

Parkinson's Patients Support Groups, Inc.

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Patients Starting Parkinson's Drug Rasagiline Earlier Do Better

ScienceDaily (Jan. 27, 2009) — There is hope that the drug rasagiline can do what no other medication for Parkinson's disease now does -- slow the progression of a devastating degenerative brain disease that eventually robs people of their ability to move and function.

Now a new study looking at the long-term effects of rasagiline (Azilect) on newly diagnosed patients indicates that people who began the drug earlier continued to do better than those for whom treatment was delayed six months.

"Patients who received rasagiline right from the beginning rather than after a six-month delay experienced less progression of the clinical signs and symptoms of Parkinson's disease that interfere with activities of daily living such as eating, walking and dressing," said the study's lead author Robert A. Hauser, MD, director of the University of South Florida Parkinson's Disease and Movement Disorders Center. "This is potentially consistent with a slowing of underlying disease progression, although other possible mechanisms also need to be considered."

The study, sponsored by Teva Pharmaceutical Industries Ltd. (Israel), Teva Neuroscience, Inc. (USA) and H. Lundbeck A/S (Denmark), was a long-term open label extension of the multisite trial "TVP-1012 (rasagiline) in Early Monotherapy for Parkinson's Disease Outpatients" study, known as TEMPO. In TEMPO, more than 400 untreated patients with early Parkinson's disease were randomly assigned to rasagiline for a year (1 mg daily or 2 mg daily) or to placebo for six months followed by rasagiline for six months (2 mg daily). At the end of a year, patients receiving rasagiline from the start fared

better as measured by the Unified Parkinson's Disease Rating Scale. They experienced less worsening of motor symptoms, such as rigidity and tremor, and had fewer problems with activities of daily living than patients who began rasagiline six months later.

The open-label extension study followed more than 300 patients from the TEMPO study for up to 6.5 years. In this extension study, all patients continued on rasagiline (1 mg daily) and could take other Parkinson's disease medications as needed. The researchers found those who started rasagiline right from the beginning of the TEMPO study continued to fare better than patients in the delayed-start group. Over the course of the entire study, the early-start group had 16 percent less progression of the signs and symptoms of Parkinson's disease, and this greater clinical benefit was observed even as patients received conventional Parkinson's disease medications in addition to rasagiline. Rasagiline appeared to be well tolerated in this long-term study.

If the clinical outcomes from the TEMPO and extension study hold up under further scrutiny, it may indicate that early initiation of rasagiline confers a protective effect against disease progression, Dr. Hauser said. "If this is the case, it reinforces the importance of individuals being diagnosed and treated as soon as possible."

The study authors point out that early initiation of any drug to relieve symptoms of Parkinson's disease may lead to a better clinical outcome compared to delayed administration -- something that will be elucidated as more delayed-start studies are performed with other Parkinson's medications.

This article was forwarded by Steven Russell. Thanks, Steven!

The Mystery of My Brother's Brain – a personal story by Solna Braude, PPSG Webmaster

The best doctors do not always get it right, my brother was misdiagnosed. My experience has been that my brother went to more than five doctors and received at least five different diagnoses from definitely Parkinson's disease, to Parkinsonism unresponsive to Sinemet®, vascular Parkinson disease, idiopathic Parkinson's disease and finally Multiple System Atrophy. I was told that this is not unusual in brain disorders as it is extremely difficult to diagnose even by experienced doctors.

My brother complained of weakness in his left arm and left leg and fatigue so his general practitioner referred him to a neurologist. He received an initial diagnosis of Parkinson's disease and was referred to a movement disorder neurologist who specialized in Young Onset Parkinson disease. The doctor told him that he had Parkinson's disease and instructed him to take medication, Sinemet®, and go back to work. The medication did not improve his condition and the doctor told him that he was not trying hard enough and that most patients would be kneeling down and kissing his feet thanking him for giving him a renewed lease on life. There were unpleasant side effects from the Sinemet® (fuzziness, fogginess and drowsiness) and there was no improvement in his symptoms. He fired that doctor and went to a clinic where he was given a battery of tests and they concluded that he probably had Parkinsonism unresponsive to Sinemet®, which we already knew. This was not helpful to my brother so we started visiting doctors on both the East and West Coast and Canada having PET scans and MRIs in an effort to get an accurate diagnosis and better clinical treatment. We went to England to see an expert and this time got a diagnosis of Multiple System Atrophy. The doctor was adamant that it was MSA and was astounded that everyone else had missed this diagnosis. I never realized how difficult it was to get a diagnosis for a common disease. Because of all the uncertainty, my brother decided that he should have a brain autopsy at death to get a positive diagnosis.

