

Parkinson's Patients Support Groups, Inc.

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

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Editor-in-chief: Phyllis Ng

Articles Editor: Ann Roper

Webmaster: Solna Braude

Editorial Staff: Bob Dens, Charmaine Eng, Viola Mays

Exercise and the Brain Symposium

Saturday, February 16, 2008

9:00 am - 12:00 noon

Location: Stanford University

Schwab Residential Center

Vidalakis Dining Room

680 Serra Street, Stanford, CA

Internationally renowned scientists, physicians and athletes will discuss the effects of exercise on brain function and how exercise may improve neurological disorders such as Alzheimer's and Parkinson's diseases.

Admission is free. RSVP for catering purposes to: slouie@stanfordmed.org, or call 650.724.254.

Refreshments will be provided.

Directions and Parking:

From 101: Take the Embarcadero Road exit and go west on Embarcadero Road. After crossing El Camino Real, the street name changes to Galvez Street, you are entering the campus. Go up Galvez Street until it dead-ends into Serra Street and turn left. The Schwab Residential Center is on the right hand side of the street. Parking is located on the left side of Serra Street, directly across from the Schwab Center.

From 280: Take the Alpine exit, go east until you come to Junipero Serra and turn right. At the next traffic light turn left onto Campus Drive West. Follow Campus Drive until you come to Serra Street. Turn right on Serra Street. The Schwab Residential Center will be on the left hand side of the street. Parking is located on the right side of Serra Street, directly across from the Schwab Center.

This symposium is sponsored by: Department of Neurology & Neurological Sciences, Stanford University and Davis Phinney Foundation.

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

Mayo Clinic study unveils unprecedented method to predict ALS, Parkinson's disease

EurekaAlert - A new Mayo Clinic study details an unprecedented method to predict brain aging disorders such as amyotrophic lateral sclerosis (ALS, or Lou Gehrig's disease) and Parkinson's disease.

Investigators studied common variations within axon guidance pathway genes and identified several gene variations (DNA fingerprints) that collectively predicted people who are at a high risk for ALS (2,000 times greater than the average risk).

They also identified several gene variations that collectively predicted people at a high risk for Parkinson's disease (nearly 400 times greater than the average risk).

The probability that the findings were by chance was extremely small (less than one in a trillion). The axon guidance pathway consists of a complex array of chemical signals that wires the brain during fetal development and maintains and repairs brain wiring throughout life. The study is published online in the public access journal PLoS ONE. (www.plosone.org/home.action)

"The mission of our research is to predict, prevent and halt brain aging disorders," explains Demetrius Maraganore, M.D., Mayo Clinic neurologist and principal investigator. "I envision a day when we will be able to do a simple blood test and predict whether a person is at high risk to develop brain aging disorders such as ALS, Parkinson's disease and even Alzheimer's disease by studying common gene variations in disease pathways."

In persons at high risk, we may be able to prevent the diseases or slow or halt their progression by developing drugs that target the same disease pathways. For ALS and Parkinson's disease, our study is a major step in these directions."

<http://www.nwpcf.org>

Risk factors for Parkinson's disease under study

Jennifer Hilliard 2008 January 7

Doctors know an impaired sense of smell is an early indicator of Parkinson's disease.

Now they want to know if a smell test can help determine if people with no symptoms eventually develop the disease.

"The analogy would be like diagnosing coronary artery disease before the heart attack," says Dr. Kapil Sethi, director of the Movement Disorders Program at the Medical College of Georgia and a lead investigator the Parkinson's Associated Risk Syndrome Study. "With Parkinson's, we are dependent on the presence of motor symptoms like tremors, stiffness and slowness in order to diagnose it. By that time you have lost 50 to 60 percent of your dopaminergic cells, which make dopamine and are key to movement control. The question becomes, is there a window between when you had non-motor symptoms like loss of smell and when you begin to demonstrate clinical motor symptoms?"

Dr. Sethi and researchers at 17 other sites across the country will recruit 15,000 close relatives of Parkinson's patients as part of the study, which is being led by the Institute for Neurodegenerative Disorders and the University of Pennsylvania.

