

Parkinson's Patients Support Groups, Inc.

May 2007

1170 Morse Avenue
Sunnyvale, CA 94089-1605
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June 29, Caregivers Appreciation Luncheon

Mark your calendar! PPSG is having its 4th Appreciation Luncheon on June 29 for caregivers who have devoted their on-going efforts to caring for people with Parkinson's. The event is an opportunity for caregivers to meet with each other, to share their concerns and experiences and to take a break. The program will include speakers (TBA). As in the past, there will be a separate program for patients who can not be left alone.

Location: Basque Cultural Center, 599 Railroad Ave.(Off Grand Ave and Hwy 10), South. San Francisco, 94080. Phone: 650.583.8091.

Date: Friday, June 29, 2007.

Time: 10:00 am to 1:30 pm.

If you would like to attend, please send a copy of the following registration to PPSG before June 13. Space is limited. If you have any questions, please contact Charmaine Eng, at 408.723.8116 or Viola Mays, at 408.225.7465.

Yes, I will attend Caregivers Appreciation Luncheon, Friday, June 29.

Caregiver's Name

(Please print)

Telephone

Address

Choice of Entrees (Please circle one):

Breast of Chicken

Grilled Pork Chops

Vegetarian Pasta

Mail form to:

PPSG, Inc. Attention: Charmaine Eng

Caregivers Luncheon, 1170 Morse Avenue,
Sunnyvale, Ca 94089-1605

4th Annual Parkinson's Walk in Sunnyvale

Fund the Research – Find the Cure!

Saturday, May 19, 2007

Registration: 9 AM--- Meet at Washington Park in Sunnyvale
(on McKinley Avenue, by the picnic area)

NOTE: Walkers for the 4.2-mile walk begin at 9:30 AM. Walk begins: 10 AM

Total distance of walk: 1.8 miles or 4.2 miles

For an on-line walker registration form:

www.theipi.org, or www.ppsg.org

Disclaimer

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University of California San Francisco
Parkinson's Disease Clinic & Research Center
A National Parkinson Foundation Center of Excellence

Parkinson's Disease Conference
Saturday, May 12, 2007
12 noon – 4 pm
Laurel Heights Campus – Auditorium
3333 California Street (Walnut)
San Francisco, California

11-12 noon	Registration
12 – 12: 15	Welcome and Introduction
12: 15- 12: 45	Mariann Di Minno, RN, MA UCSF Department of Neurology, Parkinson Center Coordinator Clinical Professor of Nursing "Partnering with Your Health Provider – How to Monitor and Report Symptoms?"
12: 45 – 1:30	Michael J. Aminoff, MD, DSc UCSF Department of Neurology Professor and Director, Parkinson Center "Rasagiline and Other New Symptomatic Treatments"
1:30- 1:50	Break, light refreshments
1:50 – 2:35	Chad Christine, MD UCSF Department of Neurology Assistant Professor of Neurology "Can We Delay Disability in Parkinson's Disease?"
2:35 -3:20	Joel Kramer, PsyD UCSF Department of Neurology Clinical Professor of Neuropsychology Director, Memory and Aging Center Neuropsychology Program "Cognitive Changes in Parkinson's Disease: What are They and What Can You Do?"
3:20- 4pm	Panel – Questions from Audience

This conference is supported by an educational grant from Teva
Pharmaceuticals and assistance from
the National Parkinson Foundation

Conference registration fee is \$10.00 person. Pre-
registration is strongly recommended to reserve a space.
Please make the check payable to the UCSF Parkinson's
Center. When mailing your check, Please include your
name and address and contact information and the total
number of attendees to:

Jennifer Damman
UCSF Parkinson's Center
505 Parnassus Avenue, Box 0114
San Francisco, CA 94143-0114
415.502.1672
Jennifer.damman@ucsf.edu

New Studies Link the Environment to Parkinson's Disease

EurekAlert! April 5, 2007

The Parkinson's Institute today announced that new findings concerning the role of environmental factors in the development of Parkinson's disease will be reported at Asilomar (Pacific Grove, CA) as part of the final meeting of the Collaborative Centers for Parkinson's Disease Environmental Research (CCPDER). This collaborative research effort, sponsored by the National Institute of Environmental Health Sciences (NIEHS), brings together investigators from Emory University, the University of California Los Angeles and The Parkinson's Institute, which has served as the coordinating center for the study.