In order to have a brain autopsy my brother needed to make plans in advance. The first decision he had to make was which brain bank to donate his brain to. Then he had to work out the logistics of harvesting (removing) the brain, such as where the harvesting

would take place and who would do the harvesting. At first I found this very disturbing, depressing and even gruesome and morbid. I hated it! But as my brother insisted that his brain be donated for research and for a great cause, I helped him work on the details of the donation. I found that it was very therapeutic and it prepared me for the inevitable early death of my only brother. As I worked through the process I met very kind and caring people who gave me moral support and lots of assistance with legal and technical details concerning donating organs and tissue for research.

My brother died on a Saturday at midnight and as thorough plans had been made in advance I had a check list of what to do. Once the Hospice nurse had declared him dead, she contacted the coroner for a death certificate, I called the funeral home and the harvester at 2 a.m. so his brain was removed by 6 a.m. and on its way by air to the Mayo Clinic in Florida that afternoon. It was actually a huge relief for me to have everything planned in advance. If it had not been so thoughtfully and thoroughly planned beforehand I would have been too distraught to have carried out his wishes for a brain autopsy. The most amazing thing is how helpful and how much emotional support I received from everyone. These people work with death all the time and are very understanding. All of the planning made the donation easy and made for a great sense of comfort when he died. I was relieved it all worked as planned.

Soon after the brain was received by the Mayo Clinic, Jacksonville, I received the autopsy diagnosis of Lewy Body Disease, brainstem predominant, history of Parkinsonism. While I was working through my grief I was able to notify and report back to each doctor that my brother had consulted and send them a copy of the autopsy report – every doctor thanked me profusely and commented how useful this would be in their diagnosis of other patients. It helped me immensely in dealing with the death of my brother knowing that others would benefit because diagnosing brain disorders is really, really hard. I am very happy that my brother and I spent so much time preparing and planning for his brain donation as it helped me deal with his death and my loss. For information on Brain Donation speak to your neurologist or contact Maybelline Que at the Parkinson Institute at 408.542.5627 or Beth Marten at the Mayo Clinic, Jacksonville, Florida at 904.953.2439.

Dental Health and Parkinson's Disease

By James M. Noble, M.D., M.S., C.P.H.

If you or a loved one is living with Parkinson's disease (PD), you are surely aware of its complexities. Among these, one that is often overlooked by both neurologists and people with Parkinson's disease is dental health.

Why is it so important to address dental health issues? Poor dental hygiene can affect nutrition and increase risk for stroke, cognitive impairment and weight loss. Parkinson's often poses unique challenges in establishing and maintaining an effective dental treatment strategy. People of all ages with PD face similar challenges, but for those who are older, the problems can be especially serious.

Barriers to Dental Health in PD

The factors accounting for diminished dental care in PD are both physical and behavioral.

Physical Barriers

The physical symptoms of Parkinson's present challenges both for daily home dental hygiene and periodic office examinations. In 2000, David Kaplan, D.D.S., a retired Columbia University dentist, noted that in people with Parkinson's, "major components of oral hygiene and home care programs...require muscle-eye-coordination, digital dexterity and tongue-cheek-lip control. Tremor and the associated loss and/or lessening of the above faculties mitigate against effective oral hygiene procedures."

Indeed, because of poor motor function, nearly half of all people with PD have difficulty with their daily oral hygiene regimen. For example, people with Parkinson's are less likely than others in their age group to clean their dentures daily.

Parkinson's symptoms — such as tremor, rigidity and abnormal posture — may make a dentist's examination more difficult. Weakened swallowing ability can increase the risk of aspiration (choking) from some treatments typically used by dentists. Additionally, people with PD who have been on medications like levodopa for several years may begin to develop dyskinesias, which can affect the jaw (where they are called oro-buccal dyskinesias) as well as teeth grinding — both of which may create problems during dental exams and at home.

People with PD may also experience dry mouth, which can contribute to or worsen already-existing chewing difficulties or denture discomfort.

