

DAPS

DALLAS AREA PARKINSONISM SOCIETY



6370 LBJ FREEWAY • SUITE 176 • DALLAS, TX 75240 • 972-620-7600

JUNE 2010

may general meeting

UT Southwestern Parkinson's Disease Patient and Caregiver Symposium DAPS may meeting

by Cindy Weatherall, DAPS Board Member

Several DAPS members were among more than 150 attendees at the Parkinson's Disease Patient and Caregiver Symposium in April. The free-of-charge seminar was sponsored by the UT Southwestern Medical Center Department of Neurology and the Office of Public Education, and was held on-site at UTSW.

Three well-known Department of Neurology faculty members, Shilpa Chitnis, MD, PhD; Richard B. Dewey, MD; and Pádraig O'Suilleabhain, MD, provided up-to-date information on topics including possible causes of PD, medical and surgical options for treatment, and current areas of research. A question-and-answer period followed the formal presentations.

While it is not possible to summarize the entire symposium for this newsletter, there are several points that should be mentioned. Although the progress against PD may seem very slow to those who are dealing with the disease now, it is important that any new treatments are subjected to rigorous scientific standards. From the basic laboratory experiments that may shed light on the disease by testing small groups of cells, to the actual drug or surgical treatments that may eventually become common, patients must be protected by practices that carefully test safety and effectiveness. It can be encouraging to hear stories (**anecdotal evidence**) of patients who have benefited from certain treatments, but those stories are not enough, without further investigation in numerous settings, to warrant changing established treatments for large numbers of PD patients.

The **etiology** (study of the origin or causes of a disease) of PD is an area of much research. As the average human lifespan continues to increase, the lifespan of the average neuron is not changing, so we might expect to see greater numbers of people with PD and other neurodegenerative diseases. One question that is receiving attention is "Why are *particular types* of nerve cells affected in PD, versus, for example, those in Alzheimer's Disease?"

One hypothesis is that neurons with relatively long axons (the "transmission line")

(continued on page 3)

June 2010
general
membership
meeting

speaker
Dr. Sharon Rabb
Clinical
Nutritionist

Monday,
June 7, 2010
1:00 p.m.

University Park
United Methodist
Church
4024 Caruth
at Preston

Bring your
questions and
join us for
refreshments after
the presentation.

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**Dallas Area
Parkinsonism Society**

Dedicated to impacting and improving the quality of life for Parkinson's patients and their families

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NEWSLETTER

Ann Staton, Editor

The DAPS newsletter is published monthly as an information guide only, and does not serve as legal or medical advice. We welcome your feedback, contributions or requests. Please send to or contact:

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member profile

rex hand

Many of you are already happy to know Rex Hand. He and his wife Shirley have been active in DAPS for years and years. Even those who haven't actually met Rex should remember seeing him around. He's noticeable in his plaid shirt and wonderful suspenders. Rex doesn't say much about why he adopts this persona, but we can guess at least two reasons. First, and most importantly, he really is a friendly, down-home person. And just maybe, he doesn't mind letting us know he's from Ames, Oklahoma, right there in Major county, less than thirty miles from downtown Enid. If you look at the map of that part of Oklahoma, you'll see the roads are all east/west or north/south. With no hills, rivers or other natural barriers, roads just happen every quarter-section, whether they're needed or not. After this was written Shirley gave me a third reason for the suspenders, to keep his pants up.

From Ames, Rex went off to Oklahoma A & M. By the time he graduated it had become Oklahoma State. With an electrical engineering degree in hand, Rex came to Dallas and joined Temco. He stayed with the same organization as it became Ling Temco, LTV Electronics and eventually E-Systems. Most of you know that E-Systems did top secret work for the military. Many times he left on business trips without being allowed to tell anyone, even Shirley, where he was going. He can say he created harsh artificial environments in which to test military equipment. He took an early retirement package at age 56. He and Shirley had a good stretch of retirement before his Parkinson's diagnosis.

As a young man, Rex made decisions



that are still in place today. He looked around Temco and found a cute secretary. He & Shirley are still very much together. Even before he married Shirley, he bought a small house in Garland. He enlarged it time after time, often putting in his own labor. He's comfortable there after fifty years. Not counting university, Rex has lived in two places, Oklahoma and Garland. Shirley's childhood was different. Her dad was a "doodle bug" who went where the work took him. They moved 68 times! Rex has been a Master Mason in the Masonic Lodge for half a century.

