

Parkinson's Patients Support Groups, Inc.

Summer Quarterly 2006

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Free 7/12 Picnic for Parkinsonians and Their Families

COME JOIN THE FUN! LISTEN TO THE MUSIC!
DISPLAY YOUR TALENTS AND EAT TO
YOUR FILL!!

Charlie Nimovitz will be playing at a free picnic sponsored by Classic Residence by Hyatt, 600 Sand Hill Rd., Palo Alto, CA 94304, on July 12, from 11:00-2:00. There is an optional tour of the Hyatt from 11-11:30.

Parkinsonians with artwork or hobbies are welcome to display and sell the results of their talents. Reserve your display table by calling the number below.

Please call by June 29 with your name, number of attendees, and a phone number for reservation confirmations. Seating is limited to 100. Call 650.254.0906 to leave a message or write to PO. Box 3156, Los Altos, CA 94304 with the above information.

This event is supported by Parkinson's Patients Support Groups, Inc. (PPSG) and the APDA Palo Alto Support Group.

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

5 Steps to an Accurate Diagnosis

By Rich Maloof for MSN Health & Fitness

Don't walk into your doctor's office full of worry and wild theories. Letting your imagination—or your research—get out of hand may complicate the physician's assessment.

Your time in front of a doctor is likely to be short, so use it wisely. Be well prepared and clear-headed. Again, we warn strongly against self-diagnosis. These are not tools for excluding your physician—they are suggestions for preparing in advance of an appointment.

1. Use reliable sources

Several consumer health guides provide helpful and fascinating medical information distilled in a language we can all understand. Leaders of the category include:

[Columbia University College of Physicians and Surgeons Complete Home Medical Guide](#)

[Mayo Clinic Family Health Book](#)

[Johns Hopkins Family Health Book](#)

2. Be aware of diagnostic guidelines

You don't have to do your doctor's job for her. But before you walk in with a theory you put together over lunch, know that your armchair evaluation is only valid insofar as it applies to formal diagnostic criteria.

"It can be helpful if a patient has done some homework, done some thinking, and focused their questions," says Dr. Brent Bauer, general internist at Mayo Clinic. "Diagnosis can be a collaborative approach between the patient and doctor. But if a

patient comes in saying, 'From what I heard on *Oprah*, I have multiple sclerosis, so please start me on a study medicine'—well, that's a whole different dynamic."

Many conditions can be researched through the [National Institutes of Health](#). Look for documents containing diagnostic criteria, risk factors and symptoms.

3. Keep a health journal

Record relevant events for a week or two prior to your visit. Boilerplate categories to include:

- Sleep (how many hours)
- Activity (exercise, strenuous activities)
- Diet (both food and liquids)
- When symptoms occurred
- Changes to your normal routine

4. Present clearly to your doctor

Use your health journal to provide an accurate history of your symptoms. When did the symptoms start? Have you ever had them before? Is the pain localized or general? What stress have you been under? Consider what language accurately characterizes your pain or discomfort, including when and where it began. Dr. David Plourd of the Naval Medical Center in San Diego also recommends bringing reports from prior physician visits. "It can be helpful when a patient brings reports and photos, such as radiographic images, from prior operations. They should include the doctor's written report or interpretation."

5. Listen

Patients sometimes leave a doctor's office without the closure of a diagnosis. The physician may suggest several possibilities or may have reason to withhold judgment. Unfortunately, the threat of malpractice is often to blame; in other instances, there isn't enough information or history yet to present a clear-cut diagnosis. Never hesitate to seek a second opinion if you're uncomfortable with the outcome or suggested course of treatment.

But even a doctor who reserves his opinion will ask for your active participation in your own health. Work at changing bad habits. Be observant of subsequent signs and symptoms. Consider short-term changes for long-term benefits. It is your doctor's job to accurately assess your condition and guide you toward health. But ultimately you must take charge of your own well being.

www.health.msn.com

Other Parkinson's disease symptoms

5/25/06(United Press International) - Many people think that tremors and slow, rigid movements are the only symptoms of Parkinson's disease, but U.S. experts say there are other symptoms.

In one survey, 88 percent of Parkinson's disease patients reported troubling non-movement symptoms and if not recognized as part of Parkinson's disease and treated accordingly, these symptoms can have a severe impact on a person's life, says the Harvard Women's Health Watch.

