

February Edition 2014

www.pfnwo.org
nancy.temme@utoledo.edu

Frankly Speaking

Parkinson Foundation of Northwest Ohio Newsletter - PFNWO

PFNWO MISSION STATEMENT:

To establish optimal quality of life for the Northwest Ohio Parkinson's community through awareness, education and care.

Parkinson Foundation of Northwest Ohio Serving the PD community in the following counties:

Allen, Ashland, Auglaize,
Crawford, Defiance, Erie, Fulton,
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Lucas, Marion, Mercer, Ottawa,
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Perrysburg, OH 43551
1-800-438-5584

Visit www.pfnwo.org
for PFNWO
Community
Programming,
Information & Events

A Note From Nancy

2014 has certainly started out with a bang! I hope you all got through the snow and cold without any slips, falls or frozen pipes. With another New Year comes another opportunity to make a New Year resolution or two.

Some years I am able to stick to my resolutions and other years I fail miserably. Sometimes it's tough being a mere mortal with flaws and shortcomings. The good news is that there is a resolution that you and I can make. It requires very little on our parts and can make a big difference for the PFNWO and the communities we serve. Even better, you won't have to take out your wallet, checkbook or credit card!

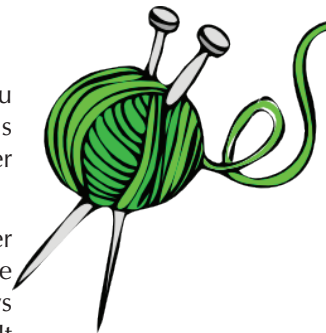
What could this be you ask. Believe it or not, it is something we remind you of in every issue of *Frankly Speaking*. If you shop at Kroger, REGISTER for the Kroger Community Rewards Program. It will take you just a few minutes to register or re-enroll and the 3% to 5% of what we all spend at Kroger each week can really add up. Think about it won't you.

Another resolution would be to consider participating in a clinical trial or other study. We always try to keep you up to date on any studies that are enrolling at the Gardner McMaster Parkinson Center. Give the center a call; they would love to hear from you.

The most important resolution, and one I sorely need to make, is to exercise. I truly believe it is the key to fighting off the advance of PD, the gift that keeps on taking. OK, I stole that phrase from the Michael J. Fox Show but it is so true. There are more and more Delay the Disease classes in our region and Silver Sneaker classes are available at YMCAs, often for free. Ride a bike, take a walk, lift a weight or try Tai Chi, yoga or swimming. Better yet, do it with a partner or pal and have fun with it.

John and I look forward to seeing many of you at the 17th Annual Pd Symposium on April 5th. We also want to give a shout out to our newest PD Support Group in Sandusky. Thanks to Mary Bodi for being both brave and caring enough to start a new group. They meet the first Thursday each month from 3 to 4:30 p.m. Location details are on the back page of the newsletter and on www.pfnwo.org. Let's hope that old groundhog does not see his shadow and we have warm sunny days soon. Be well!

Nancy Temme



Kroger Community Rewards Program

PFNWO Organization#: 81482

Visit www.krogercommunityrewards.com and register today.

Any questions contact Program Coordinator:

Barbara Harris at barbarah0913@gmail.com or 419.448.9333

**REGISTER
NOW!**





Go to our website pfnwo.org and click on "Exercise Programs" for all schedules.

**NEW CLASS NEW LOWER PRICE
\$35 FOR ENTIRE SESSION**

10 WEEK SPRING PROGRAM
Tuesdays from 4:30 - 5:30 p.m.
February 18 - April 29, 2014

For more information click on the
"Exercise Programs" Tab

**Parkinson's Disease Seminar for
Healthcare Professionals and Fitness Trainers**
February 21 & 22

The University of Toledo will be sponsoring a "Delay the Disease Train the Trainer" course on February 21-22 for people who would like to be DTD instructors. It is best if participants have a background in exercise such as PTs, OTs, ATCs, exercise physiologists, or personal trainers, but it is not a mandatory requirement. If anyone would like to register or get more information, they can contact michelle.masterson@utoledo.edu or visit www.delaythedisease.com.