"By testing those with a family history of the disease, we have an enriched population," he says. "We already know that those people are more at risk. To enrich the sample even further, we'll test their sense of smell. It's not just the essence of a sense of smell that is different in these people. It's a quantitative decrease in their ability to distinguish odors."

Patients will be given the University of Pennsylvania's Smell Identification Test, which tests for 40 common odors and has been used to detect the first signs of neurodegenerative disorders.

People with a normal sense of smell who take the test can usually identify around 35 odors correctly. Parkinson's patients typically can only identify 20 or less.

The study will also help determine if the smell test can also predict who will get Parkinson's.

"We believe that if you're a person who is going to develop Parkinson's, you'll also score lower than others," Dr. Sethi says.

Based on the results of the smell test, study participants will be divided into two groups – those with a normal sense of smell and those without. Both groups will undergo functional neuroimaging analyses at the Institute for Neurodegenerative Disorders in New Haven. Functional neuroimaging can identify changes in brain activity associated with Parkinson's.

Both also will be clinically examined by a movement disorder specialist and followed for three to five years.

"We believe that a proportion of those who have the deteriorated sense of smell will develop Parkinson's over the next two or three years," Dr. Sethi says.

Study participants also will be asked about other common symptoms of the disease that may be present prior to the telltale motor symptoms. For example, people with Parkinson's and other neurological diseases often suffer from a sleep disorder called REM Behavior Disorder, which causes them to act out their dreams.

"While most people are paralyzed when they dream so they can't hurt themselves or others, people with Parkinson's are not," Dr. Sethi says. "They yell, scream and kick. No one knows why, but half of the people who have this sleep disorder will develop Parkinson's or a similar disease."

Questions about excessive daytime sleepiness and anxiety and constipation – other pre-symptoms of Parkinson's – also will be asked.

"The goal is to give someone a degree of risk based on one or multiple factors," Dr. Sethi says. "We don't know specific numbers now, but hopefully, in the future, we will be able to tell people who have a deteriorated sense of smell and the sleep disorder specifically how much their risk goes up."

The long-term goal, he says, is to develop prevention strategies once risk is established.

The study is open to those 50 or older who do not have Parkinson's but have a mother, father, child or sibling with the disease. For more information, call the MCG Movement Disorders Program at 706-721-2798 or the Institute for Neurodegenerative Disorders 877-401-4300.

<https://my/mcg.edu>

This article was forwarded by Robin Riddle. Thanks, Robin!

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!

Are you caring for a loved one with dementia or Alzheimer's disease?

Day Break Respite and Caregiver Support Services is a community-based program sponsored by Catholic Charities of Santa Clara County that provides non-medical care to meet the needs of functionally impaired older adults while enhancing the quality of life for both the participant and caregiver. Its mission is to help dependent seniors to "age in place" and remain in their family homes for as long as possible. Catholic Charities serves people of all beliefs, cultures, ethnicities, and ages.

SERVICES:

Licensed Adult Day Care Program

- ☞ Safe and interactive social, recreational, and educational activities
- ☞ Daily exercise, music, and reminiscing
- ☞ Nutritious hot lunch and two snacks
- ☞ Transportation assistance
- ☞ Individual intake assessments
- ☞ Personal care plan
- ☞ Medication reminders

In Home Respite Care

Escorted Transportation

Caregiver Support Group

Caregiver Education and Training

Health Assessments and Screenings

WHERE: Day Break III Respite and Caregiver Support Services

First United Methodist Church, 535 Old San Francisco Road, Sunnyvale, CA 94086

Contact: Ginger McClure, Site Supervisor at 408.530.8734, or gmcclure@ccsj.org

Inside Easter Seals are one-hour, informational gatherings held at the Easter Seals Bay Area program sites. *Inside Easter Seals* is an opportunity for anyone in the community to come and learn more about the programs and services provided by Easter Seals Bay Area in a casual and conversational setting, meet staff and board members, and hear first-hand from clients about the impact Easter Seals Bay Area has had for them.

