



Frankly Speaking

PARKINSON FOUNDATION OF NORTHWEST OHIO

150 W. S. Boundary Dr., PMB#202, Perrysburg, OH 43551 • 1-800-438-5584 • www.pfnwo.org

Spring 2017

The Elephant Rope

As a man was passing the elephants, he suddenly stopped, confused by the fact that these huge creatures were being held by only a small rope tied to their front leg. No chains, no cages. It was obvious that the elephants could, at anytime, break away from their bonds but for some reason, they did not.

He saw a trainer nearby and asked why these animals just stood there and made no attempt to get away. "Well," trainer said, "when they are very young and much smaller, we use the same size rope to tie them and, at that age, it's enough to hold them. As they grow up, they are conditioned to believe they



cannot break away. They believe the rope can still hold them, so they never try to break free."

The man was amazed. These animals could at any time break free from their bonds but because they believed they couldn't, they were stuck right where they were.

Like the elephants,

how many of us go through life hanging onto a belief that we cannot do something, simply because we failed at it once before?

Failure is part of learning; we should never give up the struggle in life.

Another Way You Can Help Support PFNWO:

Welcome to **amazon smile**

You shop. Amazon gives.

- Go to smile.amazon.com - It is the same Amazon you know. Same Products, Same Prices, Same Service.
- When purchasing items, please indicate Parkinson Foundation of NWO as your charitable organization of choice.
- Amazon donates 0.5% of the price of your eligible AmazonSmile purchase to PFNWO

...And That's Worth Many Extra Smiles

Don't forget to renew in April!



Kroger Community Rewards Program

Buy from Kroger and a percentage of your sale will be donated to PFNWO. PFNWO Organization#: 81482

Visit www.krogercommunityrewards.com and register or re-enroll today.

You need to re-enroll every year. Any questions contact Program Coordinator:

Barbara Harris at
barbarah0913@gmail.com
or 419.448.9333

*The Easter feeling does not end.
It signals a new beginning,
Of nature, spring and brand new life,
And friendship, peace and giving.*

*The spirit of Easter is all about
Hope, love and joyful living.*

Happy Easter
from the Parkinson Foundation of Northwest Ohio

The Importance of Medical ID Bracelets

A medical identification bracelet is a voice, speaking on behalf of an individual when he or she is incapable of speech. Under emergency circumstances, it is critical that emergency response teams be able to quickly identify an individual's medical condition and allergies. Without proper ID, common symptoms can be misdiagnosed and appropriate care is jeopardized and delayed.

Wearing medical alert jewelry can speed the assessments made by first responders, and healthcare professionals agree that early identification of a medical condition or allergy can save lives.

Harmful medical errors can be avoided by simply wearing a

brief description of a medical condition engraved on a medical ID bracelet or necklace. Guided by this important information, emergency teams can immediately recognize a person's health condition and provide appropriate and time sensitive care. Emergency first responders are trained to look for a medical ID when coming in contact with an individual.

Who should wear medical ID jewelry? Anyone living with a chronic or rare medical condition such as Parkinsons, Diabetes and Asthma; a person who is allergic to certain foods, drugs or insects; and people who take multiple medications or blood thinners. For all of these conditions as well as others, medical alert jewelry is a vital accessory.

Finding the Right Doctor or Motor Specialist

What kind of doctor should I be seeing?

Many Parkinson's patients recommend working with a movement disorders specialist. This is a neurologist who has taken additional training in diseases that affect primarily physical movement, such as Parkinson's disease. Whereas a general neurologist may treat patients with any of more than 100 neurological conditions, a movement disorders specialist focuses on a handful of disorders. Specialists also often are affiliated with reputable universities or teaching hospitals.

No two cases of Parkinson's Disease are alike.

Still, seeing a specialist isn't a magic bullet. Many people are treated by specialists and others are treated by general neurologists, and there are good and bad stories on both sides.

The most important element in your care is that you have as comfortable, open and productive a relationship as possible with your care provider. In choosing a doctor, your major

considerations should be how much the doctor knows, and how well the doctor listens. Remember, no two cases of Parkinson's disease are alike. Having a doctor who understands this, and who listens to you, is crucial. When it comes to Parkinson's disease, "state-of-the-art" treatment could mean a new exercise regimen for one person, surgery for another.