SEEKING PARTICIPANTS FOR A CLINICAL TRIAL

STUDY TITLE:

A Phase 2, Randomized, Double-Blind, Placebo-Controlled, Multiple Dose, Parallel Group Study to Evaluate the Pharmacodynamics, Efficacy and Safety of RM-131 Administered to Patients with Parkinson's Disease (PD) and Chronic Constipation Dissatisfied with Current Therapy (MOVE-PD)

WHAT IS THE MOVE-PD STUDY ABOUT?

MOVE-PD is a research study to test a new drug called RM-131 to see if it will help to improve bowel function and reduce discomfort from constipation in people with PD.

WHO CAN PARTICIPATE IN MOVE-PD?

Men or women, age 18 or older who have:

- Parkinson's disease, and
- Chronic constipation (difficulty emptying bowels) for past 3 months that has not been relieved satisfactorily with previous treatment attempts
- Good general health, and are not currently pregnant, breastfeeding, or planning to get pregnant

Eligible participants will receive study-related evaluations, laboratory tests, and the investigational drug at no cost.

HOW DO I FIND OUT MORE?

If you are interested in learning more about this study, ask your physician or nurse for a study brochure or you can call:

Stephanie Wilson RN, MSN, CCRC 419-383-6721

You can also visit <http://clinicaltrials.gov> (NCT#) for more details on the study.



Save the Date!

**17th Annual PD Symposium,
Saturday, April 5, 2014
at Parkway Place, Maumee, OH**



**Take a step in finding a new
treatment for Parkinson's Disease**

If you are 30 years of age or over and diagnosed with moderate to severe Parkinson's disease, you may be interested in participating in this research study.

If you are interested in finding out more about the study, please contact:

**UTMC - Gardner McMaster
Parkinson Center**

**Stephanie Wilson, RN, MSN, CCRC
Phone: 491-383-6721**

Email: Stephanie.Wilson@utoledo.edu

This study is being conducted by local Physicians to test the safety and effect of an investigational study drug in Parkinson's disease patients who have been optimally or maximally treated with levodopa combination therapy.



RESEARCH OPPORTUNITIES

- Do you have Parkinson's disease, are between 45-80 yrs. old, not currently taking Azilect (rasagiline), and are experiencing difficulties with your memory or thinking?
- Do you have Parkinson's disease and are experiencing constipation and dissatisfied with your current constipation treatment?
- Do you have Parkinson's disease and are currently on Sinemet along with at least one other medication for PD and are experiencing "off" time when your medications are not working to control your symptoms and experienced dyskinesias either currently or in the past?
- Do you have Parkinson's disease and are experiencing lightheadedness or dizziness?

If you answered "Yes" to any of these questions you may qualify for one of the clinical research trials being conducted by Dr. Elmer/Dr. Menezes/Molly Scott and the research team in the Gardner-McMaster Parkinson's Disease Center.

If you are interested in finding out more about the Parkinson's disease research studies being conducted, please call Stephanie Wilson RN – 419-383-6721.

Helpful Clinical Websites for Parkinson's disease research
<https://foxtrialfinder.michaeljfox.org/>
<http://clinicaltrials.gov/>

VA EXPANDS BENEFITS FOR VETS WITH TBI AND PARKINSON'S

Parkinson's Action Network – The Department of Veterans Affairs (VA) just finalized a new regulation that will make it easier for some veterans with moderate or severe traumatic brain injury (TBI) who also have parkinsonism, including Parkinson's disease, to receive additional disability pay. This will enable the VA to decide these claims more expeditiously and efficiently.

This is a victory for the Parkinson's community and speaks to the power of unified advocacy. Earlier this year, the Parkinson's Action Network (PAN) submitted comments on the proposed regulation and encouraged Parkinson's advocates to submit comments in support of the proposal. 88% of the comments were from the Parkinson's community! We made a difference!

The new regulation, which took effect January 16, 2014, will impact veterans living with TBI who also have Parkinson's disease, certain types of dementia, depression, unprovoked seizures, or certain diseases of the hypothalamus and pituitary glands. If a veteran had a

moderate or severe TBI as a result of service and also has Parkinson's, then the Parkinson's will also be considered service connected for the calculation of VA disability compensation.