Wednesday, February 13, 2008

Timpany Center of Santa Clara County, 5 to 6 pm; 730 Empey Way, San Jose

Wednesday, March 12, 2008

Timpany Center of Santa Clara County, 5 to 6 pm; 730 Empey Way, San Jose

Wednesday, May 14, 2008

Timpany Center of Santa Clara County, 5 to 6 pm; 730 Empey Way, San Jose

If you would like to attend an *Inside Easter Seals event*, please RSVP to Jen Reeve at 510.835.2131, ext. 120, or

jreeve@esba.org

This information was forwarded by Jane Fox. Thanks, Jane!

Green Tea May Protect Brain Cells against Parkinson's disease

Science Daily (Dec. 14, 2007) —

Does the consumption of green tea, widely touted to have beneficial effects on health, also protect brain cells? Authors of a new study being published in the December 15th issue of *Biological Psychiatry* share new data that indicates this may be the case.

The authors investigated the effects of green tea polyphenols, a group of naturally occurring chemical substances found in plants that have antioxidant properties, in an animal model of Parkinson's disease.

According to Dr. Baolu Zhao, corresponding and senior author on this article, current treatments for Parkinson's are associated with serious and important side effects. Their previous research has indicated that green tea possesses neuroprotective effects, leading Guo and colleagues to examine its effects specifically in Parkinson's. The authors discovered that green tea polyphenols protect dopamine neurons that increase with the amount consumed. They also show that this protective effect is mediated by inhibition of the ROS-NO pathway, a pathway that may contribute to cell death in Parkinson's.

Considering the popularity of green tea beverages worldwide, there is enormous public interest in the health effects of its consumption. John H. Krystal, M.D., Editor of *Biological Psychiatry* and affiliated with both Yale University School of Medicine and the VA Connecticut Healthcare System, reminds us that "many health-related claims have been made for a wide variety of naturally-occurring substances and many of these claims, as in the case of St. John's Wort and Ginkgo Biloba, have not held up in rigorous clinical studies. Thus, it is extremely important to identify the putative neuroprotective mechanisms in animal models, as Guo and colleagues have begun to do for Parkinson's disease."

Dr. Zhao's hope is that eventually "green tea polyphenols may be developed into a safe and easily administrable drug for Parkinson's disease." Dr. Krystal agrees, that "if green tea consumption can be shown to have meaningful neuroprotective actions in patients, this would be an extremely important advance."

PPSG SUPPORT GROUPS

---SOUTHERN REGION---

---NORTHERN REGION---

Berkeley 3rd Mon 10-12 North Berkeley Senior Center, 1901 Hearst Av, Roddy Raikow 510.231.1998 or Mitz Cahn 510.527.9075 **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., 2-4 Redwoods Auditorium 40 Camino Alto Mill Valley Eric Stoelling 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** Last Sat 1:30-3:30 Sunrise of Petaluma, 815 Wood Sorrel Dr, Pearl Sorenson 707.795.4858 **Pleasanton Tri-Valley** 2nd Sat 10-12, Senior Center, 5353 Sunol Blvd, Norman & Jackie Bardsley 925.831.9940 inbard@pacbell.net **San Leandro** 1st Thu (except Jul & Aug) 10-11:30, San Lorenzo Community Church, 945 Paseo Grande, Norma Zeff, 510-663-6435 Harry Santi 510.351.3224 **Santa Rosa Caregivers** 2nd Wed 2-4, Sunrise Center, 4250 Chanate Rd, Amy Southwick 707.539.2646 **Sonoma County** 1st Sat (no meeting Jan, Jul, Sep, 2nd Sat in Aug and Dec) 1-3, Christ Church United Methodist Church 1717 Yulupa Ave. Santa Rosa, Ron & Colleen Trowse 707.526.4373

