

Parkinson's Patients Support Groups, Inc.

Winter Quarterly 2007

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Vulnerability to Stress Linked to Brain Molecule

Study with mice reveals heightened activity of neurotransmitter dopamine

THURSDAY, Oct. 18 (HealthDay News) -- Researchers have identified molecular mechanisms in the brain that may explain why some people are less vulnerable to the stress caused by difficult situations.

While the research was done with mice, the findings could eventually lead to better treatments for chronic stress, depression and the post-traumatic stress disorder suffered by troops in Iraq and other battlefields, said study co-author Dr. Eric Nestler, chairman of psychiatry at the University of Texas Southwestern Medical Center at Dallas.

"One important lesson we have shown even in previous papers is that a series of genetically identical animals respond differently to chronic stress," Nestler said. "Thirty to 40 percent seemed to be resilient and did not develop bad symptoms. The clinical implications are that the ability to identify mechanisms of resistance can help provide new and novel approaches to stress."

The key lies in a pair of molecules used by some brain cells to communicate with one another, said Vaishnav Krishnan, lead author of the report and a student in a University of Texas Southwestern Medical Center program that leads to simultaneous M.D. and Ph.D. degrees.

"Under stress, vulnerable mice increase the frequency of nerve activity using the neurotransmitter dopamine," Krishnan said. "That subsequently causes

release of a nerve growth factor called brain-derived neurotrophic factor [BDNF]. Resilient mice overcome these changes by increasing the expression of molecules that prevent the release of dopamine."

A neurotransmitter is a molecule that sends signals from one nerve cell to another.

Mice in the experiments were so inbred that they were genetically identical. Then they were put under stress by being placed in the territory of larger, more aggressive mice. Some of the test mice adjusted well to the stress of the situation, while others avoided contact and showed submissive behavior.

The researchers then made detailed studies of two brain regions -- the ventral tegmental area (VTA) and the nucleus accumbens (NAcc), which are part of the brain's reward area that promotes acts that aid in survival. They found that the excess BDNF production in vulnerable mice occurred in the VTA but not the NAcc region. Chemical signals sent by the protein from the VTA to the NAcc made the mice vulnerable to stress. Experimental compounds that blocked those signals turned vulnerable mice into resistant mice.

The findings, published online Oct. 18 in the journal *Cell*, raise the possibility of "tools to develop things in the brain that encourage resilience, to help people with stress," Nestler said.

"We have always tried to understand the changes in the brain that lead to such things as the symptoms of post-traumatic stress disorder," Krishnan added. "This study shows we can increase our understanding and development of new therapeutic measures to overcome those changes."

But new therapies might not be easy to develop, Nestler said, since a decrease of dopamine or BDNF activity might be helpful in one part of the brain but harmful in another area.

Dr. Thomas R. Insel, director of the U.S. National Institute of Mental Health, which funded the research, said the findings are "part of a large body of work coming out of Dr. Nestler's laboratory trying to understand what this important neurotrophic molecule, BDNF, does."

"What's exciting here is that it is important for resilience, being able to recover from a traumatic event," Insel added. "One of the great values of this work is to help us understand how mammals, including humans, might be able to recover from the traumas inherent in human existence."

www.nlm.nih.gov/medlineplus/news/fullstory_56368.html

NIH Funding

The US Senate is soon expected to pass a Labor/HHS Appropriations bill that will likely include a \$29.9 billion budget for the National Institutes of Health (NIH) in Fiscal Year 2008. This represents a 2.9 percent net increase over FY 2007. Once the Senate passes its bill it will be in negotiations with the House, which has already approved a 1.9 percent net increase in NIH funding. In both cases, these increases represent the largest boost in NIH funding in four years.

Both bills are above the budget targets set by the President, who has promised to veto domestic discretionary spending over his budget. In the case of the Labor/HHS bill, his target is \$3.5 billion below last year – a 5 percent cut.

The AAN (American Academy of Neurology) needs your help to urge Congress to support this legislation, and for President Bush to sign the bill when it reaches his desk. If a veto override proves necessary, deep Congressional support will be essential. Please email/call/write your Congressional members and ask them to pass the Labor/HHS Appropriations bill with full support for NIH funding.

Model Letter for Patients on Lifting the Therapy Cap

Date

The Honorable _____

U. S. Senate/U.S. House of Representatives

Washington, DC 20510/20515

Dear Senator/Representative

As a concerned constituent and Medicare beneficiary, I am writing to ask you to cosponsor *The Medicare Access to Rehabilitation Services Act of 2007* (S.450/H.R.748). The bill would repeal the financial limits or "therapy caps" on my Medicare outpatient physical therapy, occupation therapy and speech language pathology services. The therapy caps limit my outpatient rehabilitation coverage to \$1,780 for physical therapy and speech language pathology services combined and \$1,780 for occupational therapy.

Congress had recognized the potential harm in this policy and has passed moratoriums on its enforcement three separate times. IN 2006, Congress allowed the therapy cap to go into effect and then passed legislation allowing for exceptions for beneficiaries needing care above the financial limit – but only through December 31, 2007. Now is the time to provide a long term solution to the flawed therapy cap policy. I urge you to take action to pass legislation to remove the therapy caps – once and for all – and prevent harm to Medicare beneficiaries needing rehabilitation services.

As you may know, there are inherent problems with the therapy cap:

- ?? The arbitrary therapy caps have a disproportionate impact on those Medicare beneficiaries who need therapy care the most. Beneficiaries who suffer from a stroke, or have Parkinson's disease, amputations, spinal cord injuries, or osteoporosis are most likely to be the type of patient needing such care.
- ?? While I can apply for an exception to the therapy cap this year, it is a short term solution which leaves me wondering if my rehabilitation services under Medicare will be covered come January 1, 2008. A long term solution, not a one year fix, is needed to prevent beneficiaries from being forced to forgo care or face paying 100 percent of the cost of additional treatment out of my pocket when my coverage expires.