Behavioral Barriers

In addition to the motor-related difficulties associated with Parkinson's, there are behavioral changes that may

negatively impact dental care. These include apathy, depression, and forgetfulness, all of which may lead a person with Parkinson's to pay less attention to his or her daily dental health. Other behavior changes can affect nutrition. For example, people with PD require greater caloric intake than those without PD, but some individuals will actually experience decreased appetite. This problem, combined with poor dental hygiene, often leads to a tendency to avoid nutrient-rich foods, like vegetables, which require the ability to chew well. It can also lead some people to develop a "sweet tooth" which may put them at greater risk for cavities.

People with PD may also experience some level of cognitive impairment, ranging from mild to severe. This sometimes leads to a decline in the practice and effectiveness of many daily self-care routines, including dental hygiene. People who experience cognitive changes may also be more likely to miss dental appointments and less likely to report dental pain to their caregivers or dentist, meaning problems may go unaddressed for too long.

There are early signs to look for if you are worried that your own dental care, or that of a loved one, is declining. These include infrequent tooth-brushing, difficulties rinsing during daily dental care, poor denture care and trouble sitting through meals.

Strategies for Improving Dental Care

Clearly, the sooner that attention is given to preventive dental care, the better. So what can a person with PD or a caregiver do to ensure that Parkinson's disease does not stand in the way of good dental hygiene? Here are a few tips:

Maintaining Dental Care at Home

Perhaps the simplest intervention is an electric toothbrush, which provides the fine and repetitive motions that protect teeth most effectively. In some people with Parkinson's disease, "one-handed preventive strategies," which allow a person to use the stronger side of his or her body, can also be helpful. For instance, some find that caring for dentures is made easier by attaching a nailbrush to a household surface with a suction cup and then moving the denture back and forth across the brush.

Additionally, people with Parkinson's may find prescription strength, topical stannous fluoride gel treatments a good preventive strategy, both on a daily basis at home and during periodic visits to the dentist. Stannous fluoride is often used in toothpastes to protect tooth enamel from cavities, but it is also available as a gel that can be directly applied to the mouth. Since this is a much stronger treatment than that found in toothpaste, a dentist should be consulted to recommend the dosage and frequency of use.

Mouthwashes are generally discouraged for people with PD because they present the risk of choking, but in cases where they are still an option, it is best to look for those that are non-alcohol based and that use either chlorhexidine (an antiseptic) or baking soda. A good alternative is a chlorhexidine brush, which is a swab laden with chlorhexidine that you can apply to your teeth. They are available only by prescription, so you will need to consult your dentist.

Improving Dental Visits

There are several ways in which people with Parkinson's and their caregivers can improve the value of their visits to the dentist, beginning with timing them strategically. For example, it is wise to plan for early morning visits, when waiting times tend to be shorter. Additionally, it's best to take levodopa 60-90 minutes prior to the office visit to take advantage of a peak response period, which may improve the patient's ability to meet the demands of a dental examination. Finally, it may be helpful to plan a series of several, brief office visits rather than fewer, longer visits. As PD progresses, the amount of time during which a person responds optimally to PD medications will become less and less, so shorter visits may be more realistic and more productive.

Considering Medications and Surgery

As PD progresses, motor symptoms worsen and anxiety may increase, making home dental care and routine dental work more difficult. A neurologist will often be able to help in such situations, weighing the risks of medications with the potential benefit of a dental intervention. If invasive procedures, such as tooth restoration, are indicated, these should be undertaken as early as possible in PD's progression, to minimize risk. If general anesthesia is required for a procedure, the patient should be warned that the recovery period for a person with Parkinson's may be prolonged.

Conclusion

This informal list of suggestions to improve oral health is not comprehensive, but it offers a framework for intervention based on the best available (albeit limited) data. Thankfully, researchers with multidisciplinary interests are actively investigating links between neurologic and oral health. We hope that their findings will ultimately result in interventions that improve oral health in people with Parkinson's disease.

James M. Noble, M.D., M.S., C.P.H., is Assistant Professor of Neurology at Harlem Hospital Center, Columbia University College of Physicians & Surgeons and at the Neurological Institute at Columbia University Medical Center.

This newsletter is assembled by the Morgan Center.

