

Parkinson's Patients Support Groups, Inc.

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Blood Pressure Drugs Might Prevent Parkinson's

Preliminary study finds some benefit from calcium channel blockers

Wednesday, Feb. 6, 2008 (HealthDay News) -- People taking calcium channel blockers to control their high blood pressure may find the regimen has a double benefit: Researchers say long-term use of the drugs also might cut the risk of developing Parkinson's disease.

But the findings are far from definitive and not yet ready for prime-time medical practice.

"There are not necessarily direct clinical implications, but the data support previous hypotheses that calcium channel blockers may have neuroprotective effects," said study senior author Christoph R. Meier, a clinical pharmacologist with University Hospital Basel, in Switzerland. "This may stimulate additional clinical and mainly basic research in this area."

The findings were published in the Feb. 6 online issue of *Neurology*, the medical journal of the American Academy of Neurology.

Previous studies with rodents and primates had uncovered a possible "neuroprotective effect" from calcium channel blockers and angiotensin converting enzyme (ACE) inhibitors, another class of blood pressure medications, the researchers said.

The new study looked at the effect of calcium channel blockers, ACE inhibitors, AT II antagonists and beta blockers on the development of Parkinson's disease.

The study involved more than 7,000 men and women in the United Kingdom over the age of 40, half of whom had been diagnosed with Parkinson's and half

had not. Almost half the people in each group used blood pressure medications. Participants currently taking calcium channel blockers lowered their risk of developing Parkinson's by 23 percent. There was no real effect for the other types of medications.

The strongest reduction in risk was seen in patients who had had 30 or more prescriptions filled and were still receiving prescriptions within 90 days prior to the diagnosis of Parkinson's, the researchers said.

Women tended to have more of a risk reduction than men but not if they had had less than 30 prescriptions filled. Individuals over the age of 80 had the most pronounced lowering of risk.

But even the study authors acknowledged that it's not clear where to go next with the findings.

"It may be desirable that basic research activities explore the effect of calcium channel blockers on the central nervous system which may lead (in theory) to new therapeutic strategies or even new drugs to prevent or treat Parkinson's," Meier said. "Regarding clinical or epidemiological/observational research, it would be nice if other research groups analyzed their databases and came up with their findings. They may either confirm our observations or come to the conclusion that our finding is isolated and that there is no need to further pursue this issue."

Disclaimer

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Music Therapy to Treat Parkinson's Disease

Newswise — (April 19, 2006)—Research is under way at the Methodist Neurological Institute (NI) to determine which musical rhythms are more therapeutic for Parkinson's disease patients.

Studies already have shown that music therapy can have a greater impact than physical therapy on Parkinson's patients, but Dr. Ron Tintner, a neurologist at the Methodist NI, is studying the use of different rhythms to facilitate movement in people with the debilitating disease.

"We already know that rhythm can make people move. The question is, 'Are there particular rhythms that work better for these patients?'" said Tintner, co-director of the Movement Disorders Clinic at the NI. Tintner is also a participating physician in Methodist's Center for Performing Arts Medicine program.

The first phase of this trial, supported by a grant from The GRAMMY Foundation® Grants Program, will study a group of patients without Parkinson's disease and determine what rhythms most stimulate them. Once determined, these rhythms will be tested on a group of Parkinson's disease patients to determine their response.

"Over the course of a year, we want to determine which acoustic stimuli will help Parkinson's patients move and function better. Ultimately, the goal would be to create a device, perhaps similar to a personal music device that would be tailored to each Parkinson's patient's needs," he said.

Exercise May Aid Parkinson's Patients

ScienceDaily (May 16, 2007) — A new study from researchers at the Keck School of Medicine of the University of Southern California (USC) shows that treadmill exercises may benefit patients with Parkinson's Disease and those with similar movement disorders.

Recent studies have shown that exercise can have beneficial effects in patients with Parkinson's Disease but the underlying reasons haven't been fully explored. This new study using treadmill exercise in animal models looked at the effects of dopamine in motor learning and execution.

This particular study looked at treadmill exercise and its effects between animal models with and without a loss of certain cells that are similar to what a Parkinson's Patient might suffer. Given the importance of dopamine in Parkinson's Disease, the researchers looked at changes in dopamine levels, among other results.

