheim.htm

Scientists Finding Out What Losing Sleep Does to A Body

By Rob Stein
Washington Post Staff Writer
Sunday, October 9, 2005

With a good night's rest increasingly losing out to the Internet, e-mail, late-night cable and other distractions of modern life, a growing body of scientific evidence suggests that too little or erratic sleep may be taking an unappreciated toll on Americans' health.

Beyond leaving people bleary-eyed, clutching a Starbucks cup and dozing off at afternoon meetings, failing to get enough sleep or sleeping at odd hours heightens the risk for

a variety of major illnesses, including cancer, heart disease, diabetes and obesity, recent studies indicate.

"We're shifting to a 24-hour-a-day, seven-day-a-week society, and as a result we're increasingly not sleeping like we used to," said Najib T. Ayas of the University of British Columbia. "We're really only now starting to understand how that is affecting health, and it appears to be significant."

A large, new study, for example, provides the latest in a flurry of evidence suggesting that the nation's obesity epidemic is being driven, at least in part, by a corresponding decrease in the average number of hours that Americans are sleeping, possibly by disrupting hormones that regulate appetite. The analysis of a nationally representative sample of nearly 10,000 adults found that those between the ages of 32 and 49 who sleep less than seven hours a night are significantly more likely to be obese.

The study follows a series of others that have found similar associations with other illnesses, including several reports from the Harvard-run Nurses' Health Study that has linked insufficient or irregular sleep to increased risk for colon cancer, breast cancer, heart disease and diabetes. Other research groups scattered around the country have subsequently found clues that might explain the associations, indications that sleep disruption affects crucial hormones and proteins that play roles in these diseases.

"There has been an avalanche of studies in this area. It's moving very rapidly," said Emmanuel Mignot of Stanford University, who wrote an editorial accompanying the new obesity study in the October issue of the journal *Sleep*. "People are starting to believe that there is an important relationship between short sleep and all sorts of health problems."

Not everyone agrees, with some experts arguing that any link between sleep patterns and health problems appears weak at best and could easily be explained by other factors.

"There are Chicken Little people running around saying that the sky is falling because people are not sleeping enough," said Daniel F. Kripke of the University of California at San Diego. "But everyone knows that people are getting healthier. Life expectancy has been increasing, and people are healthier today than they were generations ago."

Other researchers acknowledge that much more research is needed to prove that the apparent associations are real, and to fully understand how sleep disturbances may affect health. But they argue that the case is rapidly getting stronger that sleep is an important factor in many of the biggest killers.

"We have in our society this idea that you can just get by without sleep or manipulate when you sleep without any consequences," said Lawrence Epstein, president of the American Academy of Sleep Medicine. "What we're finding is that's just not true."

While many aspects of sleep remain a mystery -- including exactly why we sleep -- the picture that appears to be emerging is that not sleeping enough or being awake in the wee hours runs counter to the body's internal clock, throwing a host of basic bodily functions out of sync.

"Lack of sleep disrupts every physiologic function in the body," said Eve Van Cauter of the University of Chicago. "We have nothing in our biology that allows us to adapt to this behavior."

The amount of necessary sleep varies from person to person, with some breezing through their days on just a few hours' slumber and others barely functioning without a full 10 hours, experts say. But most people apparently need between about seven and nine hours, with studies indicating that an increased risk for disease starts to kick in when people get less than six or seven, experts say.

Scientists have long known that sleep disorders, such as sleep apnea, narcolepsy and chronic insomnia, can lead to serious health problems, and that difficulty sleeping may be a red flag for a serious illness. But the first clues that otherwise healthy people who do not get enough sleep or who shift their sleep schedules because of work, family or lifestyle may be endangering their health emerged from large epidemiological studies that found people who slept the least appeared to be significantly more likely to die.

"The strongest evidence out there right now is for the risk of overall mortality, but we also see the association for a number of specific causes," said Sanjay R. Patel of Harvard Medical School, who led one of the studies, involving more than 82,000 nurses, that found an increased risk of death among those who slept less than six hours a night. "Now we're starting to get insights into what's happening in the body when you don't get enough sleep."

Physiologic studies suggest that a sleep deficit may put the body into a state of high alert, increasing the production of stress hormones and driving up blood pressure, a major risk factor for heart attacks and strokes. Moreover, people who are sleep-deprived have elevated levels of substances in the blood that indicate a heightened state of inflammation in the body, which has also recently emerged as a major risk factor for heart disease, stroke, cancer and diabetes.

