

Parkinson's Patients Support Groups, Inc.

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1170 Morse Avenue
Sunnyvale, CA 94089-1605
www.ppsg.org 408.734.1593

Editor-in-chief: Phyllis Hsu Ng

Articles Editor: Ann Roper

Webmaster: Solna Braude

Editorial Staff:

Linda Chen

Charmaine Eng

Viola Mays

Significance of Nutrition in Parkinson's

By Karen Roth, RD

Clinical Health Educator, Kaiser Permanente

Potential risks of malnutrition are due to the following:

- ?? Gastrointestinal nerves are affected, leading to slow movement of food along the GI tract, constipation, swallowing problems, and loss of sense of taste and smell.
- ?? Medications can have a side effect of nausea and appetite loss
- ?? Levodopa, an important medicine for Parkinson's, must compete with protein for absorption from the small intestine

Common Concerns:

Protein-Levodopa Interactions

There are some barriers when taking quick-release medicine (such as Sinemet®). Protein is broken down in the intestine into amino acids. These amino acids must travel across the intestinal wall to get into the blood. Then they must cross the blood-brain barrier to enter the brain. Sinemet® also must transit the intestine and the BBB using exactly the same carrier system as the amino acids. If amino acids use all the carriers, the medicine has to wait until the carriers are free again. Therefore, it's best to take quick release medicine 30-60 minutes before eating a meal. This allows absorption before the food can interfere. If you experience nausea with the medicine, take it with ginger tea and a couple of soda crackers. If your nausea is not relieved, please talk with your doctor about anti-nausea medication.

When dealing with controlled-release medicine, it is recommended to have a "balanced-protein plan". This means learning your protein needs with your registered dietitian, and evenly distributing your protein intake throughout the day. Sometimes people will not eat protein

during the day so they can be mobile. This plan is not ideal, however, because mobility is greatly reduced during the nighttime from protein consumption at dinner, and many people find they have difficulty with getting in and out of bed. This, in turn, tempts people to forego their protein intake in the evening to have better control of symptoms for a better night's sleep. This can lead to protein starvation, then illness, even hospitalization.

Unplanned weight loss

People with PD often lose weight unintentionally for several reasons. Depression can cause lack of desire to eat. Chewing or swallowing problems can hinder intake. Some have difficulty handling a fork and knife. Tremor can burn up many extra calories. Weight loss should not be taken lightly. Muscle wasting can make it more difficult to walk, maintain proper balance, and perform the usual activities of life. Furthermore, the body becomes depleted of vitamins and minerals which can lead to altered mental function, depressed immune system, weakened bones, and other undesirable outcomes. That all being said, it may be a daunting task to face a big plate of food. Instead, aim for three small meals a day and three or more nutritious snacks. If weight loss has already occurred, remember to add enough calories to regain the weight.

Bone thinning

Unplanned weight loss means losing bone mass as well as muscle and fat. This means higher risk for osteoporosis for both men and women. Adults 50 and older need 1200mg of calcium per day. Although milk and cheese are strong sources of calcium, these foods are not recommended due to the high level of protein. Here are some recommendations:

- ?? Calcium-fortified orange juice
- ?? Calcium-fortified rice or soy milk
- ?? Breakfast cereals with calcium

Additionally, magnesium is a major player for people with PD. It helps rebuild and strengthen bone. It also can assist

as a muscle relaxant, and may be beneficial to people who experience rigidity as a primary symptom.

Bowel impaction

If the stool moves very slowly, it can become dry and hard. This leads to constipation. Bowel impaction occurs when dry, hard feces accumulate in the colon and cannot be passed. It is painful, and may require hospitalization. An ounce of prevention is worth a pound of cure. It is important that you eat 25-35g fiber daily, along with plentiful fluids. Water works hand in hand with fiber to keep the stool bulky. Laxatives are powerful, but work in a different way. If you are doing the above recommendations and still are having trouble, a remedy used in hospitals is called the "Prune Juice Cocktail."

Mix together:

1/2c applesauce

2 T wheat bran (miller's bran)

4-6 oz prune juice

Take a tablespoon each day at first, gradually increasing until you find the amount that works best. You may also want to try a product like Unifiber. This can be mixed with liquids or stirred into thicker foods, like mayonnaise, applesauce, cooked cereals, and other foods. Either the pharmacist can order it or you can call Niche Pharmaceuticals @ 800.677.0355. Finally, stool softeners may also be an option as an added tool to your bag of tricks.

Laxatives stimulate the nerve endings in the colon, causing rapid removal of bowel contents. Over time, laxatives damage the lining of the colon, causing even greater difficulty with constipation. For this reason, laxatives should be used sparingly.

Dehydration

There are many things to think about, so fluids are easily forgotten. When there is not enough water to go around, the body takes water out of the colon and conserves it for other organs. This can cause constipation. Moreover, the medicines can cause dry mouth and dry eyes. Drinking fluids can counteract this. Dehydration can also allow bacteria to grow, leading to such things as urinary tract infections and tooth decay. Signs of dehydration include urinary tract infections, low back pain, mental confusion, dizziness, fatigue, dry tongue, dry mouth, and cracked lips, sunken eyes, dark urine, difficulty swallowing liquids or speaking, upper body weakness, and weight loss.