How do I find a good movement disorders specialist?

It's a lot like hunting for a good dentist or a good mechanic: You need to ask around. Your primary care doctor may be able to give you a referral. If you attend a support group, ask other Parkinson's patients. Try contacting one of the national Parkinson's organizations. You can also post requests on Internet bulletin board sites. But remember that the Internet should only serve as a starting point for your research and education, not your only source of information, since it is so often difficult to source and verify the advice you find there.

I don't live near a teaching hospital or major city, so my doctor is a general neurologist. Any tips for me?

It can be fine to see a general neurologist who stays current with the literature and is willing to listen to you – though you may have to take more initiative in your treatment. Parkinson's disease is different for everyone and you can't get the best care unless you're specific about what you are experiencing. It's okay to ask why particular treatments or therapies are being recommended (or not), and it's okay to get another opinion.



PARKINSON'S DISEASE RESEARCH OPPORTUNITIES

- Do you have PD and are currently on Sinemet along with at least one other medication for PD **and** experience "off" time when your medications are not working to control your symptoms?
- Have you been diagnosed with Parkinson's but have not started taking sinemet (carbidopa/levodopa) or a dopamine agonist (ropinirole, pramipexole or rotigotine)?
- Do you have PD and experience lightheadedness or dizziness?

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

For more information, please call Stephanie Wilson RN at 419-383-6721

Please consider registering on www.foxtrialfinder.org to get information regarding Parkinson's research being conducted in your area. This system, established by the Michael J. Fox foundation, is used to help potential study participants match with clinics that are conducting research studies.



THE UNIVERSITY OF TOLEDO
MEDICAL CENTER



Now Enrolling for a New Parkinson's Clinical Research Study

If you have Parkinson's Disease (PD), you might be eligible to participate in the TOZ-PD Study.

To take part in the study, you must

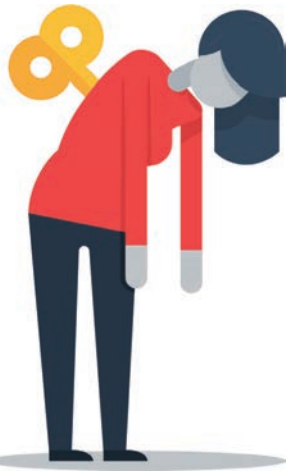
- be 30 to 80 years old
- have had PD for at least 3 years
- currently take levodopa (L-dopa) and at least one other medication for PD
- be currently experiencing periods when your medication is no longer effective

To find out more about the TOZ-PD Study, please speak with a member of our study team by calling 419-383-6721.

TOZ PD
STUDY

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FATIGUE & PARKINSON'S DISEASE



Why can't I seem to get anything done?

One of Parkinson's more insidious symptoms is fatigue. This is not your garden variety bone-tired. This is fatigue on a cellular level. Your body is working overtime to accomplish the simplest of tasks: Taking a shower, answering the phone, pouring orange juice. In addition, you may be coping with the combination of possible cognitive problems known as "Parkinson's apathy." These problems include difficulty initiating projects, inability to follow complex instructions, short-term memory loss and difficulty in switching gears midstream.

You can fight Parkinson's disease apathy by exercising, trying to get regular sleep, taking short naps, and making sure you do not isolate yourself. Also ensure that you and your doctor are square on your drug regimen. The dishes still might not get done, but at least you will feel better.

Are You Moving? Use It or Lose It!

EXERCISE PROGRAMS

MOVERS & SHAKERS FITNESS CLASS:

Fremont American Legion

200 Buckland Avenue, Fremont, OH 43420
Sessions currently ongoing
For more information or to register contact:
Lesley King at 419-334-6630

Veterans Affairs of Toledo, OH

Call your VA for information
Arbors at Waterville
Thursdays beginning March 12
for 12 weeks
11 a.m.-12 p.m. \$35 for session
Reservations: Alyssa 419-878-3901

Hancock County 50 North

339 E. Melrose Ave, Findlay, OH 45840 –
Fitzgerald Room
Every Monday & Wednesday
11:30 a.m.-12:15 p.m.
Free to members of Hancock County
50 North
\$20 for non members for an 8 week session
First week is FREE!
Contact fkasmarek@hancockseniors.org
To register or request more information:
419-423-8496 ext. 2004