PAN applauds the VA for its continued efforts to keep current on the latest science and to expand benefits to veterans living with parkinsonism, depression, and dementia. We are also encouraged that the VA and Department of Defense recently invested \$62.2 million in a research consortium to better understand the long term effects of TBI and development of Parkinson's.

Veterans who have questions or who wish to file new disability claims may use the eBenefits website, available at www.eBenefits.va.gov.

Read the VA's press release at <http://capwiz.com/pan/utr/1/AASCTOBVKZ/IMOJTOCAVG/10055548771>

(17 Dec. 2013). Parkinson's Action Network. VA Expands Benefits for Vets with TBI and Parkinson's. www.parkinsonsaction.org.



Swallowing AND Parkinson's Disease

Posted by Michelle Ciucci, November 5, 2013

This guest post comes from Michelle Ciucci, PhD, CCC-SLP, an Assistant Professor at the University of Wisconsin and a National Foundation of Swallowing Disorders (NFOSD) board member. NFOSD is a 501(c)(3) nonprofit organization that seeks to improve the quality of life of those suffering from swallowing disorders (dysphagia). By enhancing direct patient support, education, research and raising public, professional and governmental awareness, NFOSD's mission is to prevent swallowing disorders and advance their treatment. NFOSD unites people with swallowing disorders with qualified specialists and support groups, increases awareness about swallowing disorders and provides valuable resources for therapists and their patients. NFOSD is also helping fund stem cell research to improve disordered lingual function that disrupts swallowing function.

Fast facts:

- Swallowing difficulty can occur at any stage of Parkinson's disease (PD).
- Evaluation and treatment of swallowing disorders are performed by a speech language pathologist.
- Swallowing disorders are treatable.
- The leading cause of death in Parkinson's is aspiration pneumonia due to swallowing disorders.

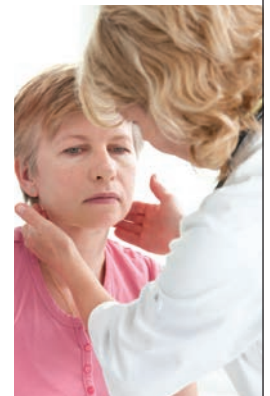
Difficulty swallowing, called dysphagia, can happen at any stage of Parkinson disease. Signs and symptoms can range from mild to severe and may include: difficulty swallowing certain foods or liquids, coughing or throat clearing during or after eating/drinking, and feeling as if food is getting stuck. As the disease progresses, swallowing can become severely compromised and food/liquid can get into the lungs, causing aspiration pneumonia. Aspiration pneumonia is the leading cause of death in PD.

It is important to note any changes to swallowing,

because there is opportunity to intervene early and preserve both health and quality of life. Swallowing disorders are managed by the medical team with a speech-language pathologist and physician. Evaluation typically involves an interview, a physical examination of the head and neck, trials with food/liquid and if indicated, an instrumented examination, either with a moving x-ray, called videofluoroscopy (also known as a modified barium swallow study) or by visualizing the throat with a scope (called endoscopy).

Treatment is specific to the nature of the swallowing problem, but can involve strategies to help food or liquid go down safely (swallowing hard, holding breath while swallowing, tucking the chin while swallowing), diet changes (thickening liquids, making foods softer), exercises, or a combination of these. In some cases, alternatives to oral feeding, such as a feeding tube, are indicated. However, just because you have a swallowing problem, it does not mean that you will need a feeding tube.

Because Parkinson disease is progressive, swallowing abilities can change over time, underscoring the need for early intervention and frequent follow-up. Sometimes the signs of a swallowing disorder can be subtle, so it is important to be vigilant. If you think you have difficulty swallowing, ask your physician to refer you to a speech language pathologist for a swallowing evaluation.