Vitamin interactions

Vitamin B6 no longer thought to be a problem with the newer medicines. As long as someone is taking a carbidopa or benserazide-levodopa medicine, it is recommended that the vitamin supplement contain no more than 15 mg of B6 daily. Food sources of B6 include chicken, fish, pork, eggs, brown rice, soybeans, oats, whole wheat, peanuts, walnuts and fortified cereals.

Recommended Resources:

Internet:

www.eatright.org

American Dietetic Association

www.nat.uiuc.edu

Nutrition Analysis Tool. Allows the reader to enter a food or list of foods for nutrient analysis.

www.navigator.tufts.edu

A rating guide to nutrition websites by one of the most respected schools of nutrition in the world.

www.nutritionucanlivewith.com

This website is run by a registered dietitian and focuses on the special nutrition needs of people with PD.

www.parkinson.org

The National Parkinson foundation

Books:

Eat Well, Stay Well with Parkinson's Disease, or Cook Well, Stay Well with Parkinson's Disease, by Kathrynne Holden, MS, RD

ACTIVITIES of daily living

Suggestions for Managing Parkinson's Disease

Falling

Parkinson's disease affects the balance and coordination centers in the brain. Postural stability is lost, and balance adjustments that once were automatic become more difficult. Many people with Parkinson's disease can be thrown off balance by a small push, a bump, or just the thought of walking through a narrow entryway.

Some Useful Suggestions

- ~~✍~~ Remove throw rugs and low-lying obstacles from pathways inside and outside your home.
- ~~✍~~ Install hand rails, especially along stairways.
- ~~✍~~ Use a cane when necessary.
- ~~✍~~ Avoid using stepladders or stools to reach high objects.
- ~~✍~~ Slow down when you feel yourself in a hurry.
- ~~✍~~ Before rising from your bed or bath, pause for a moment in a sitting position.
- ~~✍~~ Stop walking or sit down if you feel dizzy.
- ~~✍~~ Develop a regular stretching and exercise program. Regular movement can help you maintain your sense of balance and posture. Talk to your doctor before starting any exercise program.

Adapted from Activities of Daily Living (ADL), series by DuPont Pharmaceuticals Company.

What dentists should know when treating patients with Parkinson's disease, and what this patient should look for in a dentist.

*By Ron Matsuura D.D.S.
Sunnyvale Family Dental*

Visiting the dentist for anyone can be an experience of apprehension and discomfort. If this is not enough, having a dentist without compassion for the various challenges a patient faces may present a "bad" experience.

The patient with Parkinson's disease should be foremost thought of and treated like any other that does not enjoy going to the dentist, which is virtually everyone.

There are however several considerations that your dentist should account for to ensure a reasonable experience for both the PD patient and office. Have the dental office schedule a longer appointment to allow more time for seating and information gathering as well as any treatment planned at that visit. The involuntary motor movements associated with PD will hinder the dentist's efficiency and extra time should compensate for this. The treatment rooms should be large enough to accommodate the patient and walker, or wheelchair and caregiver.

Have the office inform the dentist if the PD patient tires easily and less treatment can be done. The dentist and his assistants will be ready to allow for rests or shortening of the appointment.

If a caregiver is present, then allow him to sit in the operatory (if space allows) to help with the PD patient. The dentist and staff must focus on the treatment area and cannot always notice subtle problems such as fatigue or poor position on the chair or need for a restroom break.

Have the patient's caregiver brush and floss just before leaving home for the dental office. Try to make sure the patient slept longer than normal prior to the day of the appointment, and try to schedule a morning appointment when the patient is usually fresher.

Preventive measures for the PD patient

It is not uncommon for the PD patient to have a dry, lower than normal salivary flow due primarily to anticholinergic drugs as a side effect. Though it is a benefit to the dentist treating a patient with dry mouth, it makes the PD patient more susceptible to tooth decay and gum and bone disease known as gingivitis and periodontitis. In a dry environment, the

bacteria that causes these diseases can multiply at a much faster rate. The same happens to all of us when we sleep and the salivary gland decreases activity. Saliva not only helps in digestion and swallowing but helps to control the bacteria's damaging activities as well.

Good prevention for this problem is to have good and more frequent home care hygiene, that is, more brushing and flossing. Always use an electric toothbrush. With the difficult to control movements, the electric or power assisted *soft* brush will always provide the right motion consistently. All the patient or caregiver needs to focus on is aiming at one tooth at a time. All of us should concentrate the bristles of the brush along the gumline, where the majority of the bacteria collect.

I do not recommend any particular brand since the prices vary so much, but the more expensive ones do usually last longer. Many toothpastes will not make much of a difference as brands go, but special whitening toothpastes will bleach clothing when some spray comes out of the mouth, so these are best to avoid. Do not expect desensitizing toothpastes to work very well because there are many different reasons for teeth discomfort and a dentist should be consulted for determining the cause and resolution of tooth pain.

