

Parkinson's Patients Support Groups, Inc.

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

Fall Quarterly 2008

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Depression in Parkinson's Disease

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Clinic Director

The Parkinson's Institute

Over many years of taking care of people with Parkinson's disease, I have met with hundreds of patients, even more if you include the ones I have met at support groups and patient conferences. The vast majority of the patients I have met are optimistic, intelligent people intent on living life to the fullest, despite their diagnosis.

During an office visit, when I ask patients if they are depressed, most of them say no. I commonly hear "I get down once in a while, but I can snap myself out of it."

However, most studies have found that depression is extremely common in Parkinson's disease, present in up to 90% of patients depending on the type of depression scale that is used. What accounts for this apparent discrepancy?

It is my belief that the problem arises in part from the terminology used. The word "depression" tends to imply a degree of sadness that is overwhelming, perhaps incapacitating, with overt displays of emotion, tears or even suicidal intentions.

Most PD patients do not report having anywhere near this degree of emotional upheaval, though of course there are exceptions. For example, people who have recently been diagnosed with PD or a related condition such as MSA (Multiple Systems Atrophy) may become quite depressed as they struggle to come to terms with the diagnosis and all of the potential implications on their life, work and loved ones. This is a perfectly natural response, though counseling and/or antidepressants may be helpful during this period. Typically, most patients get through this time with amazing strength and resolve as they learn to "fight back" against their PD with exercise, medications, and family support.

For the less acutely depressed group, we probably need a better term, something that means "not as happy as usual, a bit down" to describe the mood of many PD patients.

Family members, when asked, frequently tell me that the patient does have some degree of depression, even when the patient does not complain of a mood problem. Of course, this must be differentiated from the motor aspects of PD, which may cause the face to appear less animated even if the person is not actually depressed. Significantly, though, spouses and adult children may say that the patient no longer does things that he or she used to enjoy, avoids going out and no longer participates in previous activities (clubs, sports, volunteering).

The patient may blame this on the PD itself, even when the symptoms are quite mild, but it often turns out that depression is really to blame. Even when symptoms are more bothersome, some "quality time" with a good physical or occupational therapist can make many of these activities possible again, once the mood disorder is treated and interest returns.

As discussed in a previous issue, anxiety is a frequent companion to depression in PD and is sometimes a bigger problem. Treating both of these symptoms is an important step in improving quality of life for many reasons. In addition to effects on functions such as appetite and motivation to exercise, both depression and anxiety can cause insomnia and early morning waking. Sleep, vital to everyone for maintaining good health, is especially important in people with PD and other forms of parkinsonism. When patients who report having "good days and bad days" are questioned closely, they often note a strong relationship between a sleepless night and poor motor function the next day.

So how do we treat depression? In an ideal world, I would refer every patient to a well-rounded program that includes individual and family counseling, meditation, stress management, perhaps even a week at a spa, or a yoga retreat in a beautiful setting. The realities of life, insurance, time constraints, and often unwillingness on the part of the patient makes most of this holistic approach hard to come by. Moreover, studies have shown that PD can cause changes in the levels of some brain chemicals related to mood, such as serotonin and norepinephrine. Therefore,

drugs that restore the balance of these substances to a more normal balance, are often the most effective therapy. Patients are often reluctant to take these drugs, which include SSRIs such as Lexapro (escitalopram) and Paxil (paroxetine), because they have heard negative things about them, but when prescribed appropriately, they usually are safe and effective in people with PD.

Two troubling symptoms that may or may not respond to therapy for depression are fatigue and apathy (loss of motivation). In fact, fatigue is noted by most PD patients whether they have depression or not. Apathy may occur as part of a spectrum of depressive symptoms but may remain after depression has been resolved. We work hard to treat these troubling symptoms in our patients. Drugs like Provigil (modafinil) or Ritalin (methylphenidate) help in some cases, but may cause side-effects in others. We have yet to find a solution that works for everyone.