Ask the Expert! Supplement Efficacy and Safety in Parkinson's Disease



Every day we are bombarded with the news of the latest breakthrough about a new or old supplement sure to cure all our woes. The next day the latest breakthrough announces “just kidding, this stuff will kill you”. When it comes to over the counter products (OTCs) and supplements your best advice is the good old fashioned Buyer Beware. Check with your doctor or pharmacist before adding any OTCs. Gayle Kamm, Pharm D at UTMC offers the following advice:

Alternative medicine consists of a broad array of therapeutic approaches that are used as an additive or alternative approach to conventional medicine. Many patients diagnosed with Parkinson's disease (PD) use some form of alternative medicine to help treat their symptoms. Some common types of alternative medicine include massage therapy, acupuncture, yoga, herbs, and vitamins. A survey of 201 patients diagnosed with PD in the United States found that 40% of patients use at least one form of alternative medicine, with 12% of patients using five or more therapies. The majority of these patients discovered alternative medicine from family members, friends, or the media. Over half of these patients (58%) did not inform their physicians before starting some form of alternative medicine.

Out of the various forms of alternative medicine, vitamins and herbs were found to be the most commonly used in the United States. Although many people believe that vitamins and herbs carry no potential for adverse effects because they are natural products, this assumption is not always correct. Vitamins and herbs can interact with prescription drugs and may cause side effects if taken in high doses. Because of this potential for adverse events and drug interactions, it is important to discuss any alternative therapy with your physician or pharmacist before beginning it on your own.

Some of the more commonly used supplements that patients inquire about are reviewed here. Keep in mind that good evidence of efficacy and safety are often lacking due to these products not being regulated by the FDA.

Vitamin E was the most commonly taken vitamin reported in the PD survey. It is an antioxidant that is thought to exert its beneficial effect by acting as a free radical scavenger. Since free radicals can damage cells, vitamin E may provide benefit by preventing the formation of free radicals. A landmark study conducted

by the Parkinson study group titled DATATOP concluded that vitamin E supplements do not delay the progression of PD. Studies of the effects of vitamin E supplementation on prevention of cardiovascular disease and cancer have had mixed results, but some studies suggest that high doses of supplemental vitamin E could actually result in increased mortality. Reasonable dietary intake is likely the best option. Good sources of dietary vitamin E include vegetable oils (soybean, corn, safflower), whole grains, wheat germ, nuts and seeds, and green, leafy vegetables (kale, collards, spinach, broccoli, cabbage, lettuce). Vitamin E may interact with certain prescription drugs. Patients who are currently taking an anticoagulant or antiplatelet drug, such as Coumadin (warfarin) or Plavix (clopidogrel) have an increased risk of bleeding. Inform your physician if you are taking any kind of blood thinning medication.

Coenzyme Q-10 is a vitamin-like compound that is thought to have a beneficial effect in PD due to its antioxidant properties. One study showed that taking 1,200 mg/day in divided doses may help to slow functional decline in patients with early PD. However, a recent large trial failed to support this benefit. If you are taking a statin cholesterol medicine, CoQ10 may help prevent the muscle side effects you can get. Patients taking coenzyme-Q10 with blood pressure medications may notice a decrease in blood pressure. In addition, there are case reports of coenzyme-Q10 interacting with Coumadin (warfarin); however, the mechanism of this interaction is unclear.

Ginkgo biloba is an herb that has been used to improve cognitive function and slow age-related memory impairment. It is thought to work by improving blood flow throughout the brain. Doses of 240 mg/day may improve some measures of cognitive function but several studies show varying results, with the most recent studies showing no benefit at that dose. Ginkgo biloba interacts with many commonly prescribed medications, such as, Coumadin (warfarin), Prilosec (omeprazole), Motrin/Advil (Ibuprofen), anti-seizure drugs, and anti-diabetes drugs.



Researchers have identified some compounds as possessing possible neuroprotective properties when taken in the early stages of PD. One of these compounds is creatine, a molecule that is important in cellular energy management. One study concluded that patients not yet requiring any medications for symptom control who took 10 grams of creatine per day showed a delay in the progression of PD by as much as 50%. This delay in progression of symptoms was not seen in patients with advanced disease. More studies are needed before it can be routinely recommended. Since high doses of creatine may negatively affect kidney function, you should have your kidney function assessed by your physician before starting creatine. Also, long term use of NSAIDs for pain management, such as ibuprofen (Advil, Motrin) and naproxen (Aleve), should be avoided while on creatine due to possible additive harmful effects on kidney function.