Use of a floss holder also requires less hand to mouth dexterity. The brand I do recommend is *Glide* which slips through virtually every tight contact because of the Gortex imbedded. Glide is sold at most pharmacies and Costco.

If you have "dry mouth", cough excessively, or get sores frequently from your dentures, there are saliva substitutes. These include Xero-Lube, Salivart, Moi-Stir and Orex. These are used as an oral rinse, several times a day. Make sure you drink plenty of water to first eliminate dehydration as a source of the dryness. Water should be the bottled type, if at all possible, or get a reverse-osmosis purifier.

Diet is a very important part of oral health as well as general health. We are as we eat. It is extremely important to eat fresh fruits, vegetables, juices and to avoid processed foods and caffeine drinks of all kinds. Eat extremely little salt since this will cause a myriad problems, including water retention. The ratio of green and leafy vegetables (do not include starchy potatoes and such) to chicken and fish (avoid tuna and swordfish due to mercury content) and non-white flour carbohydrates is about 50% (veggies): 25% (protein):25% (carbohydrates) with quantities of a single handful of

protein and a single handful of carbohydrates. You do tend to get hungry faster but try to snack on fruits, nuts, vegetables, and drink water, or eat more meals. It also helps to drink a glass of water before eating a meal.

If you have any problems with digestion, get probiotics (good bacteria) from the health food store. Use daily as directed. Chew your food thoroughly, which stimulates important and necessary digestive enzymes to avoid stomach and digestive problems. With this in mind, being able to chew your food properly is extremely important and too often overlooked, especially when medical problems arise. Often we are merely treated with drugs instead of getting to the source. The benefits from having a healthy functional set of teeth and gums are paramount in living a longer, healthier life. The microorganisms (bacteria, viruses, etc.) that are the cause for many ailments including ulcers, certain cancers, and even heart disease have a clear path to the blood stream by way of infected (gingivitis) gums. Mercury (in amalgam silver fillings) in addition to other heavy metals, has been implicated in not only Parkinson's but Alzheimer's and ALS for years.

See your dentist regularly, at least twice a year for cleanings if you have healthy gums (more if you do not) and get an annual check up with x-rays. Modern dentistry has come a long way with healthier results.

Best of health to all of the special PD folks!
Feel free to call our offices in Sunnyvale and Los Gatos for any questions or help (or checkups) at 408.354.1717.

At a recent dental visit, Phyllis Ng asked Dr. Matsuura to write an article about dental care for the PD patients. Thank you very much, Dr. Matsuura!

Hypothermia

When temperatures turn cold, there is a risk of hypothermia if someone wanders outdoors or spends too long in a cold room. Hypothermia occurs when a person's body temperature falls below normal (98.6° F).

To prevent hypothermia –

- ☞☞ Keep the house temperature no lower than 65° F (at 70° F is the person is ill).
- ☞☞ Have him wear warm clothes, and place wool leg warmers on his arms and legs for extra warmth.
- ☞☞ Use warm blankets when the person is in bed.

- ☞☞ Wear a warm hat outside or a knit hat indoors to keep the body from losing heat.
- ☞☞ Provide a balanced diet.
- ☞☞ Keep moving by walking around hallway, lifting and stretching legs and arms.

Signs of hypothermia

Signs include impaired judgment, shivering, cold pale skin, slow breathing and pulse, weakness, drowsiness, and confusion. If these signs are present:

- ☞☞ Wrap the person in blankets, notify the doctor, give warm fluids, and increase room temperature.
- ☞☞ Avoid rubbing the person's skin.
- ☞☞ Do no warm the person rapidly. Use a heater on low, or warm hot water bottles (wrapped in a towel) on the chest and abdomen.
- ☞☞ Do not give the person alcohol.

Be alert to signs of heart attack. If the person experiences chest pain, shortness of breath, discomfort in the jaw, bluish pale skin, sweating and nausea. Call the doctor immediately.

Adapted from Avenidas Caregiver News, January 2003.

Get Your Gutters Ready for the Rain

The rainy season is right around the corner so now is the time to ensure your gutters are in tip-top shape.

Sagging Gutter – Keep water on the move by hammering a wooden wedge between each bracket and the gutter to hold the sections in place until you can replace it.

Cracked Gutter – Paint the affected areas with a sealing compound. If rust is present, be sure to scrape it off first.

Debris – Clear all leaves and other material that has built up over the dry months. Attach small-holed chicken wire along the length of gutters to reduce blockages year round.

Visit the PPSG Website

www.ppsg.org

The annual Abilities Expo was held Nov. 18-20 at the Santa Clara Convention Center in Santa Clara. It offered abundant information to enhance and expand the latest advances in independent and assisted living products and services, not only for the disabled person but also for family members, caregivers, seniors and professionals in education and health fields. There were many hands-on exhibits to all-day workshops.