Researchers found that the subjects with cell loss and that exercised indeed had an effect on dopamine levels while normal subjects showed less of a difference in levels.

"Our study shows that the beneficial effects of exercise in Parkinson's Disease may be due to a more efficient use of dopamine," says Giselle Petzinger, M.D., assistant professor of neurology at the Keck School of Medicine of USC and the study's first author. "Surviving dopamine cells in our animal models- made to simulate what Parkinson's patients suffer with- subjected to intensive treadmill exercise appear to work harder."

Studies with John Walsh, Ph.D., associate professor at the USC Andrus Gerontology Center and a co-investigator of the study, showed that these cells release greater amounts of dopamine and decrease the rate of its removal from the synapse compared to neurons in subjects that do not undergo exercise.

The findings suggest that the benefits of treadmill exercise on motor performance may be accompanied by changes in dopamine neurotransmission that are different in the injured subjects compared to the non-injured. "Studies in our animal model of Parkinson's disease support the fact that exercise is beneficial for patients with Parkinson's," says Jakowec. "Exercise may help the injured brain to work more efficiently by allowing the remaining dopamine producing neurons to work harder and in doing so may promote stronger connections in the brain."

Further studies will investigate if beneficial effects of exercise have long-term effect on the injured brain, identifying the molecular links between exercise and the brain, and to better understand the molecular mechanisms within neurons that lead to these changes.

The study is led by USC neuroscientist Michael Jakowec, Ph.D., assistant professor of neurology and appears in the May 16 issue of the Journal of Neuroscience.

Fish Oil Eases Depression

WebMD Medical News

Oct. 18, 2002 -- It may sound fishy, but researchers say taking a daily fish-oil supplement may boost the effectiveness -- or even replace -- antidepressants for treating depression in some people.

In a new study, people who added a daily dose of omega-3 fatty acids to their regular antidepressant treatment had significant improvement in symptoms, including anxiety, sleeping problems, sadness, decreased sexual desire, and suicidal tendencies.

Although there are many effective treatments for depression, most only work in a limited number of patients or have significant side effects that prompt users to stop taking them. That's inspired researchers to look for new ways to treat the mental illness or increase the effectiveness of existing treatments.

Previous studies have suggested that depressed people have lower-than-normal levels of a fatty acid known as EPA (eicosapentaenoic acid), which plays an important role in maintaining normal brain function.

In this study, the researchers examined the effectiveness of adding various dosages of EPA supplement to normal drug therapy in 70 people with persistent depression that was not responding to standard antidepressants. The results appear in the October issue of the *Archives of General Psychiatry*.

Researcher Malcolm Peet, MD, of Swallownest Court Hospital in Sheffield, England, and colleagues found that patients who took the lowest, 1-gram daily, fish-oil dose showed significant improvements on all major measures of depression compared with those who took a placebo. In particular, 69% of the patients who took the 1-gram dose had a 50% reduction in their symptoms, compared with only 25% of those who took a placebo.

A 2-gram dose showed little effect, but those taking the highest, 4-gram, dose showed a trend toward improvement in symptoms. The researchers say larger studies are needed to confirm these effects.

The omega-3 fatty acid may work to ease depression by improving the effectiveness and absorption of existing medications, the researchers say. But they note that a limited number of their patients who are not on antidepressant therapy have seen improvements similar to those seen in this study through treatment with fish-oil supplements alone.

In addition, they say treatment with omega-3 fatty acid may be especially beneficial for depressed patients who are at risk for heart disease, in light of recent research about fish oil's heart-healthy effects.

Alzheimer's Disease Linked To Glaucoma

ScienceDaily (Aug. 7, 2007) — UK scientists have shown for the first time that key proteins involved in Alzheimer's disease are also implicated in glaucoma, the major cause of irreversible blindness worldwide. Research carried out at the UCL Institute of Ophthalmology and funded by the Wellcome Trust has also shown that novel drugs being tried for Alzheimer's disease which target this protein may be used to treat glaucoma.