Some research has looked into the connection between B vitamins and PD. Past studies did not find any association between the intake of folate, vitamin B6, and vitamin B12 and risk of incident PD. If you are concerned about your levels of B vitamins, talk to your physician about getting your B vitamin levels checked. The benefits of supplementation may only occur if your levels are low to start with. There are no specific safety or interaction concerns with taking B vitamins.

Cranberry juice and cranberry supplements have been used as an alternative to prescription medications for preventing recurrent urinary tract infections. Studies have shown that drinking 10-16 ounces of cranberry juice per day or taking a cranberry capsule containing 400 to 500 mg of cranberry extract twice a day may significantly reduce the risk of recurrent urinary tract infections when taken for a period of at least 6 months. Drinking cranberry juice or taking a cranberry supplement is usually well tolerated and there are no known interactions with PD prescription medications.

Since many patients take a daily multivitamin to supplement their diet, it is important to note that a multivitamin containing iron, or an iron supplement by itself, may interact with many commonly prescribed medications. When taken together, iron can bind to several classes of medications, which will decrease their absorption in the gastrointestinal tract and may reduce the effectiveness of the medications. Examples include: Sinemet (carbidopa/levodopa), Synthroid (levothyroxine), quinolone antibiotics, such as Cipro (ciprofloxacin) or Levaquin (levofloxacin), tetracycline antibiotics, such as doxycycline, or a bisphosphonate used for bone health, such as Fosamax (alendronate) or Actonel (risendronate). If you are taking any of these medications, it is important to take your multivitamin or iron supplement at least 4 hours before or 4 hours after taking the medication. This will ensure that the medication is completely absorbed



into your system, which will allow it to provide maximal effectiveness for the condition it is treating.

There are numerous blogs on the internet claiming that 5-HTP is a “wonder drug” for PD patients. I have reservations about this supplement and believe it should be used with caution. 5-HTP is thought to increase serotonin, which could help with depressed mood. However, there is some laboratory research to suggest it also may lead to a depletion of dopamine – something that is obviously not good for Parkinson’s symptoms. It also interacts with the carbidopa in Sinemet, which could result in potential skin and mood side effects, blood pressure changes, as well as possibly too high of serotonin levels. Because of the many unknown factors with 5-HTP, I would recommend treatment with a prescription medication if you feel you are depressed.

Calcium and vitamin D are generally good choices in PD patients, both because low levels are common and to protect bones in the event of falls. Talk to your physician first if you have kidney disease.

In summary, several forms of alternative medicine are used to help treat PD, with vitamins and herbs being some of the most common remedies taken by patients with PD. Most supplements will not harm you, but there is not great evidence for most that they will help either. If you are going to take any supplements, you need to try to assure you are buying from a reputable source. There are seals of approval you can find on the labels that can help. Examples include Consumerlab.com quality product seal, NSF International certification, and U.S. Pharmacopeia verification program. Please remember to ask a pharmacist about drug interactions before starting a new supplement.



Dr. Kamm earned her B.S. in Pharmacy and Doctor of Pharmacy degrees from The University of Toledo. She has worked as a pharmacist at hospitals in the Toledo area. Dr. Kamm currently teaches in the Patient Care Rounds series, instructing in various clinical skills areas as well as portions of drug literature evaluation and writing. She coordinates the Capstone course and lectures on neurologic disorders with the Neuropsychiatric Pathophysiology and Pharmacotherapy module.

Avoiding PD Medication Errors in the Hospital

by David Shprecher, DO, MS and Benson H. Sederholm, PharmD, BCPS

People with Parkinson's disease who are hospitalized for surgical or medical conditions may be at increased risk for worsened PD symptoms. Their decline is typically the result of receiving inappropriate medications or appropriate medications at incorrect times. In reviewing University of Calgary Hospital records, neurology resident Katie Whitshire found that only 50% of patients correctly received levodopa therapy at the same time that they were taking it at home. In addition, 44% of patients were ordered dopamine blocking drugs, which can worsen PD symptoms. In the Netherlands, neurologist Oliver Gerlach and colleagues at Maastricht University Medical Center found that 26% of their patients with PD received incorrect medications, 21% experienced a deterioration of motor symptoms, and 33% had increased PD complications.