Highlights of the research include:

--The role of pesticides (eg. Paraquat and Dieldrin) as potential risk factors for Parkinson's disease, a role suggested by both epidemiological statistics and laboratory evidence.

--The threat of toxic agents to damage neurons by causing the accumulation of harmful proteins.

--Intraneuronal protein aggregates as markers of Parkinson's pathology, based on work carried out at The Parkinson's Institute indicating that these aggregates could be formed as a consequence of toxic exposure.

--The importance of targeting a specific protein, alpha-synuclein, in order to achieve neuroprotection in Parkinson's.

--The role of inflammation in the development of Parkinson's disease and the possibility that anti-inflammatory drugs could be beneficial to patients.

--The possibility that nicotine may act as a neuroprotective agent.

"Our collaboration with Emory University and UCLA has allowed us to make great strides in identifying environmental factors involved in the development of Parkinson's disease," said Donato A. Di Monte, MD, director of basic research at The Parkinson's Institute.

www.michaeljfox.org

Technology Means a Voice for Many Patients, Families

By Patti Murphy

Things we take for granted often slip away as Parkinson's disease sets in – like the ability to speak. Communication disorders commonly associated with the disease may begin with a decline in facial expression or nonverbal gesture. Individuals may experience a decrease in articulation, vocal loudness, intelligibility and rate of speech as the disease progresses. The American Speech-Language-Hearing Association (ASHA) reports that such impairments are realities for an estimated 80 percent of individuals with Parkinson's, which affects approximately 1.5 million Americans.

A more encouraging statistic is that advanced technology is breaking barriers to simplify human interaction thanks to augmentative and alternative communication, or AAC, an umbrella term widely associated with electronic speech-generating devices. Advanced technology is central to many AAC systems that also include low-tech tools such as manual communication boards and picture symbol books, as well as unaided forms of communication such as pointing, writing, gestures and facial expressions that we use naturally. Think about it. We all express ourselves in multiple ways depending on the situation, setting and our communication partners. A person may successfully convey information to significant others with a tap on the arm or eye contact, for instance, but rely on messages programmed into a sophisticated device to communicate effectively with less familiar partners at social gatherings, on shopping trips or during medical appointments.

Such devices, like the V and Vmax from Pittsburgh, Pennsylvania-based DynaVox Technologies, resemble laptop computers and feature synthesized speech that delivers novel messages in a realistic-sounding voice. Each device has thousands of communication pages and a dynamic display where words, phrases and icons change in a logical sequence with the selections of the user, mirroring the natural language formation process that produces normal speech. Users are not limited to preprogrammed vocabulary but can also turn to keyboard pages to type spontaneous messages. The devices offer the option of digitized (pre-recorded) speech, which may benefit individuals whose speech declines later in the course of Parkinson's, allowing time for recording messages in their own voices, lending a welcome familiarity to conversations with family and friends.

AAC technology lets you enjoy face-to-face conversation and instantaneous global communication effortlessly. You can, for instance, surf the Internet straight from many AAC devices. These devices often offer capabilities for sending and receiving email, and text-messaging others with Bluetooth enabled cell phones. Some AAC solutions – including the V and Vmax – run on the Windows XP platform and allow users to run virtually any XP-based software on their communication device.