"Based on our findings, we believe that if you lose sleep that your body needs, then you produce these inflammatory markers that on a chronic basis can create low-grade inflammation and predispose you to cardiovascular events and a shorter life span," said Alexandros N. Vgontzas of Pennsylvania State University, who recently presented data at a scientific meeting indicating that naps can help counter harmful effects of sleep loss.

Other studies have found that sleep influences the functioning of the lining inside blood vessels, which could explain why people are most prone to heart attacks and strokes during early morning hours.

"We've really only scratched the surface when it comes to understanding what's going on regarding sleep and heart disease," said Virend Somers of the Mayo Clinic in Rochester, Minn. "I suspect as we understand more about this relationship, we'll realize how important it really is."

After several studies found that people who work at night appear unusually prone to breast and colon cancer, researchers investigating the possible explanation for this association found exposure to light at night reduces levels of the hormone melatonin. Melatonin is believed to protect against cancer by affecting levels of other hormones, such as estrogen.

"Melatonin can prevent tumor cells from growing -- it's cancer-protective," said Eva S. Schernhammer of Harvard Medical School, who has conducted a series of studies on volunteers in sleep laboratories. "The theory is, if you are exposed to light at night, on average you will produce less melatonin, increasing your cancer risk."

Other researchers are exploring a possible link to other malignancies, including prostate cancer.

"There's absolutely no reason it should be limited to breast cancer, and it wouldn't necessarily be restricted to people who work night shifts. People with disrupted sleep or people who are up late at night or get up frequently in the night could potentially have the same sort of effect," said Scott Davis of the University of Washington.

The newest study on obesity, from Columbia University, is just the latest to find that adults who sleep the least appear to be the most likely to gain weight and to become obese.

Other researchers have found that even mild sleep deprivation quickly disrupts normal levels of the recently discovered hormones ghrelin and leptin, which regulate appetite. That fits with the theory that humans may be genetically wired to be awake at night only when they need to be searching for food or fending off danger -- circumstances when they would need to eat to have enough energy.

"The modern equivalence to that situation today may unfortunately be often just a few steps to the refrigerator next door," Mignot wrote in his editorial.

In addition, studies show sleep-deprived people tend to develop problems regulating their blood sugar, which may put them at increased risk for diabetes.

"The research in this area is really just in its infancy," Van Cauter said. "This is really just the tip of the iceberg that has just begun to emerge."

www.washingtonpost.com

Log on to www.ppsg.org

Magnolia-Peninsula Parkinson Support Group
Guest Speakers: October 2007-February 2008

- Oct. 11, 2007 Sandra Deane,
Speech & Language Pathologist at Stanford
- Nov. 8, 2007 Dino DiMonte, M.D.,
Director of Basic Research, Parkinson's Institute
Topic: Current Research at Parkinson's Institute
- Dec. 13, 2007 Holiday Social;
The Magnolia has invited us to enjoy a lavish array of
holiday desserts in the Conference Room at 1:30 pm.
All are welcome. There will be no speaker or formal
meeting.
- Jan. 10, 2008 Edith Kaplan, LCSW
Topic: "Everything You Always Wanted to Know About
Memory, but Forgot to Ask." How our memory works and
factors that affect it.
- Feb. 14, 2008 Neng Huang, PhD, M.D.
Movement Disorder Specialist; Parkinson's Institute;
also specializes in pre and post consultations for those who
have had Deep Brain Stimulation.
Topic: Latest Parkinson Treatments and Medications

In Honor

PPSG recently received gift donations honoring the
following individuals: K. Ferrin, Marge Huwe,
George Kinkel, and Ray Oberschulte.

In Memory

PPSG recently received gift donations in memory of the
following individuals: Jeremiah Brady, Barbara Burke,
Mok-yuet Tsui Chao, Dave Hyman, Art Kezer,
Stephen M. Ngin, Oscar Perez, Dr. John Robert,
Belle Rudoff, Dave Russell, Paul Smith, and Gus sotir.

Thank you so much for your donations! Please use
return address labels, to help us acknowledge your
donations properly. Your generous contributions go to
support newsletters, education and community awareness of
Parkinson's disease.