Tips for Maintaining and Improving Dental Health

- Use an electric toothbrush
- Try "one-handed strategies," which allow you to use the stronger side of your body
- Apply stannous fluoride gel treatments, as directed by your dentist
- Try non-alcohol based mouthwashes using chlorhexidine or baking soda
- Visit your dentist in the morning
- Take levodopa (Sinemet) 60-90 minutes before your visit
- Plan several, shorter dentist visits, rather than fewer, longer ones

www.pdf.org/en/winter09_dental.

This article was forwarded by Steven Russell.

City Arts & Lectures presents:

Michael J. Fox & Michael Pollan, in conversation

Benefiting the Michael J. Fox Foundation for Parkinson's Research

Friday, May 1, 2009

Herbst Theatre * 8 p.m.

Tickets: \$20 & \$100 (higher priced ticket includes a reception following the program)

For tickets, call City Box Office: 415-392-4400

Michael J. Fox is an award-winning film and television actor whose struggle with Parkinson's disease has provided a public platform for unprecedented advocacy and research into the degenerative disorder. He has authored a memoir, *Always Looking Up: The Adventures of an Incurable Optimist* (due out in April), chronicling the past decade of his life. *Always Looking Up* picks up on themes from his first book, *Lucky Man*, to tell a tale of self-discovery through illness with humor and wit. Journalist, activist, and author Michael Pollan has authored many books on the agriculture and food industries, most recently *In Defense of Food: An Eater's Manifesto*. His articles appear regularly in *The New York Times Magazine*. He is a professor at UC Berkeley's Graduate School of Journalism. Pollan's sister is actress Tracy Pollan, Fox's wife and former co-star (on the *Family Ties* series).

Maxine Voight, Volunteer of the Year!

By Charmaine Eng, Chair, PPSG

Maxine Voight was recently presented an award for "Volunteer of the Year" at the Sunnyvale Support Group, where she and her late husband, Duane "Butch" were long time active members, and has continued to help at the monthly meetings. Also she has been a dedicated supporter of the San Jose Parkinson's Caregiver Support Group.

In addition, Maxine has volunteered to help at many PPSG events and done office work as well as being on special committees in her free time. Thank you, Maxine for your outstanding work!

Here is her thank you note that she wrote to PPSG:

Jan 5, 2009

Dear Sirs:

Charmaine Eng presented the "Volunteer of the Year Award" to me at the Sunnyvale Parkinson's Group meeting last week. Thank you so very much for your thoughtfulness. There are so many people who are giving their time in various ways to support the PPSG. I am very grateful to be able to help in small ways and to also give my support to this organization.

Again, thank you for the honor. Hopefully one day a cure will be found for Parkinson's,

Sincerely, Maxine Voight

PPSG SUPPORT GROUPS

---NORTHERN REGION---

Berkeley North Berkeley Senior Center 1901 Hearst Ave 3rd Wed 1:00PM-3:00PM Roddy Raikow 510.231.1998 roddy1482@earthlink.net Irene Smythe 510.524.4847 **Eureka** Adorni Center 1011 Waterfront Dr 2nd Fri 3:00PM-4:00PM Mary and Bob Kay 707.442.5245 immaryk@suddenlink.net **Fremont** Fremont Senior Center 40086 Paseo Padre Pkwy 4th Mon 7PM Lettie Webb 510.656.6393 **Fremont/Caregivers** City Hall-Bldg B Large Conference Rm 3300 Capitol Ave 2nd Mon, 4th Mon 1PM-2:30PM Nancy Rothschild 510.574.2035 **Mill Valley/Marin County** Redwoods Auditorium 40 Camino Alto 4th Tue 1:00PM-3:00PM Eric Stoelting 415.383.5145 **Oakland** Easter Seals Bay Area 180 Grand Ave Suite 300 1st Thu 1:30PM-3:30PM Karen & Jim Eagan 510.763.4492 **Petaluma** Petaluma Senior Center (Lucchesi Pk) 211 Novak Drive Fri 1:00PM-3:00PM Pearl Sorenson 707.795.4858 Judy Geri 707.766.8521 **Piedmont Caregivers** Guild Parlor Piedmont Community Church 400 Highland Avenue 2nd Thu 11:45AM-