Methods of operating an AAC device accommodate a range of physical abilities. Users may select vocabulary by blinking an eye, puffing on a straw, manipulating a joystick with their chin, accessing a switch controlled by a body part that can be reliably controlled or simply by touching the screen. Programming shortcuts and rate enhancement features keep communication flowing, so loved ones can spend more time enjoying each other's company and less time on technical issues.

The process of acquiring an AAC device typically begins with an interdisciplinary care team including a speech-language pathologist who evaluates the patient's language, cognitive and physical abilities to determine the best AAC system for the individual and documents his/her use of a particular system in various environments for a trial period. When an SLP holding a Certificate of Clinical Competence from ASHA completes such documentation, the odds of receiving approval for coverage from Medicaid, Medicare and private sources that fund the purchase of AAC devices increase significantly. SLPs often work with device manufacturers to train patients and caregivers to use the technology.

An effective AAC system provides more than a reliable way of expressing basic needs or requesting help in emergencies. For individuals with Parkinson's and their caregivers, it is a tool for preserving a high quality of life.

Patti Murphy is a staff writer at DynaVox Technologies. She can be contacted at patti.murphy@dynavoxtech.com

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

Log on to www.ppsg.org

**The Parkinson's Institute
And Clinical Center**

Have you heard...WE'RE MOVING!

On September 1, 2007, we will be moving to an exciting, newly

Remodeled and larger facility located just a few minutes away.

Our new address will be

**675 Almanor Avenue
Sunnyvale, CA 94085**

Directions from the current site...take Hwy.101

North to Mathilda exit. Go west

Mathilda, make first right onto Almanor Avenue.

Travel to new site at

675 Almanor Avenue on right side of road.

STOP BY and Look!

We need your help. If you know companies, manufacturers, contractors, providers or retailers who could donate or offer discounts on general/medical office furniture, business computers, or telephone systems/equipment, please contact Ken Toren at 408.542.5657

For progress updates on the move, please visit their website: www.theipi.org

What Is Identity Theft?

Identity theft is a crime in which someone wrongfully obtains and uses another person's personal data in some way that involves fraud or deception, usually for economic gain.

PERSONAL DATA TO PROTECT:

Social Security Number

Bank Account Numbers

Credit Card Numbers

Calling Card Numbers

Medicare Card and Policy Numbers

A criminal can use these numbers that are unique to you to make unauthorized withdrawals from your

accounts or fraudulent charges to your credit cards. In the worst cases, a person may take over a victim's identity, completely running up vast debts and even committing crimes while using that name.

Prevent Criminals From Obtaining Your Personal Data.

1. Do not throw away copies of your bank or credit card statements, or any documents with personal information on them. Invest in a small personal shredder, and shred documents before dumping them.

2. Do not allow anyone to stand within hearing or seeing distance when you are giving personal data to anyone verbally, or punching a keypad.

3. Cut up credit cards before disposing of them. Also cut up any "preapproved" credit cards you may receive in the mail. Criminals may try to activate cards without your knowledge.

4. Do not give your personal data to anyone over the Internet unless you are specifically soliciting services from that organization. Be careful of unsolicited e-mails that promise benefit, but ask for identifying data.

5. Do not put too much information, such as SS# or phone numbers, on your personal checks. In fact you can print your initials only on your checks so that your signature is not obvious to anyone but your bank. When writing checks to pay credit card bills, do not put the full account number on the check. Instead, just put the last 4 numbers.

6. If possible, try to make your mail inaccessible to anyone but you. Post office boxes or locked mail boxes can prevent criminals from stealing your documents.