Although, I, Charmaine Eng, noticed more vendors demonstrating scooters and other mobility vehicles than at previous shows, I found the following of interest: booths on the subject of independence and dignity, where the bathroom can be remodeled ensure more comfort while bathing, such as a build-in shower seat, easy to use shower appliances, walk-in tub with a latched door; and an electronically controlled moveable chair that lifts a person into and out of the tub. All these can be tailored to one's needs.

Also, more common abroad than in USA, a bidet as an essential necessity of regular hygiene or relief of specific discomfort for convenience and effectiveness. The installation can vary from a simple attachment to the toilet to a high tech toilet seat with remote control for water temperature, speed and pressure of water, and even, a dryer.

Another booth showed a new type of honey-comb material which can be made into cushion that is designed to provide pressure management. This is especially useful for those sitting long periods of time in a particular seat, e.g. wheelchair. The same material can be used for mattress and lumbar cushion or pillow.

VTA is giving seniors or disabled person free bus and light rail rides from January to March 2006, on weekends-all day, and weekdays, 9 am-3 pm, or anytime after 6 pm.

For more information of above, contact Charmaine Eng at 408.723.8116.

Dry skin is common in the elderly, and heated rooms lead to scratchy throats and nosebleeds. To add moisture to the air, use a humidifier. A low-cost solution is to keep bowls of water near heating vents. Also drink lots of water and avoid hot baths and showers. Remember, it is easier to prevent chapping than to heal chapped skin, so apply lotion often.

Dressing

For many people living with Parkinson's disease, dressing is the most frustrating of all daily activities. The loss of fine motor control and coordination makes it difficult to button buttons, tie a tie, zip a zipper, put on a jacket, or step into a pair of pants. In spite of the difficulties, most people prefer to dress themselves, even if it takes more time and effort.

Some Useful Suggestions

- ☞☞ Replace clothes that have complicated fasteners with ones you can slip on easily, such as sweatpants, sweatshirts, or pants with elastic waistbands.
- ☞☞ Avoid clothes that fasten in the back.
- ☞☞ Look for clothes and shoes that have Velcro fasteners, or have the buttons and zippers on your clothes replaced with Velcro.
- ☞☞ Make your dressing area "user friendly." Install clothes rods and drawers that make your clothing easy to reach.
- ☞☞ Dress sitting down on a bed or a chair. Place the clothes you plan to wear next to you on the bed or on a table within easy reach.
- ☞☞ Consult your medical supply store or catalog for dressing a sticks and long-handled shoe horns.

Adapted from Activities of Daily Living (ADL), series by DuPont Pharmaceuticals Company.

Disclaimer

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An Open Letter to Those With Parkinson's

By Leon Rosenthal

Dear Fellow Parkinsonians:

The Peninsula-Magnolia Parkinson's Support Group has just completed its tenth year as an organized support group and I'd like to look back with a bit of introspection. When we started the group, we agreed that our main thrust would be the sharing of information pertinent to Parkinson's. As a byproduct, a degree of camaraderie also developed, which I personally cherish. We started our group with these people and we now have over 80 members and new attendees join us regularly. We have studiously avoided politicizing the organization, and we have not done any fund-raising.

For quite a while we've been hearing that "a cure is just around the corner." Unfortunately, it doesn't seem to be able to turn that final corner, at least not without a strong push. So, my friends, I'd like to suggest that perhaps the time has come to roll up our sleeves and do a little pushing. I, for one, have become disenchanted waiting for a cure to be dropped in my lap.

All the information I've absorbed to date seems to point to embryonic stem cells as one of the most promising avenues for a cure for Parkinson's in our lifetime. Unfortunately, the federal government has been more of a hindrance than a cooperative partner in this endeavor. Therefore, even though historically the "big bucks" for research have come from the government, in the case of embryonic stem cell research, the dollars to fund the bulk of the research must come from private sources.

There are a number of worthy organizations and individuals engaged in Parkinson-related research on stem cells, as well as on other promising drugs and treatments. I have narrowed my personal focus to three institutions that have consistently been on the cutting edge of research on diseases of the brain. I place a great deal of confidence in The Parkinson's Institute, UCSF and/or Hopkins to find the cure and I am strongly urging everyone to contribute to the extent possible. If you have a favorite researcher, show him or her that you care. If not, here are my favorites:

Dr. J. William Langston, Founder, CEO
The Parkinson's Institute
1170 Morse Avenue
Sunnyvale, CA 94089-1605

Dr. Michael J. Aminoff, Director
Department of Neurology
University of California at San Francisco
505 Parnassus Avenue
M-793, Box 0216
San Francisco, CA 94143-0216

Dr. Ted M. Dawson, MD, PhD
Professor of Neurodegenerative Diseases
The Johns Hopkins Institute for Cell Engineering
733 North Broadway, Suite 731
Broadway Research Building
Baltimore, MD 21205

Donations should be clearly marked "For research related to Parkinson's."