As a patient, the best way to approach these issues is to work with people who know you well to identify mood issues that could be having a negative effect on your overall quality of life. Then, bring them to the attention of your doctor and prepare to be open-minded about possible solutions. Remember, a positive attitude is one of your most important assets in fighting PD!

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.

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

- [What's New](#)
- [Articles](#)
- [About Parkinson's](#)
- [Support Groups](#)
- [Exercise Classes](#)
- [Events](#)
- [Newsletters](#)
- [Caregivers](#)
- [Links](#)
- [You Can Help](#)
- [Contact Us](#)

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

Clinical Trial at The Parkinson's Institute:

Their clinical trials department is working on several studies for newly diagnosed patients with Parkinson's disease. If you are newly diagnosed and are on at least one medication for Parkinson's disease, you may be eligible for this trial. They are also currently enrolling for an orthostatic hypotension trial. This trial may help you if you are experiencing extremely low blood pressures when moving from the sitting to the standing position. The trials vary and encompass many different modalities. Call Kathie Smith, RN, at 408.734.2800, today if you have any questions about current clinical trials.

11/18 Newly Diagnosed Seminar at the PI:

This event runs from 1-3 pm. Please call 408.734.2800 to RSVP.

Openings available at the 'pd TANGO!' classes

There are still many openings in the upcoming pd DANCE!Tango classes, the classes are held on **Wednesday** afternoons: **October 15, 29; 2:30 - 3:45**. The classes are held at Avenidas Senior Center, 450 Bryant Street, Palo Alto,

It is not necessary to attend the entire series. Please feel free to visit any of the classes that work for your calendar :) However, **PLEASE CALL** or Email so we can keep a headcount.

*** TO SIGN UP for one or more 'pd TANGO!' classes, please call the APDA Information & Referral Center at **650-724-6090** or **866-250-2414**.

The classes are again offered free of charge, thanks to Avenidas Senior Center and the American Parkinson Disease Association.

To read about our first series, see:

<http://www.paloaltodailynews.com/article/2008-6-26-parkinson>

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).

Thriving, Not Just Surviving!

The following information is adapted from “TAKE CARE! A Guide For Caregivers On How To Improve Their Self-Care” booklet, published in 1989 by Amherst H. Wilder Foundation and a grant from the Medtronic Foundation. Printed copies of the 1989 publication TAKE CARE! are no longer available. The publication’s text is provided free of charge at www.fieldstonealliance.org/client/client_images/pdfs/takecare.pdf The authors of this booklet are Jane Royse, M.S., and Sheryl Niebuhr, Ph.D.

What does it take for you to thrive, not just survive, especially in difficult circumstances? Your sense of vitality and fulfillment are greatly affected by your hardiness under stress. Self-care involves sustaining your hardiness by practicing steps to reduce harsh and negative thinking, nurturing your self-esteem, and including enjoyable activities in your life.

Avoid Harsh Self-Criticism

Do you blame yourself when things go badly and credit someone else when things go well? Do you whisper words of encouragement to yourself or mutter harsh criticism? Your answer to these questions may indicate whether or not you are too self-critical.

Even if you don’t tend to be self-critical, stressful situations like caregiving can increase your tendency to slip into this type of negative thinking. Negativity can generate anxiety or depression and diminish your functioning capability. It erodes your ability to use your coping resources.

- ❖ If you are ever harshly self-critical or feel immobilized and unable to function, try following these general guidelines:
- ❖ Pay attention to what you say to yourself. Are you whispering gentle encouragement or are you muttering harsh criticism?
- ❖ Watch for self-critical statements like: I should have..., I’m too..., I should be..., I’m never... .
- ❖ Stop thinking negative thoughts about yourself.
- ❖ Replace negative thoughts with more reasonable ones that acknowledge the realities of your situation, recognizing your strengths and limitations, and identify possible alternative actions or perspectives.
- ❖ If you catch yourself feeling self-doubt or self-criticism, get an objective view from a friend, advisor, or counselor.