Parkinson's disease and related conditions cause very low levels of the brain chemical dopamine, which is essential for control of voluntary movements. Therefore, administration of drugs that block dopamine receptors in the brain can dramatically worsen PD symptoms, leading to complications and extended hospital stay and recovery time. Patients with PD often experience hallucinations or episodes of delirium while in the hospital. It is common practice to administer dopamine receptor blocking antipsychotics for delirium, but in PD patients this must be avoided. The only exceptions are Seroquel® (quetiapine) and Clozaril® (clozapine) which come off dopamine receptors very quickly and therefore do not worsen PD symptoms. Other drugs used for the prevention and treatment of nausea also block dopamine receptors in the brain, and must be avoided in patients with PD. Safe medications include Zofran® (ondansetron) or Tigan® (trimethobenzamide), which are preferred over medications such as Reglan® (metoclopramide) or Phenergan® (promethazine).

Unfortunately, many hospitals do not have adequate medical personnel or experienced neurologists who can review orders and ensure that every patient with PD receives only those medications which are safe and appropriate. Because of this, you and your family are in a key position to prevent medication-related errors. Different hospitals and clinics may not have access to all of your medical records, so it is important that you have these readily available. If you or a loved one suffers from a parkinsonian condition, you must be proactive in helping prevent drug errors – and ensuring portability of medical records in the event of a hospitalization. Some helpful tips:

1. Keep copies of all your medical records (including X-ray, MRI, and CT images) in a portable electronic format. This can be safely done using an encrypted

(password protected) thumb drive or smart phone. If you are not sure how, start talking to computer-savvy family members or friends (don't wait for an emergency!) Online file sharing services like Dropbox or SugarSync may be blocked by hospital firewalls, and therefore are not ideal.

2. On hospital admission, provide a medication schedule with the exact name, dose, and time of administration of all your medications, both prescription and over-the-counter. Request that appropriate medications be continued and given at the same times as you take them at home. If medication doses and times differ from your home regimen, request that a neurologist be consulted, or arrange a conversation between your neurologist's office and the hospital care team to review your medications.

3. Provide a copy of this article with instructions to add the following medications to your allergy list:

- Anti-nausea medications: Reglan® (metoclopramide), Phenergan® (promethazine), Compazine® (prochlorperazine), Inapsine® (droperidol), Thorazine® (chlorpromazine).
- Anti-psychotic medications: Haldol® (haloperidol), Trilafon® (perphenazine), Triavil® (perphenazine with amitriptyline), Prolixin® (fluphenazine), Mellaril® (thioridazine), Navane® (thiothixene), Stelazine® (trifluoperazine), Loxitane® (loxapine), Orap® (pimozide), Risperdal® (risperidone), Invega® (paliperidone), Zyprexa® (olanzapine), Symbax® (olanzapine with fluoxetine), Geodon® (ziprasidone), Abilify® (aripiprazole), Latuda® (lurasidone), Saphris® (asenapine), Fanapt® (iloperidone).
- Pain medications: Demerol® (meperidine) must not be given to patients taking Azilect® (rasagiline) or Eldepryl® (selegiline), due to risk of serotonin syndrome (a lifethreatening condition.)

4. Unless you are allergic, indicate that the following medications used for the prevention and treatment of nausea and vomiting are acceptable: Zofran® (ondansetron), Anzemet® (dolasetron), and Tigan® (trimethobenzamide).

5. Unless you are allergic, indicate that the medication Seroquel® (quetiapine) is acceptable for treatment of severe psychosis. Mild hallucinations should not be treated with medication. By following these helpful tips and working with your healthcare providers, hospital errors can be prevented. Please do not hesitate to speak with your neurologist if you or your loved ones have additional questions or concerns.

This article was adapted, with permission, from the Spring, 2013 issue of Parkinson's News, published by the APDA Information and Referral Center at the University of Utah.