1:30PM Rosemary Allen 510.451.7880 allenwr@earthlink.net **Pleasanton Tri-Valley** Pleasanton Senior Center 5353 Sunol Blvd 2nd Sat 10:00AM-12Noon Norman & Jackie Bardsley 925.831.9940 jnbard@pacbell.net **San Leandro** San Lorenzo Community Church 945 Paseo Grande 1st Thu 10:00AM-11:30AM Norma Zeff 510.663.6435 Harry Santi 510.351.3224 **Santa Rosa/ New Caregivers** Sunrise Center 3250 Chanate Rd 2nd Wed 2:00PM-4:00PM Amy Southwick 707.539.2646 **Sonoma County Support Group** Christ Church United Meth Church 1717 Yulupa Ave 1st Sat (xAug/Dec) then 2nd Sat-no Jan/Jul/Sep 1:00PM-3:00PM Patricia Staudacher 707.575.5331 patdot@sonic.net George Irizary irizary@juno.com **Vallejo Support Group** Community Presbyterian Church Room 2 2800 Georgia Street 1st Sat 10:30AM-Noon Theresa Pate 707.642.2173 Molly Leavitt 707.642.3763 **Vallejo/Silent No More Caregivers Group** Community Presbyterian Church Room 2 2800 Georgia Street 3rd Thu 6:00PM-8:00PM Theresa Pate 707.642.2173 **Walnut Creek/Mt. Diablo Parkinson's Network** Grace Presbyterian Church 2100 Tice Valley Blvd 2nd Sat 10:00AM-Noon Nancy Walls 510.236.7065 Ronalee Spear 925.284.2189 **Walnut Creek/Mt. Diablo Young Onset Supp Grp** Grace Presbyterian Church 2100 Tice Valley Blvd 3rd Sat 10:00AM-Noon Ronalee Spear 925.284.2189

---PENINSULA REGION---

Daly City Doelger Senior Center 101 Lake Merced Blvd 1st Tue 3:00PM-4:00PM Leonard Ke 415.587.1285 **Los Altos/Young Park. SG** United Methodist Church 655 Magdalena Ave 2nd Sat 10:00AM-12Noon Dean Prescott 408.738.2505 deanp53@yahoo.com **Millbrae/Magnolia-Peninsula** Magnolia Apartments 201 Chadbourne Ave 2nd Thu 1:30PM-3:00PM Van Knight 415.678.8455 millbraesupportgroup@gmail.com **Palo Alto** Avenidas Senior Center Dining Room 450 Bryant Street 2nd Wed 2:00PM-3:30PM Charles Biton 650.529.2394 **Palo Alto/PD Under 50 Group** Board Rm Lucile Packard Children's Hosp. 725 Welch Rd 2nd Tue 6:30PM Martha Gardner 866.250.2414 **Redwood City** Sequoia Hospital Wellness Center 170 Alameda de las Pulgas 3rd Fri 1:00-2:30PM Tom Constantino 650.366.7166 **San Francisco Support Group** SF VA Bldg 203-PD Center 1st Floor 4150 Clement St 3rd Tue 6:00PM-7:30PM Susan Heath, RN MS 415.379.5530 susan.heath@va.gov **San Mateo/Atypical Parkinsonism** Mimi's Café 2208 Bridgepoint Pkwy Sundays-approx every 6 wks 5:00PM-7:00PM Robin Riddle 650.233.9277 riddle@stanfordalumni.org **Sunnyvale** First United Methodist Church 535 Old San Francisco Rd 2nd Wed 1:00PM-3:00PM Call 408.733.5648

---SOUTHERN REGION---

Hollister First Presbyterian Church 2066 Cienega Rd 1st Tue 1:30PM-3:30PM Shirley Kennedy 831.637.3839 John Skinner 831.637.3839 **Monterey** SHARE Room Hayes School 200 Coe Ave Seaside 3rd Mon 2:30PM-4:00PM Helen Garrett 831.657.4241 Kathy Warthan 831.372.7510 **Salinas** Salinas Adult School 20 Sherwood Pl Quarterly 1:00PM-3:00PM Sherry Whitcomb 831.663.5926 **San Jose/Berryessa** Berryessa Community Center 3050 Berryessa Rd 1st Wed 1:00PM-2:30PM Bob & Jane Pomeroy 408.263.8485 **San Jose/Caregivers** St. Francis Episcopal Church 1205 Pine Ave 4th Wed 1:30PM-3:30PM Charmaine Eng 408.723.8116 **San Jose/The Villages** The Villages Golf and Country Club San Jose, CA 3rd Tue 2:00PM George Pratte 408.223.8033 Access Pass Required **San**