Nurture Your Self-Esteem

Self-esteem is that knowing in your heart you are a capable and lovable human being. This “knowing” helps you believe in yourself. Without it, you can feel helpless, uncertain, isolated, and anxious.

Research indicates that positive self-esteem is vital to well-being and the capacity to cope with stress. Three strategies to help build and sustain your self-esteem as a caregiver are:

1. **Spend time with your “fan club.”** It is important to spend time with the people in your life that like you and help you believe in yourself, recognize your capabilities, and trust your opinions.
2. **Give yourself a pat on the back!** Give yourself permission to see the positive attributes that others see in you. Absorb the appreciation from others. Take it to heart. Appreciate your talents and focus on your inner strengths and unique capabilities.
3. **Avoid “poisons” that lower your self-esteem.** No one thrives on harsh, demanding input from others. People lead satisfying lives in spite of, rather than because of conflict, negativity, disrespect, or harassment from others. Such destructive input tends to impede rather than empower. Avoid those around you who erode your positive self-esteem.

Enjoy Yourself

As a caregiver you have experienced an increase in the hassles in your life. Simple tasks like shopping, cooking, or taking a bath may no longer be routine. You may no longer take part in activities which energize and nurture your spirit. These pleasures may have become infrequent luxuries rather than regular occurrences because of the demands and hassles make enjoyable activities seem to cost too much time, energy, and money.

If naming ten activities is difficult for you, it’s probably not because you don’t like doing many things, but that you haven’t paid much attention to what enlivens and revitalizes **you**.

Plan to make at least some of the activities you enjoy a regular part of your daily life. Be intentional—avoid putting all your energy into managing the demands and hassles at the expense of enjoying leisure activities. Incorporating leisure activities into your life will improve your coping capacity; by not doing so you risk depression and discouragement.

Change Unrealistic Expectations and Unhelpful Thinking

Research shows that how you think influences how you feel. When you have negative thoughts, try to look at your

situation from a different perspective. Doing so helps you minimize feelings of distress, enabling you to solve problems more effectively.

Break habits of unhelpful thinking

Learn what your unhelpful thinking habits are, watch for when they occur, and replace them with a positive perspective that can help you cope better.

When you feel upset because of unhelpful thinking, use the following process to change unhelpful thoughts into helpful ones:

1. Recognize and identify your feelings Use your upset feelings as signals to let you know you're engaging in unhelpful thinking.
2. Look at what is upsetting you. Identify the thoughts you're having about the situation.
3. Clarify the situation. What are your opinions, interpretations, or judgments? Look for exaggerations, over-generalizations, and premature conclusions.
4. Replace your unreasonable, unsettling thoughts with more realistic ones, such as:
 - This is hard, but I do have some options for coping with it.
 - I need to stop speculating and assuming things and find out what is really going on.

Set Limits

Do you know your own limits of time, energy, and capabilities? Do you accept them, or do you consistently ignore them and push well beyond them? How are you at saying "no" to yourself or to others?

You may have a hard time saying "no" because you care so much, see no other options, feel obligated and guilty, want to please or prove something, or simply have never learned to say "no." It's hard to set limits, but not setting them is self-destructive.

Let go of some of the things that don't have to be done. Anticipate your needs to cut back or to set limits and pace yourself. Get comfortable with letting others help you. Talk things over with someone who understands your situation. Remember, you are "response-able" only to the extent that you are able to respond. Sustain your ability to respond by honoring and working within your own limits of energy, time, and know-how.

For on-line copy of the *Take!* Booklet, go to:
www.fieldstonealliance.org/client/client_images/pdfs/takecare.pdf

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 ppsinfo@yahoo.com, and let us know.

Vitamin B12 May Protect The Brain In Old Age

Science Daily (Sep. 11, 2008) — Vitamin B12, a nutrient found in meat, fish and milk, may protect against brain volume loss in older people, according to a study published in the September 9, 2008, issue of *Neurology*.

For the study, 107 people between the ages of 61 and 87 underwent brain scans, memory testing and physical exams. Researchers also collected blood samples to check vitamin B12 levels. Brain scans and memory tests were also performed again five years later.