The newsletter urges those with Parkinson's disease to talk to their neurologists if they experience:

- Depression, which affects more than half of people with Parkinson's disease and is increasingly recognized as a symptom of the disease itself, not simply a response to having a chronic illness.
- Cognitive problems; dementia occurs in an estimated 40 percent of people with Parkinson's disease, six times higher than the rate in the general population.
- Hallucinations and delusions; at least 20 percent of people with Parkinson's disease develop hallucinations or delusions.

www.rewiredforlife.org

Re-Wired for Life Foundation is a non-profit organization created to promote the understanding of deep brain stimulation (DBS) among patients, their families, and medical professionals through dissemination of

Information for Caregivers

Resources For Caregivers

There are many resources available that address

caregiving, and services and programs to help you manage in your role as caregiver: check libraries, bookstores, and the Internet for general advice on caregiving and Parkinson's disease.

Try to investigate community resources such as hospitals, colleges, adult education centers and

service organizations—they may offer courses on caregiving and additional information on resources that you can turn to for help.

A medical professional can also provide you with information. Ask your doctor or other professional healthcare providers if you have questions, and don't be afraid to admit that you don't understand what they are telling you. Use a tape recorder (with consent) or a pen and paper to write down what they tell you during the sessions so you can review the information later.

You may find it beneficial to join a caregiver support group—these groups provide a forum for caregivers to come together and share their feelings in a supportive environment. Participating in a support group can help you manage stress, exchange experiences and improve your skills as a caregiver.

Parkinson's Disease Societies

The following list names societies that offer advice and support on how to deal with the many challenges of caring for someone with Parkinson's disease:

National Parkinson Foundation (NPF)
www.parkinson.org

World PD Association
www.wpda.org

Parkinson's Association of Louisiana
www.parkinsonsassnoflouisiana.org

Web Sites

The following web sites offer extensive education and support services for caregivers:

National Parkinson Foundation: Caregivers Forum
www.parkinson.org

National Family Caregivers Association
www.nfcacares.org

National Alliance for Caregiving
www.caregiving.org

Empowering caregivers
www.care-givers.com

Well spouse organization
www.wellspouse.org

CARE
www.geocities.com/pdcaregiver

Caregiver survival resources
www.caregiver911.com

Parkinson's disease: Caring and coping
www.parkinson.org/care4.htm

The Parkinson patient at home
www.cnsonline.org/www/archive/parkins/park-02.html

The caregivers handbook
www.acsu.buffalo.edu/~drstall/hndbk0.html

www.stalevo.com/info/caregiver/resources.jsp?usertrack.filter_applied=true&noval...

When Caregivers Need Care

Report cites urgency to help growing number of Americans tending to ailing loved ones

By Amanda Gardner, HealthDay Reporter

THURSDAY, March 16 (HealthDay News) -- An estimated 44 million Americans serve as unpaid caregivers for elderly or disabled family members.

And the number is growing, rather than decreasing, as policy veers sharply toward more home and community-based care, rather than institutionalization.

The one factor that gets lost in this equation, however, is the caregivers themselves. What needs do they have? How can they juggle at-home and at-work roles? How can they manage or prevent stress and accompanying health problems?

"Taking care of people with severe physical and cognitive disabilities can have very serious consequences for caregivers in terms of their own health, both physical and emotional," said Mary Jo Gibson, senior policy advisor at AARP's Public Policy Institute. "They often have a need for support groups and support services. They can be juggling multiple roles at home and at the workplace."

A new report from this Public Policy Institute details not only the needs, met and unmet, of these

caregivers, but also examines model programs from eight different states that could be replicated to the benefit of the caregivers. The report, *Ahead of the Curve: Emerging Trends and Practices in Family Caregiver Support*, was released Thursday.

"Family caregivers are the backbone of the long-term care system, and they need support," Gibson said. "We need to replicate those innovative family caregiving programs."

"Clearly, more and more families are providing care to people at home and are in tremendous need of additional support," added Cynthia Epstein, a family counselor and clinical researcher at Silberstein Aging & Dementia Research Center at New York University School of Medicine in New York City. "This report looks at the major issues, which are looking at the family caregiver as well as the patient as both in need of care."

Eight states -- Alabama, California, Georgia, Massachusetts, Minnesota, North Carolina, Pennsylvania and Washington -- have particularly innovative programs, the report found. For instance, Caregiver Assessment programs identify family caregivers and their specific needs so they can then get needed support and prevent burnout.