Shirley & Rex have one daughter and a son, Beth and Wesley. When the children were young, they went deep into the Rio Grande Valley, year after year. All of them liked that. For many years Rex helped drive his aunt and uncle down that way.

Rex has been active on the DAPS board and is a regular in South Garland. He's even part of that very special bunch that shows up early to play "42".

april general meeting *(continued from page 1)*

between a neuron and its target cell) and with smaller amounts of protective myelin cover around them may be more vulnerable to the damage caused by alpha-synuclein. This type of neuron is present in areas that would account for many of the symptoms of PD. The substantia nigra (movement control), olfactory center (sense of smell), and medulla (REM sleep disorders) are parts of the brain, containing these vulnerable neurons. Outside the brain, this type of neuron is found in the bowel wall, and when they are affected by PD degeneration, may result in constipation.

Medical and surgical treatments provide several potential ways to treat PD, and researchers are working to develop disease-modifying (neuroprotective) and restorative (gene therapies, growth factors) treatments to stop the progression of disease and repair damage already done. (See *DAPS Newsletters for April and May 2010 online at www.daps.us for more detailed articles*)

Deep-Brain Stimulation surgery (DBS) is performed at UT Southwestern. Not all PD patients are good candidates for this option, which involves a 2-stage surgical procedure to implant electrodes in the subthalamic nucleus of the brain and to place a battery under the collarbone and connecting it to the electrode to provide electrical impulses. Patients most likely to be good candidates have the common PD, where no particular cause (toxins, brain injury) is known. The patient should be responsive to levodopa treatment, although the patient may be finding that he or she is experiencing increasing "off" periods, when the medication is not working well. People who are NOT good candidates would include those with secondary

forms of Parkinsonism (for example, a stroke patient); those

with Parkinson's-Plus syndromes; those with uncontrolled depression; patients with dementia; those with a history of falls that do not respond to levodopa treatment; and patients with other significant medical problems.

One of the most promising agents available to **reduce or halt the underlying process of degeneration** is the medication **rasagiline (Azilect)**. In a study called TEMPO, some patients with early-stage PD were given rasagiline to start, while others were given a placebo (inactive). Later in the trial, the groups were switched. It was found that those who received rasagiline in the delayed group were never able to "catch up" to the benefits experienced by those who received the drug at the beginning of the study. This result, which has been consistent in small groups over about 6 years, indicates that rasagiline may, in fact, alter the course of PD. (For a technical discussion of this study, see http://www.medscape.com/viewarticle/532116_7).

All studies of **gene therapy** to date have involved open observation with no placebo controls, making unbiased evaluation very difficult. There have also been serious side effects in some of the studies, and, so far, the techniques are not producing impressive results.

All studies of **gene therapy** to date have involved open observation with no placebo controls, making unbiased evaluation very difficult. There have also been serious side effects in some of the studies. **Stem Cell** therapy is being used in very small studies, and, so far,

the techniques are not producing impressive results.

The naturally-occurring chemical **inosine** is being studied as a way to increase urate in the body; people with higher blood urate seem to be less likely to develop PD. However, high urate levels are associated with gout, kidney stones, high blood pressure, and coronary artery disease, so this treatment would have to be very closely monitored.

Creatine, a naturally-occurring compound that is marketed as an inexpensive nutritional supplement, is being studied in a large group of about 1800 PD patients in a clinical trial that will last 5 to 7 years. Because the effects of creatine in an older population are not known, and because scientists are not yet sure why creatine may help in PD, it is not recommended as a supplement unless a patient is in a study.

Exercise has been recommended to help PD patients, and there are some medical studies attempting to quantify the benefits. In a small trial at the Cleveland Clinic, 10 patients were recruited to participate in a stationary cycling program for 1 hour, 3 times per week, for 8 weeks. Some of the patients rode the cycles at their own pace; others were paired with a trainer on a tandem cycle to attain 30% higher output compared to the others. The trainer generated about 75% of the effort, and the patient about 25%. At the end of the 8 weeks, those patients who were forced to peddle faster showed marked improvement in several areas of PD symptoms; those patients who pedaled on their own exhibited no changes. Four weeks after the end of treatment, however, the benefits in the tandem group began to subside.

The symposium provided a broad overview of the progress being made against PD, and offered much more information than appears here. The DAPS members who attended would encourage our readers in the DFW area to consider participating in next year's presentation. **You may call the UTSW Office of Public Education at 214-648-3138 and ask to be added to the Parkinson's Disease Symposium mailing list.**

questions and answers

from the UTSW Parkinson's Disease Symposium

At the conclusion of the symposium, Drs. Dewey, O Sulleabhain, and Chitnis took questions from the audience. I have edited the information in the interest of clarity and space. C.W.