---PENINSULA REGION---

Daly City 1st Tue 3-4 Doelger Senior Center, 101 Lake Merced Blvd, Leonard Ke 415.587.1285 **Los Altos Young Parkinson's Support Group** 2nd Sat 10-12, United Methodist Ch/Los Altos, Foothill at Magdalena, Dean Prescott 408-738-2505 or deanp53@yahoo.com **Magnolia-Peninsula** 2nd Thu 1:30 main conference room Magnolia Apts, 201 Chadbourne Ave Millbrae 650.344.8118 **Palo Alto** 2nd Wed 2:00-3:30 Avenidas Senior Ctr dining rm. 450 Bryant St, Charles Biton 650.529.2394 **Redwood City Positive People Against Parkinson's** 3rd Fri 1-2:30, (No mtgs. Aug, Nov, Dec) Sequoia Hosp. Health & Wellness Ctr, 749 Brewster Ave, Tom Constantino 650.366.7166 or David Shein, 650.367.5998 **San Francisco Caregivers** 1st Thu 12-12:50 Veterans Affairs Med Ctr, Parkinson's Ctr conf room, Bldg 203 Room 1B26A, Susan Heath 415.221.4810x2505 Call in 800.767.1750 access code 59930# **San Mateo Atypical Parkinsonism (PSP, LBD, MSA, CBD) Bay Area Caregivers** Sun 5-7 about every 6 weeks, Mimi's Café 2208 Bridgepointe Pkwy, San Mateo, Robin Riddle 650.233.9277 or rriddle@stanfordalumni.org **San Mateo Caregivers** 1st Wed 2:30-4:30 Ells worth Room 100 San Mateo Dr., Call Ann Sasaki, Mills Health Ctr 650.696.4741 **Sunnyvale** 2nd Wed 1-3 First United Meth. Ch, 535 Old San Francisco Rd, Phyllis & Henry Ng 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

Hollister 1st Tue 1:30-3:30 First Presby. Ch, 2066 Cienega Road, Shirley Kennedy 831.637.3839 John Skinner 831.637.6755 **Monterey** 3rd Mon 2:30-4:00 SHARE Room, Hayes School, 200 Coe Av, Seaside. Helen Garrett 831.657.4241 Kathy Warthan 831.372.7510 **Salinas** 4th Wed 1:00-2:30 Salinas Adult Sch., 20 Sherwood Pl., Sherry Whitcomb, 831.663.5926 **San Jose/Berryessa** 1st Wed 1:00-2:30 Berryessa Comm. Ctr, 3050 Berryessa Rd, Bob & Jane Pomeroy 408.263.8485 **San Jose/Caregivers** 4th Wed 1:30-3:30 St Francis Episcopal Ch., 1205 Pine Ave, Charmaine Eng 408.723.8116 **San Jose/Willow Glen** 1st Fri 10-12 St Francis Episcopal Ch, 1205 Pine Ave, Jane Fox 408.265.3991 Darrell McCleod 831.427.0966 **Santa Cruz** 1st Wed 12:30-2:30 St. Stephen's Lutheran Ch 2500 Soquel Ave, David Donohoe 831.479.4485 Darrell McCleod 831.427.0966 **Saratoga** 3rd Tue 2-4 19449 Via Real, Lois McPherson 408.867.1807

---CENTRAL VALLEY REGION---

Fresno, Greater 2nd Sat 10-12 Bridge Evangelical Free Ch., 3438 E. Ashlan Ave., Max Robinson, 559.226.2673 Ellen Jablonski 559.298.4080 **Merced** 4th Thu 10AM (Dec no mtg) Mission Gardens 1450 E. 27th St, Amie Marchini 209.384.3300 **Modesto** 3rd Wed 1:30-3:00 Centenary United Meth. Ch, Fireside Rm., 1911 Toyon Ave, JoAnn & David Ryan 209.529.5643 or davejoann@sbcglobal.net **Pine Grove** 3rd Thu 10-12 Calvary Chapel Patio Bldg 18400 Ridge Rd, Sarah Johnson 209.296.2575 **Roseville** 1st Tue 1:30-3:00 Maidu Comm Ctr, 1550 Maidu Dr, Tara McCain 916.862.3973 **Sacramento-Parkinson's Assn of Northern CA** various venues throughout N. CA 916.489.0226 **San Andreas** 3rd Tue 10-12 San Andreas Sr. Ctr. 956 Mountain Ranch Rd., Sarah Johnson 209.296.2575 **Stockton** 2nd Wed 1:30-, O'Connor Woods Sr. Living, 3400 Wagner Heights Rd, Dr. David Freis 209.465.9761 **Stockton Young Onset** 3rd Thu 6:30-, Admin Bldg. Hospice of San Joaquin, 3888 Pacific Ave, Karen Frank 209.406.9317 **Tulare-Kings** 1st Fri 10:30 United Meth. Ch., 5200 W. Caldwell Ave, Visalia, Mary Dickerson 559.622.9044