I strongly urge you to cosponsor S. 450/HR 748 and actively work for its adoption as soon as possible this year.

Thank you for your consideration.

Sincerely,

Tooth-Loss may Predict Later-life Dementia

NEW YORK (Reuters Health) - To keep dementia at bay, take care of your teeth. That seems to be the message of a new study in which researchers found a possible link between tooth loss or having very few teeth -- one to nine, to be exact -- and the development of dementia later in life.

The research team analyzed dental records and brain function test results accumulated over 12 years for 144 people enrolled in the Nun Study - a long-term study of aging and Alzheimer's disease among Catholic sisters of the School Sisters of Notre Dame. The participants ranged in age from 75 to 98 years.

Among subjects free of dementia at the first cognitive exam, those with no teeth or fewer than nine teeth had a greater than 2-fold increased risk of becoming demented later in life compared with those who had 10 or more teeth, the researchers found.

Roughly one third of subjects with fewer than nine teeth, or no teeth, had dementia at the first cognitive exam.

Dr. Pamela Sparks Stein of the College of Medicine, University of Kentucky, and associates report their findings in *The Journal of the American Dental Association*.

A number of prior studies have shown that people who suffer from dementia are more likely than their cognitively intact counterparts to have poor oral health, largely due to neglect of oral hygiene.

The current study is one of only a few that asked: Does poor health contribute to the development of dementia? These results suggest it may, although the Kentucky team cautions that it is not clear from the study whether the association is "causal or casual."

"Common underlying conditions may simultaneously contribute to both tooth loss and dementia," Stein noted in comments to Reuters Health. In addition to gum disease, early-life nutritional deficiencies, infections or chronic diseases that may result simultaneously in tooth loss and damage to the brain, she explained.

SOURCE: *Journal of the American Dental Association*, October 2007.

www.nlm.nih.gov/medlineplus/news/fullstory_56253.html

Stanford Team Finds Blood Test to Help Identify Alzheimer's Disease

10-14 10:16 PDT Stanford - -- Researchers at Stanford University have developed a potentially pathbreaking blood test that, according to preliminary studies, is able to identify patients with Alzheimer's disease - an ailment that has been notoriously difficult to diagnose.

The test has also shown promise in predicting which patients with mild memory loss are at high risk of developing the dreaded syndrome, which kills 66,000 Americans each year and inflicts incalculable heartache on the families of its victims.

Scientists have been working for years without success to develop a simple way to diagnose Alzheimer's disease, a degenerative brain disease that saps memory, sows confusion and will eventually kill patients who may have lost the ability to speak, walk or swallow.

In a paper published Sunday in the online edition of the British journal *Nature Medicine*, a team of scientists led by Stanford neurology Professor Tony Wyss-Coray describe a unique method that can spot Alzheimer's patients by screening for a set of 18 chemical signals that consistently turn up in the blood of people suffering from the disease.

The 18 different molecules are drawn from a phrase book of chemical chatter that occurs among cells in the body. Together, they present a pattern that with surprising consistency appears in the blood of Alzheimer's patients.

"These are signaling proteins that cells use to communicate with each other," Wyss-Coray explained. "Our idea was to ask, 'What are the most important proteins we could find in Alzheimer's patients?'"

The Stanford professor and his team screened 120 such proteins that commonly circulate in the blood and settled on 18 that showed the signature of Alzheimer's. Using existing laboratory technology, they developed a test that will light up when the 18 molecules are present in a blood sample.

In one experiment using stored blood samples, the test was positive for Alzheimer's disease in 38 out of 42 patients who had been independently diagnosed by clinicians as having the disease - a 90 percent accuracy rate. It also classified as non-Alzheimer's disease 34

out of 39 who did not have the illness, but nevertheless suffered from other dementias or mild cognitive impairments - 87 percent accuracy.

More intriguing is a test that examined stored blood samples and predicted Alzheimer's disease in 20 of 22 patients who developed the disease two to five years later. Eight patients who subsequently developed other forms of dementia were correctly diagnosed as non-Alzheimer's.

Although the studies were small in scale, researchers said the experiment proves that the concept of screening for chemical signals is promising and that the first Alzheimer's blood test might be within reach after further large-scale studies.

"I do see great potential in this technology," said UCSF professor Dr. Lennart Mucke, director of the Gladstone Institute of Neurological Disease. "This study shows that the chemical fingerprint found in the blood of these patients was pretty reliable. It could be a terrific addition to our diagnostic toolbox."

Mucke acknowledged that there are very few medical treatments for patients once they are diagnosed with Alzheimer's. But he said a test showing the likelihood that the disease will develop would help patients and family members prepare for what lies ahead.

"I'm personally a proponent of knowing what is ahead. It is important for us to increase the number of people who realize they are at risk and can still speak out for themselves," he said.

Mucke has no financial interest in the technology, although Wyss-Coray trained in his laboratory.

The test initially will be used in research labs, where scientists are trying to learn more about the memory-wasting disease that is one of the most feared consequences of aging. An estimated 4.5 million people in the United States are living with the disease.

Wyss-Coray has founded Satoris Inc., a small company headquartered at the UCSF campus in Mission Bay, to commercialize the technology. He said it will take at least two years and additional studies before such a test might reach clinics around the country.

Dr. Jerome Goldstein, director of the San Francisco Alzheimer's and Dementia Clinic, said there are very few objective tests to diagnose Alzheimer's disease, and most of them are complex and expensive. MRI scans, for example, can detect shrinkages in parts of the brain targeted by the disease.

Goldstein's clinic is involved in other experimental tests, such as one to detect ApoE, a protein implicated in Alzheimer's disease, as well as other uses of MRI and PET scans. While much of the scientific work, including that at Stanford, is promising, Goldstein said all the technologies are a long way from being available in clinics.

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This article appeared on page A - 4 of the San Francisco Chronicle, October 15, 2007, issue.