Kingston Care Center - Sylvania

4121 King Rd, Sylvania, OH 43560
Thursdays 12-1 p.m. in our therapeutic pool
beginning Feb. 5 for 8 weeks
\$50/8 week session
For more information or to register contact:
Ashley at 419-517-8282 or
asautter@kingstonhealthcare.com

Kingston Care Center - Perrysburg

345 E. Boundary Street
Tuesday and Thursdays 11 a.m.-12 p.m.
Amber Haas at 419-873-6100
ahaas@kingstonhealthcare.com

University of Toledo Main Campus

Health Education Building – Basketball
Court#1, across the street from the Football
Stadium at the bottom of the hill;
Sessions Ongoing
Sign up by calling Michelle Masterson
at 419-530-6671

UT Health And Science Wellness Center

Tuesday & Thursday
5:15 p.m.-6:15 p.m.
Michelle.Peterson@utoledo.edu

Heartland Rehabilitation Services at Arrowhead Park

518 The Boulevard, Maumee Oh 43537
Chair yoga at 2:30 on every Tuesday
SilverSneakers Yoga instructor,
419-897-9822

Wood County Committee on Aging

305 N Main St. – Bowling Green, OH 43402
Thursdays 2-3 p.m.
\$30 for a 12 week session
Sessions Ongoing
For more information or to register call:
Program Department at
419-353-5661 ext. 1013

St. Rita's Medical Center Auxiliary Conference Center

718 W. Market St., Lima, OH 45801
Wednesdays 1-2 p.m., May thru November
Cost: \$100 for 27 sessions

Putnam County YMCA

101 Putnam Parkway, Ottawa, OH
Thursdays 1-2 p.m., May thru November
Cost: \$100 for 27 session

Ft. Meigs YMCA

Tuesday and Thursdays from 3-4 p.m.
Free To YMCA Members,

\$40 for a nonmembers for 8 week session
twice a week. Register: 419-251-9622
For more information contact Patta Murray
pmurray@ymcatoledo.org

Mennonite Memorial Home

Bluffton, Ohio
Tuesdays and Fridays
Northwest Physical Therapy
419-523-9003
www.northwestphysicaltherapy.com

Fulton County Health Center Rehab

138 E. Elm St.
Wauseon, Ohio 43567
Thursdays at 11:30
For more information call Becky or Karen
at 419-335-1919

Central Park West, Toledo OH

Saturday 10-11 a.m.
419-541-9622 info@cpwhc.com

Eastern Community YMCA, Oregon OH,

Tuesday and Thursday, 4:30-5:30 p.m.
Susan Ruff 419-725-7844

YMCA Marion, Marion OH

Monday and Wednesday 9-10 a.m.
Plus Saturday in the small pool 9-10 a.m.
740-725-9622, www.marionymca.com

KNOCK-OUT PARKINSON'S:

International Boxing Club
5963 Telegraph Rd. Toledo Ohio
Mondays, Wednesdays, Fridays
9-10 a.m.
Contact Coach Harry Cummins
419-244-8955

DYSTONIA & PARKINSON'S DISEASE

Dystonia is characterized by painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions. These result in abnormal movements and postures. The symptoms usually begin in one body region, such as the neck, face, vocal cords, an arm or a leg, and then may spread to other parts of the body. The severity varies from person to person. Many people who have dystonia can maintain a relatively normal lifestyle. Others may need full-time assistance. Dystonia is the third most common movement disorder, affecting an estimated 500,000 adults and children in North America.

What causes dystonia?

Dystonia likely results from dysfunction of a related brain region affected in parkinsonism, the basal ganglia, although the ultimate cause is not known. Further research is necessary to determine the various genetic, environmental or other underlying mechanisms that may play a role in causing dystonia.

Dystonia is a prominent symptom for people with Parkinson's who have a mutation in the Parkin gene – one of a handful of Parkinson's-implicated genes – though more research is needed to understand why this is the case.

What is the relationship between Parkinson's and dystonia?

Dystonia and Parkinson's disease (or parkinsonism) are movement disorders that are closely related. Parkinsonism is a term used to describe any clinical presentation that manifests in the cardinal symptoms of Parkinson's disease (tremor, rigidity and slowness of movement).