Jose/Willow Glen St. Francis Episcopal Church 1205 Pine Ave 1st Fri 10:00AM-12Noon Jane Fox 408.265.3991 Darrell McCleod 831.427.0966 **Santa Cruz** St. Stephen's Lutheran Church 2500 Soquel Ave 1st Wed 12:30PM-2:00PM David Donohoe 831.479.4485 Sally & Darrell McCleod 831.427.0966 **Saratoga** 1949 Via Real Dr 3rd Tue 2:00PM-4:00PM Lois McPherson 408.867.1807

---CENTRAL VALLEY REGION---

Fresno (greater) The Bridge Evangelical Free Church 3438 E. Ashlan Ave 2nd Sat 10AM-12Noon Max Robinson 559.226.2673 fresnopdsupport@comcast.net Ellen Jablonski 559.298.4080 **Merced** Mission Gardens 1450 E. 27th St 3rd Thu (xDec) 10:00AM Amie Marchini 209.384.3300 **Modesto** Fireside Rm Centenary United Meth. Ch. 1911 Toyon Ave 3rd Wed 1:30PM-3:00PM David & Joann Ryan 209.529.5643 davejoann@sbcglobal.net **Pine Grove/Amador County** Patio Building Calvary Chapel 18400 Ridge Road 3rd Thu 10:00AM-12Noon Sarah Johnson 209.296.2575 jani@volcano.net **Roseville/Central** Maidu Community Center 1550 Maidu Dr 1st Tue 1:30PM-3:00PM Tara McCain 916.862.3973 **Sacramento/Parkinson's Assn of N. California** Regional Headquarters 900 Fulton Ave Suite 100-5 See website for times Various 916.489.0226 parkinsonsacramento.org **San Andreas/Calaveras County** San Andreas Senior Center 956 Mountain Ranch Rd 3rd Tue 10:00AM-12Noon Sarah Johnson 209.296.2575 jani@volcano.net **Stockton** O'Connor Woods Senior Living 3400 Wagner Heights Rd 2nd Wed 1:30PM Dr. David Freis 209.465.9761 **Stockton/Early Onset** Admin Bldg Hospice of San Joaquin 3888 Pacific Ave 3rd Thu 6:30PM Karen Frank 209.406.9317 **Turlock/Forming** Covenant Village 2125 N. Olive Ave TBA TBA Marianne Johnson 209.634.3157 **Visalia/Central Valley Parkinson's Supp Grp** United Methodist Church 5200 W. Caldwell Ave 1st Fri 10:30AM Mary Dickerson Frantz 559.622.9044 marydickerson99@comcast.net www.cvpssg.org

EXERCISE CLASSES

Berkeley: North Berkeley Senior Center, Thursday, 10-11:30 Kay Ellyard 510.848.5143 **Berkeley:** Mon. 1030-1200 & Tues 10:30-12:00, John Argue 510.985.2645 JCC East Bay www.parkinsonsexercise.com **Daly City:** Tue./Wed/Thu 930-1130, Doelger Sr. Ctr. Gym John Pantazy 650.991.8012 **Gilroy:** Gavilan College, Dave Ellis, 408.848.4878 **Hayward:** Kaiser Permanente, Wed. 10-11:30, John Argue 510.985.2645 **Kensington:** Tue. 1:30-3:00, John Argue 510.985.2645 **Los Gatos:** Thu 2-3P Balance Class Community Hosp. of Los Gatos Rehabilitation Ctr. 355 Dardanelli Lane \$10/session Samantha 408.866.4022 **Los Gatos:** Mon 2PM/Thu 1PM Parkinson's Lifelong Useful Skills (PLLUS) balance, gait, posture and Tai Chi/Qi Gong The Terraces 8010 Blossom Hill Rd. Kujiweza Healing Arts Jane 408.315.1179 Parkinsons@sjogataichi.org **Monterey:** Monterey Peninsula College, Mark Clements, 831.646.4231 **Palo Alto:** CAR, Aquatic Therapy, 650.494.1480 **Palo Alto:** Avenidas Sr. Ctr. 450 Bryant St. 650.289.5400 **Palo Alto:** Sat 10-1130 Tai Chi/Qi Gong for Parkinson's Atrium Stanford Hospital Kujiweza Healing Arts Jane 408.315.1179 Parkinsons@sjogataichi.org **Redwood City:** Canada College, 4200 Farm Hill Blvd. Barbara McCarthy 650.306.3473 **Salinas:** Hartnell College, Melissa Stave, 831.755.6876 **Saratoga:** Mon. - Fri. 9-12; 1:30-3, West Valley Comm. Coll. Joan 408.741.2420