EXERCISE CLASSES

Berkeley: North Berkeley Senior Center, Thursday, 10-11:30 Kay Ellyard 510.848.5143 **Berkeley:** Mon. 1030-1200 & Tues 1-230, John Argue 510.985.2645 JCC East Bay www.parkinsonsexercise.com **Daly City:** Tue./Wed/Thu 930-1130, Doelger Sr. Ctr. Gym John Pantazy 650.991.8012 **Gilroy:** Gavilan College, Dave Ellis, 408.848.4878 **Hayward:** Kaiser Permanente, Wed. 10-11:30, John Argue 510.985.2645 **Kensington:** Tue. 1:30-3:00, John Argue 510.985.2645 **Los Gatos:** 1st Tue 2-4 1st Fri 2-3 Community Hosp. of Los Gatos Rehabilitation Ctr. 355 Dardanelli Lane 408.378.6131x4182 **Los Gatos:** Mon 2PM/Thu 1PM Parkinson's Lifelong Useful Skills (PLLUS) balance, gait, posture and Tai Chi/Qi Gong The Terraces 8010 Blossom Hill Rd. Kujiweza Healing Arts Jane 408.315.1179 Kujiweza@sjvogataichi.com **Monterey:** Monterey Peninsula College, Mark Clements, 831.646.4231 **Palo Alto:** CAR, Aquatic Therapy, 650.494.1480 **Palo Alto:** Avenidas Sr. Ctr. 450 Bryant St. 650.289.5400 **Palo Alto:** Sat 10-1130 Tai Chi/Qi Gong for Parkinson's Atrium Stanford

Hospital Kujiweza Healing Arts Jane 408.315.1179
Kujiweza@sjogataichi.com **Redwood City:** Canada College, 4200 Farm Hill Blvd. Barbara McCarthy 650.306.3473 **Salinas:** Hartnell College, Melissa Stave, 831.755.6876 **Saratoga:** Mon. – Fri. 9-12; 1:30-3, West Valley Comm. Coll. Joan 408.741.2420 **San Bruno:** Mon/Wed 1:10-2:30, Tue/Thur. 12:35-1:50, Skyline College Bess 650.738.4286 **San Jose:** 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 Jose/The Villages:** Mon 11:30-12:30 Wed 11:15-12:15 Thu 11:30-12:30 Parkinson's Exercise Program(PEP) Kujiweza Healing Arts Jane 408.315.1179 Kujiweza@sjogataichi.com **San Mateo:** College of San Mateo, 1700 W. Hillsdale Blvd., John Hogan, 650.574.6469 **San Rafael:** Osher Marin JCC, San Rafael. 415.444.8000 **Santa Rosa:** 151 Sotoyome Street Rehab. Gym Tue 12:30-1:20 Balance Class Linda 707.543.2570 **Santa Rosa:** 151 Sotoyome Street Rehab. Gym Mon/Thu 12:30-1:20 Parkinson's Exercise Class Linda 707.543.2570 **Sunnyvale:** Tue/Thu 9-10, Sr. Ctr. 550 Remington Dr., Ruth Hanes 408.864.8873 **Sunnyvale:** Wed. 10-12 Beginning and Intermediate Wed 12-2 Intensive The Parkinson's Institute, 675 Almanor Ave., Marilyn Basham 408.542.5685 **Sunnyvale:** 1st and 3rd Thu 12-1 Shakin not Stirred vocal exercise group, the Parkinson's Institute, 675 Almanor Ave., Randy Hoffman 408.542.5658 **Walnut Creek/Mt Diablo:** Thu 1-3 Tremble Clefs vocal exercise group, United Methodist Church, 1543 Sunnyvale Ave., Elsie Chapman 925.682.0809 Joan Hodgkin 925.943.7393