CAREGIVING TIPS

- **ASK FOR HELP**– try to arrange for someone to provide respite care a few days a week.
- **STAY INFORMED**– read as much information as you can. Visit www.parkinson.org frequently for the latest research and treatment updates.
- **GET INVOLVED**– find a support group. Interact with the Parkinson’s community at www.parkinson.org/forums.
- **START A JOURNAL**– keep track of your moods thoughts and feelings. Acknowledge and accept your emotions.
- **KEEP A LOG**– track your care recipient’s needs, health changes or concerns.
- **FORGIVE YOURSELF**– no one is perfect. Recognize you’re doing your best. Plan regular breaks and activities.
- **CARE FOR YOURSELF**– you are better able to care for someone else when you are at your best emotionally and physically.

RESOURCES:

Below are a few other helpful resources that you can easily access. These and many others can be found at www.parkinson.org/caregivers.

**Call our Helpline
1-800-4D-INFO (1-800-473-4636)**

HELPLINE– Trained Parkinson’s specialists will answer your questions Monday-Friday from 9:00 a.m. to 6:00 p.m. (EST)

Parkinson’s Central is a **free smartphone app** that puts the latest Parkinson’s information in the palm of your hand.

Parkinson’s Disease Library is full of videos books, checklists and many more resources that cover caring for a loved one with Parkinson’s.

STUDY SHOWS EXERCISE IMPROVES DEPRESSION IN PARKINSON’S PATIENTS

December 9, 2013 – A new study by a movement disorder neurologist at The Ohio State University Wexner Medical Center found that depression improved among patients with Parkinson’s disease who participated in a long-term group exercise program. The findings are published in the journal *Parkinsonism and Related Disorders*.



Parkinson’s disease is a progressive neurodegenerative disorder that affects more than 1 million Americans. Each year, about 60,000 Americans are newly diagnosed with Parkinson’s disease. Parkinson’s patients develop progressive disability over time, despite the best pharmacological and surgical management. Therefore, complementary approaches that can maximize functional ability and improve quality of life are important.

In this pilot study, 31 patients with Parkinson’s disease were randomly assigned to an “early start group” or a “delayed start group” for a rigorous formal group exercise program that met for one hour, three days a week. The early start group exercised for a total of 48 weeks, while the delayed start group exercised only the last 24 weeks. One patient dropped out of the study.

“Our findings demonstrate that long-term group exercise programs are feasible in the Parkinson’s disease population. Patients enjoyed exercising, and they stayed with the program that included cardiovascular and resistance training,” said principal investigator Dr. Ariane Park, a

movement disorder neurologist at the Madden Center for Parkinson’s Disease and Related Disorders at Ohio State’s Wexner Medical Center.

“Our study also showed that earlier participation in a group exercise program significantly improved symptoms of depression compared to the delayed start group, and this is important because often mood can be

more debilitating than motor symptoms,” Park said.

More than 50 percent of patients with Parkinson’s disease suffer from depression, which is why it is important to help patients find new ways to cope and improve their symptoms, said Park, who also is a researcher in Ohio State’s Neuroscience Program.

Researchers had also hoped to show that exercise could slow the progression of the disease, but the study did not provide strong evidence of any ‘neuroprotective’ effect on motor function, possibly because of the small sample size, Park said.

“We recommend exercise to all of our Parkinson’s patients. Currently, there is no consensus on a standardized physical exercise regimen with regard to type, frequency and intensity. The literature supports that any routine that improves physical fitness is good for Parkinson’s disease – and that can include walking, swimming, tai chi or even dancing,” Park said. “We just want patients to move on a regular basis. Not only will they move better, but they will feel better.”