"A frail elder without the family caregiver won't make it, but if you don't have a sense of who that family caregiver is, you don't know what is needed," Epstein said. "Assessment is an intelligent step."

The assessments are then used to connect caregivers with services such as counseling, transportation, support groups and respite care -- somebody to give the caregiver a break.

Assessments feed into the next category of service, which are consumer-directed programs. Such programs give caregivers an element of choice and control over their decisions. Most states "offering consumer-directed options for caregivers include respite care (such as in-home care, adult day care, or weekend or overnight stays in a long-term care facility) and supplemental services (encompassing home modifications, yard work, chore services, and assistive devices)," the report said.

"The idea is that the family is in some way able to choose from a kind of menu of what would be helpful to them," Epstein said.

In addition to transportation, respite care and counseling, caregivers can also get help with home modifications, yard work, chore services and assistive devices such as wheelchairs.

Finally, collaborations with different health-care providers enable caregivers to be identified proactively in a doctor's office and then referred to specialty services to help them deal with the burden of caring for a loved one.

"This identifies the caregiver as a recipient of care and essentially as much of a patient as the frail elder," Epstein said. "That makes perfect sense. The physician doesn't have the resources, the connections. If there was a clear referral path, they would be willing to do it."

These are just glimpses of alternatives that might make the long-term care system work more smoothly as the population grows and ages. Ultimately, more change is going to be needed, the researchers said.

"We need broad, long-term care reform which would help both the care recipient and the caregiver," Gibson said. "The states have been putting the infrastructures in place, which will help in terms of caregiver support. They need to be replicated, and there need to be far more of them that reach more people, but what we wanted to highlight was that there are some models that can be built upon and are leading the way."

For more information, visit the [National Family Caregiver Support Program](http://health.msn.com)

<http://health.msn.com>

Strategies for Stretching Your Health-Care Dollar

Always plan ahead, compare costs and know what your policy covers, experts advise

By Karen Pallarito, HealthDay Reporter

SUNDAY, May 28 (HealthDay News) -- When it comes to health care, it's not the uncomfortable needle pricks that Americans mind so much. It's the cost of medical care. Lately, consumers have been feeling pinched when they visit the doctor or receive care at the hospital, new government statistics reveal. In 2004, spending for these services grew at levels not seen since the early 1990s.

And workers' share of health-care premiums is mounting, too. People who get health insurance benefits through their employer can expect to pay out 10 percent more, on average, in 2006, according to benefit-consulting firm Towers Perrin.

To make your health-care budget stretch farther and avoid piling up medical debt, you've got to plan ahead, advised Jessica Cecere, president of Consumer Credit Counseling Service of Palm Beach County/Treasure Coast in Florida.

"Nobody plans to have huge medical expenses," she said, "and that's why they're so huge."

For starters, consumers need to know exactly what their health insurance will and won't cover. Cecere recommends that people read and understand their policy before there's an emergency.

Using facilities that are not part of your insurer's provider network, for example, could cost you more than you anticipated. To keep your out-of-pocket costs at a minimum, stay in-network, she said.

Plus, if you don't use what you're entitled to, you could end up leaving money on the table, cautioned Alwyn Cassil, a spokeswoman for the Center for Studying Health System Change in Washington, D.C.

For example, some employers allow workers to set aside pre-tax dollars in a flexible spending account each year to pay for qualified medical expenses, including doctor fees and preventive care. But if you

don't spend the money by the annual deadline your employer has established, you forfeit those funds.

In 2005, the U.S. Treasury Department modified an existing rule that required any leftover funds to be spent by the end of the plan year. Now, employers are allowed to give workers a grace period of two-and-a-half months. Check with your employer to find out what the deadline is.

"If you have a flexible spending account, use it," Cassil said. "You can use it for over-the-counter medications now, so there's no reason to lose it. Go buy ibuprofen for the next two years."

To save money on prescription drugs, consumer advocates suggest switching from brand-name products to less expensive generic alternatives. Shopping around for best prices also can help.

Consumers Union, publisher of *Consumer Reports* magazine, has produced a series of reports comparing prescription drugs by category. Each report sizes up medicines by price, effectiveness and safety. The information is intended to help consumers have a conversation with their doctors about the best drug for their condition, while also taking price into account. (To learn more click [here](#).)

If you find yourself between jobs and you think health insurance is too expensive, think again. Going without coverage for a period of time, as people often do, is a huge risk, Cecere said.