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.

*This newsletter was assembled by The Morgan Center.
Thank You!*

PPSG SUPPORT GROUPS

Berkeley 3rd Mon 10-12 North Berkeley Senior Center,
1901 Hearst Av, Roddy Raikow 510-231-1998 or Mitzi
Cahn 510-527-9075 **Fremont** 4th Mon 7:00 pm Fremont
Senior Center 40086 Paseo Padre Parkway, Lettie Webb
510-656-6393 **Fremont Caregivers** Contact Nancy
Rothschild, Caregiver Project Coordinator, 510-574-2035
Marin County 4th Tue most mo., 2-4 Redwoods
Auditorium 40 Camino Alto, Mill Valley, Gloria Rashti
415-381-6680. Redwoods 415-383-2741 **Mt. Diablo**
Parkinson's Network General Meetings 2nd Sat 10-12,
Grace Presbyterian Church, 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 **Oakland** 1st Thur 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, John & Mamie Strong
707.763.3522 **Pleasanton Tri-Valley** 2nd Sat 10-12, Senior
Center, 5353 Sunol Blvd, Norm & Jackie Bardsley 925-244-
1231 or 925-831-9940 **San Leandro** 1st Thur (except Jul &
Aug) 10-11:30, (NEW LOCATION) San Lorenzo
Community Church, 945 Paseo Grande, Norma Zeff, 510-
663-6435 **Sonoma County** 1st Sat (not Jan, Jul, Sep) 1-3,
First Congregational Ch, 2000 Humboldt St, Santa Rosa,
Ron & Colleen Trouse 707-526-4373 **Vallejo** 3rd Mon
(except 2nd Mon, Jan & Feb) 2:00 Kaiser Medical Center,
975 Sereno Drive, Evelyn Fox 707-644-3390

---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 dean53@yahoo.com **Magnolia-**
Peninsula 2nd Thur 1:30 main conference room Magnolia
Apart, 201 Chadbourne Av, Millbrae, Fradelle Krulevitch,
650.344.8118 **Palo Alto** 2nd Wed 2:00-3:30 Avenidas Senior
Center dining room, 450 Bryant St, 650-289-5400
Redwood City Positive People Against Parkinson's 3rd
Fri 1-2:30, (No meetings Aug, Nov, Dec) Sequoia Hospital,
Health & Wellness Ctr, 749 Brewster Ave, Tom
Constantino 650-366-7166, or David Shein, 650-367-5998
(NEW) San Francisco Caregivers Thur (varies) 12-12:50
Veterans Affairs Med Ctr, Parkinson's Ctr conf room, Bldg
203 Room 1B26A, Susan Heath 415-379-5530 or Aliza
Benditsky 415-221-4810 X 4741 **San Mateo Atypical**
Parkinsonism (PSP, LBD, MSA, CBD) Bay Area
Caregivers Sundays 5-7 about every 6 weeks, Mimi's Café
2208 Bridgepointe Parkway, San Mateo, Robin Riddle 650-
233-9277 or riddle@stanfordalumni.org **San Mateo**
Caregivers 1st Wed 2:30-4:30 Ellsworth Room 100 San
Mateo Dr., Call Ann Sasaki, Mills Health Center 650-696-
4741 **Sunnyvale** 2nd Wed 1-3 First United Methodist Ch,
535 Old San Francisco Rd, Phyllis & Henry Ng 408-733-
5648 **YOPD** (Young Onset Parkinson's Disease) 2nd Tue
6:30-8:00, Board Room, Lucile Packard Child Hosp, 725
Welch Road, Palo Alto, Martha Gardner, 866-250-2414.

