



DAPS HOSTS DR. MALCOLM STEWART AND DR. REGE STEWART

September General Meeting Report

by Cindy Weatherall, DAPS Board Member

Dr. Malcolm Stewart and Dr. Rege Stewart, who have served the Parkinson's community for many years, were the guest speakers at the September meeting. As a husband/wife team who also collaborate professionally, the Stewarts bring medical expertise as well as humor and compassion to their discussions of Parkinson's disease.



Dr. Rege Stewart and Dr. Malcolm Stewart

Dr. Rege Stewart, a psychiatrist, says she "takes care of the right side of the brain" while her husband focuses on the left side of the brain. In her practice, she addresses the non-motor aspects of PD, including problems with depression, anxiety, compulsion, and dementia that affect many people with PD. Dr. Stewart noted that the management of depression is critical to improving quality of life for the approximately 60% of PD patients who are chronically depressed. Since depression makes motor symptoms worse, and, since during "off" periods (when PD medication does not work well) anxiety and depression increase, gaining control over the depression

can indeed make a difference for Parkinsonians.

Depression often precedes the onset of PD symptoms, indicating that depression in PD patients is secondary to biological changes and not just a result of the gradual loss of independence and other life changes brought on by PD. Physicians now have a variety of antidepressant medications to consider, but because side effects vary between types of drugs, the choice for a particular patient must be made with care. The SSRI (selective serotonin reuptake inhibitor) class of antidepressants is usually preferred. Dr. Stewart also noted that the dopamine

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**November 8, 2010
general
membership
meeting**

**speaker
Sean Duncan
Medtronic
Deep Brain Stimulation**

**Monday, November 8, 2010
1:00 p.m.**

University Park
United Methodist Church
4024 Caruth Blvd (at Preston)
Dallas, TX 75225

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:

Ann Staton

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agonist pramipexole (Mirapex), which may be used to treat motor symptoms of PD, is also a good antidepressant. Dopamine agonists are drugs that act as substitutes for dopamine by stimulating the same nerve receptors that dopamine itself would.

Dr. Malcolm Stewart emphasized the importance of exercise, which can be summed up with his quote, "You need to be a jock!" He noted that DAPS spends over \$50,000 per year to provide exercise classes and speech therapy at no charge to anyone with PD, and that exercise not only helps improve motor skills, but is important for relieving depression in many patients. Exercise isn't restricted to just "working out."

Activities like gardening, walking, and dancing count! Research shows that exercise increases the production of BDNF (brain-derived neurotrophic factor), a protein that protects existing neurons and encourages growth of new ones. Unfortunately, BDNF cannot be manufactured as a treatment, since it cannot cross the protective blood-brain barrier (BBB) to reach the brain. The body's production of BDNF may be slightly stimulated by the medication memantine (Namenda).

The doctors graciously took questions for the remainder of the meeting. [Author's note: I

have edited the Q & A portion into general topics for clarity.]

Exercise is helpful with balance problems. Dual-task exercise (which requires doing two things at once; for example, counting beats while dancing) is particularly beneficial, since this helps develop the cognitive skills necessary for balance and gait. Research indicates that eight weeks of "Think Big" training may improve balance and gait by 50%, but the activity must continue at home. Since

people with PD tend to "move small" (shuffling steps, decreased arm motions, etc.), the "Think Big" approach encourages the person to practice large gestures and movements of the arms, legs, and trunk of the body. Those with freezing issues may find that riding a stationary bicycle at a rate of 85rpm is helpful. It is important to vary

the exercises because becoming good at one activity doesn't necessarily translate to other activities!

Sleep abnormalities affect not only the person with PD, but also may cause difficulties for caregivers who are unable to get a good night's sleep. Eighty percent of PD patients have sleep disorders like restless leg syndrome, REM-sleep disorders (resulting in "acting out" of dreams, which can cause falls out of bed, or kicking the bed partner), sleep apnea, and in males, prostate problems. The doctors recommend a sleep study at a sleep lab to diagnose the main cause of the



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issue so that the appropriate treatment can be prescribed.