When it's not Parkinson's -

Dean Prescott

Sometimes I think I can tell if someone has Parkinson's just by watching them. I see the uneven gait, the lack of arm swing, or the mask-like face and I'm pretty sure that's what it is. I've dealt with my own case of Parkinson's disease for twelve years, but recently (about the last two years) my sister; Judy has exhibited signs of Parkinsonism. While she exhibited several symptoms similar to Parkinson's, her symptoms didn't quite seem to match those of typical Parkinson's patients. When she had no response to Parkinson's medications, she was given a preliminary diagnosis of "Parkinson's Variant."

At first, she didn't understand what that meant. "Parkinson's Variant" means that although the symptoms mimic Parkinson's, it is actually not Parkinson's at all, but one of several disorders that typically progress faster and have more serious consequences. These include PSP (Progressive Supranuclear Palsy), CBDG or CBD (Cortical Basal Ganglionic Degeneration), MSA (Multiple System Atrophy), and Pickett's disease among others. Judy visited several local specialists, but was never given a definitive diagnosis. She was told we needed to wait for other symptoms to develop, even as her symptoms were progressing at an alarming rate.

We are quite sure, however, that Judy is suffering from CBDG. She is unable to walk, has great difficulty eating, swallowing, and speaking. She is now heavily medicated to ease the pain.

Over the last 15 years, Judy has faced a variety of psychological challenges. She had to quit her job as a telephone operator because of stress. She was eventually diagnosed and treated for bi-polar disorder. I can't help thinking that the two conditions are somehow related.

To add insult to injury, because she didn't work for a period of more than 10 years, she is not eligible to collect Social Security Disability, even though she made significant contributions during her working years and likely will not survive to retirement age, when she would be eligible. Her husband is struggling to provide "around the clock" care while continuing to work, so he can pay for it all.

We do not know how long Judy will survive with this disease. She sleeps a lot, but seems very lucid when she is awake. She told me once that she didn't think she was strong enough to go through this, but in recent months and weeks she has faced excruciating pain and the knowledge that she will likely die soon. Still she has managed to get some joy and exhibit a sense of humor when we visit her.

It is extremely difficult to get an accurate diagnosis or even information about these disorders and that is why I'm writing this. Here are some links that may be helpful:

<http://www.psp.org/>

<http://www.tornadodesign.com/cbgd/>

www.wemove.org

Judith Ann Arata recently passed away. Our deepest sympathy goes to Dean and his family.

Joy, My Parkinson's Service Dog

By Fran Tobriner

I have had Joy for six months, and Parkinson's for 20 years. I went through "boot camp" with Joy in April, 2007. We became bonded during the seven days that I was required to literally hold her leash 24 hours a day, yes, even while sleeping.

Joy was primarily trained to help someone in a wheelchair but many of those skills are useful to me as well. She will bring me things I drop, pencils, paper; she carries messages and objects, like a telephone, between my husband and me; she'll pull my socks off when I am tired at night. She'll get the paper in the morning; she'll turn lights off and on, turn, roll over, sit, lie down, go to sleep under the table in a restaurant; she goes to movies and concerts. Her behavior is impeccable. And she never whines or squeaks, when I step or fall on her, or even when a billy goat named Smudge butted her as hard as he could.

But what does she do for me as a PD person? She is a marvelous pet, but is she a PD helper dog?

I have the first service dog that The Assistance Dog Institute in Santa Rosa has ever given to someone with PD, mainly, I think, because we are not in wheelchairs for the most part and they are very worried about our falling or a dog pulling us over. I was standing in front of the classroom the second day of the two-week boot camp, when I spontaneously and with no provocation fell completely over backwards. That experience raised many doubts, but my husband, Stephen, gave a wonderful two minute speech to the trainers and directors at a hastily called meeting, saying that I would fall with or without the dog, that that was a given with PD.

Joy was a "puller" but with help from a number of people, including the director of ADI, she learned to "heel" - to walk alertly beside me at my pace. When she does that her four

feet give me kinesthetic information about how her leash is like holding someone's hand. I have gone on 3-4 mile hikes with her in wild and urban locations. My husband is delighted that I can walk on my own without having to clutch his hand, and the friends I walk with are pleased as well. If I come to a steep spot on the trail, I can ask her to brace and put all my weight on her shoulders to help me up. If I fall at anyplace, she will come running and let me use her to get up. With Joy, I walk more normally (according to my doctor, Dr. Tetrud, at the Parkinson's Institute), more confidently and usually more quickly. And I can go more places alone.

Joy is a small golden retriever. I was disappointed that I couldn't stand up straight and rest my hand on her back for balance. I am working on getting a light weight harness that would have a handle to hold on to for balance. In the meantime, I taught Joy to be a canine cane for short distances like going to the bathroom at night. She sits with her head up, looking at me, and I rest my hand on her forehead (she is about 5" taller in that position), I stick my other hand out and ask her to move forward a step, again I balance on her forehead and take another step. She scoots along the floor, moving forward, sitting, moving forward, sitting. I have also taught her to step on my foot on demand to keep me from being frozen. So as we live together, she is becoming more of a "custom" PD dog.

Finally, one might ask how hard it is for a PD person to care for a dog. Joy is amazing: she poops and pees on demand (the command is "better hurry") in a designated place in our yard; she waits for me to feed her without complaint. She goes to bed in her bed in an alcove of our bedroom when we do (at midnight) and she waits until we wake up to say hello in the morning. Most mornings she drags her blanket over to one of us and we will arrange it on our bed so that she can jump and curl up on it and we can all spend a few more drowsy moments in bed. During the day she will follow me around the house and sleep whenever I sit down. Joy needs to be brushed everyday, has her ears checked and teeth brushed (with an electric toothbrush that she tolerates because the toothpaste is beef-flavored!) Of course, there are two of us but I am sure that I could take care of her alone.