---SOUTHERN REGION---

Hollister 1st Tue 1:30-3:30 First Presbyterian Ch, 2066 Cienega Road, Shirley Kennedy 831-637-3839 or John Skinner 831-637-6755 **Monterey** 3rd Mon 2:30-4:00 SHARE Room, Monterey Adult School, 200 Coe Av, Seaside. Helen Garrett 831-657-4241 or Kathy Warthan 831-372-7510 **Salinas** 4th Wed 2:00-3:30 Salinas Adult School, 20 Sherwood Place, Sherry Whitcomb, 831-796-6920 **San Jose-Berryessa** 1st Wed 1:00-2:30 Berryessa Community Center, 3050 Berryessa Rd, Bob & Jane Pomeroy 408-263-8485 **San Jose Caregivers** usually 4th Wed 1:30-3:30 St Francis Episcopal Church, 1205 Pine Ave, Charmaine Eng 408-723-8116 **San Jose-Willow Glen** 1st Fri 10-12 St Francis Episcopal Church, 1205 Pine Ave, Betty Havens 408-227-8593, or Joan Lorentson, 408-997-7009 **Santa Cruz** 1st Wed 12:30-2:00 St. Stephen's Lutheran Church, 2500 Soquel Ave, David Donahoe 831-479-4485 **Saratoga** 3rd Tue 2-4 19449 Via Real, Lois McPherson 408-867-1807

---CENTRAL VALLEY REGION---

Fresno, Greater 2nd Sat 10 at San Joaquin Valley Rehab Hosp 7173 N. Sharon Ave, Max Robinson, 559-226-2673 **Merced** 4th Thur 10AM (Nov 17, Dec no meeting) Mission Gardens 1450 E. 27th St, Amie Marchini 209-384-3300 **Modesto** 3rd Wed 1:30-3:00 Centenary United Methodist Ch, Fireside Room 1911 Toyon Av, JoAnn & David Ryan 209-529-5643 or davejoann@sbcglobal.net (NEW) **Pine Grove** 1st & 3rd Thur 2-4 Calvary Chapel Patio Bldg 18400 Ridge Road, Sarah Johnson 209-296-2575 **Roseville** 1st Tues 1:30-3:00 Roseville Maidu Comm Ctr, 1550 Maidu Drive, Linda Krisa 916-261-1321 **Tulare-Kings** 1st Fri 10:30 Visalia United Methodist Church, 5200 W. Caldwell Av, Mary Dickerson 559-622-9044, Church Office 559-627-1660 (FORMING) **Turlock** Donald Jackson 209-606-9127 November 22, 2006

EXERCISE CLASSES

Berkeley: Vista College, Joan Nielsen, 510-981-2800
Berkeley: Mon. 10:30-11:30 & 1-2:30, John Argue 510-985-2645
Daly City: Tue./Thur. 1-2, Doelger Sr. Ctr. Pat Armstrong 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
Marin Cty: Tue. 10-11:30; 12-1:30. Osher Marin JCC, San Rafael. 415-479-2000
Monterey: Monterey Peninsula College, Mark Clements, 831-646-4231

Orinda: Tue. & Fri. 1:00-2:30, In Forma Gym. Dean Dallman 925-283-5019

Palo Alto: CAR, Aquatic Therapy, 650-494-1480

Palo Alto: Mon. & Fri., 9:15-10:15, Sr. Ctr. 450 Bryant St. 650-289-5400

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, W. Valley Comm. Coll. Joan 408-741-2420

San Bruno: Mon. & Wed. 1:10-2:30, Tue. & Thur. 12:35-1:50, Skyline Coll. Bess 650-738-4286

San Francisco: Fri. 11-12, SFSU, Marsha Melnick 415-338-1360.

San Jose: Mon. & Wed. 10:30-11:45, Houge Ctr. Tue. & Thur. 10-11:45, Evergreen Ctr. Deanna, 408-369-6435

San Jose: Easter Seals Comm Ctr. Aquatic Exercise programs, 408-295-0228

San Jose: Evergreen Valley College, Rich Wagner, 408-274-7900 X 6447

San Mateo: College of San Mateo, 1700 W. Hillsdale Blvd., John Hogan, 650-574-6469

Sunnyvale: Tue. & Thur. 9-10, Sr. Ctr. 550 Remington Dr. Ruth Hanes 408-864-8873

Sunnyvale: Wed. 10-12 noon, The Parkinson's Institute, 675 Almanor Avenue., Marilyn Basham:

408-734-2800.

Exercise Classes – New Addition

Palo Alto

Tai Chi/Chi Kung for Parkinson's in the Atrium at Stanford Medical Center

Every Saturday 10:00 am – 11:30 am (short break in between).