High levels of stress are common in caregivers as well as the person with PD. It is important to understand that PD is a family illness, not just an individual illness. Developing a support system is important (DAPS offers caregiver support groups; check our listing). Couples may find that sleeping in different beds or separate rooms helps both people get a better night's rest. "Baby" monitors are very helpful. Restricting fluid intake after 5pm may also help reduce nighttime disruptions (check with your doctor first). It was emphasized that it is very important for the caregiver to have adequate rest and try to stay in good health!

Alcohol consumption is an area of concern for many people. PD patients with cognitive impairment should not drink alcohol. For others who do not have cognitive impairment, alcohol's effect on balance and coordination should be considered before deciding to drink. While alcohol is a neurotoxin (it destroys brain cells), it does have benefits for some people when consumed in moderation. Men should have no more than one drink per day; women should consume even less. Because alcohol interacts with many medications, check with your physician when deciding whether you should drink alcohol.

On the search for a "magic bullet": Exercise! See the discussion above. As far as medications are concerned, rasagiline (Azilect) showed great promise in treatment of early PD in a study published by the New England Journal of Medicine in September 2009. Coenzyme Q10 has been studied as a possible treatment for PD with inconsistent results, and there is no recommendation for

how much to take. Since CoQ10 affects blood clotting mechanisms, it is important to consult your physician before taking the supplement. Parkinson's patients often have very low levels of Vitamin D, which puts them at increased risk of falls and hip fractures. Blood tests can indicate if there is a deficiency that needs to be corrected. Positive attitude is helpful for PD patients and their families. Recognizing that we can't necessarily control what happens, but that we have many options for



living a productive, happy life can add years of healthy life.

Hallucinations are experienced by many people with PD. These may be a result of progressive disease, but some PD medications cause hallucinations. If the dose of medications can be reduced, the patient may have some relief from hallucinations. Antipsychotic drugs like haloperidol (Haldol) and risperidone (Risperdal) can be added to reduce hallucinations; however, they may increase Parkinson symptoms. Quetiapine (Seroquel) is an antipsychotic that does not increase PD symptoms, but may be too sedating for some patients. Deep Brain Stimulation for PD may allow reduction in dosage of

Parkinson medications, but DBS has its own risks. If the physician determines that hallucinations are secondary to depression, ECT (electroconvulsive therapy) may be of help, but this is a controversial treatment.

Parkinson's disease affects eye function. Color vision is reduced, although visual acuity is not. The blink rate is reduced, resulting in dry eyes. Eye movement is slowed, so the person cannot follow moving objects as well.

Heart palpitations (the feeling that the heart is skipping beats or beating too fast) may occur in people taking Sinemet CR as the doses build up during the day. Since about 10% of l-dopa is converted to adrenaline, palpitations may result. If the patient ingests caffeine, which can cause palpitations, it may be advisable to reduce caffeine intake.

The cost of PD medications, particularly Mirapex, can be burdensome. Manufacturers offer some programs to reduce the price, and patients should check into this option. It was also noted that Mirapex is available in a generic form, but the generic must be taken 3 to 4 times a day instead of once a day for the brand name drug.

We appreciate the Stewarts spending a very informative afternoon with us; many topics were addressed and numerous questions were answered! We thank them for agreeing to kick-off our 2010–11 year.

Parkinson's Research: Vitamin D Deficiency Linked to Parkinson's Disease

by Nicholette Zeliadt

Studies of vitamin D have been on the rise in recent years, and with good reason—a 2009 estimate suggests that nearly three quarters of teens and adults in the U.S. are deficient in this vital nutrient. Vitamin D deficiency not only causes rickets, a skeletal disorder in which the bones are soft and weak, but has also been associated with a rapidly increasing range of chronic conditions like cancer, heart disease, and type 2 diabetes. Now, two new studies suggest a link between vitamin D and neurological disorder: Older people with insufficient vitamin D levels may be more likely to develop Parkinson's disease and experience cognitive decline.