Identity Theft Resources

If you suspect you have become a victim of identity theft, or your wallet has been lost or stolen, or if you would like more detailed information on prevention, here are some resources and contacts:

[Equifax](#)

Credit reports: 1-800-685-1111

Or write: P.O. Box 740241, Atlanta, GA 30374

To report fraud: 1-800-525-6285

[Experian](#)

Credit reports or fraud: 1-888-397-3742

Or write: P.O. Box 2002, Allen, TX 75013

[Trans Union](#)

Credit Reports: 1-800-888-4213

Or write: P.O. Box 1000, Chester, PA 19022

To report fraud: 1-800-680-7289

<http://www.careaccess.org/html/news/news.html>

The Parkinson's Institute

in cooperation with

The Villages Golf & Country Club

Invite you to join us for

The Philip E. McCrillis Golf Clinic

Date: Saturday, May 12, 2007

Time: 12:30pm

Place: The Villages Golf & Country Club

5000 Cribari Lane

San Jose, California 95135

Donation: \$15

Payable to The Parkinson's Institute

1170 Morse Avenue...Sunnyvale, CA 94089

Golf Clinic...Appetizers...Gifts....Door Prize

RSVP by May 9, 2007

Contact: Kellie Hayes

(408) 542-5663

khayes@thepi.org

The Annual Golf Clinic is designed to help golfers with Parkinson's disease learn the elements of putting, chipping, pitching and bunker shots. More importantly, learning control and the 'feel' for the distance a ball is supposed to travel. By learning to control our ball, we in turn learn to control ourselves.

Search for the Brain's First Defense

By Melissa Healy, LA Times

April 9, 2007

The human brain is a powerful and resilient organ. But it has many enemies and a dramatic vulnerability.

When under attack — from ischemic stroke, head trauma or many degenerative diseases — a small

cluster of affected brain cells basically commit suicide and, in so doing, release toxins that kill off their neighbors in droves. Neurons tumble like dominoes to their death in a process that can take hours (in a stroke or a head trauma) or years (in Alzheimer's or Parkinson's disease).

The physical symptoms of that cell death may vary from disease to disease, but the result, in human and social terms is the same: disability that can make the simplest of human tasks difficult or impossible.

The medical profession has struggled to combat each of the brain's enemies separately and limit the damage and disability they wreak. But prevention is hard, and cures are even more elusive. So it has been a war with few successes.

But what if there were a simple way to fortify human neurons against the brain's many disparate enemies? What if some safe, readily available compound, taken before or just after a stroke or injury or even long before a neurodegenerative disease takes hold — could protect the brain against many kinds of insults and injuries?

This idea, as sweeping as it is straightforward, is called neuroprotection. Although the quest for it has a decades-long history of disappointment, some glimmers of hope are on the horizon.

"It's a little bit like the search for the Holy Grail," says Dr. Walter Koroshetz, deputy director of the National Institute of Neurological Disease and Stroke. "But I don't think there's anybody who doesn't believe eventually we're going to be able to do this.... We need a success that we can build on."

To that end, the federal government last month launched a nationwide trial to investigate whether creatine — a dietary supplement safely taken by many body builders at lower levels than those now being tested — can help slow the die-off of neurons when given in early-stage Parkinson's disease. A second promising neuroprotectant, the dietary supplement coenzyme Q10, is set to enter clinical trials in the next year for early-stage Parkinson's disease, as well.

This summer, the National Institute of Neurological Diseases and Stroke is expected to approve and fund a national clinical trial designed to see if high doses of progesterone — the hormone that surges during pregnancy but is present in all human brains — can help disrupt the rapid death of brain cells that frequently follows a trauma to the head. In Los Angeles, UCLA scientists are three years into a study

of whether the administration of magnesium sulfate — long used to stave off early labor and delivery — can break the chain of destruction that leaves many stroke patients disabled.

And a common antibiotic, minocycline, is in human testing as a possible way to slow the progress of Lou Gehrig's disease and Huntington's disease, a degenerative genetic disorder.

Need for neuroprotectors

The science of neuroprotection is driven by a deepening understanding of how injury and disease do their damage to the human brain — and by a growing sense of urgency.

There are 78 million baby boomers reaching the peak years for stroke and degenerative brain diseases. Already, in the United States each year, 700,000 Americans suffer a stroke, and as many as 500,000 are diagnosed with a neurodegenerative disease (1.4 million suffer a traumatic brain injury). Such numbers have helped propel the search for an agent that could limit or hold off disability across a range of illnesses.