Mwezo & Jane

Kujiweza Healing Arts Institute

Call Jane: (408) 315-1179

Email: Kujiweza@sjyogataichi.com

San Jose

The Villages Golf & Country Club

Parkinson's Exercise Program (PEP)

Balance, gait, posture, Tai Chi/Chi Kung

Mondays 11:30 – 12:30 pm

Optional 3-day program

Mwezo & Jane

Kujiweza Healing Arts Institute

Call Jane: (408) 315-1179

Email: Kujiweza@sjogataichi.com

Los Gatos

The Terraces of Los Gatos

Parkinson's Learning Lifelong Useful Skills (PLLUS)

Balance, gait, posture & Tai Chi/Chi Kung

Mon. 2:00 pm & Wed. 10:30 am

Mwezo & Jane

Kujiweza Healing Arts Institute

Call Jane: (408) 315-1179

Email: Kujiweza@sjogataichi.com

Leaving The Hospital -- Now What?

By Mary Kay Evans, LCSW
From: carepathways.net

The patient's family didn't understand why the hospital was discharging their elderly mother. The woman, who a week before was living independently, had suffered a stroke and now had some disabilities. She was going to need physical, occupational and speech therapies, along with other services. A return to her two-story home was not likely, at least in the near term.

"Can't she stay here until she gets better?" one of her daughters pleaded.

It's a plea I hear often.

Most people see hospitals as places where sick people stay until they fully recover, so this family concluded that someone who had suffered a disabling stroke should remain in the hospital. I had to tell them that healthcare doesn't work like that today.

Hospitals treat acute illnesses. Once the acute part of the illness is over and the patient no longer needs hospital-level care, the patient is discharged. That doesn't always mean the

patient is fully recovered: it just means that the patient's physician determined the condition is stable and the patient no longer needs hospital-level care.

What do we do now?

A hospital discharge can be an overwhelming thing for spouses, families and patients already reeling from a medical crisis. There's a lot to think about and not a lot of time to make decisions. Spouses and families have to decide the patient's abilities, home situation, care requirements and whether there are people available for giving care. They may have to consider placing a family member in facility they've never seen. Seemingly overnight they have to become well-versed in various levels of care, quality, price, and the limits of insurance.

This is where a hospital's case manager and social work staff can help. Most hospitals have a case management staff -- some call them discharge planners - to help families figure out the next best place for a recovering patient. Case management can help families arrange services in the community and the home, as well as help with admission into nursing homes or other facilities.

Discharge planning begins the day of a hospital admission. While this isn't always the case, family members need to be mindful that most hospital patients aren't there for long periods of time. At most hospitals there is a social worker and case manager available to help families sort through patient wishes, community resources, family support, financial issues and patient goals. Discharge from the hospital is made even smoother when a patient designates one person — perhaps a spouse, family member or friend — to serve as the patient's advocate. That person can help provide information about insurance, healthcare proxy and advance directive.

New levels of care emerge

Because hospitals don't hold patients for long periods of time, alternative levels of care have emerged. For medically complex patients or those who require interventions such as ventilators, care of complex wounds, multiple long-term antibiotics or other involved care, the next level of care might be a long-term acute care hospital.

Some hospitals have what are called subacute units, or skilled nursing facilities (SNFs). These units are less medically intense settings that provide the rehabilitation services patients need. A care plan that addresses the patient's medical and rehabilitation needs is developed by a team of nurses, therapists and other caregivers. The team then works to improve the patient's physical function so the patient can either return home or transition to an appropriate destination.

For hospitalized patients who are able to return home, there are visiting nurse and home health care services. The specialized services of nursing homes may also be an option.

Reasons for Leaving the Hospital

Being told a patient will be discharged days after a life-threatening illness may sound cold, but there are good reasons for getting patients out of the hospital. Patients who are hospitalized for long periods of time can develop infections and life-threatening pneumonia. They risk blood clots and hospital-related dementia. Still another factor is insurance reimbursement. If a patient no longer meets the criteria for acute illness, Medicare and other insurers won't reimburse a hospital for its services, leaving the hospital or the patient to pay the bill.

A sudden accident or illness is devastating and being hospitalized is traumatic. But working with a discharge planner or case manager from the first day of hospitalization can help make the transition from hospital to home more seamless and the care more effective. They are there to help and answer questions and concerns you may have.

Mary Kay Evans is the Director and LCSW for Care Pathways Senior Care, a community based service that provides assistance to patients and families along with their hospital case manager in assisting with after care and community placement and home care services, as well as follow up care after discharge from the hospital or skilled nursing facility. In home assessments are also available for seniors who are still living in their home.