The research team has developed a new technology for visualising nerve cell damage in the retina, known as Detection of Apoptosing Retinal Cells. Using this technology, they demonstrated that the protein beta-amyloid, which causes the so-called "plaque" lesions in the brains of Alzheimer's patients, also leads to nerve cell death in the retina. The research is published online in the journal Proceedings of the National Academy of Sciences of the USA.

"We've seen for the first time that there is a clear link between what causes Alzheimer's disease and one of the basic mechanisms behind glaucoma," says Dr. Francesca Cordeiro from University College London, who led the study. Dr Cordeiro is also a consultant ophthalmologist at the Western Eye Hospital, London, specialising in glaucoma. "However, this doesn't mean that everyone with Alzheimer's will develop glaucoma or vice versa. Glaucoma has a number of risk factors."

Glaucoma affects over half a million in the UK and as many as 65 million people worldwide. Little is known about what exactly causes the disease, which causes damage to the optic nerve in the eye; although the disease is traditionally attributed to increased pressure in the eye (known as "intraocular pressure", and clinical treatments attempt to lower this pressure). However a significant number of patients continue to lose vision despite their pressure being well controlled. The new research opens up a new avenue of treatment in glaucoma which does not involve treating intraocular pressure.

Dr Cordeiro and colleagues have shown that drugs which work to prevent the build up of the beta-amyloid protein in Alzheimer brains can be used to treat glaucoma in animal models. One such drug, Bapineuzumab, is already being used in clinical trials to treat Alzheimer's patients by pharmaceutical companies Elan in Dublin and Wyeth in the US. However, the UK researchers have shown that when combined with two other novel Alzheimer's treatments, the effects on glaucoma are even stronger.

"We are trying a new approach which has never been tried before, not even to treat Alzheimer's disease," says Dr Cordeiro. "Our success in treating glaucoma in the lab by combining different Alzheimer's treatments represents a brand new treatment strategy."

Research carried out previously by Dr Cordeiro and colleagues and also funded by the Wellcome Trust suggested that the retina can provide a window into the brain, allowing doctors to diagnose Alzheimer's disease by looking for evidence of nerve cell death. Alzheimer's disease is the most common form of dementia. Nearly 700,000 people in the UK suffer from dementia and this is expected to exceed one million people by 2025(2).

"Many even within medicine fail to realize that the retina, commonly examined by High Street opticians when they look at the back of the eye, is actually an extension of brain tissue, travelling down the optic nerve into the back of the eye," she says. "High Street opticians have been routinely looking at the brain in a more direct way than has been possible by high tech brain scanners such as MRI and CAT."

Now, Dr Cordeiro believes that this knowledge may mean that the eye could also be used to test potential treatments for Alzheimer's disease.

"Since we have shown that drugs for Alzheimer's disease can tackle glaucoma, then potentially we could use damaged retina to screen Alzheimer's drugs that target beta-amyloid build up."

Parkinson's Disease Drug May Work to Protect the Optic Nerve

Allergan is currently looking into a new drug called **memantine**. Researchers believe memantine may be able to protect the nerve from too much glutamate. It is taken orally and has been used for years to treat such diseases as Parkinson's Disease, Alzheimer's Disease, certain forms of dementia, and other nervous system disorders.

Memantine works by binding to the receptor molecule for glutamate on the cell surface. This prevents glutamate from being able to attach to the cell. Without glutamate, calcium cannot enter the nerve cell. Therefore, the nerve cells are protected from too much calcium, which can be toxic to the cell.

Memantine is able to accomplish this without interfering with the normal function of the cell. This ability to protect the cell from calcium and still allow normal cell function gives memantine a leg up on other drugs used for this purpose. So, it would seem that memantine may block the chain reaction of events that leads to cell death. If this is so, we may be able to preserve the RGC, the optic nerve, and one of our most important senses: sight.

A multi-center trial, looking at the long-term effects of memantine on patients with glaucoma, is currently in Phase 3.

www.glaucoma.org/treating/parkinsons_dise.php

Visit Our Website: www.ppsg.org

Relatives of Parkinson's Patients at Higher Psychiatric Risk

This suggests a link between the illness and depression, anxiety disorders, researchers say

December 6, 2007 (HealthDay News) -- The close relatives of people with Parkinson's disease are at increased risk for depression and anxiety disorders, new research suggests.