My Husband's Bad Side Effects with Mirapex^R

By Mrs. Ernie R. Gorospe

After many years on Mirapex^R, my husband started having delusions and hallucinations. Two different doctors prescribed medications to counteract, but they made no effect. We were referred to see a Doctor Heidi Shale in Walnut Creek Kaiser. She said Mirapex^R was the culprit and to gradually get off Mirapex^R and just stay on Sinemet^R, which we did.

Today after several stressful months of coping with all the delusions, hallucinations, accusations of infidelity, visions of kids and little animals, my husband's mind is now perfectly clear. He still has Parkinson's, and occasionally needs a wheelchair when his legs get weak, but he walks around without a walker at home.

Dr. Shale asked my husband if he came from a certain island in the Philippines where there is a prevalence of Parkinson's. It might be good to do some research about that.

Upcoming event, San Jose

On Friday, March 7, **Fran Tobriner**, who wrote "Joy, My Parkinson's Dog" for the PPSG 2007 Winter Quarterly newsletter, will be visiting the group. Fran will be bringing Joy and do an informal demonstration. All are welcome.

News from the Board

Linda Hanna Chen recently left the Board of PPSG. Besides from being a PPSG Board member, Linda was also the leader of the Palo Alto Support Group for several years. She did a great job organizing her group, inviting interesting speakers, and bringing research information to her members. Linda contributed to the Board in many ways, always ready to help out with any project, big or small. While she was on the Board, Linda spent countless hours organizing and maintaining our PPSG Speakers List. She helped at the Caregivers Luncheons, Volunteers Luncheons, also worked on the Caregivers Information Packets. Linda researched articles on Parkinson's regularly and she would forward them for the PPSG newsletters. In addition to her MBA and having many talents, Linda is also a great cook and she frequently shares her tasty dishes with her friends. At the November Sunnyvale Support Group meeting, Linda cooked 3 turkeys and made apple pies for the group. All enjoyed the dishes and appreciated her generosity.

Linda's father had Parkinson's. Linda left the Board to help take care of her ailing mother-in-law. We will miss Linda and would like to send our best wishes. Thank you so much, Linda!

Larry Narritomi recently left the Board of PPSG. Larry is also a member of the Sunnyvale Support Group. Larry worked at a Microbiologist in Berkeley. After many years of having Parkinson's, Larry underwent Deep Brain Stimulation and his mobility was helped a lot as the result. After his DBS surgeries, Larry volunteered to help to transport the PPSG newsletters. He would pick up the printed copies from the Office Depot and brought them to the Morgan Center. After the newsletters were assembled, Larry would then bring them to the Sunnyvale Post Office for bulk-mailing.

Larry's mother, **June Narritomi**, who passed away at the age of 94, for several years cooked Holiday Turkey Dinners for the Sunnyvale Support Group. The members still remember her delicious sushi dishes and her generous spirit.

Larry left the Board due to relocation. Thank you very much, Larry!

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, educations and community awareness of Parkinson's disease.

Please mail your donations to:

P.O. Box 60188, Sunnyvale, CA 94088. Thank you!

Visit Our Website: www.ppsg.org

Omega-3 fatty acids

Omega-3 fatty acids are a form of polyunsaturated fat that the body derives from food. Omega-3s (and omega-6s) are known as essential fatty acids (EFAs) because they are important for good health. The body cannot make these fatty acids on its own so omega-3s must be obtained from food. These different types of acids can be obtained in foods such as cold-water fish including tuna, salmon, and mackerel. Other important omega 3 fatty acids are found in dark green leafy vegetables, flaxseed oils, and certain vegetable oils.