All of the substances under investigation have, in some form, long been in safe use in the medical arsenal. And all have shown promise in protecting the brain against other types of injury and disease.

Progesterone, for instance, may fortify the brain cells against degeneration caused by multiple sclerosis and has shown early promise as a protectant in stroke.

Animal studies suggest that creatine might be a neuroprotectant in stroke, traumatic brain injury and degenerative brain diseases such as Huntington's and Lou Gehrig's disease. And minocycline is seen as a drug that could slow the progress of Parkinson's disease and lessen the damage of stroke.

Magnesium sulfate failed in a recent clinical trial testing whether it could lessen disability after traumatic head injury. But in a trial published last year in the *Journal of Thoracic and Cardiovascular Surgery*, the chemical — when administered during cardiopulmonary bypass surgery — was shown to lessen the short-term memory loss and motor-control problems that patients frequently experience after such a cardiac procedure.

Each of these compounds intervenes differently to disrupt the chain of events that results in the death of brain cells and subsequent disability. Some, such as creatine, appear to pump up the metabolism of neurons and help them withstand the release of toxins from neighboring cells in their death throes.

Magnesium sulfate is thought to block the pathways by which neurotoxins infiltrate a cell and destroy it. Progesterone seems to do both and calms the destructive spasm of inflammation that is the brain's reaction to injury, stroke and many diseases.

"The biology of the neuroprotection has just exploded. It's just amazing," Koroshetz says. "There are so many different pathways people have identified that could potentially save brain cells from dying, it really piques your interest."

Researchers are wary of hoping for too much. They have been here before and come up empty-handed.

"The graveyard of neuroprotectants is absolutely full. It's depressing," says Dr. David Wright, a professor of medicine at Emory University Medical School in Atlanta who has been a leader in testing progesterone for head injury.

But his hopes have been buoyed by early studies suggesting that quickly elevating levels of progesterone, a steroid present in the brains of both men and women, may help save many with traumatic head injury and improve their outcomes.

In a three-year trial involving 100 such patients brought to Emory's Grady Memorial Hospital, 80 received a high dose of progesterone over 72 hours and 20 did not, receiving standard care only.

The study suggested that those receiving a rapid infusion of progesterone were 50% less likely to die. And among those who got the progesterone, there was less disability at the one-month mark than would normally be expected, considering the severity of their head injury.

"We think it's just shifting the whole curve," making all but the most severely injured patients better off, Wright says. "It way outdid what we were expecting."

Marcus Baskett of Commerce, Ga., was one of those patients. A passenger in a head-on automobile collision just three weeks shy of his high school graduation, Baskett was evacuated by helicopter to Emory and received the progesterone infusion upon his arrival. In addition to broken bones, early tests of his brain function suggested massive and disabling head injury, and he spent almost three weeks in a coma.

But seven weeks after his April 2004 injury, Baskett was released from the hospital with lingering physical

injuries but little evidence of the severe trauma to his brain. Three years later, a 21-year-old Baskett keeps up a rapid-fire conversation and lives close to his parents' home but independently, keeping track of appointments and birthdays on a cellphone scheduler.

"I wouldn't have believed that a woman's hormone drug would help my body and brain in a situation like that," Baskett says. "I'm back almost 100%, and I don't think I'd be here if it weren't for that drug."

Piecing together therapies

Researchers caution against expecting what Koroshetz calls "the magic bullet" in a single study. It may be there, experts say, but it might be better to discover a compound's neuroprotective properties piecemeal, by looking at its effect on one kind of brain disease or injury at a time, or one group of patients at a time.

Then, with success, the possibilities of a neuroprotectant can be extended to other diseases and other patients.