"If you do fall off a ladder and have to go into the hospital for a week, that is devastating," she said. And that's why people should plan ahead. "The way you plan for it is you have some sort of coverage for that," even if it's a bare-bones policy that covers only "catastrophic" medical costs, she added.

Here's another tip: If you don't require emergency care, make an appointment with your doctor. Using the emergency room for routine medical care is a good way to start sinking into debt.

"You might get charged \$1,000 for walking in the door," Cecere cautioned.

Parkinson's Disease: Other Medical Concerns: Constipation

Constipation often affects those with Parkinson's disease. It occurs when bowel movements become difficult or less frequent. The normal length of time between bowel movements (also known as "stools") ranges widely from person to person. Some people have bowel movements 3 times a day; others only 1-2 times a week. Going longer than 3 days without a bowel movement causes the stool to harden and become more difficult to pass.

What Causes Constipation in People with Parkinson's Disease?

In some people with Parkinson's disease, constipation may occur due to the improper functioning of the autonomic nervous system. The autonomic nervous system is responsible for regulating smooth muscle activity. If this system is not working properly, the intestinal tract may operate slowly, causing constipation.

Also, medications used to treat Parkinson's disease (such as Artane and Cogentin) can cause constipation.

What Else Causes Constipation?

Other causes of constipation include:

- Not drinking enough water
- A diet low in fiber
- Lack of exercise
- Travel or another change in routine
- Eating large amounts of dairy products
- Stress
- Resisting the urge to have a bowel movement
- Antacid medicines containing calcium or aluminum
- Other medicines (especially strong pain medicines such as opioids, antidepressants, and iron pills)
- Medical problems such as irritable bowel syndrome (IBS), diabetes, and colorectal cancer (rarely)
- Pregnancy

How Can I Avoid Getting Constipated?

Eat a well-balanced diet with plenty of fiber. Good sources of fiber are fruits, vegetables, legumes, and whole grain bread and cereal. Most of the fiber in fruits is found in the skins. Fruits with edible seeds, such as strawberries, have the most fiber. Eat bran cereal or add bran cereal to other foods, such as soup. Drink 1½ to 2 quarts of water and other fluids a day. (Note: Milk can cause constipation in some people.) Liquids that contain caffeine, such as coffee and soft

drinks, seem to have a dehydrating effect and may need to be avoided until your bowel habits return to normal.

Exercise regularly.

Move your bowels when you feel the urge.

How Is Constipation Treated?

Drink two to four extra glasses of water a day.

Try warm liquids, especially in the morning.

Add fruits and vegetables to your diet.

Eat prunes and/or bran cereal.

If needed, use a very mild stool softener or laxative (such as Pericolace or Milk of Magnesia). Do not use laxatives for more than two weeks without calling your doctor since laxative overuse can aggravate your symptoms.

Warning

Call your doctor if:

Constipation is a new problem for you

You have blood in your stool

You are losing weight even though you are not trying to lose weight

You have severe pain with bowel movements

Your constipation has lasted more than 3 weeks

Source: WebMD, June 2005

In Honor

PPSG recently received gift donations honoring the following individuals: Nell Adams, Mary Dickerson, Joan C. Inga, and Vern & Shirley McLaughlin.

In Memory

PPSG recently received gift donations in memory of the following individuals: Elaine Bailey, Juan Benavidez, Anthony Billalba, Wallace Connolly, Bud Davis, Louis Duranti, John Ferrero, Martha Jane Hansen, Howard Hearn, Jack Henning, William (Bill) Holmberg, Dave Hyman, Thomas Jordan, James Long, Geneva McElkattan, Anthony Poza, Ivan Scorsur, Gerald Swezea, Donald Termath, Dorothy Wilson, and Ruth Young.

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.

Surgical Technique Shows Promise Against Major Depression

**Deep brain stimulation eased symptoms
in study of six patients**

By Meryl Hyman Harris, HealthDay Reporter

Inserting two tiny "pacemakers" into the base of the brain of people suffering from major depression improved symptoms of the sometimes intractable disease, a small study found.

The treatment, called deep brain stimulation, utilizes tiny pulses of electrical stimulation to block abnormal activity in the brain, the researchers said.

"It was interesting and impressive to see how their lives changed over time," said study author Dr. Ali R. Rezai, head of Stereotactic and Functional Neurosurgery at the Cleveland Clinic Foundation.

"They went from being withdrawn and not interacting to going back to work, and showed marked improvement in self care and social function. They are living their lives much more fully than they were when they were stuck in the grip of depression."