What help is available to caregivers to have a more ordinary life?

It is very important for caregivers to make time for themselves. Support groups are often valuable. ***(DAPS offers free caregiver support groups in several locations; they are listed in this newsletter.)***

Regarding Deep-Brain Stimulation Surgery:

The implanted battery has an expected life of 3-5 years. Some adjustments to the electrical output may need to be made after the surgery.

The oldest patient receiving the surgery was 84, and had Stage III PD. There is no evidence of a link between DBS and Dementia, except as part of the progression of PD.

A patient with DBS must be sure to notify the staff when being scheduled for an MRI exam to be sure the particular machine is compatible with the implant.

Who gets PD? How will PD progress?

There are currently about 1 million people in the US with PD, with the number expected to triple in the next 50 years as the population ages. At age 50, about 10 per 100,000 people have PD; by age 80, there are 200 people with PD per 100,000. It is impossible to predict the clinical outcome of an individual person. The Hoehn and Yahr Scale is used to classify symptoms and assign stages to PD (Stages 1 through 5, with 1 being the mildest symptoms). As a very broad generalization, about one-third of PD patients will reach H-Y Stage 4 or 5 in five years after diagnosis; another one-third after a period of 5-15 years; and another one-third will not reach Stage 4 or 5 until more than 15 years after diagnosis.

What are the causes of death in PD patients?

Complications of PD that can result in death include aspiration pneumonia; falls causing hip fractures and head injuries; infections of pressure sores; deep-vein thrombosis and other blood clots. Many people also have other medical conditions unrelated to PD that cause death.

Does stress contribute to the progression of PD?

While stress can aggravate symptoms of PD, it is unlikely to affect the underlying progression of the disease.

Will hypnosis, guided imagery, or yoga help?

While some patients may find benefits, there are no well-designed studies to prove an effect.

Disclaimer: This information is provided for informational purpose only and is not intended as medical advice or as a treatment guide for patients. Please check with your personal physician for any specific questions regarding your medical care.

Q & A With Dr. Xabier Beristain

Neurology Indiana

www.neurologyindiana.com



Dr. Xabier Beristain

Can PD cause a significant weight loss?

PD patients tend to lose weight as the disease progresses. Studies have shown the weight loss in PD patients starts several years before the diagnosis and is not necessarily caused by reduced energy intake. There are several potential explanations for this weight loss such as swallowing difficulties, lack of appetite, diminished taste and smell senses and gastrointestinal dysfunction may cause a reduced calorie intake. Dyskinesia, stiffness and tremor may also increase energy needs. PD treatment itself can enhance glucose metabolism resulting in enhanced energy expenditure. Depression, anti-parkinsonism drugs, and medical complications such as pneumonia and malignancies also may facilitate weight loss. Interestingly, patients who undergo DBS to control their PD symptoms very often experience a significant weight gain that can be quite striking at times.

Does sugar have a negative effect on PD?

PD patients do experience diminished sense of smell and with it a diminished sense of taste (remember how bland food tastes when you have a cold!). Flavor, texture, and other sensory perceptions play a critical role in an individual's food preferences, which ultimately guide dietary behavior. This could at least partially explain why many PD patients may prefer more intense flavors. It is common among PD patients to develop a "sweet tooth" that unless the patient is trying to lose weight, has diabetes or other medical condition in which excessive sugar intake might be contraindicated does not have a known negative effect, unless, of course this is the only or main source of calories. A PD patient should have a balanced, nutritious diet rich in

antioxidants, fiber, and appropriate amounts of lean protein and healthy fats.

Why do cramps happen in PD Patients?

There are 3 main types of pain related to muscular activity regardless of having PD or not: 1) pain during or shortly after exercise, 2) delayed muscle soreness and 3) muscle cramps. Each is characterized by a different time course and different etiology. Pain during exercise is related to several factors including acids (e.g.: lactic acid), hormones and proteins. Delayed onset muscle soreness develops 24-48 hours after strenuous exercise or strenuous endurance like running a marathon. This type of pain is related to muscle damage as shown in increase of CPK (a marker of muscle damage) and biopsy analysis. Muscle cramps are sudden, intense, painful muscle contractions related to explosive hyperactivity of motor nerves. Several mechanisms may be involved including spinal disinhibition, abnormal excitability of motor nerve terminals and spreading of muscle contraction by emphatic transmission (i.e. a short-circuit in a sense). However, in PD patients, other type of "cramping" does happen and this is related to dystonia. Dystonia is an involuntary movement disorder that causes abnormal postures and movements such as clawing of the toes, up-going big toes or turning/inverting of the feet. Dystonia in PD patients typically will be more likely be seen upon awaking in the morning or at the end of a dose of antiparkinson medication (i.e.: "end-of-dose wearing off").