The risk is particularly high in the brothers, sisters, parents and children of persons who develop Parkinson's before age 75, said a team from the Mayo Clinic in Rochester, Minn.

The study included 1,000 immediate relatives of 162 Parkinson's patients and 850 immediate relatives of 147 people without Parkinson's. It's the first large population-based study to identify this kind of association.

"Studies by our group and others have shown that relatives of patients with Parkinson's disease have an increased risk of Parkinson's disease. Recently, we showed they also have increased risk of essential tremor and of cognitive impairment or dementia. However, the risk of psychiatric disorders was unknown," senior author Dr. Walter Rocca, a neurologist and epidemiologist, said in a prepared statement.

"Because many patients with Parkinson's disease develop anxiety and depression after and even before the onset of the disease, we explored whether this tendency was present to a greater extent in family members of people with Parkinson's disease compared with people without the disease. We found that, indeed, relatives of patients with Parkinson's disease are at increased risk for anxiety and depressive disorders, which suggests a genetic or other relationship between those disorders and Parkinson's disease," Rocca said.

Further research is needed to determine the exact cause or causes that boost the risk, he said.

The study was published in the December issue of the journal *Archives of General Psychiatry*.

<http://news.bio-medicine.org>

Adapted Fitness

Every Monday, Wednesday, and Friday at the Camden Community Center fitness room a group of eighteen to twenty get together to improve their health and well-being. However, this is not your ordinary group of individuals. For some of these participants just getting to the fitness room is a challenge. They have to arrange for

transportation, transfer from cars to wheelchairs, ambulate with walkers, and push themselves to achieve goals that you or I may take for granted. Still they show up three times a week without fail. They make all of the everyday excuses for skipping exercise laughable.

This program is called Adapted Fitness and is offered through the Office of Therapeutic Services three times a week from 1:00PM to 3:30PM. All of the participants are physically challenged in one form or another. The physical limitations include paraplegia, Multiple Sclerosis, amputation, stroke, total hip replacement, Parkinson's and more. We even have a few members from the geriatric community who have joined us to increase strength and mobility. Mark Hernandez, Liz Van Dyke, Sharon Kelleher, and Dominique Pacolba (Certified Strength and Conditioning Specialist) oversee the program. Each participant is interviewed upon their first session and is cleared to participate by their physician. Once goals and ability level is evaluated each person has a custom strength and conditioning program developed for them. The program includes use of stationary bicycles, treadmills, arm bikes, free weights, cable weights, and mat exercises.

The participants are monitored for progress and programs are advanced as goals are achieved. Goals vary from person to person. For example one of the participants is increasing his strength to prepare for a total hip replacement while another is increasing leg strength to accompany her husband on an anniversary trip to Europe. Whatever the goal these individuals will not give up until it has been achieved.

The next time you're thinking of skipping the gym because you have errands to run or you're tired, think of this extraordinary group of individuals. These are only excuses to them. Nothing will stop them from achieving their goal of being healthier more independent people.

For more information contact the Office of Therapeutic Services at 408-369-6438 or email us at Dominique.pacolba@sanjoseca.gov. We are located at 3369 Union Avenue San Jose, California 95124.

Gait and Balance Classes at the PI

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

Meditation: Take a stress-reduction break wherever you are

Meditation produces a deep state of relaxation and a tranquil mind. Meditation can give you a sense of calm, peace and emotional stability. And these effects don't end when your meditation session ends. Meditation can have lasting effects on your emotional and physical well-being.

Meditation and medical illnesses

Many healthy people use meditation as a way to relax the body and reduce stress. But meditation may also be useful if you have a medical disease or condition, especially one that may be worsened by stress. Scientific research about the benefits of meditation is continuing, and the results are mixed. Keeping that in mind, some research shows that meditation may help such conditions as: allergies, anxiety, arthritis, asthma, cancer, chronic pain, depression, high blood pressure, heart disease.

Be sure to talk to your health care professional about the pros and cons of using meditation if you have any of these or other medical conditions. Meditation isn't a replacement for traditional medical treatment. But it may be useful in addition to your other treatment.