The researchers inserted pairs of the tiny electrodes into six patients who had failed to benefit from other forms of treatment, such as medication, psychotherapy, and electroconvulsive therapy. Over the course of a year, two-thirds of the patients showed marked improvement, said the researchers, from the Cleveland Clinic and Brown University's Butler Hospital.

A similar successful study was reported last year in the journal *Neuron*.

Rezai was to present the findings at the American Association of Neurological Surgeons annual meeting, in San Francisco.

The six patients -- four women and two men, with an average age of 48 -- had bilateral deep-brain stimulation leads implanted in a part of the brain called the ventral anterior internal capsule. They underwent standardized and detailed psychiatric, quality-of-life, and neuropsychological tests on a regular schedule, the researchers said.

Six months after surgery, four of the six patients showed a 50 percent or greater improvement on the Montgomery-Asberg Depression Rating Scale. Measurements of quality-of-life improved, too, the researchers said.

Deep brain stimulation surgery has proved successful in the past for patients suffering from obsessive-

compulsive disorder, epilepsy and Parkinson's disease, Rezai said.

Exactly why the treatment works is not yet understood, but it appears to help the brain resume normal electrical and chemical function.

The surgery is reversible, Rezai said, and the electrodes can be adjusted without further invading the brain. It is performed under a local anesthetic, and, in some cases, the change in the patients "could be seen almost instantly," he said.

"As we were testing the pacemakers [during the surgery], we could see immediate change in their moods," he said, adding that people who hadn't smiled in years, smiled.

"But," he cautioned, "this is for people with no other hope. These poor patients had failed everything. I am encouraged by the results, but we need to do more long-term and larger studies."

Dr. Michael Blumenfeld, Sidney E. Frank distinguished professor of psychiatry and behavioral sciences at New York Medical College in Valhalla, N.Y., said he had not seen the study. But he said that he's skeptical of invasive treatments that can potentially do more harm than good, particularly when there are effective treatments already available. While it's good to look for more and better ways to treat major depression, too often it is improperly diagnosed, he said.

"Sometimes one thinks one has a simple depression when it is a bipolar depression that needs a mood stabilizer," Blumenfeld said. "Sometimes the underlying problem is substance abuse, and sometimes when one has resistant depression, the issue has psychological roots, and there is a need for psychotherapy."

All of the patients in the study were resistant to other treatments, including medication, psychotherapy and electroconvulsive therapy, Rezai said.

An estimated 9.5 percent of the adult U.S. population -- about 18.8 million people -- suffers from a depressive disorder each year. The price tag to the American workplace alone is as much as \$40 billion annually. And depression is a global health-care concern, with the World Health Organization rating major depression the top cause of disability worldwide, the researchers said.

Visit the PPSG Website

www.ppsg.org

Key Stress Protein Linked To Toxicities Responsible For Parkinson's, Alzheimer's

25 May 2006

Researchers at the Burnham Institute for Medical Research have discovered a mechanistic link between cellular stress caused by free radicals and accumulation of misfolded proteins that lead to nerve cell injury and death in neurodegenerative disorders such as Alzheimer's and Parkinson's Disease. That link is Protein Disulphide Isomerase (PDI), a chaperone protein that is necessary for proper protein folding in times of cellular stress. Published in today's issue of *Nature*, these findings revealed that in patients with Alzheimer's and Parkinson's Disease, overproduction of free radicals, specifically nitric oxide (NO), causes inhibition of PDI by a reaction called S-nitrosylation, thereby reducing PDI's neuroprotective benefits. This data provides the first molecular link between NO free radicals and protein misfolding, which is currently thought to be a common pathway in the pathogenesis of virtually all neurodegenerative conditions. Such conditions also include ALS (or Lou Gehrig's disease), Huntington's disease, and many others. Understanding the PDI pathway may lead to the development of new therapeutic approaches for these neurodegenerative diseases and other disorders associated with abnormal protein accumulations due to cellular stress.

"To our knowledge, this is the first published evidence of a link between protein misfolding due to enzymatic machinery malfunction found in a number of degenerative diseases and free radical stress in nerve cells," said Stuart A. Lipton, M.D., Ph.D., Professor and Director of the Del E. Webb Center for Neurosciences and Aging at the Burnham Institute and senior author of the study. Dr. Lipton is also a clinical neurologist in La Jolla. "Our data demonstrate a previously unrecognized relationship between NO and protein misfolding in degenerative disorders, showing that PDI can be a target of NO in cellular models of Parkinson's disease and human neurodegenerative disease."