As that research progresses, researchers hope that cocktails of neuroprotectant drugs may work on different pathways, or on different stages of disease or injury, to slow, stop or disrupt the damage they wreak on the brain.

"There are so many things going wrong" when the brain is under attack, says Dr. Robert M. Friedlander of Harvard University's Brigham and Women's Hospital, who has pioneered much of the work on creatine as a neuroprotectant. "It's probably like plugging many holes in a cup: The more holes you plug, the better you do."

And, doctors say, finding a neuroprotectant or a cocktail of neuroprotectants that work for many kinds of brain injury will take a bit of luck as well.

"I'm not trying to be pessimistic, just realistic," says Dr. Marc Mayberg, director of the Swedish Neuroscience Institute at the Swedish Medical Center in Seattle. "I think maybe there'll be a lucky break, the discovery of a very safe, easily administered neuroprotectant that will work in one condition, and people will start using it in other conditions and find it works as well."

www.michaeljfox.org

Pilates Comes to the Aid of Parkinson's Sufferers

More patients say they're finding relief

By Sarah Skidmore
Associated Press

PORTLAND, Ore. - Movements in Pilates exercises are controlled — sometimes moving the body only inches — but those small motions are making a big difference to some people with Parkinson's disease.

No research has been done to prove Pilates' effectiveness in reducing Parkinson's symptoms, but a growing number of patients say they are finding some relief.

"I love it, it's great," said Karen Smith, 62. "It exercises muscles that otherwise don't get exercised."

Parkinson's, a degenerative disorder, inhibits a person's ability to control movement. Its most common symptoms include tremors, slowness of movement, rigidity and poor balance.

Smith is part of a group that meets twice a week at the Parkinson Center of the Oregon Health and Science University in Portland. The center held a Pilates pilot program earlier this year, and after it found improvement in the participants' rigidity and balance it launched a twice-weekly class open to the public.

The center already has a waiting list for its next round of classes.

A few Pilates instructors elsewhere around the country also are offering classes specifically for people with the disease.

"It could be any exercise" that might help people, said Kristi Sesso, owner of the Harmony Group Pilates and Gyrotonic's studio in Englewood, N.J. "But Pilates is a great point of access."

Instructors say the basic principal of Pilates — increasing core strength and improving flexibility and balance — is extremely helpful in countering the effects of Parkinson's in some people.

"I never dreamed of trying to do Pilates or anything like that," said Greg Moore, 59, who was diagnosed with Parkinson's 17 years ago and just started practicing Pilates. "Now I realized how stiff and boxed up I am."

Boosting confidence

There are studies that show exercise can ease the severity of Parkinson's symptoms, said Michael S. Okun, national medical director for the National Parkinson's Foundation. However, it needs much further research, he said.

"I tell my patients that exercise is like a drug — if they exercise religiously or stretch religiously, they do great," Okun said.

Pilates participants say the exercises aren't a strain, which makes the program more approachable for patients who don't exercise at all. Additionally, they say, it's supportive to be in a positive environment with other people with Parkinson's.

Many Parkinson's patients struggle with depression and some say the exercise has helped them.

"A lot of times exercise is as much for the head as it is for the body," said John White of Corvallis, Ore. "To feel like you can help yourself in some way is really important."

White, a former track and wrestling coach, says Parkinson's is a "seven-day-a-week job." But he says he exercises religiously and it allows him to continue hiking, golfing and running.

Debi LaVietes Clark, owner of Body Balance Pilates where White practices, says she is seeing an increasing number of people brought in by participants who have described how the program helps with flexibility, agility and balance.

"But what I've noticed, first and foremost, is confidence," Clark said. "Just because you are diagnosed with a disease doesn't mean the end of the world."

This article was forwarded by Leon Rosenthal, the support group leader of Magnolia-Peninsula. Thanks, Leon!

Can Stress Cause Weight Gain?