The study found that people who had higher vitamin B12 levels were six times less likely to experience brain shrinkage compared with those who had lower levels of the vitamin in their blood. None of the people in the study had vitamin B12 deficiency.

"Many factors that affect brain health are thought to be out of our control, but this study suggests that simply adjusting our diets to consume more vitamin B12 through eating meat, fish, fortified cereals or milk may be something we can easily adjust to prevent brain shrinkage and so perhaps save our memory," said study author Anna Vogiatzoglou, MSc, with the University of Oxford in the United Kingdom. "Research shows that vitamin B12 deficiency is a public health problem, especially among the elderly, so more vitamin B12 intake could help reverse this problem. Without carrying out a clinical trial, we acknowledge that it is still not known whether B12 supplementation would actually make a difference in elderly persons at risk for brain shrinkage."

www.sciencedaily.com/releases/2008/09/080908185121.htm

Dopamine Imbalances Cause Sleep Disorders In Animal Models Of Parkinson's Disease And Schizophrenia

ScienceDaily (Oct. 13, 2006) — Neuroscientists at Duke University Medical Center working with genetically engineered mice have found that the brain chemical dopamine plays a critical role in regulating sleep and brain activity associated with dreaming.

When dopamine levels were dramatically reduced, the mice could no longer sleep, the scientists said. When dopamine levels were increased, the mice exhibited brain activity associated with dreaming during wakefulness.

The same processes likely occur in humans, according to the researchers. They said the findings give insight into the sleep problems common among patients suffering from Parkinson's disease, a neurodegenerative disorder in which brain cells containing dopamine die or become impaired.

"Our study may lead to development of new diagnostic tools for the early detection of Parkinson's disease based on the sleep disturbances that are often associated with motor symptoms of the disease," said senior study investigator Miguel Nicolelis, M.D., Ph.D., Anne W. Deane professor of neuroscience.

The findings may also provide a mechanism to explain some of the symptoms, such as hallucinations, experienced by psychotic and schizophrenic patients, he said.

The researchers published their findings in the Oct. 11, 2006, issue of the Journal of Neuroscience. The work was supported by the National Institutes of Health, the Hereditary Disease Foundation and the Anne W. Deane professorship to Nicolelis.

Parkinson's disease occurs when the brain cells, or neurons, that normally produce dopamine die or become impaired. Once 60 percent to 70 percent of the neurons are knocked out of commission, the jerky movements and fixed facial expressions characteristic of Parkinson's appear.

The new study suggests that destruction of significantly fewer dopamine-producing cells could result in sleep problems long before the motor problems become apparent, the researchers said.

Dopamine is a "neurotransmitter" that carries signals from one neuron to another. It is known to control movement, balance, emotion and the sense of pleasure.

Normally, when a signal needs to travel through the brain, neurons release dopamine to transport the signal across the gap, or synapse, between neurons. A kind of protein pump, called a transporter, recycles dopamine back to the neurons to prepare for the next burst of signal.

In studies 10 years ago, Marc Caron, Ph.D., James B. Duke professor of cell biology and a co-investigator in the current study used the techniques of genetic engineering to produce a strain of mice that lacked this protein transporter. In such transgenic mice, dopamine lingers outside brain cells, stimulating surrounding neurons hundreds of times longer than normal. Caron and colleagues found that when they placed the mice in an unfamiliar environment, such as a new cage, the animals groomed themselves excessively and ran around the cage, mirroring the bizarre behaviors experienced by people with schizophrenia.

The researchers used this same strain of transgenic mice in the current study. They reasoned that both schizophrenia and Parkinson's disease are characterized by imbalances of dopamine in the brain, and that patients with both diseases experience sleep disturbances. So the researchers sought to

further manipulate the mice to study the role of dopamine in the sleep cycle.

First, the researchers treated the mice with a chemical that stops the production of dopamine entirely. In fairly short order, the mice had used up their initial supply of dopamine and were running on empty.