A protein's structure determines its function. Genetic defects as well as exposure to free radicals or possibly other types of cellular stress can cause small structural defects that lead to protein misfolding. If

the misfolded proteins cannot be refolded properly or degraded, they may build up in the cell to cause dysfunction. Defects in either the protein folding or degradation pathways can lead to accumulation of misfolded proteins. The accumulation of misfolded proteins is a common pathogenic mechanism in many diseases, including neurodegenerative disorders.

In normal circumstances, PDI levels increase in response to accumulation of misfolded proteins due to cellular stress. PDI acts as a chaperone for aggregated proteins, rearranging their chemical bonds and thus refolding the proteins to function normally. The new research by Dr. Lipton and his colleagues shows that molecules related to the free radical NO, which is present in elevated levels in neurodegenerative diseases, attacks PDI via a chemical S-nitrosylation reaction, altering PDI's structure and blocking its normal neuroprotective function, which ultimately leads to nerve cell injury and even death. These new results also show that this altered form of PDI is present in elevated amounts in patients with Alzheimer's and Parkinson's Disease, indicating that it is a potential marker for the disease as well as a potential therapeutic target.

<http://www.medicalnewstoday.com/medicalnews.php?newsid=43994>

PPSG Support Groups 408.734.1593

NORTHERN AND EAST-BAY REGION

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, 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, Cliff Terry 925-935-1772 **Roseville** 1st Tues 1:30-3:00 Roseville Maidu Comm Ctr, 1550 Maidu Drive, Linda Krisa 916-261-1321 **San Leandro** 2nd Thur (no meetings Jul & Aug) 10:00, Education Center San Leandro Hospital 13855 E. 14th St, Harry Santi 510-351-3224, Noma Zeff 510-663-6435 **Sonoma County** 1st Sat (not Jan, Jul, Sep) 1-3, First Congregational Ch, 2000 Humbolt 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 **Walnut Creek Caregivers** Last Wed at Rossmoor, call Jewel Wallach, 510-236-7065

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, Dick Lacey 650-328-3429 or 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, Linda Chen 650-254-0906, for directions call 650-289-5400 **Redwood City** 3rd Fri 1-2:30, (No meetings Aug, Nov, Dec) Valet parking available. Conf Rm G, Sequoia Hosp 170 Alameda de las Pulgas @ Whipple, Tom Constantino or David Shein 650-367-5998 **NEW San Francisco Caregivers** Thur (varies) 12-1 VAMC Parkinson's Ctr conf room, Susan Heath & Aliza Benditsky RSVP 415-379-5530 **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 riddle@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, Lucille 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 **Merced** 4th Thur 10AM (Nov 17, Dec no meeting) Mission Gardens 1450 E. 27th St, Amie Marchini (sp?) 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/davejoann@sbcglobal.net **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 **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

Fresno, New Group

North Fresno Parkinson's Support Group meets on the **2nd Saturday** of the month, from **10:00**, at San Joaquin Valley Rehabilitation Hospital, at 7173 N. Call **Dottie Rosenberg**, at **559.322.0138**

Pine Grove, New Group

Living well with Parkinson's...What's shakin'?

The meetings are held on 1st and 3rd **Thursday** of each month, from **2:00 to 4:00 PM**, at Calvery Chapel PATIO BUILDING (middle building), at 18400 Ridge Road, Pine Grove. Call **Sarah Johnson** at **209.296.2575** for details.

PPSG Board Meetings

We welcome anyone 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.

Viola Mays 408.225.7465 [mail to:chairman@ppsg.org](mailto:mail%20to%3Achairman@ppsg.org)
see newsletter [June July 2006 newsletter](#)

MAILING LIST

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.

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ADDRESS SERVICE REQUESTED

2006 Summer Quarterly

Visit the PPSG Website

www.ppsg.org

- ?? Current and past newsletters
- ?? Updated events in the area
- ?? Support group locations, times and contacts
- ?? Exercise locations and contacts
- ?? Interesting links to Parkinson's patient and caregiver sites



PPSG 3rd Caregivers Luncheon

Thursday June 29 2006

10:00 am - 1:30 pm

Aroma Restaurant, 2337 Blanding Avenue,
Alameda, CA 94501

(Off Hwy 880 and 29th Avenue)

Call Charmaine Eng at 408.723.81126 or

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