Joy is also a "dog." She can run faster than any dog I have ever known. She loves to play with other dogs, and she has toys to play with at home. Even her dogness can be helpful for PD. Calling her and talking with her uses my voice; getting down on the floor to play with her increases my flexibility. Going out with her signals that something is wrong with me that others can see and ask about. There is no isolation if you have a dog - I have never talked to as many as people as I have in the past 6 months. "Is she in training?" "What does she do for you?" "Can I pet her?" "She is gorgeous!" On the other hand, if anything is amiss, Joy is a good companion who will bark menacingly on command.

Joy is a dog and a helper. We are just beginning to discover what she can do. There are dogs that help people in

wheelchairs. There are dogs that warn of seizures and heart attacks. There have long been guide dogs and dogs for the hearing impaired. ADI has a program for social/therapy dogs to help soldiers returning from Iraq. This is the era of the working dogs, and I think Parkinson's people can use dogs too.

Manage Stress by Managing Your Time

Bills are piling up, the front lawn is a jungle, and you can't remember what your desk looks like under those stacks of paper. If only you had more time. We've all said it at one time or another.

Lack of time can be a major source of stress. As demands of daily living grow, more and more of us feel there just aren't enough hours in a day to do everything that needs to get done.

Teaching people how to manage their time is now an American enterprise. There are time-management books, tapes, workshops, and seminars to make us more efficient. Day planners, organizers, and calendars help us remember and organize things. We even have personal coaches to help us turn chaotic lives into more orderly ones.

Time Is On Your Side

Learning to better manage your time can make you feel more in control of your life. That can reduce stress. If you can get a handle on how you spend your time, you'll be able to work smarter and function better at home and away. You'll relax more, be less stressed, find your goals are within easier reach, and have more time for yourself. You'll also be proud of how organized you've become!

Sound impossible? It's not! Here are some ways to become a wise time manager wherever you are:

Get Organized. You can waste a lot of time looking for things you've misplaced, trying to make plans or decisions at the last minute, or putting things off for later. Clean up your desk and office by making places to store things — file cabinets, notice boards, in- and out-boxes "to read" and "bill-paying" trays — even a shredder! Make files, update your rolodex, and organize your pantry and drawers so you can find things more easily.

What's that you say? These things take time and you already don't have enough time? Putting in some extra time to get organized will save you a lot of time in the long run. And don't try to do all your organizing in one day. Tackle just one drawer or closet each weekend. Sort through a pile every other day until you get through all of them. Keep a day planner or calendar handy and use it. Post all your important telephone numbers and email addresses in an easy-to-see place so you don't have to keep looking them up. Make a schedule for bill-paying day, laundry day, grocery shopping day, and library day. Make "to do" lists and check off tasks once they're done. This will show progress and help you feel like you're getting things done when you don't think you are.

Set Priorities. List the things you must get done in a day. Be realistic. Writing down how much time you expect each activity to take helps. The most important things go at the top of your list. Focus on getting those done during your high-energy time of day. Bump the less important tasks to the next day or week if you can't get to them. And don't beat yourself up if you don't. Remind yourself that there are only so many hours in a day and you're doing the best you can. Nobody's perfect!

Stay Focused. If you're working on a project, close your office door, ignore the phone and email messages, tell family members or coworkers you're unavailable - try to get rid of all the distractions that prevent you from finishing your task. Distractions can cause stress. And the stress gets worse because you didn't finish the job you set out to do even though you made the time. Schedule a half hour at the start and middle of the day to review and respond to emails and phone calls. Allow another 30 minutes at end of the day to wrap up for the day and get organized for the next one.

Multitask Wisely. Why not kill two birds with one stone when you can? For instance, write Christmas cards or update your rolodex while you're watching television. Don't get carried away with multitasking, though. That may lead to more stress and even be dangerous. Shaving, sending a fax, or sitting in on an important conference call while you're driving is downright dangerous!

Get Help. Decide what you realistically can do in the time you have and get help doing the rest. Lighten your load by asking someone to run an errand while you're cleaning the house for company. That lets you receive your guests more graciously when they arrive. Getting a coworker to pitch in on a big project shows you can delegate work and get things done. With a little practice, you can become quite good at managing your personal and professional time. Not only will you become more efficient, you'll have less stress.

www.aarp.org/health/staying_healthy/stress/a2003-01-11-strategies.html

Healthy Bodies Fight Stress Better

Everyone gets stressed. When stress strikes, you want your body to be able to handle it.

Stress can wear your body down, mentally and physically. But a healthy body can cope with stress better than an unhealthy one.

There are several important things you can do to keep your body healthy. Basically, it boils down to living a healthy lifestyle. That means:

Staying active. Physical activity is an excellent stress-buster. When you become stressed, your body releases extra chemicals such as glucose and adrenaline — the fight or flight response. Physical activity helps burn up these extra chemicals so your body can return to normal. It also helps you stay healthy by keeping your bones and muscles strong,

helping you sleep better, and warding off chronic illness like diabetes and heart disease. Try to get at least 30 minutes of physical activity on most days of the week and more whenever you can.

Sticking to a healthy diet. That means lots of fruit, vegetables, and whole grains, and less sugar, red meat, refined and processed foods, and saturated fats. If you drink alcohol, limit yourself to a drink a day if you're a woman and two drinks a day if you're a man. If you smoke, quit!

Having balance in your life. We all have responsibilities — work, family, social. But give yourself permission to take time to just relax and have fun, too. Do something you enjoy or have always wanted to do: take an art, dance, cooking, or language class; sign up for a 5K race; meet friends for regular walks.

Keeping a good attitude. Focusing on the positive isn't always easy, but it's better for your health. Some things that could help include:

Laughing. Laughing is a positive emotion, and it's a lot more fun than fretting! Finding humor in a situation can make you feel better under stressful circumstances. Watching a funny video or reading a funny book or newspaper column can relieve tension and help you forget about what's causing you stress.