Article courtesy of the Parkinson's Awareness Association of Central Indiana Inc.

Tour of Holland Fundraiser

Many thanks to all who contributed. These funds will help DAPS continue to honor their mission of dedication to impacting and improving the quality of life for Parkinson's patients and their families and providing free services in the Dallas area.

March 2010

From: Jackie Adams Daila L. Allen
In honor of Sam Allen
Ian Anderson Sarah Atwood
In honor of Winnie Swineburne
Betty Baird
In memory of Loy Baird
Newton & Ruth Beam
In memory of Newt Mohn
Tom & Virginia Benke
In honor of Lionel Blomquist
Marcie Black
In memory of Rebecca Kendall
Sharon Blend
In memory of Madelyn Wolfe
Anthony & Gina Borgognoni
In memory of Gary Atwood
Guy & Jackie Brown
In honor of My Family
Philip & Sherry Burke
Jacqueline Carver, Annabelle Catterall
In honor of the DAPS Board
Chris Claussen/Bobbie Copeland
In memory of Glenn Copeland
Mary Margaret Davis

In memory of George F. Davis
Barrillon Dougherty
In memory of Clarice & Brook Dougherty
Mr. & Mrs. R.J. Francis
Dwight C. German, Charles P. Gross
Laura H. Gruy, Dr. William & Henaine
Hamelman, Elsie Hayes
In memory of Dr. Robert Hayes
Wallace Hecht, Joe & Jackie
Hickman
In honor of Bindu Chako
Vonciel Hickman
In memory of Lester E. Hickman
George & Margaret Hoobler
In honor of George W. Hoobler, II
& Jackie Brown
Marsha Keitman
In memory of Jacob Kreitman
The Lacerte Family, Dianne Lorms
In memory of John (Jack) Lorms
Ann Lowe
In honor of Sarah Atwood
Mr. & Mrs. J.C McClure
Pauline McFarlane
In memory of Dr. David Black
Anne B. Martin, Ann M. Miller

In honor of Bob Larson
June V. Mohn
In memory of Newton Mohn
Maxine R. Musgrave
In memory of Albert W. Musgrave
Diane & Nick Nadolsky
In memory of Mrs. Cathafay Wilson
Mrs. Don R. Nafus
In memory of Don R. Nafus
Mr. & Mrs. Michael Nemazie
Charlene Noe, Richard & Pat Noe Family
Shon & Rhonda Webb Family,
Dolores Olbeter
In memory of Jerry Olbeter
Phyllis Page Jerry Pinnell
In honor Lionel Blomquist
Marian Pollock, Mella Ponce,
Glenda Reynolds
In memory of Clay Reynolds
Deedie Rose, Lenora G. Rubin
In honor of Herman Schwartz
RTS Real Estate Services Mark F.
Schweinfurth
In honor of Kay Schweinfurth
Gerald & Bonnie Seitchik, Margie
Semke
In memory of Charles Semke

Frances H. Sessions & Family
In memory of J. Marshall Sessions
Donald & Deborah Shannon
Mr. & Mrs. Don Sillers Bob & Ann Staton
In honor of Jean Blomquist
Barbara L. Stewart, Joyce Susman,
Richard Tonnesen, Glen & Jan Trulock
Susan Walker
In memory of John Walker
Paul & Cynthia Weatherall, Ross
& Evelyn Wheeler C. David Wick &
Family

In memory of David Keith Wick
Mrs. Norman Winton
In honor of Thomas S. & William
Scott Winton

April & May 2010

Jon & Judy Atwood
In memory of Gary Atwood
Carl & Mary Benning, Lionel &
Jean Blomquist
In memory of Wally Wyatt
Jack Brown
In honor of Joanne Brown
Monte & Carollyn Guidry