San Bruno: Mon/Wed 1:10-2:30, Tue/Thur. 12:35-1:50, Skyline College Bess 650.738.4286 **San Jose: Camden Community Ctr.** M/W 10:30-11:45 T/TH 10:00-11:15 Adapted Exercise M/W/F 1:00-3:30 Adapted Fitness 408.369.6438, **Houge Ctr.** Tue/Thur 10-11:45, **Easter Seals Comm Ctr.** Aquatic Exercise programs, 408.295.0228, **Evergreen Ctr.** Deanna, 408.369.6435, **Evergreen Valley College,** Rich Wagner, 408.274.7900 x 6447 **Southside Community Ctr.** M/W/F 1:00-1:45 Chair Exercises F 9:00-11:30 2:00-3:30 Tai Chi 408.629.3336 **The Villages:** Mon 11:30-12:30 Wed 11:15-12:15 Thu 11:30-12:30 Parkinson's Exercise Program(PEP) Kujiweza Healing Arts Jane 408.315.1179 Parkinsons@sjogataichi.org **San Mateo:** College of San Mateo, 1700 W. Hillsdale Blvd., John Hogan, 650.574.6469 **San Rafael:** Osher Marin JCC, San Rafael. 415.444.8000 **Santa Rosa:** 151 Sotoyome Street Rehab. Gym Tue 12:30-1:20 Balance Class Linda 707.543.2570 **Santa Rosa:** 151 Sotoyome Street Rehab. Gym Mon/Thu 12:30-1:20 Parkinson's Exercise Class Linda 707.543.2570 **Sunnyvale:** Tue/Thu 9-10, Sr. Ctr. 550 Remington Dr., Ruth Hanes 408.864.8873 **Sunnyvale:** Wed. 10-12 Beginning and Intermediate Wed 12-2 Intensive The Parkinson's Institute, 675 Almanor Ave., Marilyn Basham 408.542.5685 **Sunnyvale:** 1st and 3rd Thu 12-1 Shakin not Stirred vocal exercise group, the Parkinson's Institute, 675 Almanor Ave., Randy Hoffman 408.542.5658 **Walnut Creek/Mt Diablo:** Thu 1-3 Tremble Clefs vocal exercise group, United Methodist Church, 1543 Sunnyvale Ave., Elsie Chapman 925.682.0809 Joan Hodgkin 925.943.7393.

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.

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

- [What's New](#)
- [Articles](#)
- [About Parkinson's](#)
- [Support Groups](#)
- [Exercise Classes](#)
- [Events](#)
- [Newsletters](#)
- [Caregivers](#)
- [Links](#)
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Cognitive Training Can Alter Biochemistry of the Brain

ScienceDaily (Feb. 9, 2009) — Researchers at the Swedish medical university Karolinska Institutet have shown for the first time that the active training of the working memory brings about visible changes in the number of dopamine receptors in the human brain. The study, which is published in the journal *Science*, was conducted with the help of PET scanning and provides deeper insight into the complex interplay between cognition and the brain's biological structure.

"Brain biochemistry doesn't just underpin our mental activity; our mental activity and thinking process can also affect the biochemistry," says Professor Torkel Klingberg, who led the study. "This hasn't been demonstrated in humans before, and opens up a floodgate of fascinating questions."

The neurotransmitter dopamine plays a key part in many of the brain's functions. Disruptions to the dopamine system can impair working memory, making it more difficult to remember information over a short period of time, such as when problem solving. Impaired working memory has, in its turn, proved to be a contributory factor to cognitive impairments in such disorders as ADHD and schizophrenia.