Staying in the present. Don't waste energy worrying about the past — it's over! Keep your mind positively set on the present and try to enjoy each day.

Sharing your feelings. Sometimes we feel we're burdening people with our problems if we bring up things that trouble us. But trusted friends are usually happy to listen. You also can confide in a family or clergy member or mental health professional. Keeping things to yourself can add to your stress.

Getting enough sleep. Not getting enough sleep also increases stress and can make you less able to handle stressful situations. Regardless of age, most adults need about eight hours of restful sleep a night. But sometimes stress keeps you awake, making matters worse. If you have trouble sleeping, there are some things you can try to help you sleep better. Try taking a bath before bed; avoiding alcohol, caffeine, nicotine, and heavy meals near bedtime; and rearranging your room to avoid distractions like light and noise. If these don't work and you still have trouble sleeping for three weeks or longer, talk to your doctor, a sleep disorder expert or mental health professional.

Sleeplessness can be one of many signs that your body is under stress. Other body signals include headaches, backaches, sleeplessness, digestive problems, tics, hair loss, concentration problems, a racing heart, and panic attacks. If these problems don't go away with your own efforts to reduce stress, talk to your doctor.

Arming yourself against stress is just one of the many benefits of having a healthy body. You'll also add years to your life and life to your years!

www.aarp.org/health/staying_healthy/stress/a2003-01-11-care.html

News about the Retired SG Leaders

By Charmaine Eng

Leon Rosenthal: Started the support group in his home in 1995. Magnolia Residence was interested in his growing group and offered the use of their facility since they had PD patients living there. Meeting moved to the location now. He served 12yrs+ as leader and invited many interesting speakers. Still active.

Evelyn Fox: Started the SG at Kaiser Vallejo Facility. Served 13yrs as leader. Had speakers from all over the Bay Area and occasionally she planned parties for the members. Her husband passed away earlier this year and she decided to retire. She is still active, being a contact person for her group or for new people seeking info about PD.

Betty Havens: Along with her late husband, started the SJ SG 14 years ago. She served as leader since then. She coordinated the monthly meeting with dynamic speakers and always served delicious refreshments. Due to recent health conditions, she had to step down, but continues to be part of the support group.

SAD NEWS

Robert Lemon, who was the Oakland SG leader, recently passed away. We would like to express our deepest sympathy to Adele and her family. The Rev. Robert Lemon started the SG over 10 years ago, in the old Easter Seals Bldg on Telegraph Avenue in Oakland, which has moved to the new location facing Lake Merritt. He and his wife, Adele served as long time leaders. Robert had many dynamic programs for his meetings and interesting topics he frequently shared with PPSG for reference.

Robin Riddle's father recently passed away. Robin is the leader of the San Mateo Atypical Parkinson's SG. Our deepest sympathy goes to Robin and her family.

Over-the-Counter Pain Medications May Reduce Risk of Parkinson's Disease

October 31, 2007 – Over-the-counter pain medications known as non-steroidal anti-inflammatory drugs (NSAIDs) may reduce a person's risk of Parkinson's disease, according to a study published in the November 6, 2007, issue of *Neurology*, the medical journal of the American Academy of Neurology.

“Given our results and the growing burden of Parkinson’s disease as people age, there’s a pressing need for further studies explaining why these drugs may play a protective role,” said study author Angelika D. Wahner, PhD, with the UCLA School of Public Health in Los Angeles.

The study involved 579 men and women, half of whom had Parkinson’s disease. The participants were asked if they had taken aspirin and if they had taken non-aspirin NSAIDs, such as ibuprofen, once a week or more at any point in their life for at least a month.

Participants were considered regular users of aspirin or non-aspirin NSAIDs if they took two or more pills a week for at least one month. Non-regular users were those who took fewer pills.

The study found regular users of non-aspirin NSAIDs reduced their risk of Parkinson’s disease by as much as 60 percent compared to non-regular users and non-users. Women who were regular users of aspirin reduced their risk of Parkinson’s disease by 40 percent, especially among those who regularly used aspirin for more than two years.

“Our findings suggest NSAIDs are protective against Parkinson’s disease, with a particularly strong protective effect among regular users of non-aspirin NSAIDs, especially those who reported two or more years of use,” said Wahner. “Interestingly, aspirin only benefited women. It may be that men are taking lower doses of aspirin for heart problems, while women may be using higher doses for arthritis or headaches.”

“It’s possible the anti-inflammatory agent in NSAIDs may contribute to the observed protective effect of the drugs, but the exact mechanism isn’t clear and further research is needed,” said the study’s principal investigator Beate Ritz, MD, PhD, with UCLA School of Public Health.

The study was supported by grants from the National Institutes of Health, the National Institute of Environmental Health Sciences and the American Parkinson Disease Association.

The American Academy of Neurology, an association of more than 20,000 neurologists and neuroscience professionals, is dedicated to improving patient care through education and research. A neurologist is a doctor with specialized training in diagnosing, treating and managing disorders of the brain and nervous system such as Parkinson’s disease, ALS (Lou Gehrig’s disease), dementia, West Nile virus, and ataxia.

www.pdtrials.org

Log on to www.ppsg.org

SLV 308 in People with Advanced Parkinson’s Disease Experiencing Motor Disturbances

Official Study Title: The Mondrian Study
Clinicaltrials.gov ID : NCT00406588
Study ID: SLV 308.3.002

This is a study of 12 weeks treatment with SLV 308 as an adjunctive treatment (treatment in addition to levodopa) for participants with advanced Parkinson’s disease (PD). The study is planned for 85 centers in 13 countries and is intended to enroll 280 participants globally, 90 of which will be in the U.S. An extension to this study is planned as a separate trial for those participants who are willing and eligible to participate.

The researchers for this study will investigate whether SLV 308 is good for relieving certain PD symptoms and is safe to add to levodopa in participants with advanced-stage PD, generally seen as those people with motor fluctuations associated with increases in the levodopa dose.