Some experts estimate that forty percent of people living with Parkinson's disease experience dystonia as an early symptom or as a complication of treatment. Some forms of dystonia (see below) are characterized by parkinsonism, and other neurodegenerative disorders, such as Wilson's disease, may have symptoms of both dystonia and parkinsonism.

What are the other types of dystonia?

There are two main categories of dystonia: primary and secondary (or non-primary). Primary dystonia is a condition in which dystonia is the only clinical feature. There is no evidence of cell death or a known cause. It is also known as idiopathic torsion dystonia. Primary dystonia is thought to have greater genetic contribution, even in the absence of a family history of dystonia. Among forms of primary dystonia, the most common (and the most debilitating) is generalized dystonia, which affects the legs or one leg and the trunk, plus other regions, most commonly the arms.

Outside the context of Parkinson's disease, there are several other types of secondary dystonia, in which other symptoms are also present. In this category are:

- Myoclonus dystonia, characterized by dystonia and

- myoclonus (rapid, lightning-like muscle movements), with onset in childhood or adolescence.
- Dopa-responsive dystonia, a genetic disorder of childhood onset and may have features of parkinsonism or exaggerated reflex responses.
- Rapid-onset dystonia parkinsonism, a rare inherited disorder characterized by sudden development of dystonia and parkinsonism.

- Paroxysmal dystonia, neurological conditions characterized by discrete and sudden episodes of involuntary movements.

Secondary dystonia may also be triggered by trauma to the head or a specific area of the body, drug use or exposure to rare toxins.

As in Parkinson's disease, dystonia can be present in other neurological disorders including:

- Wilson's disease, a rare genetic disorder in which copper accumulates in the organs.
- Huntington's disease, a hereditary progressive neurodegenerative disorder.
- Spinocerebellar ataxias, a group of progressive degenerative inherited conditions.
- Methylenmalonic aciduria, an inherited disorder of metabolism.

What treatments exist for dystonia?

Dystonia and Parkinson's share common forms of treatment. Anticholinergic medications (such as trihexyphenidyl or bztropin) and levodopa may improve both conditions (though dystonia, like other Parkinson's symptoms, can return or worsen as levodopa wears off and loses efficacy with long-term use). And deep brain stimulation (DBS) is a surgical treatment for both, although the stimulation target in the brain may be different.

Other medications such as muscle relaxants or antispastic agents may also treat dystonia. In addition, physicians may prescribe botulinum toxin injections. When a small amount of commercially prepared botulinum toxin is selectively injected in overactive muscles, it causes a change in the muscle firing, calming the abnormal movements for up to several months at a time.

Physical therapy may be helpful as a supplement to other therapies. Many patients report beneficial effects from complimentary therapies such as yoga, tai chi and meditation, although rigorous studies evaluating their efficacy are lacking.

What therapies are in development for dystonia?

For dystonia with Parkinson's disease, researchers are working on better levodopa delivery. Optimizing the current standard of treatment to work more reliably and last longer would help treat dystonia related to Parkinson's and avoid the medication wearing off and symptoms returning.



Easter is the only time of year when it's perfectly safe to put all your eggs in one basket.

Put Pain in Its Place

Pain is a common symptom of Parkinson's, yet it often goes unrecognized by people living with the disease, their families and health professionals.

Keep a Pain Diary. Write down such events as when you take medications, when you experience the pain, where it is located (neck, shoulder, foot, etc.), how long it lasts and any intervention that makes it better or worse. Is the pain dull and achy, or is it sharp and stinging? Does it happen in the morning or when medications wear off? Share the diary with your doctor to help you both better understand and manage your pain.

Talk to Your Doctor. Ask your movement disorder specialist if pain might be due to PD-related rigidity. People with PD often experience shoulder tightness and pain, and may resort to injections and surgeries before realizing it's related to PD. Yet the PD-related rigidity that causes "frozen shoulder" often improves with medication, physical therapy and exercise... no scalpel needed!

Stay Active. This may seem counter intuitive to a person who is experiencing PD-related pain, but physical therapy and exercise can be a big help. Research shows that people who are active rate pain as less severe and less bothersome than people who are not. Try gentle exercises such as yoga, tai chi, stretching or swimming.