Both Hopkins and UCSF have received multi-million dollar gifts to establish "Institutes for Stem Cell Research" and they've both made significant strides in that direction. I intend to "beat the drums" at every opportunity in support of these two fine institutions, as well as The Parkinson's Institute, and I invite you to join me in spreading the word.

I hope you have a very enjoyable holiday season. Let's all look forward to the New Year with renewed hope!

In Memory

PPSG recently received gift donations in memory of the following individuals:

Boyd Allen, George Clapp, Robert Fortino, Joseph Gaestel, Dr. Charles Hanna, David Hyman, Norman Keller, Art Kezer, W. Dave Lorentson, Ethel Lynn, and Elise Sindici.

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.

Your Medicare Drug Benefits and BOTOX[®] (Botulinum Toxin Type A)

Medicare Part D:

Beginning January 1, 2006, Medicare beneficiaries will have the option of joining a Medicare Part D prescription drug plan. Beneficiaries may join a Medicare Advantage Managed Care plan in their area which will include a prescription drug benefit, or may elect to add a prescription drug plan to their traditional Medicare plan.

Medicare Part D will generally cover physician prescribed drugs *that are taken orally or by self-injection.*

BOTOX[®] (Botulinum Toxin Type A) is currently covered under Medicare Part B and will continue to be covered under Part B in 2006.

Medicare Part B:

Medicare covers eligible patients who are age 65 and older, or are qualified for benefits due to disability.

Medicare Part B helps pay for the services and treatments a physician provides as part of an outpatient visit – including drugs and biologicals – administered by the physician.

Medicare has established policies for obtaining coverage and reimbursement for BOTOX[®] injections that may vary by the Medicare Contractor paying the claim.

If you have questions about your Medicare plan, you can:

Consult with your physician

Visit www.medicare.gov

PPSG Board Meetings

We welcome anyone to drop by our board meetings and share ideas with us! We meet on the **3rd Wednesday** of the month between **1:00 and 3:00 PM** at the Parkinson's Institute in Sunnyvale. To confirm meeting dates and time, please call us at 408.734.1593.

Coffee reduces risks of diabetes, Parkinson's

November 06, 2005 (WebIndia123.com) - Coffee drinkers are constantly being warned about the harmful effects of caffeine. Now, it's their time to tell all those unbelievers a "told you so" for recent research has found that drinking coffee could reduce the risk of diseases such as diabetes and Parkinson's.

Beth Kitchin, M.S., R.D., UAB assistant professor of nutrition sciences, says that there is evidence that coffee could reduce the risk of these diseases along with reducing headaches and boosting muscle performance.

"There is evidence that coffee may lower the risk of diseases such as diabetes and Parkinson's, and caffeinated coffee might also help reduce headaches and boost performance by helping muscles perform better for longer periods of time." she was quoted as saying.

However, researchers are also quick to warn that too much of a good thing can certainly be harmful and that coffee guzzlers should be aware that they can experience negative effects such as anxiety, insomnia etc. (ANI)

*This information was forwarded by Linda Chen, the leader of Palo Alto SG as well as a PPSG Board Member.
Thanks, Linda!*

Mylan agrees to sell Parkinson's drug to Vernalis

Nov 4, 2005 (Reuters Health) - Generic drugmaker Mylan Laboratories Inc. (MYL.N: Quote, Profile, Research) said on Friday it agreed to sell its Parkinson's disease drug Apokyn to Vernalis PLC (VER.L: Quote, Profile, Research) for \$23 million, following Mylan's decision earlier this year to close down a branded medicine unit.

In return for U.S. and Canadian rights to Apokyn, Vernalis will assume obligations including finishing certain postmarketing studies, Mylan said.

Apokyn was approved by the U.S. Food and Drug Administration in April 2004 for intermittent treatment of certain episodes associated with advanced stage Parkinson's disease, a degenerative disorder of the nervous system, Pittsburgh-based Mylan said.

A Parkinson's Cruise

By Harry Santi, San Leandro SG leader

On October 15, 2005, the Carnival cruise ship *Conquest* left Galveston, Texas, for a 7-day cruise in the Caribbean. On board were 158 Parkinson's people, those with Parkinson's and their caregivers.

The *Conquest* was to have left from New Orleans, but Hurricane Katrina prevented that, so it left from Galveston instead. Then Hurricane Wilma stopped us from going to Jamaica and Grand Cayman, so we went on to Cozumel and Progreso. We stayed at Cozumel two days before the hurricane hit.

Yet all of us had a very good time. There were many smiles, and we all made new friends. Gloria Sponaro was Cruise and Travel Coordinator and did a terrific job. This was the fifth year for a Parkinson's cruise, and Gloria loves what she is doing.

In her words, "In my working with special groups, I realize that this is the true meaning of giving, and my reward is seeing you smile, or sing, or dance, or even walk on glaciers."

There were two doctors on the cruise. One was Dr. Matthias Kurth, Neurology and Movement Disorders, from San Diego, California. He completed his neurology training at Stanford University Medical Center in Palo Alto. This led to his fellowship in Movement Disorders and Parkinson's disease at the Parkinson's Institute in Sunnyvale, California.