Professor Klingberg and his colleagues have previously shown that the working memory can be improved with a few weeks' intensive training. Through a collaborative project conducted under the Stockholm Brain Institute, the researchers have now taken a step further and monitored the brain using Positron Emission Tomography (PET scans), and have confirmed that intensive brain training leads to a change in the number of dopamine D1 receptors in the cortex.

Their results can be of significance to the development of new treatments for patients with cognitive impairments, such as those related to ADHD, stroke, chronic fatigue syndrome and ageing.

"Changes in the number of dopamine receptors in a person doesn't give us the key to poor memory," says Professor Lars Farde, one of the researchers who took part in the study. "We also have to ask if the differences could have been caused by a lack of memory training or other environmental factors. Maybe we'll be able to find new, more effective treatments that combine medication and cognitive training, in which case we're in extremely interesting territory."

Positron Emission Tomography is a medical imaging technique based on the decay of radioactive isotopes that is

able to produce three-dimensional pictures of the movement of signal substances in the living body. Karolinska Institutet has been able to invest in the world's most powerful PET scanner for brain imaging thanks to a financial contribution by pharmaceutical company AstraZeneca.

PPSG Board Meetings

You are welcome to drop by our board meetings and share ideas with us! We meet on the **3rd Monday** of the month between **1:00 and 3:00 PM** at the Parkinson's Institute, at 675 Almanor Avenue, Sunnyvale, CA 94085. To confirm meeting dates and time, please call us at **408.542.5610**. If you are planning to attend, please call Charmaine Eng at 408.723.8116 (dial *82 before the number).

In Memory

PPSG recently received gift donations in memory of the following individuals: Dan Alfaro, Boyd Allen, Ms. Hisako Borton, Mary K. Brown, Tong & Anne Chang, Herbert S. Chu, Wallace E. Connolly, Richard D. Cunningham, Dingus, Barbara Gado, Euleta Harris, Lillian E. Harris, William Holmberg, Earl Holtz, Giles "Bud" Kennedy, Ken Kleidon, Jimmy Knepper, Bill Malone, Bob McCarty, Louis Mirante, Donald Nelson, Florence M. Neri, Stephen M. Ngin, Hens Ode, Aura Pimilia, Anthony Ponza, Belle Rudoff, Ted Sieverson, Gus Sotir, William F. Steinborn, Jerry Swezea, Judith A. Trivedi, Jean Vernon, and Duane A. Voight.

In Honor

PPSG recently received gift donations in honor of the following individual: M/MR. M Auslen, Marilyn Basham, Josephine Damato, Bill Fremont, M/M George Jee's 50th Wedding Anniversary, Robin Katsaros' Mom & Dad, Leon Lauris, Benjamin Nelson, Phyllis Ng, Leonore Smith, Barbara Stepp, and Ted Sieverson for life and struggle against PD.

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, education and community awareness of Parkinson's disease. Please mail your donations to: PPSG, P O Box 60188, Sunnyvale, CA 94088

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Petaluma Support Group Meetings

Location: Novak Center at Lucchesi Park (Petaluma Senior Center)
211 Novak Drive
Petaluma, CA 94954

Director: Pearl Sorenson 707-795-4858
np_soren@sbcglobal.net

Reporter: Ann Clark 707-823-7523
annibbanani@gmail.com

Schedule: Parkinson Exercise Class, Fridays 1:00pm - 3:00pm
Meeting Third Friday each month, 1:00pm - 3:00pm
Occasionally meetings are scheduled at a private home or a restaurant for lunch or an early dinner.

March: Exercise class, March 6, 13, 27 : Meeting March 20

For information on clinical research study that focus on behavioral changes/psychosis related to Parkinson's disease, call 866.565.0261, or log on to www.ParkinsonsMindStudy.com

San Jose Support Group Activities

Our speaker on April 3 is Dr. Grace Liang, Movement Disorders Specialist at The Parkinson's Institute. She will present information on Parkinson's Patients & Hospitalization.

The speaker on May 1 is Carrie Jones. Carrie is a Speech-language Pathologist, Clinic Coordinator for Kay Armstead Clinic for Communication Disorders at San Jose State

We meet the first Friday of each month at St. Francis Episcopal Church, 1205 Pine Avenue, San Jose, CA, at 10 AM.

Chair:

Charmaine Eng

Vice Chair:

Dean Prescott

Secretary:

Carla Gwosden

Treasurer:

Allan Daily

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Solna Braude

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