(continued on page 7)

memorials, honors, donations

April 1 thru April 30, 2010

In memory of William L. Blair
From: J. Elaine Blair
In memory of Phillip Knox Brown
From: Elaine & Harold Boots
In memory of Bubba Levy
From: Margie & Sylvan Landau
In memory of Marianne Lichtenstein
From: Annette & Howard Lackman
In memory of Deryl Travis Mann
From: Peggy L. Birchfield
In memory of Charlie Bob Shuffield
From: Marilyn & Al Eisenberg &
Family
In memory of Francis J. Tidmore
From: George W. Tidmore
In Memory of Rev. William Upchurch
From: Mary Dean Bradley
Brady & Betty Cox,
David & Hilarie Benedetto,
Gary & Angela Benedetto
Madelyn Doyle
Pamela Eimann

Paul & Lillian D. Gips
Edness & Kurt Hoeser
Marita & M. S. Hollenshead
Greg & Becky Humbach
Sara & David Johnson
Barb Mack
Corky & Barbara McGee
Steven Mass
Carol Pitzer Mathews
Faye C. Monk & Family
Ken & Glenda Slawson
Chad & Jennifer Williams
Nancy Zucker
Tour of Holland Fundraiser
Jon & Judy Atwood
In Memory of Gary Atwood
Carl & Mary Benning
Lionel & Jean Blomquist
In memory of Wally Wyatt
Jack Brown
In honor of Joanne Brown

Monte & Carollyn Guidry
In honor of Lionel Blumquist
Eugene & Jeana Impiccini
Christi Jiannino
In honor of all my Students
George & Dorothy Kilpatrick
In memory of our deceased Parents
Sepp Kortschak
In memory of Charlie Shuffield
Ann N. Long
In memory of John C. Long, III
Lois O. McLarty
In memory of Ross D. McLarty
Sal & Elaine Mele
Parkinson's Benefactors, Inc.
Charles & Pat Patterson
In memory of Gary Allen Atwood
Vinita Jones Richards
In memory of Gerald S. Jones Mr. &
Mr. & Mrs. Herman Schwartz
In honor of Herman Schwartz

Barbara G. Taylor
In memory of Adele Essman
From: Margie & Sylvan Landau

Donations to DAPS
From: Arapaho PAGE
Preston Hollow PAGE
Speedy Recovery to Donald Golman
From: Eugene Bock

***Your donations are tax
deductible.***

(continued on page 7)

NO CHARGE
speech therapy and group exercise

CARROLLTON

**ST. ANDREWS
CHRISTIAN CHURCH**

3945 N. Josey Lane

Group Exercise

Wednesday 9:45 a.m. to 10:45 a.m.

Speech Therapy

Wednesday 10:45 a.m. to 11:30 a.m.

DALLAS

**BAYLOR INSTITUTE
FOR REHABILITATION**

909 North Washington Street

Water Therapy

Wednesday 11:00 a.m. to 12:00 p.m.

DALLAS YOGA CENTER

4525 Lemmon Ave., 3rd Floor

Yoga for Parkinson's

Friday 11:00 a.m. to 12:00 p.m.

LAKESIDE BAPTIST CHURCH

9150 Garland Road

Group Exercise

Wednesday 9:30 a.m. to 10:30 a.m.

Speech Therapy

Wednesday 10:30 a.m. to 11:15 a.m.

Partners in Care Group

2nd Wed. 10:30 a.m. to 11:30 a.m.
each month

**PRESTON HOLLOW UNITED
METHODIST CHURCH**

6315 Walnut Hill Lane

Speech Therapy

Tuesday 11:30 a.m. to 12:15 p.m.

Group Exercise

Tuesday 10:30 a.m. to 11:30 a.m.

Thursday 10:30 a.m. to 11:30 a.m.

Partners in Care Group

Tuesday 10:30 a.m. to 11:30 a.m.

SKILLMAN CHURCH OF CHRIST

3120 Skillman St., FLC Building

Group Exercise

Monday 9:15 a.m. to 10:15 a.m.

ST. LUKE'S COMMUNITY

UNITED METHODIST CHURCH

5710 East R.L. Thornton Freeway

Group Exercise

Monday 10:00 a.m. to 11:00 a.m.

DUNCANVILLE

**TRINITY UNITED
METHODIST CHURCH**

1302 S. Clark Road

Group Exercise

Monday 6:30 p.m. to 7:30 p.m.

GARLAND

**SOUTH GARLAND
BAPTIST CHURCH**

1330 E. Centerville Road

Speech Therapy

Thursday 9:30 a.m. to 10:15 a.m.

Group Exercise

Monday 10:30 a.m. to 11:30 a.m.

Thursday 10:30 a.m. to 11:30 a.m.

Partners-in-Care Group

Thursday 10:30 a.m. to 11:30 a.m.