Fitting meditation into your lifestyle

When you meditate, you clear away the information overload that builds up every day. When your mind is clear of distracting thoughts, you gain new perspectives and new ways of handling stress and other problems. You become more self-aware. You focus on the here and now — not on your ever-growing to-do list.

While there are many different ways to meditate, the goal is the same — inner peace. Don't let the thought of meditating the "right" way add to your stress. Sure, you can certainly attend special meditation centers or group classes led by trained instructors to practice such forms of meditation as: Yoga, Tai Chi, Guided Meditation, and Qi Gong.

But you can also practice meditation easily on your own. You can find everyday opportunities to meditate wherever you happen to be. You can also make meditation as formal or informal as you like — whatever suits your lifestyle and situation. Some people build meditation into their daily routine. For example, they may start and end each day with an hour of meditation. If you're short on time, all you really need is a few minutes.

Everyday ways to practice meditation

Here are some ways you can practice meditation on your own, whenever you choose. Take a few minutes or as much time as you like.

Breathe deeply. This technique is good for beginners because breathing is a natural function. Focus all attention on your breathing. Concentrate on feeling and listening as you inhale and exhale through your nostrils. Breathe deeply and slowly. When you feel your attention wander, gently return your focus to your breathing.

Scan your body. When using this technique, focus attention on different parts of your body. Become aware of your body's various sensations, whether that's pain, tension, warmth or relaxation. Combine body scanning with breathing exercises and imagine breathing heat or relaxation into and out of different parts of your body.

Repeat a sacred name or phrase. A mantra is the name of a sacred deity or a sacred phrase that you repeat silently or aloud. You can create your own mantra. Mantras are the building blocks of transcendental meditation. Examples of religious mantras include a Jesus prayer in the Christian tradition, the holy name of God in Judaism, or the Om mantra of Hinduism, Buddhism and other Eastern religions.

Walking meditation. Combining a walk with meditation is an efficient and healthy way to relax. You can use this technique anywhere you're walking — in a tranquil forest, on a city sidewalk or at the mall. When you use this method, slow down the pace of walking so that you can focus on each movement of your legs or feet. Don't focus on a particular destination. Concentrate on your legs and feet, repeating action words in your mind such as lifting, moving and placing as you lift each foot, move your leg forward and place your foot on the ground.

Engage in prayer. Prayer is the best known and most widely practiced example of meditation.. You can pray using your own words or read prayers written by others. Check the self-help or 12-step-recovery section of your local bookstore for examples. Talk with your rabbi, priest, pastor or other spiritual leader about resources.

Read or listen and take time to reflect. Many people report that they benefit from reading poems or sacred texts silently or aloud, and taking a few

moments to quietly reflect on the meaning that the words bring to mind. You can listen to sacred music, spoken words or any music you find relaxing or inspiring. You may want to write your reflections in a journal or discuss them with a friend or spiritual leader.

Focus your love and gratitude. In this type a sacred object or being, weaving feelings of love and gratitude into your thoughts. You can also close your eyes and use your imagination or gaze at representations of the object.

www.mayoclinic.com

PPSG SUPPORT GROUPS

---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., 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** 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 jnbard@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 Trousse 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 riddle@stanfordalumni.org **San Mateo Caregivers** 1st Wed 2:30-4:30 Ellsworth 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, 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** 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/The Villages** #rd 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 12:30-2:30 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@sjogataichi.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

In Memory

PPSG recently received gift donations in memory of the following individuals: Herbert S. Chu, Wallace E. Connolly, Ornal Ellis, Wilson Forbes, William Foss, Margaret Frank, Frances Giamona, Henry Guillot, Lillian A. Harris, William Holmberg, Earl Holtz, David Hyman, Grace Italia, George Kinkel, William D. Lorentson, Florence M. Neri, Stephen M. Ngoin, Eddie Nistler, Mildred Payne, Maureen "Bonnie" Potenti, Mary Ann Quigley, David Russell, and Gerald L. "Jerry" Swezea.

In Honor

PPSG recently received gift donations in honor of the following individuals: Kenneth Ferrin, Dave Grolle, Bonnie Matsumura, and Bernice Sarina.

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!

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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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.

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



Parkinson’s Patients Support Groups, Inc.
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