By Karen Collins, R.D., American Institute for Cancer Research

If you have been putting on weight, some advertisements claim that hormonal changes from high stress may be to blame. These ads offer products that will supposedly normalize your hormones, thus decreasing your waist size. But is stress related to weight? Are hormones the link? And should you use these products?

Research does support some link between stress and weight. Stress is often involved when people relapse

after weight loss, dropping new eating or exercise habits that they had hoped to continue.

When people are stressed they can also have trouble falling asleep. They may stay up late working or waiting to fully unwind. Even without any mental stress, studies show that a lack of sleep leads to lower levels of the hormone leptin, which can cause an increased appetite. Tired people often turn to food, too, to replenish their energy.

Cortisol – the hormone most often mentioned in connection with stress – has many different jobs. When we feel threatened or stressed, cortisol levels rise in a "fight or flight" reaction, making fuel available for us to fight or run away. Yet in today's world we may never burn all the energy released by this hormone because stress is largely emotional and doesn't require a physical response. A recent study suggests that cortisol levels increase with chronic work overload and worry.

It is important to keep in mind that individuals vary in their response to stress. In one study, cortisol levels increased with stress in both men and women, but the kind of stress that caused this reaction differed. Normally, repeated challenges fail to draw a cortisol response, but cortisol rises in some people even when they face familiar problems.

Some research suggests that cortisol may affect where body fat is stored. In one study, baseline levels of cortisol had no relation to women's fat distribution. But those whose cortisol levels jumped the most in response to stress tended to have proportionally more waistline fat—even if they had a healthy weight. A greater proportion of fat at the waist was related to increased levels of ongoing stress related to work or finances, or lower levels of self-esteem. This waistline fat that gives people an apple shape poses the greatest health risks.

Although advertisements for some herbal products claim to lower cortisol levels and bring rapid loss of large amounts of weight—specifically from the waistline area—no evidence from respected research studies exists to support these claims. In fact, the Federal Trade Commission (FTC) has filed a legal complaint against marketers of two of these herbal supplements. The defendants have agreed to stop making such claims and advertisements, but the products remain on the market.

To control stress and its influence on weight, researchers recommend other strategies. Kelly Brownell, Ph.D., of Yale University, proposes a two-pronged approach. By making life changes such as

scaling back commitments, learning better time management, or becoming more assertive, he suggests, we can reduce our stress. Exercise, meditation and yoga can then be used to cope with the remaining stress that we can't eliminate.

Another way to counteract stress is to change our psychological response. Part of what makes challenging situations stressful is a feeling of hopelessness. If we explore different options for a situation, we may empower ourselves to overcome this feeling. For instance, if you tend to overeat when stressed, develop a list of non-food ways to handle the pressure. Learning to wait out the urge to eat—usually just ten to fifteen minutes—can also be a simple psychological change that makes a significant difference.

Provided by [American Institute of Cancer Research](#)

Relaxation Techniques: Learn Ways to Calm Your Stress

Relaxation techniques — Learn ways to de-stress and bring calm into your life.

Relaxation techniques are a great way to help your quest for stress management. Relaxation isn't just about peace of mind or enjoying a hobby. Relaxation is a process that decreases the wear and tear of life's challenges on your mind and body.

Whether you have a lot of stress in your life or you've got it under control, you can benefit from learning relaxation techniques. Learning basic relaxation techniques isn't hard. Explore these simple relaxation techniques to get you started on de-stressing your life and improving your health.

The benefits of relaxation techniques

With so many things to do, relaxation techniques may take a back seat in your life. But that means you may miss out on the health benefits of relaxation.