Discussion Group

Monday 9:30 a.m. to 10:30 a.m.

IRVING

**FIRST UNITED
METHODIST CHURCH**

211 W. Third Street

Group Exercise

Tuesday 9:45 a.m. to 10:45 a.m.

PLANO

**CUSTER ROAD
METHODIST CHURCH**

6601 Custer Road

Group Exercise

Monday 9:45 a.m. to 10:45 a.m.

Thursday 9:45 a.m. to 10:45 a.m.

Speech Therapy

Thursday 11:00 a.m. to 11:45 a.m.

Partners-in-Care Group

Monday 9:45 a.m. to 10:45 a.m.

RICHARDSON

**ARAPAHO UNITED
METHODIST CHURCH**

1400 W. Arapaho at Coit

Group Exercise

Tuesday 10:00 a.m. to 11:00 a.m.

Wednesday 10:00 a.m. to 11:00 a.m.

Friday 10:00 a.m. to 11:00 a.m.

Partners-in-Care Group

1st Wed. 10:00 a.m. to 11:00 a.m.
each month

Call DAPS at (972) 620-7600 for more information.

**tour of holland fundraiser
continued**

In honor of Lionel Blomquist
Eugene & Jeanna Impiccini, Christi Giannino

In honor of all my Students

George & Dorothy Kilpatrick

In memory of our deceased Parents

Sepp Kortschak

In memory of Charlie Shuffield

Ann N. Long

In memory of John C. Long, III

Lois O. McLarty

In memory of Ross D. McLarty

Sal & Elaine Mele

Parkinson's Benefactors, Inc.

Charles & Pat Patterson

In memory of Gary Allen Atwood

Vinita Jones Richards

In memory of Gerald S. Jones

Mr. & Mrs. Herman Schwartz

In honor of Herman Schwartz

Barbera G Taylor

In memory of Tom Taylor

Spencer & Nancy Relyea

Marvin & Edwina Murph

David T. Rayshell

**the michael j. fox foundation
may7,2010**

On April 29, 2010, *The Lancet Neurology* published the results from PD SURG, a randomized trial studying the effects of deep brain stimulation (DBS). The authors of the study reported that patients with advanced PD can have a better quality of life and improved mobility if they undergo DBS along with standard medications for the condition. However, patients who received DBS also had a higher rate of serious adverse events, many of which were related to complications from surgery. The Michael J. Fox Foundation spoke with Jeff Bronstein, MD, PhD, of the University of California, Los Angeles about the implications of this study for people living with PD.

Read our in-depth interview with Dr. Bronstein, now posted on the Foundation's Web site, to gain a clearer understanding of the news

june 2010

calendar of events

www.daps.us

general meeting

Monday, June 7 - 1:00 p.m.

Speaker: Dr. Sharon Rabb

Clinical Nutritionist

University Park United Methodist Church

open board meeting

Monday, June 21 - 1:00 p.m.

University Park United Methodist Church

next month

Monday, July 12 - 12:30 p.m.

July Jubilee Barbeque

Covered Dish

Speaker Rosemary Rumbley

University Park United Methodist Church

partners-in-care groups

Led by Charlotte Webberman, ACSW, LMSW

Every MONDAY: 9:45 a.m. - 10:45 a.m.

Custer Road Methodist Church

6601 Custer Road, Plano, Texas 75023

Every TUESDAY: 10:30 a.m. - 11:30 a.m.

Preston Hollow United Methodist Church

6315 Walnut Hill Lane

Every 2nd WEDNESDAY of each month:

10:30 a.m. - 11:30 a.m.

Lakeside Baptist Church, 9150 Garland Road

Every 1st WEDNESDAY of each month:

10:00 a.m. - 11:00 a.m.

Arapaho United Methodist Church

1400 West Arapaho at Coit

Every THURSDAY: 10:30 a.m. - 11:30 a.m.

South Garland Baptist Church, 1330 East Centerville Road

disclaimer: The contents or opinions expressed in this Newsletter are those of the individual writers or presenters and do not constitute an endorsement or approval by DAPS staff. Please consult your personal physician regarding your individual medical problems.

**For change of address or corrections, please indicate the changes on this page
and send or fax it to DAPS or email: daps125@sbcglobal.net**



Dallas Area Parkinsonism Society

6370 LBJ Freeway, Suite 176

Dallas, Texas 75240

(972) 620-7600

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Organization
U.S. POSTAGE

PAID

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Dallas, Texas

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