The mice became rigid, immobile, and unable to sleep or dream, displaying symptoms similar to those experienced by patients with Parkinson's disease, the researchers said.

The researchers then measured the electrical activity in each animal's hippocampus, the region of the brain known to be involved in emotion and memory, during three major brain states: wakefulness, quiet sleep and dreaming (also known as rapid eye movement sleep). Using electrodes finer than a human hair implanted into individual neurons, the researchers could monitor signals passed among hundreds of neurons in the treated mice. They found a lack of dopamine completely suppressed brain activity and behaviors associated with quiet sleep and dreaming.

To verify that the sleep disturbances were caused by a lack of dopamine, the researchers gave the mice L-dopa, a drug used to increase the levels of dopamine in Parkinson's disease patients. The treated animals regained the brain patterns and behaviors associated with sleep and dreaming, demonstrating the critical role dopamine plays in the sleep-wake cycle, according to the researchers. Further pharmacological testing revealed that L-dopa exerted its effects by docking at a specific site, called the D2 receptor, on the surface of the neurons.

"Sleep disorders may be the first sign of Parkinson's disease," said lead study investigator Kafui Dzirasa, an M.D.-Ph.D. student working in Nicolelis's laboratory.

"By further studying the sleep patterns in animal models of Parkinson's disease, we hope to come up with a sleep diagnosis test that could detect the early signs of the disease years before the major symptoms appear," he said.

The study also provided insights into the biology underlying schizophrenia, the researchers said. They found that the excess dopamine in the brains of the mice generated patterns of brain activity that made it look as though the animals were experiencing brain activity associated with dreaming when they were actually awake.

"One of the preeminent ideas of classical psychiatry is that people who had hallucinations, such as schizophrenics, were actually dreaming while they are awake," Nicolelis said. "Our results give some initial biological evidence for this theory."

www.sciencedaily.com/releases/2006/10/061012190058.htm

Serotonin Has Potential to Treat Advanced Parkinson's

For most people with Parkinson's disease, the only relief from the tremors, rigidity and impaired movement associated with the progressive loss of their motor skills is a drug called L-DOPA. But as the disease progresses, L-DOPA can cause prominent side effects that counteract its effectiveness.

Now, Rockefeller University's Paul Greengard and colleagues in Sweden provide evidence that serotonin, a well-studied neurotransmitter involved in regulating mood, appetite, sexuality and sleep, also plays a crucial role in Parkinson's disease. Using a mouse model of the disease, Greengard's team shows that side effects associated with repeated L-DOPA treatment can be blocked by manipulating a specific serotonin receptor.

The neurotransmitter dopamine has several functions in the brain, including the regulation of movement. Parkinson's disease is characterized by a progressive degeneration of dopamine-producing neurons, which causes tremors, rigidity and lack of movement control. These neurons project from the midbrain to an area of the brain called the corpus striatum. Although dopamine signaling is impaired in Parkinson's patients, serotonin production remains strong. In addition, several serotonin receptors are highly expressed in the striatum and available to modify the action of L-DOPA.

Two years ago, Greengard and Svenningsson identified a protein, called p11 that acts as a regulator of serotonin signaling in the brain. The researchers showed that p11 increases the concentration of the serotonin 1B receptor at synapses, thereby increasing the efficiency of serotonin signaling, and linked this interaction to an individual's susceptibility to depression and his or her response to antidepressant treatments.

In the new study, Greengard, Svenningsson and their colleagues show that p11 and serotonin also play a role in the L-DOPA-induced symptoms of advanced Parkinson's disease. Svenningsson and Xiaoqun Zhang, a graduate student at Karolinska, used a mouse model of Parkinson's disease in which a substance called 6-OHDA causes the destruction of dopamine neurons in one hemisphere of the brain. L-DOPA, because it is a dopamine replacement and a stimulant, causes the 6-OHDA-treated mice to rotate their bodies in the opposite direction of the dopamine-depleted brain hemisphere.