Pain can have a significant impact on quality of life for a person with Parkinson's. If you experience pain, make sure your health care team is aware of it.

Ask Your Doctor if Your Medications Should be Adjusted. Pain can occur in PD as a non-motor "off" symptom, meaning that it actuates with the schedule of your PD medications. If this is a problem for you, it may help to adjust those medications. Pain can also be aggravated by under-treatment of PD motor symptoms (e.g., rigidity) or as a consequence of severe dyskinesia, a common side effect of PD medications.

Maintain Your Exercise Schedule. Studies show that exercise can help with pain management for various reasons, including the release of natural opioids in the body. There is also some evidence to support the idea that exercise may help people with Parkinson's because of its likely effect on the brain's pain-reducing pathways.

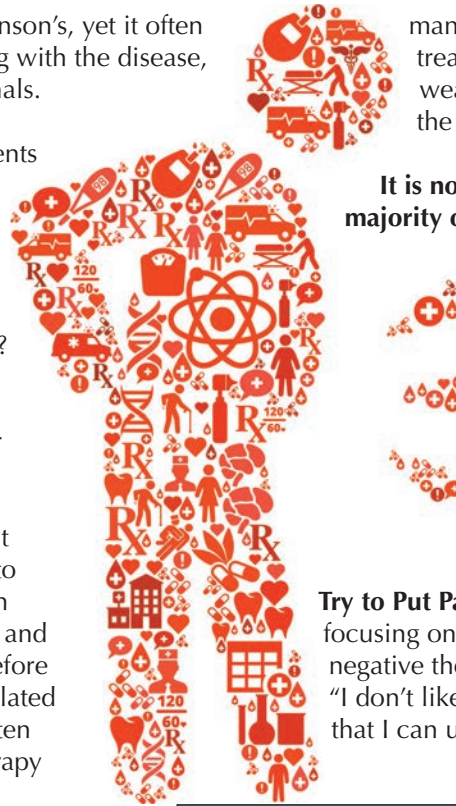
Consider Consulting a Pain Psychologist. Psychotherapy has been shown to be beneficial in

managing pain. Not only that, it's also helpful in treating depression. Since depression is known to weaken tolerance for pain, addressing it may help in the overall treatment of PD-related pain.

It is now well understood that the overwhelming majority of people who live with Parkinson's experience disabling non-motor symptoms, such as acute and chronic pain.

Stop Pain in Its Tracks. Develop a list of "go-to" coping strategies (e.g., listening to music, meditating, using distractions) and try using them at the very first sign of pain. It is much easier to control pain when it is in its early, mild stages than to wait until it becomes severe.

Try to Put Pain in Its Place. Living with pain is not easy. But focusing on it intently may make it even worse. If you notice negative thoughts, think of all you can do — for example, "I don't like this, but I can stand it!" or, "Here are strategies that I can use to manage it and live well."



In treating Parkinson's Disease, tomorrow's breakthroughs begin with today's research

If you or a loved one currently experience motor fluctuations due to Parkinson's disease you may want to talk to your doctor about a clinical study of an investigational medication for the treatment of Parkinson's disease.

The purpose of this research study is to evaluate the safety and the effects of different doses of the investigational medication or placebo taken with Levodopa (L-Dopa) as a treatment for Parkinson's disease.

You may qualify if:

- You are a male or female between the ages of 45 to 85 with Parkinson's disease
- You are on a daily dose of at least 400mg of L-Dopa
- You experience motor fluctuations
- You are willing to take the study drug as directed and participate in study tests and procedures
- You are willing to attend 13 clinic and 4 phone visits over the duration of the study—up to 23 weeks.

For qualified study participants, all investigational medication (or inactive placebo), study-related tests and study doctor's visits will be provided at no cost to you for the duration of the study.

Participation is voluntary and you may withdraw at any time.

For more information about this study, please contact:

Stephanie Wilson, RN, MSN, CCRC
Research Study Coordinator
University of Toledo
Gardner McMaster Parkinson Center
419-383-6721



EXERCISE, EXERCISE, EXERCISE



Exercise is an important part of healthy living for everyone. For people with Parkinson's, exercise is more than healthy: it is a vital component to maintaining balance, mobility and the ability to perform activities of daily living.