Practicing relaxation techniques can improve how you physically respond to stress by:

- Slowing your heart rate
- Lowering blood pressure
- Slowing your breathing rate
- Reducing the need for oxygen
- Increasing blood flow to major muscles
- Reducing muscle tension

You may also gain these overall health and lifestyle benefits from relaxation techniques:

- Fewer physical symptoms, such as headaches and back pain
- Fewer emotional responses, such as anger and frustration
- More energy
- Improved concentration
- Greater ability to handle problems
- More efficiency in daily activities

Types of relaxation techniques

Although health professionals such as complementary and alternative medicine practitioners, doctors and psychotherapists can teach relaxation techniques, you can also learn some on your own. Relaxation techniques usually involve refocusing your attention to something calming and increasing awareness of your body. It doesn't matter which technique you choose. What matters is that you try to practice relaxation regularly.

There are several main types of relaxation techniques, including:

Autogenic relaxation. Autogenic means something that comes from within you. In this technique, you use both visual imagery and body awareness to reduce stress. You repeat words or suggestions in your mind to help you relax and reduce muscle tension. You may imagine a peaceful place and then focus on controlled, relaxing breathing, slowing your heart rate, or different physical sensations, such as relaxing each arm or leg one by one.

Progressive muscle relaxation. In this technique, you focus on slowly tensing and then relaxing each muscle group. This helps you focus on the difference between muscle tension and relaxation, and you become more aware of physical sensations. You may choose to start by tensing and relaxing the muscles in your toes and progressively working your way up to your neck and head. Tense your muscles for at least five seconds and then relax for 30 seconds, and repeat.

Visualization. In this technique, you form mental images to take a visual journey to a peaceful, calming place or situation. Try to use as many

senses as you can, including smells, sights, sounds and textures. If you imagine relaxing at the ocean, for instance, think about the warmth of the sun, the sound of crashing waves, the feel of the grains of sand and the smell of salt water. You may want to close your eyes, sit in a quiet spot and loosen any tight clothing.

Other relaxation techniques include those you may be more familiar with, such as:

Yoga

Tai chi

Music

Exercise

Meditation

Hypnosis

Massage

Relaxation techniques take practice

As you learn relaxation techniques, you'll become more aware of muscle tension and other physical sensations of stress. Once you know what the stress response feels like, you can make a conscious effort to practice a relaxation technique the moment your muscles start to tense. This can prevent stress from spiraling out of control.

Remember that relaxation techniques are skills. And as with any skill, your ability to relax improves with practice. Be patient with yourself. Stay motivated to reduce the negative impact of stress on your body and to experience a greater sense of calm in your life.

And bear in mind that some people, especially those with significant psychological problems and a history of abuse, may experience feelings of emotional discomfort during relaxation exercises. Although this is rare, if you experience emotional discomfort during relaxation exercises, stop what you're doing and consider talking to your health care professional.

From MayoClinic.com

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 or Bob Coon 510-794-7988 **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, Robert Lemon 510-526-2078 **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, Harry Santi 510-351-3224 **Sonoma County** 1st Sat (not Jan, Jul, Sep) 1-3, First Congregational Ch, 2000 Humboldt St, Santa Rosa, Ron & Colleen Trowse 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, Leon Rosenthal, 650-348-3480 **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 (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 X3470 **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 rriddle@stanfordalumni.org **San Mateo Caregivers** 1st Wed 2:30-4:30 Ellsworth Room 100 San Mateo Dr., Call Carol Hoffman, Mills Health Center 800-654-9966 **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, Bill Lev 831-662-3825

---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 408-269-2167 **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, North 2nd Sat 10 at San Joaquin Valley Rehab Hosp 7173 N. Sharon Ave, Dottie Rosenberg 559-322-0138 **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, 1170 Morse Ave., 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@sjyogataichi.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@sjyogataichi.com

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.

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 408.734.1593. If you are planning to attend, please call Charmaine Eng at 408.723.8116 (dial *82 before the number).

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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 **408.734.1593**, or e-mail ppsginfo@yahoo.com, and let us know. Thank you.



Parkinson's Patients Support Groups, Inc.
1170 Morse Avenue
Sunnyvale, CA 94089-1605
408.734.1593

ADDRESS SERVICE REQUESTED

May 2007