The researchers will study whether the OFF-time (time when the medication is ineffective) spent when the participant is awake is reduced, compared to participants who take a placebo, while increasing ON-time (time when the medication seems to be working) without the sudden, uncontrollable, often jerky or writhing movements (dyskinesias).

For a list of detail qualifications and trial locations outside of California, log on to www.pdtrials.gov

Dr. Dee Silver
Coastal Neurological Medical Group
Phone : 858-453-3842
9850 Genesee Avenue
Suite 740
La Jolla, CA 92037

Dr. Jerome Goldstein
San Francisco Clinical Research Center
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sfhaclin@aol.com
909 Hyde Street
Suite 322
San Francisco, CA 94109
<http://www.clinicaltrials.gov/ct/show/NCT00406588?order=1>

In Honor

PPSG recently received gift donations honoring the following individuals: Birthday of Carol Bryan, 75th Birthday for Walter Chinn, Patrick Forster, Bernice Sarina, and Bonnie Stokes.

In Memory

PPSG recently received gift donations in memory of the following individuals: Nell Adams, Alejandro Aguilar, Willard Biliske, Tony Chang, Mrs. Betty Curry, Susan L. Hevener, David Hyman, Kay Iwasaki, Mary Kloock, Lynne Quintero, Stephen M. Ngin, Belle Rudoff, Dave Russell, Elliot Schrier, and Valerie W. Wolf.

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.

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.

PPSG SUPPORT GROUPS

Berkeley 3rd Mon 10-12 North Berkeley Senior Center, 1901 Hearst Av, Roddy Raikow 510-231-1998 or Mitzi Cahn 510-527-9075 **Fremont** 4th Mon 7:00 pm Fremont Senior Center 40086 Paseo Padre Parkway, Lettie Webb 510-656-6393 **Fremont Caregivers** Contact Nancy Rothschild, Caregiver Project Coordinator, 510-574-2035 **Marin County** 4th Tue most mo., 2-4 Redwoods Auditorium 40 Camino Alto, Mill Valley, Gloria Rashti 415-381-6680. Redwoods 415-383-2741 **Mt. Diablo Parkinson's Network General Meetings** 2nd Sat 10-12, Grace Presbyterian Church, 2100 Tice Valley Blvd, Walnut Creek, Nancy Walls, 510-236-7065, Philip Wheeler, 510-527-3588, Margy Hansell, 925-939-4210, or Ronalee Spear, 925-284-2189 **Oakland** 1st Thur 1:30-3:30 Easter Seals Bay Area, 180 Grand Av, Suite 300, Karen & Jim Eagan, 510-763-4492 **Petaluma** Last Sat 1:30-3:30 Sunrise of Petaluma, 815 Wood Sorrel Dr, John & Mamie Strong 707.763.3522 **Pleasanton Tri-Valley** 2nd Sat 10-12, Senior Center, 5353 Sunol Blvd, Norm & Jackie Bardsley 925-244-1231 or 925-831-9940 **San Leandro** 1st Thur (except Jul & Aug) 10-11:30, (NEW LOCATION) San Lorenzo Community Church, 945 Paseo Grande, Norma Zeff, 510-663-6435 **Sonoma County** 1st Sat (not Jan, Jul, Sep) 1-3, First Congregational Ch, 2000 Humboldt St, Santa Rosa, Ron & Colleen Trowse 707-526-4373 **Vallejo** 3rd Mon (except 2nd Mon, Jan & Feb) 2:00 Kaiser Medical Center, 975 Sereno Drive, Evelyn Fox 707-644-3390

---PENINSULA REGION---

Daly City 1st Tue 3-4 Doelger Senior Center, 101 Lake Merced Blvd, Leonard Ke 415-587-1285 **Los Altos Young Parkinson's Support Group** 2nd Sat 10-12, United Methodist Ch/Los Altos, Foothill at Magdalena, Dean Prescott 408-738-2505 or dean53@yahoo.com **Magnolia-Peninsula** 2nd Thur 1:30 main conference room Magnolia

Apart, 201 Chadbourne Av, Millbrae, 650.344.8118 **Palo Alto** 2nd Wed 2:00-3:30 Avenidas Senior Center dining room, 450 Bryant St, 650-289-5400 **Redwood City Positive People Against Parkinson's** 3rd Fri 1-2:30, (No meetings Aug, Nov, Dec) Sequoia Hospital, Health & Wellness Ctr, 749 Brewster Ave, Tom Constantino 650-366-7166, or David Shein, 650-367-5998 **(NEW) San Francisco Caregivers** Thur (varies) 12-12:50 Veterans Affairs Med Ctr, Parkinson's Ctr conf room, Bldg 203 Room 1B26A, Susan Heath 415-379-5530 or Aliza Benditsky 415-221-4810 X 4741 **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 Ann Sasaki, Mills Health Center 650-696-4741 **Sunnyvale** 2nd Wed 1-3 First United Methodist Ch, 535 Old San Francisco Rd, Phyllis & Henry 408-733-5648 **YOPD** (Young Onset Parkinson's Disease) 2nd Tue 6:30-8:00, Board Room, Lucile Packard Child Hosp, 725 Welch Road, Palo Alto, Martha Gardner, 866-250-2414.