1. Flexibility (stretching) exercises
2. Aerobic activity
3. Resistance training or strengthening exercises

These elements are included in many types of exercise. Biking, running, Pilates, Tai Chi, weight training, non-contact boxing and more, all have been shown to have positive effects on symptoms for people with Parkinson's.

Researchers in a study did not distinguish between what type of exercise participants did and determined that all types of exercise are beneficial. What's important is to do it, and do it regularly. Find an exercise you like, and stick with it!



In fact, research shows that people with Parkinson's who exercise a minimum of 2.5 hours a week experience a slowed decline in quality of life. Establishing early exercise habits is an essential part of overall disease management.

What type of exercise should I do?

To help manage the symptoms of Parkinson's, be sure your exercise program includes a few key ingredients:

10 Lesser-Known Parkinson's Disease Symptoms

Before you or a loved one was diagnosed with Parkinson's disease, you may have only been familiar with the tremor symptom.

Unfortunately, the disease brings with it a range of symptoms, some visible and many not.

Lack of awareness around certain symptoms can delay diagnosis. For people with Parkinson's, it can sometimes be difficult to tell when symptoms are a part of Parkinson's disease or from something else.

And if you're not aware that something is a Parkinson's symptom, you may also not be aware that it can be treated.

It can be overwhelming to hear about a symptom you weren't aware of yet, but as always, knowledge is power. If you're experiencing a new symptom and you're not sure if it's related to Parkinson's, ask your doctor. It may be another part of a complex disease that researchers are always learning more about.

1. Sleep disorders. Several different sleeping problems can be part of Parkinson's disease, including insomnia, daytime

sleepiness and REM behavior disorder.

2. **Depression and anxiety.** Depression isn't just a natural reaction to a difficult diagnosis. It's also a common symptom of the disease itself.
3. **Voice volume.** Parkinson's can cause slurred speech and a quieter voice. People with Parkinson's who sing may also find that their musical side is affected, too. A speech therapist, especially through the LSVT LOUD program, can help this symptom. Singing in a choir or on your own can also help strengthen your voice.
4. **Smell loss.** The majority of people with Parkinson's disease experience some smell loss. Though many people with smell loss do not develop Parkinson's, it seems to be the first symptom for many who do.
5. **Cognitive issues.** Not everyone with Parkinson's experiences symptoms of cognitive impairment, but they may include memory loss, difficulty multi-tasking or problems concentrating. The symptoms can range from mild cognitive impairment to Parkinson's disease dementia (PDD).
6. **Orthostatic hypotension** is a drop in blood pressure when changing positions, such as moving from sitting to standing that's also a non-motor symptom of Parkinson's disease. Orthostatic hypotension may cause lightheadedness and dizziness.
7. **Dystonia.** Both a Parkinson's disease symptom and the third-most common movement disorder, it's characterized by painful, prolonged muscle contractions.
8. **Facial masking.** Bradykinesia is a slowing down and/or loss of spontaneous and voluntary movement. You may move more slowly in general or swing one arm less while walking. You may also be able to show less facial expression, which is referred to as facial masking.
9. **Fatigue and apathy.** Many people with Parkinson's experience these frustrating symptoms. Fatigue can also result from the sleep problems associated with Parkinson's disease.
10. **Medication side effects.** While not a symptom itself, many are unaware of the side effects Parkinson's disease medication can sometimes have. Use of levodopa can lead to dyskinesia, which can be described as smooth tics. Dopamine agonists have been linked with impulsive behavior. New data supports more substantial warnings for these drugs.

Today's research leads to tomorrow's breakthroughs.

Join a study on Parkinson's disease

If you or a loved one have recently been diagnosed with this disease you may want to talk to your doctor about a clinical study of an investigational medication for Parkinson's disease.

The purpose of this research study is to evaluate the safety and the effects of different doses of the investigational medication or placebo for Parkinson's disease.

You may qualify if you are:

- Between the ages of 45 and 80 with a recent diagnosis of Parkinson's disease
- Willing and able to refrain from taking any Parkinson's disease medication not permitted in this study
- Willing to attend 9 clinic and 7 phone visits over the duration of the study—up to 23 weeks.