The first, led by Paul Knekt and colleagues at the National Institute for Health and Welfare, Finland, examined levels of vitamin D in the blood of 3,173 Finnish men and women aged 50 to 79 determined to be free of Parkinson's disease at the start of the study. The researchers then examined the incidence of Parkinson's disease in these participants over a 29-year follow-up period. They found that participants with the highest levels of vitamin D (more than 50 nmol/L) had a 65 percent lower risk of developing Parkinson's disease than those with the lowest vitamin D levels (less than 25 nmol/L). The researchers accounted for potentially confounding variables such as age, sex, marital status, education, alcohol consumption, smoking, physical activity and month of blood draw.

Parkinson's disease is a progressive neurodegenerative disorder that leads to impaired movement and speech, and is thought to result from insufficient dopamine levels in the brain. How vitamin D may protect against Parkinson's is not understood, although there is limited evidence from cell-based and animal models that vitamin D may prevent the loss of dopaminergic neurons (cells that produce dopamine).

One important limitation to the study is that the average vitamin D concentration of all the study participants (approximately 40 nmol/L) falls well below what is considered to be optimal (more than 75 nmol/L). Therefore, whether supplementation with vitamin D would further lower the risk for Parkinson's remains unknown. Nevertheless, the study suggests that not having enough vitamin D may predispose individuals to Parkinson's, and provides a starting point for further investigation. The results were published online July 12 in the Archives of Neurology.

In the second study, David Llewellyn of the University of Exeter and colleagues examined vitamin D levels among 858 Italian men and women age 65 and older. They found that more than half of the participants with dementia were vitamin D deficient (less than 50 nmol/L). What's more, cognitive tests revealed that severely deficient individuals (less than 25 nmol/L) were 60 percent more likely to undergo cognitive decline over the six-year follow-up period.

This study appears online July 12 in the Archives of Internal Medicine.

Humans can obtain vitamin D by eating oily fish or fortified foods, and it is also photosynthesized in the skin upon exposure to adequate amounts of ultraviolet B (UVB) rays in sunlight. Major factors that influence vitamin D status in humans include season, latitude, age, skin tone, diet and supplement use. The U.S. Institute of Medicine currently recommends that adult men and women aim for a daily intake of 200 to 600 International Units (IU) of vitamin D.

New guidelines for vitamin D intake were published online July 12 in the Canadian Medical Association Journal by scientists from Osteoporosis Canada, a nonprofit organization. Because vitamin D influences calcium absorption and may protect against osteoporosis, the authors advise an increased daily intake of 400 to 1000 IU for healthy Canadians under age 50, and up to 2000 IU for those older than 50. The researchers state the changes are necessary because winter sunlight north of the 35th parallel (which coincides with the southern border of Tennessee) provides insufficient UVB for people living in that region to adequately make vitamin D.

The studies by Knekt and Llewellyn are not the first to link vitamin D deficiency with neurological problems, however. A role for vitamin D has previously been suggested

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in multiple sclerosis, autism and schizophrenia.

Some experts advise interpreting the results of these and other observational studies of vitamin D with caution. The above studies relied on participants from specific geographic areas, so more study is needed to determine whether the findings apply to other regions. Furthermore, "low vitamin D levels may simply be a marker for lower health status rather than a cause of it," Andrew Grey, professor of medicine at the University of Auckland, wrote in an editorial in the Archives of Internal Medicine. This is because vitamin D levels are directly related to sunlight exposure and physical activity; less healthy individuals are therefore likely to be less active and more sunlight-deprived, and have lower levels of vitamin D.

"It is now time to test the various hypotheses generated by observational studies of vitamin D...in adequately designed and conducted randomized controlled trials," Grey concluded. "We should invest in trials that provide the best possible evidence on the benefits and risks of vitamin D before we invest in costly, difficult, and potentially unrewarding interventional strategies."