---SOUTHERN REGION---

Hollister 1st Tue 1:30-3:30 First Presbyterian Ch, 2066 Cienega Road, Shirley Kennedy 831-637-3839 or John Skinner 831-637-6755 **Monterey** 3rd Mon 2:30-4:00 SHARE Room, Monterey Adult School, 200 Coe Av, Seaside. Helen Garrett 831-657-4241 or Kathy Warthan 831-372-7510 **Salinas** 4th Wed 2:00-3:30 Salinas Adult School, 20 Sherwood Place, Sherry Whitcomb, 831-796-6920 **San Jose-Berryessa** 1st Wed 1:00-2:30 Berryessa Community Center, 3050 Berryessa Rd, Bob & Jane Pomeroy 408-263-8485 **San Jose Caregivers** usually 4th Wed 1:30-3:30 St Francis Episcopal Church, 1205 Pine Ave, Charmaine Eng 408-723-8116 **San Jose-Willow Glen** 1st Fri 10-12 St Francis Episcopal Church, 1205 Pine Ave, Betty Havens 408-227-8593, or Joan Lorentson, 408-997-7009 **Santa Cruz** 1st Wed 12:30-2:00 St. Stephen's Lutheran Church, 2500 Soquel Ave, David Donahoe 831-479-4485 **Saratoga** 3rd Tue 2-4 19449 Via Real, Lois McPherson 408-867-1807

---CENTRAL VALLEY REGION---

Fresno, Greater 2nd Sat 10 at San Joaquin Valley Rehab Hosp 7173 N. Sharon Ave, Max Robinson, 559-226-2673 **Merced** 4th Thur 10AM (Nov 17, Dec no meeting) Mission Gardens 1450 E. 27th St, Amie Marchini 209-384-3300 **Modesto** 3rd Wed 1:30-3:00 Centenary United Methodist Ch, Fireside Room 1911 Toyon Av, JoAnn & David Ryan 209-529-5643 or davejoann@sbcglobal.net **(NEW) Pine Grove** 1st & 3rd Thur 2-4 Calvary Chapel Patio Bldg 18400 Ridge Road, Sarah Johnson 209-296-2575 **Roseville** 1st Tues 1:30-3:00 Roseville Maidu Comm Ctr, 1550 Maidu Drive, Linda Krisa 916-261-1321 **Tulare-Kings** 1st Fri 10:30 Visalia United Methodist Church, 5200 W. Caldwell Av, Mary Dickerson 559-622-9044, Church Office 559-627-1660 **(FORMING) Turlock** Donald Jackson 209-606-9127 November 22, 2006

EXERCISE CLASSES

Berkeley: Vista College, Joan Nielsen, 510-981-2800

Berkeley: Mon. 10:30-11:30 & 1-2:30, John Argue 510-985-2645

Daly City: Tue./Thur. 1-2, Doelger Sr. Ctr. Pat Armstrong 650-991-8012

Gilroy: Gavilan College, Dave Ellis, 408-848-4878

Hayward: Kaiser Permanente, Wed. 10-11:30, John Argue 510-985-2645

Kensington: Tue. 1:30-3:00, John Argue 510-985-2645

Marin Cty: Tue. 10-11:30; 12-1:30. Osher Marin JCC, San Rafael. 415-479-2000

Monterey: Monterey Peninsula College, Mark Clements, 831-646-4231

Orinda: Tue. & Fri. 1:00-2:30, In Forma Gym. Dean Dallman 925-283-5019

Palo Alto: CAR, Aquatic Therapy, 650-494-1480

Palo Alto: Mon. & Fri., 9:15-10:15, Sr. Ctr. 450 Bryant St. 650-289-5400

Redwood City: Canada College, 4200 Farm Hill Blvd. Barbara McCarthy 650-306-3473

Salinas: Hartnell College, Melissa Stave, 831-755-6876

Saratoga: Mon. – Fri. 9-12; 1:30-3, W. Valley Comm. Coll. Joan 408-741-2420

San Bruno: Mon. & Wed. 1:10-2:30, Tue. & Thur. 12:35-1:50, Skyline Coll. Bess 650-738-4286

San Francisco: Fri. 11-12, SFSU, Marsha Melnick 415-338-1360.

San Jose: Mon. & Wed. 10:30-11:45, Houge Ctr. Tue. & Thur. 10-11:45, Evergreen Ctr. Deanna, 408-369-6435

San Jose: Easter Seals Comm Ctr. Aquatic Exercise programs, 408-295-0228

San Jose: Evergreen Valley College, Rich Wagner, 408-274-7900 X 6447

San Mateo: College of San Mateo, 1700 W. Hillsdale Blvd., John Hogan, 650-574-6469

Sunnyvale: Tue. & Thur. 9-10, Sr. Ctr. 550 Remington Dr. Ruth Hanes 408-864-8873

Sunnyvale: Wed. 10-12 noon, The Parkinson's Institute, 675 Almanor Avenue., Marilyn Basham:
408-734-2800.

Exercise Classes – New Addition

Palo Alto

Tai Chi/Chi Kung for Parkinson's in the Atrium at Stanford Medical Center

Every Saturday 10:00 am – 11:30 am (short break in between).

Mwezo & Jane

Kujiweza Healing Arts Institute

Call Jane: (408) 315-1179

Email: Kujiweza@sjvogataichi.com

San Jose

The Villages Golf & Country Club

Parkinson's Exercise Program (PEP)

Balance, gait, posture, Tai Chi/Chi Kung

Mondays 11:30 – 12:30 pm

Optional 3-day program

Mwezo & Jane

Kujiweza Healing Arts Institute

Call Jane: (408) 315-1179

Email: Kujiweza@sjvogataichi.com

Los Gatos

The Terraces of Los Gatos

Parkinson's Learning Lifelong Useful Skills (PLLUS)

Balance, gait, posture & Tai Chi/Chi Kung

Mon. 2:00 pm & Wed. 10:30 am

Mwezo & Jane

Kujiweza Healing Arts Institute

Call Jane: (408) 315-1179

Email: Kujiweza@sjvogataichi.com

How the Brain Handles Surprise, Good and Bad

ScienceDaily (Sep. 20, 2007) — Whether it's a mugger or a friend who jumps out of the bushes, you're still surprised. But your response--to flee or to hug--must be very different.

Now, researchers have begun to distinguish the circuitry in the brain's emotion center that processes surprise from the circuitry that processes the aversive or reward "valence" of a stimulus. C. Daniel Salzman and colleagues published their findings in the journal *Neuron*.