Dr. Kurth led two seminars. He talked about various aspects of Parkinson's disease and answered many questions. He also discussed deep brain stimulation and showed revealing before-and-after pictures. Those who had had the procedure went from being immobile to being completely mobile. Two men who had had the stimulation were on the cruise, and the contrast between their before-and-after states was amazing.

The second doctor was Dr. Janice Kurth, the wife of Matthias Kurth. She has a Ph.D. in human genetics and talked about Parkinson's disease and genetics.

Matt James, from Westlake Village, California, is an expert in voice training, and has taught many singers how to breathe and project their voices. He taught the Parkinson's group how to breathe and speak correctly. The last day of the cruise he sang for us. The songs ranged from contemporary ones to opera; Matt has a wonderful voice.

Susan Kline led the seminars. She is in Outreach and Communications, California Neuroscience Institute (CNI) and the Center of Excellence Coordinator, the National Parkinson's Foundation, Oxnard, California. In 1997, in cooperation with the National Parkinson's Foundation, she developed the PD Center of Excellence at St. John's. She is an active lobbyist in Washington, DC, for Parkinson's patients, a proponent for research funding, and an educator for quality-of-life issues. She is an excellent leader and has a great sense of humor.

There were others who helped make the cruise a success and who contributed to the excellence of our experience. They will not be forgotten. There will be another Parkinson's cruise from October 29 to November 5, 2006, sailing to the Mexican Riviera. If you are interested in this trip, contact Gloria Sponaro at 800-248-0388.

Support Groups Activity, Partial List

Fremont

On December 7, **Buz and Dorothy Crain** invited 30 members to Jericho's Steakhouse in Fremont for a Christmas Dinner Party. The menu consisted of Classic Cut Prime Rib, Whiskey Peppercorn Top Sirloin, Grilled Salmon, and Teriyaki Chicken. The Crains have been hosting such event for several years and we would like to thank them for their generosity.

San Jose – Almaden/ Blossom Valley (New)

Our group met in November and the members discussed health insurance and the services available at AARP.

San Jose – Willow Glen

The December 2 meeting featured a Christmas Choral by Evergreen Junior College Chorus.

San Jose – Caregivers

On September 28, **Le Sotir**, hosted a delicious luncheon at her home for 20 members. Thank you so much, Le! An annual gathering was held at 3 Flames Restaurant in San Jose on Dec. 7 at 1:00pm.

Palo Alto

Our January speaker is Pat Kearney, a dietician, and will speak on diet for Parkinsonian's. In February, Molly Hale will do breathing exercises with our group, and HICAAP is tentatively scheduled to speak on Medicare changes.

New Frontiers for Parkinson's Disease

According to the National Institute of Neurological Disorders and Stroke (NINDS) an estimated 500,000 Americans suffer from Parkinson's disease, and each year 50,000 new cases are reported. Celebrities such as Michael J. Fox, Muhammad Ali, and Janet Reno suffer from the condition.

Parkinson's disease is a neurological degeneration of parts of the brain that direct movement. Depletion of the chemical dopamine is responsible for the tremors and tics widely associated with the disease. In addition, other conditions such as depression, sensory problems (dizziness, pain, and loss of smell) and physical disorders (speech problems, drooling, and fatigue) often accompany Parkinson's.

Diagnosis Difficulties

Diagnosing Parkinson's disease can be difficult because of the way it affects the entire body and differs from person to person. Its symptoms can masquerade as other disorders, from mild epilepsy with muscle spasms to Alzheimer's or early dementia. Also, no specific test that can indicate the presence of Parkinson's is available. Consequently, if your doctor suspects that you might have Parkinson's, he or she will likely refer you to a neurologist. A neurologist can run various diagnostic tests, including brain scans, and determine a diagnosis. The neurologist may then administer medications to relieve your symptoms.

Advances in Treatment

New methods to fight Parkinson's disease are constantly being investigated. As scientists learn more about the disorder through trials and studies, additional avenues of hope are opened.

Vaccines

Some of the most exciting areas of groundbreaking research for Parkinson's disease are studies with experimental vaccines. These studies are funded by the National Institute of Neurological Disorders and

Stroke and conducted at the University of Nebraska Medical Center in Omaha. The studies have so far been limited to mice, but the results have been encouraging.

Inflammation of the brain tissue is a large component in neurological disorders. Copaxone, a drug currently used for treatment of multiple sclerosis, has been shown to increase the number of immune "T" cells, which produce anti-inflammatory agents and growth factors.

When the drug is injected into mice that have brain dysfunction similar to Parkinson's disease, the mice have less deterioration of parts of the brain that produce dopamine and lose fewer nerve fibers that transmit dopamine. Researchers also found an increase in growth hormones that aid in the prevention of brain disintegration.