When the researchers gave these mice L-DOPA, they found increased levels of the serotonin 1B receptor and the protein p11 in the striatum. The researchers then used a

molecule called CP94253, which binds to the serotonin 1B receptor and mimics the action of serotonin. CP94253 was given to two sets of 6-OHDA-treated mice: one in which p11 was "knocked out" and another with p11 intact.

After treatment with CP94253, rotational behavior and involuntary movements decreased in the p11-intact 6-OHDA-treated mice, but not in the p11 knockout mice, suggesting that CP94253 works through p11. The researchers believe that CP94253, and similar serotonin 1B receptor agonists, may counteract L-DOPA-induced behaviors by reducing the release of GABA, a chemical messenger that inhibits the transmission of nerve impulses. GABA is released from neurons that contain the dopamine D1 receptor.

"Blocking the dopamine D1 receptor is not a treatment option for L-DOPA-induced side effects, since it would diminish the therapeutic efficiency of L-DOPA," says Greengard, who is Vincent Astor Professor and head of the Laboratory of Molecular and Cellular Neuroscience at Rockefeller. "Developing compounds that target the serotonin 1B receptor may offer an alternative approach for treating advanced Parkinson's disease."

www.medicalnewstoday.com/articles/96194.php

In Memory

PPSG recently received gift donations in memory of the following individuals:

Thomas Bierman, Mary K. Brown, Melvin Gerber, MD, Betty Havens, Howard Hearn, Chun Hsu, David Hyman, Wanda Iverson, Shelley Karpilow, Alice Ann Roberts, Bernice Sarina, John Skinner, Paul Smith, Arlee Sweeney, Jerry Swezea, and Judith A. Trivedi.

In Honor

PPSG recently received gift donations in honor of the following individual: Solna Braude and Fred Smyers.

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 **Eureka** 2nd Fri 3-4PM Adorni Center 1011 Waterfront Dr 707.442.5245 **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** Tue 1:00-3:00 Petaluma Senior Center 211 Novak Dr Pearl Sorenson 707.795.4858 **Pleasanton Tri-Valley** 2nd Sat 10-12, Senior Center, 5353 Sunol Blvd, Norman & Jackie Bardsley 925.831.9940 jbard@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 George Irizaray irizaray@juno.com

---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 Van Knight 415.678.8455 **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** 3rd Tue 6P-7:30P VA Hospital PD Center Conf Room 1B-31 Bldg 203 4150 Clement St Susan Heath 415.379.5530 susan.heath@va.gov **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 **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** Quarterly 1:00-3:00 see SG calendar www.ppsg.org 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** 3rd 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 12:30-2:00 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---

Central Valley Parkinson's Support Groups 1st Fri 10:30 United Meth. Ch., 5200 W. Caldwell Ave, Visalia, Mary Dickerson 559.622.9044 **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, John Springer 916.947.7235 **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 **Turlock Support Group** (reforming) Covenant Village 2125 N Olive St Marianne Johnson 209.634.3157

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 (PLLUS) balance, gait, posture and Tai Chi/Qi Gong The Terraces 8010 Blossom Hill Rd. Kujiweza Healing Arts Jane 408.315.1179 Parkinsons@sjvogataichi.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@sjvogataichi.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@sjvogataichi.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

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Upcoming Meetings at the Magnolia SG in Millbrae:

10/16 Dr. Ruth O’Hara from the Stanford University will speak on **“Sleep Deprivation.”**

11/13 Dr. William Langston from the Parkinson’s Institute will speak about new research on **Movement Disorders**. Please contact Van Knight at **415.678.8455** for more questions. See page 7 for information on location.

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Some upcoming events:

10/15 “pd TANGO!” See page 2.

10/16 Sleep Deprivation; page 8

10/29 “pd TANGO!”

11/13 Research on Movement Disorders; p.8

11/18 Newly Diagnosed Seminar at the PI; p.2

Gait and Balance Classes at the PI; p. 2

10/11, 2008; 4/4/2009: Parkinson’s Disease Foundation – Educational Symposia and Live Webcast.

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