Omega-3 fatty acids have been found to be beneficial for the heart. Positive effects include anti-inflammatory and anti-blood clotting actions, lowering cholesterol and triglyceride levels, and reducing blood pressure. These fatty acids may also reduce the risks and symptoms for other disorders including diabetes, stroke, rheumatoid arthritis, asthma, inflammatory bowel disease, ulcerative colitis, some cancers, and mental decline.

www.nlm.nih.gov

New Technique Removes Toxic Protein and Prevents Memory Impairment in Alzheimer's disease Model

By Natalie Frazin

Increasing the activity of a key protein in the bloodstream slows the buildup of a toxic substance in the brains of mice with the gene mutation for Alzheimer's disease (AD). It also prevents some memory problems, a new study shows. If the approach works in humans, it may eventually lead to a way of preventing or halting AD.

Previous studies have shown that a protein called amyloid beta is toxic to neurons. Amyloid beta accumulates in the brains of people with AD, forming deposits called amyloid plaques that are a hallmark of the disease. Many investigators are looking for ways to reduce the buildup of amyloid in the brain, with the hope that such a treatment would slow or halt AD.

In the new study, investigators report a way to remove amyloid beta from the brain by introducing another protein that binds to amyloid beta and pulls it from the bloodstream. The amyloid is then removed by the kidneys, liver, and spleen. The investigators, led by Berislav Zlokovic, M.D., Ph.D., of the University of Rochester Medical Center in New York, compare the treatment to a sink because it essentially drains the toxic protein away. The work was funded in part by the National Institute of Neurological Disorders and Stroke (NINDS). It is reported in the September 2007 issue of *Nature Medicine*[1]. Dr. Zlokovic and his colleagues studied a protein called soluble low-density lipoprotein receptor-related protein

(sLRP). They discovered that sLRP normally binds to and inactivates 70 to 90 percent of the amyloid beta found in the body. However, levels of sLRP were approximately 30 percent lower in blood from people with AD than in healthy people. Much of the remaining sLRP in people with AD was damaged by a process called oxidation. The damaged sLRP was much less effective at removing amyloid beta from the bloodstream than the normal protein. "The binding capability is almost all lost," Dr. Zlokovic says.

The researchers developed a super-potent version of sLRP, called LRP-IV, and injected it into mice to see whether it could mimic the effects of normal sLRP. The treatment bound to amyloid beta and prevented it from entering the brain. It also reduced the toxic amyloid that was already in the brain.

"There is a balance between amyloid beta in the brain and in the rest of the body," Dr. Zlokovic explains. "If we lower the level of amyloid beta circulating in the blood, the levels in the brain go down, too." The effect is similar to the way statin drugs remove cholesterol from the bloodstream and help to prevent heart disease, he adds. The investigators also studied the effects of chronic low-dose LRP-IV treatment in mice with a gene mutation that causes AD in humans. The treatment began when the mice were six months old and continued every day for three months. At the end of the treatment period, the mice that received LRP-IV had much less amyloid beta in their brains and their bloodstreams than untreated mice, and they performed nearly as well as normal mice on several tests of learning and memory. Even when treatment began at 11 months, when the mutant mice had many amyloid-related brain changes, LRP-IV reduced amyloid deposits in the brain and blood vessels by more than 90 percent. The researchers also cultured LRP-IV with blood samples from people with AD and found that the treatment eliminated toxic amyloid from the blood samples. The study is the first to show that people with AD have reduced levels of sLRP and that sLRP helps remove amyloid beta from the blood, Dr. Zlokovic says. It is still unclear why sLRP levels are lower than normal in people with the disease, he adds. The researchers tested 40 people with AD for mutations in the sLRP gene and did not find any abnormalities. However, previous studies have shown that AD causes oxidative damage to many proteins. The oxidative damage to sLRP may trigger its breakdown, as well as inactivating it. The findings suggest that LRP-IV might eventually be useful as a therapy to prevent or stop AD in people. However, the investigators first need to develop a form of the protein that could be tested in humans. They also need to conduct many additional studies to evaluate the drug's safety and to learn more about how it works.

www.nih.gov

Gait and Balance Classes

The dates for the February 2008 Gait and Balance Classes at the Parkinson's Institute are:

Wednesdays, 2/6, 2/13, 2/20, and 2/27.