"Animals and humans learn to approach and acquire pleasant stimuli and to avoid or defend against aversive ones," wrote the researchers. "However, both pleasant and aversive stimuli can elicit arousal and attention, and their salience or intensity increases when they occur by surprise. Thus, adaptive behavior may require that neural circuits compute both stimulus valence--or value--and intensity."

The researchers concentrated their study on the amygdala, known to be the brain center that processes the emotional substance of sensory input and helps shape behavioral response to that input.

In their studies, which used monkeys, the researchers performed two types of experiments as they recorded the electrical activity of neurons in the animals' amygdala. In

one experiment, they taught the monkeys to associate a pattern on a TV monitor with either the rewarding experience of a sip of water or an unpleasant puff of air to the face.

The researchers measured how well the monkeys learned the association by recording how frequently the animals anticipated the water sip or the air puff by, respectively, licking the water spout or blinking. This experiment was intended to establish whether there were specific amygdala neurons activated by rewarding or aversive stimuli.

In the other experiment, the researchers surprised the monkeys by randomly delivering either the water sip or the air puff--which aimed to establish whether the amygdala harbored specific surprise-processing circuitry.

The researchers' analyses of the activity of the amygdala neurons did reveal different types of neurons. Some neurons responded to either the reward or the aversive stimulus, but not both. However, the activity of distinctly different sets of neurons was affected by expectation of either a reward or an aversive experience.

"These different neuronal populations may subserve two sorts of processes mediated by the amygdala: those activated by surprising reinforcements of both valences--such as enhanced arousal and attention--and those that are valence-specific, such as fear or reward-seeking behavior," wrote the researchers.

They concluded that "These different types of response properties may underlie the role of the amygdala in multiple processes related to emotion, including reinforcement learning, attention, and arousal. Future work must develop experimental approaches for unraveling the complex anatomical circuitry and mechanisms by which amygdala neurons influence learning and the many emotional processes related to the valence and intensity of reinforcing stimuli."

Reference: Belova et al.: "Expectation Modulates Neural Responses to Pleasant and Aversive Stimuli in Primate Amygdala." Publishing in *Neuron* 55, 970--984, September 20, 2007. DOI 10.1016/j.neuron.2007.08.004.

Adapted from materials provided by [Cell Press](#).

<http://www.sciencedaily.com/releases/2007/09/070919121556.htm>

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Scientists Find Peptide Therapy Can Prevent Progression of Parkinson's Disease

Researchers have successfully used a peptide to reverse biochemical, cellular and anatomical changes that occur in the brains of mice with Parkinson's disease (PD), and report success in preventing the disease from progressing.

"This could be a new approach to halt disease progression in PD patients," said study author Kali Pahan, PhD, professor of neurological sciences at Rush University Medical Center in Chicago. Dr. Pahan and colleagues from Rush, along with researchers at the University of Nebraska Medical Center, Omaha, and Yale University, New Haven, published these findings in the *Proceedings of the National Academy of Sciences of the United States*, November 13, 2007.

The authors have shown that one protein, NF-kB, is increased in the midbrain of PD patients and mice with PD pathology, and the researchers used a novel peptide (small proteins) to block this protein in mice with PD-like symptoms.

Pahan explained that after intra-peritoneal injection into the abdomen of the mouse, this peptide enters into the brain and blocks protein NF-kB and other associated toxic molecules, and goes on to protect neurons, normalize neurotransmitter levels, and improve motor functions in mice with PD. Peptides, proteins and certain drugs usually do not enter into the brain after crossing the blood-brain barrier. Therefore, at present, peptides, proteins or genes are injected into the brain, which is risky and painful.

"To overcome this problem, we have added a tag in front of that peptide that is helping the peptide enter into the brain. Therefore, there is no need to inject these peptides into the brain. This is an important discovery.

Understanding how the disease works is important to developing effective drugs that protect the brain and stop the progression of PD," Pahan said. "Now we need to translate this finding to the clinic and test this peptide in patients with PD. If these results can be replicated in PD patients, it would be a remarkable advance in the treatment of this devastating neurodegenerative disease."

www.medicalnewstoday.com/articles/88811.php

This article was forwarded by Linda Chen. Thanks, Linda!

PPSG Board Meetings

You are welcome to drop by our board meetings and share ideas with us! We meet on the **3rd Monday** of the month between **1:30 and 3:30 PM** at the Parkinson's Institute. To confirm meeting dates and time, please call us at **408.542.5610**. If you are planning to attend, please call Charmaine Eng at 408.723.8116 (dial *82 before the number).

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If you would like to be removed from our mailing list or know someone who would like to be included, please take a minute, call us at our **NEW NUMBER 408.542-5610**, or e-mail **ppsginfo@yahoo.com**, and let us know. Thank you.

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.

Log on to www.ppsg.org



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675 Almanor Avenue
Sunnyvale, CA 94085-2934
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Winter Quarterly 2007

Neupro Patch for Parkinson's Approved

On May 9, 2007, FDA announced the approval of Neupro (rotigotine transdermal system), a skin patch designed to treat symptoms of early Parkinson's disease. Rotigotine is a drug not previously approved in the United States. Neupro, manufactured by Schwarz Bioscience of Research Triangle Park, N.C., is the first transdermal patch approved for the treatment of symptoms of Parkinson's disease

How Neupro works:

Parkinson's disease, which belongs to a group of conditions called motor system disorders, results from the loss of dopamine-producing brain cells. Rotigotine is a member of the dopamine agonist class of drugs and is delivered continuously through the skin (transdermal) using a silicone-based patch that is replaced every 24 hours. A dopamine agonist works by activating dopamine receptors in the body, mimicking the effect of the neurotransmitter dopamine.

For more information and side effects, log on to:

www.fda.gov/consumer/updates/neupro051407.html