Reprinted from <http://www.scientificamerican.com/blog/post.cfm?id=vitamin-d-deficiency-linked-to-park-2010-07-12>

Greeting Card Fundraiser

To help DAPS fulfill its mission of helping others deal with Parkinson's, please consider a \$10 donation this Holiday Season and send these colorful unique cards to friends and family. This year we are offering 11 new card designs which were created by grandchildren or friends of DAPS Board members.

Each package will include one each of five different designs plus envelopes. The options include: two Happy Holidays packages

(choose from designs from the 2009 holiday package or new designs created in 2010), Thinking of You/generic card package, or a New Year's card (\$2 donation per individual card).

Your donation will help DAPS to improve the quality of life of many Parkinson patients and their families. The cards will be available at the October, November and December general meetings and at the DAPS office.

PAGE Leaders Share

by Sarah Atwood

All participants in DAPS' Parkinson's Appropriate Group Exercise will benefit from the sharing, the give and take, and the demonstrations that took place at the second gathering of the exercise leaders on Friday, September 10th.

Ann Staton, the Executive Director for DAPS, said it best. "Ya'll are so dedicated to the patient. You are wonderful, dependable, and you do above and beyond."

Topics discussed ranged from how stretching can help, the importance of encouraging all to exercise at home and to do bed exercises, appropriate shoes for exercise sessions, focusing on movement and breath, working the core muscles, most desirable chairs, and exercise equipment.

All took turns demonstrating exercises, and two helpful videos were discussed. We missed Jonathan Wilson, who leads the Duncanville group. He was absent due to his foot surgery.

Sarah Atwood, DAPS Chairman of Patient Services, handed out folders with information and articles about music and the brain.

Jann Horswell, DAPS volunteer, helped Sarah Atwood with the meeting. Jann said, "I am very interested in the fitness portion of DAPS. It is one of the greatest things DAPS does."

The Gardens of Richardson hosted the meeting and provided refreshments which were delicious and enjoyed by all. We thank them for their kind hospitality.



DAPS PAGE leaders (l-r): Bindu Chacko, Barb Mack, Judy Sides, Erika Arvizu, Aileen Brady, Christi Jiannino

**Memorials • Honors
Donations
September 2010**

**PARKINSON'S
ACTION NETWORK
(PAN) DISABILITY
ASSESSMENT FORM**

Through our work in the Parkinson's community, the Parkinson's Action Network has learned that people with Parkinson's may have trouble receiving Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits due to inadequate documentation of symptoms in their medical record.

The purpose of the Parkinson's Disease Work-Related Disability Assessment form is to ensure that information that may be relevant to how Parkinson's disease affects your ability to work is included in your medical record, particularly if you think you may apply for SSDI or SSI. This form may also be useful in tracking your disease progression and can be updated as your condition and symptoms change.

It is important to note that this form is designed to supplement your medical record. It is not a Social Security Administration form and does not replace or change the Social Security application.

You can download the form at <http://www.parkinsonsaction.org/pdfform>.

In memory of Barbara Bennett

From: Annabelle Catterall
William F. Davidson

In memory of Duane Clouse

From: C. H. & Betty Sue Clouse

In memory of Floyd T. King, Jr.

From: Gary Dunham & Family
Wayne King, Jr.
Wayne King, Sr.

In memory of Jim Kumpf

From: Turtle Creek Breakfast
Club

In memory of

Marianne Lichtenstein

From: William F. Davidson

In memory of Mel Lord

From: June Smalley & Ed
Williamson

In memory of Howard Mayer

From: Barbara Doyle

In memory of Newt Mohn

From: Sostenez & Emilia Reyna

In memory of Virgil Noe

From: John Bailey
Betty Baird
Jenny & Izell Bankston
Gerald L. Beeson
Jack & Sue Burris
James & Bobbie Burwell
Annabelle Catterall
Roger & Dorothy Erickson
Eleanor Goolsby
Norma & Frank Jenks
Barbara Mack
Billy & Brenda Merriman
Nick & Dianne Nadolsky
Stella Novit
Sostenez & Emilia Reyna
Don Ruthrauff
Linda & Bill Smith
Barbara Stewart
Joyce Susman
Barbara Taylor
Paul & Cynthia Weatherall

In memory of

Wiley S. Obenshain, Jr.