For qualified study participants, all investigational medication (or inactive placebo), study-related tests and study doctor's visits will be provided at no cost to you for the duration of the study. Participation is voluntary and it is possible to withdraw at any time.

For more information about this study, please contact:

Stephanie Wilson, RN, MSN, CCRC
Research Study Coordinator
University of Toledo
Gardner McMaster Parkinson Center
419-383-6721

A Pfizer Study

Diet & Parkinson's Disease

No singular diet can treat Parkinson's disease or its symptoms, but a healthy and balanced diet can improve general well-being. Eating fruits and vegetables may help keep you energized and hydrated. Fiber-rich foods and fluids may ease symptoms of constipation or low blood pressure.

Your medication regimen may impact your diet, too. Adjusting the timing and composition of meals might allow medications to work better, and you may need to avoid specific foods to prevent side effects.

Work with your physician or a dietitian to design a diet that fits your needs.

Should you avoid any foods or supplements with Parkinson's Disease?

The medication levodopa (Sinemet) is a protein building block so it competes for absorption with other proteins. Eating a very proteinic meal reduces the likelihood of effectively absorbing levodopa, so you may want to leave meat, fish and cheese for dinner and eat more carbohydrates and vegetables during the day. Taking medication on an empty stomach – 30 minutes before or 60 minutes after a meal – allows the drug to reach the small intestine and absorb faster. However, a carbohydrate snack (crackers, toast, oatmeal) with the medication may be necessary to prevent nausea.

Dopamine agonists (pramipexole and ropinirole) do not require any dietetic adjustment. Those who take MAO-B inhibitors (rasagiline or selegiline) should eat with moderation – but not eliminate – foods that contain high concentrations of tyramine. MAO-B inhibitors increase tyramine, and the combination could elevate blood pressure. This list of foods to avoid includes:

- cured, fermented or air-dried meats or fish
- aged cheeses: aged cheddar or Swiss, blue cheeses, Camembert
- fermented cabbage: sauerkraut, kimchi
- soybean products, including soy sauce
- red wine and tap beer

Iron supplements can also decrease absorption of levodopa so they should be separated from medications by at least two hours.

What dietary changes can ease Parkinson's symptoms?

Constipation is common in Parkinson's disease. Increased fluid and fiber consumption can help maintain regularity. Aim to drink six to eight 8 ounce glasses of water per day. Warm liquids, especially in the morning, can stimulate bowel movements. Dietary sources of fiber consist of fruits (with the peel), vegetables, legumes, whole grain breads and cereals. Most of these are high in antioxidants as well.

Low blood pressure is a symptom of Parkinson's and a side effect of some medications. Raising fluid and salt intake will boost blood pressure, but talk with your physician, especially if you have heart or kidney

problems. Increase cold fluids – water, Gatorade, V8 juice – to five 8 ounce glasses per half day. Limit caffeinated beverages, hot liquids and alcohol as these encourage dehydration and low blood pressure. Eating frequent, small meals can also smooth blood pressure fluctuations.

Swallowing problems can present as coughing, choking or a sensation of food feeling “stuck.” A speech therapist can prescribe appropriate, individualized dietary modifications and adaptive strategies. These may include adding foods with increased “sensory input” (e.g., seasoned, cold, sour or carbonated items) or altering the consistency of solids and/or liquids. In addition, you might be asked to sit up straight, take smaller bites at a slower pace and allow for longer mealtimes.

Some people with Parkinson's experience painful muscle cramping, especially at night and as medication wears off. Eating yellow mustard, which contains the spice turmeric, or drinking tonic water, which contains quinine, may help. Others endorse salt, vinegar or pickle juice. Maintaining adequate hydration may prevent or limit cramping.

What are antioxidants and what foods contain them?

Antioxidants are one of those “good for you” things you hear about all the time. They're molecules that clear out free radicals – toxic substances formed from stresses like air pollution, sunlight, cigarette smoke and even the process of converting food to energy. Oxidative stress is a biological condition caused by too many free radicals. It's associated with aging and Parkinson's disease, so a diet high in antioxidants may offset oxidative stress and cellular damage.