For more information and services contact Care Pathways at 714 - 671-0721 or 714 - 743- 6309 or visit us on the web at <http://www.carepathways.net/>

Thank you to Robin Riddle who forwarded this article.

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 **1:30 and 3:30 PM** at the Parkinson's Institute. 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).

Thursday, 10/25/07, Volunteers Luncheon

On Thursday, October 25, PPSG will be hosting its Volunteers Appreciation Luncheon at Michael's Restaurant at Shoreline, in Mountain View, CA. We would like to take this opportunity to say "thank you" to special individuals who contribute time and energy to helping others in the PD community.

5 Reasons to Relish Tomatoes

Posted Mon, Aug 13, 2007, 7:37 pm PDT

You know that rhyme every kid learns how to finish: "An apple a day...." Make that a tomato a day -- it may be even better at keeping problems away. Although tomatoes have gotten a bit of rotten press lately, as their role in reducing the risk of prostate cancer has hit the "lack of evidence" skids, there's still abundant reason to overindulge. Tomatoes are stellar sources of vitamins A and C, folate, potassium, fiber, and all kinds of protective antioxidants. And organic tomatoes are even better -- when they're grown without chemicals, tomatoes contain much higher amounts of flavonoids, which have antioxidant, antiviral, and anti-inflammatory properties. Here: 5 healthy reasons to add tomatoes to breakfast omelets, lunch sandwiches, and dinner sauces and salads.

1. Lower your blood pressure. Try snacking on cherry tomatoes while driving the carpool or prepping for your Toastmasters speech. These fruits (yes, tomatoes *are* fruits, not veggies) may keep your blood pressure in check. In just 8 weeks, people with mild hypertension who got a daily "dose" of tomatoes saw their systolic blood pressure (the top number) drop a whopping 10 points on average and their diastolic blood pressure (the bottom number) by 4 points.

2. Avoid colds and flu. When men who are deficient in carotenoids (like lycopene and beta-carotene) drink tomato juice regularly, they bump up their bodies' ability to fend off bacteria and viruses. However, the immunity-boosting effects take a while to kick in. So if you start upping your T-juice intake today, you may stay a step ahead of sore throats and colds tomorrow.

3. Save your skin. Who knew this thin-skinned fruit would make a terrific natural sunscreen? But people who include lycopene-rich tomato paste in their diets for at least 10 weeks get much less intense sunburns when they're exposed to UV light -- another reason to enjoy all those tomato-sauced dishes that are staples of Mediterranean diets.

4. Control cholesterol. A tomato a day may keep artery and heart problems at bay. Four weeks of daily tomato munching can increase good HDL cholesterol by 15 percent while lowering bad, artery-clogging LDL cholesterol.

5. Fight aging. Tomatoes are rich in two spectacular anti-aging, free-radical squelchers: lycopene and beta-carotene. In some cells, these antioxidants reduce free radical damage to DNA by 42 percent. Both youth-protecting nutrients are enhanced when tomatoes are heated and/or eaten with a little fat, like olive oil. All of these tomato-triggered benefits can reduce your [RealAge](#) -- how old you are physically, not according to the calendar. But blood pressure is a particular biggie. Keep it low (115/76 or less) and you can make your RealAge as much as 12 years younger!

www.yahoo.com

**Parkinson's Caregiver Seminar, Thursday,
November 15, 2007**

The San Francisco VA Parkinson's Disease Research, Education and Clinical Center (PADRECC) is having a Video Teleconference on **Thursday, November 15, 2007**. The goal of this program is to provide support for family and caregivers of people with Parkinson's disease.

Location: Attend this seminar using video teleconference technology at your local VA clinic or local VA hospital. See and hear the presentations **LIVE!**

A conference room will be reserved at your local clinic or hospital. This room has a TV video connection to the SFVA. Pre-registration is required.

To register for the video conference/seminar, contact Susan Heath RN, MS, or Gui Scheid, Program Assistant at **415.379.5530** or email susan.heath@va.gov

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Vice Chair:

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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. Thank you.

Log on to www.ppsg.org



Parkinson's Patients Support Groups, Inc.
675 Almanor Avenue
Sunnyvale, CA 94085-2934
408.542-5610

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