Apomorphine

Previously used in Europe and other countries for treatment of Parkinson's disease, apomorphine was approved by the U.S. Food and Drug Administration in May of 2004. The drug is used in emergency situations to help people who are immobilized, often because a prior dose of Parkinson's medicine such as levodopa has worn off and the person is in a motionless state. Once apomorphine has been injected, the affected person is able to move within four to eight minutes. The effects last 45 to 60 minutes, during which time the person can take oral medications for longer-term relief.

It appears a patient's ability to move is continually improved while using this medication over an extended period of time. Although intended primarily for emergency use, apomorphine can be taken continually through a portable pump if the disease is in an acute phase. There is hope that apomorphine may also protect against the progression of Parkinson's disease in general, but studies have not yet revealed conclusive evidence.

Gene Therapy

The University of California at San Francisco has started human clinical trials using gene therapy for Parkinson's disease, following successful gene therapy treatment in animals. More than 30 monkeys are received gene therapy, and after five years the monkeys still exhibit positive outcomes.

Fundamentally, gene therapy replaces a gene that isn't working with a gene that does. Normally functioning genes, which produce dopamine and levodopa, are injected into the brain through a non-threatening virus. Studies have the expectation that Parkinson's symptoms will decrease and gene

therapies will prove to be a safe alternative treatment option with few side effects.

To learn more about Parkinson's disease, visit www.h2u.com.

Edited from H2U magazine, November 2005 issue. Maxine Voight, a member of the Sunnyvale Support Group, forwarded this article. Maxine takes care of set-up for the monthly meetings. Thanks, Maxine!

SUPPORT GROUPS

Berkeley: 3rd Mon. North Berkeley Sr. Ctr. 1901 Hearst Ave. Call Mitzi at 510-527-9075, or Roddy at 510-231-1998

Corte Madera (forming): Diana Dunlap 415-927-4200

Daly City: 1st Tue. 3-4 pm, Doelger Ctr., 101 Lake Merced Blvd., Leonard Ke, 415-587-1285

Fremont: 4th Mon. 7:00 pm. Fremont Sr. Ctr. 40086 Paseo Padre Pkwy. Lettie 510-656-6393 or Bob 510-794-7988

Caregiver: Call Nancy at 510-574-2035

Hollister: 1st Tue. 1:30-3:30, 1st Presbyterian Ch., 2066 Cienega Rd. John 831-637-6755, or Shirley 831-637-3839.

Los Altos-YPSG (Young Parkinson's): 2nd Sat., 10-12 noon, United Methodist Church. Call Dean at 408-738-2505

Magnolia/Peninsula: 2nd Thur. 1:30 Magnolia of Millbrae, 201 Chadbourne Ave. Leon Rosenthal, 650-348-3480

Marin County: 4th Tue. 2-4, 40 Camino Alto, Mill Valley. Call Gloria Rashti 415-381-6680

Merced: 4th Thur. 10 am. Mission Gardens, 1450 E. 27th St., Merced. Call Amie at 209-384-3300

Modesto: 3rd Wed. 1:30-3:00, Centenary United Methodist Ch., 1911 Toyon Ave. JoAnn and David Ryan 209-529-5643

Monterey: 3rd Mon. 2:30-4:00, 200 Coe Ave., Seaside. Call Helen 831-657-4241 or Kathy 831-372-7510

Mt. Diablo Parkinson's Network: 2nd Mon. 11:00-2:30, 2100 Tice Valley Blvd., Walnut Creek. Margy Hansell 925-939-4210

Mt. Diablo Early Onset: 3rd Sat. 10-12, 2100 Tice Valley Blvd. Nancy 510-236-7065; Philip 510-527-3588

Pleasanton Valley: 2nd Sat. 10-12, Sr. Cnt. Call Cliff Terry at 925-935-1772.

Walnut Creek Caregivers: Last Wed. For time and place call Jewel 510-236-7065

Oakland: 1st Thur. 1:30-3:30, 180 Grand Ave., Ste. 300. Call Ardella at 510-835-2131 X103, or Robert at 510-526-2078

Palo Alto: 2nd Wed. 2-3:30, Avenidas Sr. Ctr., 450 Bryant St. Call Linda Chen 650-254-0906 or 650-289-5400 for directions

Redwood City: 3rd Fri. 1-2:30, Sequoia Hospital Health & Wellness Ctr. Call 650-367-5998

Salinas: 4th Wed. 2-3:30, Salinas Adult School, 20 Sherwood Pl. Elaine Viens, Delmar Research, 831-424-4359 X10

San Francisco: 3rd Thur. 5:30-7.00 pm, Holiday Inn Chinatown; 750 Kearny St.; free parking. Call Tom at 415-352-6514

San Jose – Almaden/Blossom Valley: 3rd Tue. 2:30-3:30 pm, The Atrium, 1009 Blossom River Way. Call Betty at 408-269-2167

San Jose – Berryessa: 1st Wed, 12:30-2, Berryessa Comm. Ctr., Bob & Jane Pomeroy 408-263-8485

San Jose – Willow Glen: 1st Fri. 10-noon, St. Francis Episcopal Ch., 1205 Pine Ave. Betty 408-269-2167