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.

Tango improves balance, mobility in patients with Parkinson's disease

By Beth Miller

Jan. 30, 2008 -- Patients with Parkinson's disease who took part in regular tango dance classes for 20 sessions showed significant improvements in balance and mobility when compared to patients who did conventional exercise, a new study by researchers at Washington University School of Medicine in St. Louis shows.

Researchers Gammon M. Earhart, Ph.D., assistant professor of physical therapy, and Madeleine E. Hackney, a pre-doctoral trainee in movement science, compared the effects of Argentine tango dance classes to exercise classes on functional mobility in 19 patients with Parkinson's disease. The participants in the dance program showed significant improvement in several standard tests for patients with Parkinson's disease - the Unified Parkinson's Disease Rating Scale (UP-DRS) and the Berg Balance Scale. Results appeared in the December 2007 issue of the Journal of Neurologic Physical Therapy.

The researchers randomly assigned 19 patients with Parkinson's disease to 20 one-hour sessions of tango dancing or group strength and flexibility exercise designed for patients with Parkinson's and the elderly. Each patient was assessed prior to starting the dance or exercise and after completing the sessions. All were similar in age and stage of Parkinson's disease.

The tango dance sessions included stretching, balance exercises, tango-style walking, footwork patterns, experimenting with timing of steps to music and dancing with and without a partner. The exercise classes included 40 minutes of seated exercise followed by standing exercises supported by a chair and core strengthening and stretching.

The participants in both groups showed significant improvement in the Unified Parkinson's Disease Rating Scale Motor Subscale 3, which measures overall disease

severity with respect to movement. The tango participants showed much improvement on the Berg Balance Scale, which measures balance in a variety of positions, while the improvements in participants in the exercise group were not as pronounced. In addition, the participants in the tango group showed a trend toward improvement in the Timed Up and Go (TUG) test, which tests functional mobility rising from a chair, walking a short distance, turning and returning to the chair.

"Given these preliminary results, we think that tango is feasible for individuals with Parkinson's disease and may be an appropriate and effective form of group exercise for individuals with Parkinson's," Earhart said. "Although some participants were initially skeptical because they hadn't danced in years or thought they couldn't because of the disease, this study shows that dance can improve functional mobility."

The researchers said that while dance in general may be beneficial for patients with Parkinson's disease, tango uses several aspects of movement that maybe especially relevant for these patients including dynamic balance, turning, initiation of movement, moving at a variety of speeds and walking backward.

"This type of therapy looks to be more superior than what is currently offered," Hackney said. "The quality of life improved in these patients because of the social aspect of the dancing."

Earhart and Hackney said this is the first study of this type to systematically investigate and compare the effects of tango and strength/flexibility exercises and functional mobility in patients with Parkinson's and that further studies with larger groups of patients are needed to confirm their observations.

<http://mednews.wustl.edu/news/page/normal/10927.html>

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, 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).

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.

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Vial of Life Kit

In an emergency, time is crucial. The Vial of Life kit enables Emergency Responders to quickly locate helpful information regarding your medical history. Emergency Responders, Firefighters, Paramedics and Police are trained to look for the Vial of Life sticker and obtain information from the Vial. This kit contains: a Medical Information Form, a vial to store the form and any advanced directives you may have. **Store the vial on the top shelf in the door of your refrigerator.**

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

There are two stickers: One is already on the vial. Place the other on the upper outside corner of your refrigerator.

Please take the time to **complete** the Medical Information Form with current information, **in pencil**, and **in English**. Use pencil so you can keep all of your information up to date.

Do not put any of your medications inside the vial. The Vial should contain **ONLY the Medical Information Form.**

For more information, call Stanford University Hospital, at **650.723.7167**, or Santa Clara County Fire Department, at **408.378.4010 or 1.800.800.1793**

www.sccfd.org/pub_ed/vial_of_life.html

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Parkinson's Patients Support Groups, Inc.
P.O. Box 60188
Sunnyvale, CA 94088
408.542-5610