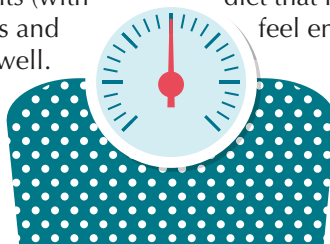
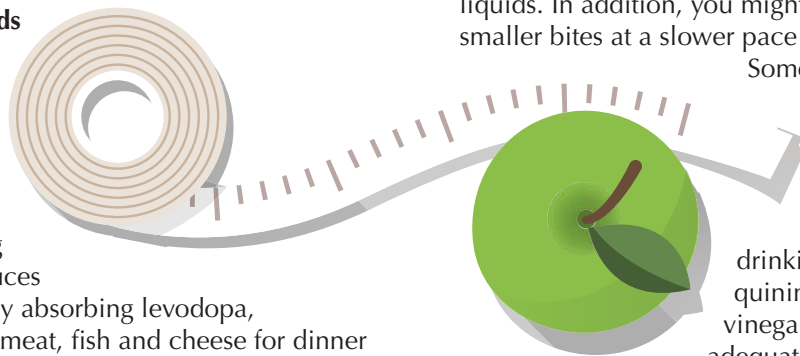
Antioxidants are present in:

- vegetables: artichokes, okra, kale, bell peppers, potatoes
- fruits: berries, pears, apples, grapes
- grains
- eggs
- legumes: kidney beans, edamame, lentils
- nuts: pecans, walnuts, hazelnuts
- dark chocolate
- some beverages such as red wine, coffee and tea

Should I eat fava beans or any other specific foods?

Fava beans contain levodopa, so adding them to one's diet is an attractive idea. Unfortunately the concentration and availability of levodopa in fava beans are unknown and likely minimal.

No other special foods are recommended for those with Parkinson's disease. Talk to your doctor or dietitian to craft a diet that helps you manage your Parkinson's symptoms and feel energized and healthy.



If you see a rabbit laying little brown eggs, don't eat them - it's not chocolate!

150 W. S. Boundary Dr.
PMB#202
Perrysburg, OH 43551

Parkinson Foundation of Northwest Ohio Support Groups

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

Ashland County

2nd Tuesday 2 p.m.
Belmont Tower
2140 Center St.
Ashland, OH
John Rowsey
419-289-1585

Auglaize County

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

Group in Fulton County

St. Martins Lutheran Church
203 S. Defiance St.
Archbold, OH 43502
Starts Dec 1st at 1 p.m.
Bonnie Lauber 419-445-9516

Hancock County

3rd Monday 1:00 p.m.
St. Michael's Catholic Church
750 Bright Rd.
Findlay, OH 45840
Mark & Deb Fisher
419-423-4524

Lima Area

1st Thursday of each month,
2-3 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

Parkinson Project of NW Ohio Young On-Set Group

2nd Wednesday 7 p.m.
**Meets every Month EXCEPT July*
Kingston Perrysburg Rehabilitation
Center, 345 E. Boundary St.
Toni & Bob Lesinski
419-385-4330

Perrysburg Zoar Lutheran Church

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

ProMedica Memorial Hospital/ Seneca County

PD Support Group
2nd Tuesday 2 p.m.
Meets every other month: Jan, Mar,
May, Jul, Sept, Nov
Fremont American Legion
200 Buckland Ave.
Fremont, OH 43420
Lesley King 419-334-6630

Putnam County

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

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

Tiffin Ohio

1-2:30 p.m.
St. Francis Home, 182 St.
Francis Ave., Tiffin
Jean Overmier or Rachel
Fabrizio at 419-447-2723

Western Ohio

3rd Thursday 2 p.m.
New location:
Briarwood Village
100 Don Desch Dr.
Coldwater OH 45828
Alicia Koester
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

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

The Waterford at Levis Commons Perrysburg

3rd Monday of the month
6-7 p.m.
Mike Zikar 866-333-2174

Shakin' Not Stirred's Monroe County and Contiguous Area Parkinson's Support Group

Monroe Charter Township
4925 East Dunbar Rd.
Monroe, Michigan
3rd Wednesday of each month
at 6:30 p.m.
Jennifer Traver 734-497-5683

PFNWO Board Officers:

Tom Dunbar
President
Gail Zimmerman
Vice President
Stacey Dunbar
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Barbara Harris
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