San Jose Caregivers 4th Wed. 1:30-3 pm, St. Francis Episcopal Ch. 1205 Pine Ave. Call Charmaine at 408-723-8116

San Leandro: 1st Thur. except summer, at 10 am, 13855 East 14th Street. Call Harry Santi at 510-351-3224

San Mateo Caregivers: 1st Wed. 2:30-4:30, Mills Health Ctr., 100 San Mateo Dr. 800-654-9966

Santa Cruz: 1st Wed. 12:30-2:30 St. Stephen's Lutheran Ch., 2500 Soquel Ave. David Donahoe 831-479-4485

Saratoga: 3rd Tue. 2-4, 19449 Via Real. Lois McPherson 408-867-1807

Sonoma County: 1st Sat. except Jan., July, Sept., 1 pm, 1st Cong. Ch., 2000 Humboldt St. Santa Rosa. Call Sue Croel at 707-544-5151 or Ron Trowse at 707-526-4373

Sunnyvale: 2nd Wed. 1-3, 535 Old San Francisco Rd. Call Linda 408-978-2859, or Henry and Phyllis 408-733-5648

Tulare-Kings: 1st Fri., at 10:30, Visalia United Methodist Ch., 5200 W. Caldwell Ave. Visalia. Call Donna Green at 559-307-4189

Turlock (reforming)

Vallejo: 3rd Mon. 2-4 (except 2nd Mon. in Jan. & Feb.); Kaiser Med. Ctr., 975 Sereno Drive. Evelyn Fox 707-644-3390

YOPD: 2nd Tue. 6:30-8pm, Lucile Packard Children's Hosp., 725 Welch Road, Palo Alto. Call Bill 831-662-3825

EXERCISE CLASSES

Berkeley: Vista College, Joan Nielsen, 510-981-2800
Berkeley: Mon. 10:30-11:30 & 1-2:30, John Argue
510-985-2645

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sunnyvale: Wed. 10-12 noon, The Parkinson's
Institute, 1170 Morse Ave., Marilyn Basham:
408-734-2800.

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

Chicken Tagine with Apricots and Almonds

By Kathleen Owen

This Moroccan classic is known for its exotic blend of flavorings: sweetness from the dried fruit and honey and a spicy warmth from the cinnamon.

Ingredients

4 oz dried apricot halves
1 cup fat-free chicken broth
1 pound uncooked boneless, skinless chicken breast,
cut into 1-inch cubes
1 Tbsp all-purpose flour
1 medium onion(s), chopped
1/2 tsp ground cinnamon
1 Tbsp honey
1/4 cup slivered almonds, or whole blanched almonds
1/8 tsp table salt, or to taste
1/8 tsp black pepper, or to taste
2 cup cooked couscous, hot

Instructions

1. In a small saucepan, bring apricots and chicken broth to a simmer. Set aside.

2. Coat a large, nonstick saucepan with cooking spray and place over high heat; toss chicken with flour and then sauté chicken until golden, about 5 minutes. Stir in onion, reduce heat to medium-low and cook until onions are very tender, about 10 minutes. Stir in cinnamon and honey.

3. Stir in apricots, broth and almonds; season to taste with salt and pepper. Simmer 10 minutes and serve over couscous. Yields about 3 ounces of chicken, 1/4 cup of sauce and 1/2 cup of couscous per serving.

Kathleen loves to cook. She and her husband Bill own two antique railroad maintenance offway vehicles which they take on excursions with a club of fellow hobbyists.

A talented volunteer, Kathleen is a member of Quota International Los Altos/Mountain View and AAUW (American Association of University Women) and she composes the Quota newsletter. She has been studying WAFU Ikebana for 10 years and recently participated in the Ikebana Show in Cupertino. She and Bill have two miniature poodles, Rocky (cream, 3 1/2 years) and Daisy (black, 7 1/2 years). The Owens are also active in a local Corvette club. Kathleen is also a friend of Phyllis Ng, Le Sotir, and Charmaine Eng, who are Board Members of PPSG.

If you have any **items for sale or donation**, such as exercise equipment, wheelchairs, etc., please write to PPSG, call us at 408.734.1593, or e-mail ppsginfo@yahoo.com.



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Some Useful Tips on Walking

- ✂✂ If you notice yourself shuffling, slow down or stop walking and check your posture.
- ✂✂ Keep your feet a comfortable distance apart – eight to ten inches.
- ✂✂ Stand up straight with your head over your hips.
- ✂✂ Buy a good pair of walking shoes with a low heel and good arch support. Avoid running shoes or shoes with crepe soles.
- ✂✂ Exaggerate lifting your feet and swinging your arms. With each step, pretend you are stepping over a log.
- ✂✂ Practice taking long steps.
- ✂✂ When you need to turn around, don't pivot on one foot. Instead, walk around in a circle until you're facing the direction you want to go.

Adapted from Activities of Daily Living (ADL), series by DuPont Pharmaceuticals Company.

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