PARKINSON FOUNDATION
of Northwest Ohio

580 Craig Dr #8
PBM#202
Perrysburg, OH 43551

Parkinson Foundation of Northwest Ohio Support Groups (Updated Nov 2013)

If you are new to a group, please call ahead to confirm meeting time and location

Ashland County

2nd Tuesday 2:00 p.m.
Belmont Tower
2140 Center Street
Ashland, OH
Traci Malaska or
Connie Butler 419-207-3003

Auglaize County

3rd Monday 2:00-3:00 p.m.
Joint Township District Memorial
Hospital, 200 St. Clair Street,
St. Mary's, OH 45885
Linda Dicke 419-394-3335

Defiance Area

3rd Tuesday 2:00 p.m.
The Second Baptist Church,
1945 E. Second St.,
Defiance, OH 43512
Nancy Temme 419-262-2950

**Fremont Memorial Hospital
PD Support Group**

2nd Tuesday 2:00 p.m.
EVERY OTHER MONTH:
(Meets in Jan, Mar, May, Jul, Sept
& Nov)
Fremont Moose Lodge,
2507 Hayes Ave.,
Fremont, OH 43420
Lesley King 419-334-6630

Hancock County

3rd Monday 12:30 p.m.
St. Michael's Catholic Church
750 Bright Road,
Findlay, OH 45840
Dennis Ploszaj 419-425-8506

**Lima Area Parkinson's
Support Group**

1st Thursday of each month,
2:00-3:00 p.m.
NO meetings in December,
January and February
St. Rita's Auxiliary
Conference Center
718 W. Market St.,
Lima, Ohio 45801
Beth Hartoon 419-226-9019

Lucas County

2nd Thursday 1:30 p.m.
**Meetings do not occur January,
February & March*
Boulevard Church of Christ,
7041 W. Sylvania Ave,
Sylvania, OH 43560
Carrie Boze 419-841-3070

Mansfield Area/Richland County

3rd Wednesday 2:00 p.m.
People's Community Center,
597 Park Ave. East,
Mansfield, OH 44905
419-774-5200
Enid Reis 419-756-3703

**Parkinson Project of NW Ohio
Young On-Set Group**

2nd Wednesday 7:00 p.m.
**Meets every Month EXCEPT July*
Fort Meigs Center for
Health Promotion
(Perrysburg YMCA)
1451 Eckel Junction Rd.,
Perrysburg, OH 43551
419-874-1234
Linda & Michael Kramer

419-499-2457

Barbara Harris
419-448-9333

**Perrysburg Parkinson Disease
Support Group**

1st Thursday 2:30 p.m.
Zoar Lutheran Church,
314 E. Indiana Ave,
Perrysburg, OH 43551
Kristen Schuchmann
419-383-6737

**Putnam County Parkinson's
Support Group**

4th Wednesday 11:15 a.m.-
12:45 p.m.
NO meetings in December,
January and February
Henry's Restaurant, 810 N.
Locust St., Ottawa OH 45875
Beth Hartoon 419-226-9019

**Sandusky Parkinson's Disease
Support Group**

1st Thursday Each month, 3:00-
4:30 p.m.
Firelands Hospital, South
Campus
Old Providence Chapel
Hayes Avenue
Sandusky, OH 44870
Sandi Bodi 419-357-2895

Western Ohio

3rd Thursday 2:00 p.m.
New location:
Briarwood Village
100 Don Desch Dr.,
Coldwater OH 45828
Paul Honigford 419-678-2851

Williams County

3rd Monday 12:30 p.m.
**Excluding County Holidays*
Bryan Senior Center,
1201 South Portland,
Bryan, OH 43506-2079
419-636-4047
Laura Rohlf 419-924-2927

**Wood County PD
Support Group**

2nd Monday 1:30-2:30 p.m.
Bowling Green Senior Center,
305 N. Main St.,
Bowling Green, OH 43402
419-352-7558
David Buenting, Facilitator

CAREGIVER SUPPORT GROUPS

**Toledo Caregivers (C.A.R.E.S.)
Support Group**

1st Monday 6:30 p.m. (except
Holidays)
Lutheran Village at Wolf Creek
Assisted Living
2001 Perrysburg-Holland Rd.
Holland, OH 43528
Kristen Schuchmann
419-383-6737,
Lisa Keaton 419-383-6770

**Findlay Caregivers Support
Group**

1st Monday 11:30 a.m.
Bob Evans, 2400 Tiffin Ave.,
Findlay, OH 45840
Carol Hassan 419-423-1486