From: John & Wanda Call

In memory of Eleanor Taylor

From: William F. Davidson

In memory of Bill Upchurch

From: Betty Baird

Donation to DAPS

From: Arapaho PAGE
Half Shells Oyster Bar & Grill
Irving PAGE
Plano PAGE & Caregivers
Preston Hollow PAGE
Sept. General Meeting

**TOM THUMB
REWARD CARD
HELPS DAPS**

Link your Tom Thumb Rewards card to number **3071**, and a percentage of what you pay to Tom Thumb will be donated to DAPS!

**SHOP KROGER
TO HELP DAPS**

Have the cashier scan the barcode before your Kroger Cares card is scanned. A percentage of what you pay will go to DAPS!

DALLAS AREA PARKINSONISM SOCIETY



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 N. Washington (ph: 214-820-8854)

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.

Juanita J. Craft Recreation Center

4500 Spring Ave.

Group Exercise:

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

Lakeside Baptist Church

9150 Garland Rd.

Speech Therapy:

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

Group Exercise:

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

Partners-in-Care Group:

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

Preston Hollow United Methodist Ch.

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 Gym

Group Exercise:

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

DUNCANVILLE:

Trinity United Methodist Church:

1302 S. Clark Rd.

Group Exercise:

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

Thursday...1:00 p.m. to 2:00 p.m.

GARLAND:

South Garland Baptist Church

1330 E. Centerville Rd.

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.

Discussion Group:

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

Partners-in-Care Group:

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

IRVING:

First United Methodist Church

211 W. Third St.

Group Exercise:

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

PLANO:

Custer Road Methodist Church

6601 Custer Road

Speech Therapy:

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

Group Exercise:

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

Thursday...9:45 a.m. to 10:45 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 Wednesday...10:00 a.m. to 11:00 a.m.

Dance for PD Class

London School of Dance

565 W. Oates Rd., Suite 105

(across from Audubon Park)

Garlnad, TX 75043

Start Date: October 13

Class Time: 10:30–11:30 a.m.

Cost: \$5.00

Contact Misty Owens at

londonschoolofdance@yahoo.com

for more information.

Parkinson's Disease Support Group

Texas Health Resources offers a Parkinson's Disease Support Group on the 3rd Thursday of each month at 7pm. It meets at the Texas Health Presbyterian Hospital Dallas campus, in the Jackson Café of the Jackson Building (on the ground floor). The address is 8200 Walnut Hill Lane, Dallas, TX 75231. Call 214-345-6789 for more information.

Upcoming dates:

October 21: Building and Preserving Relationships as a Family Caregiver; Brad Culp, Griswold Special Care

November 18: NO MEETING

December 16: Holiday Celebration and Refreshments at 6:30 pm, Dance for Parkinson's Disease at 7:00 pm; Misty Owens, MFA

MARK YOUR CALENDAR

general meeting

Monday, Nov. 8 - 1:00 p.m.

Speaker: Sean Duncan, Medtronic
Deep Brain Stimulation
University Park United Methodist Church

open board meeting

Monday, Nov. 15 - 1:00 p.m.

University Park United Methodist Church

next month

Holiday Luncheon

Monday, Dec. 13 - 12:30 p.m.

Reservations required: \$10 per person
Entertainment: Blue Diamond Trio Plus One
University Park United Methodist Church

DAPS Website Updated

Our website has been updated with a clean, new look. Stop by and check it out at <http://www.daps.us>.

While you're there, create an account and log in to participate in the forums and the poll, check the calendar for upcoming events, or peruse old newsletters.

If you have any questions, comments or suggestions about the new format, go to the Contact Us tab and send us a note!

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 mail or fax it to DAPS, or email: daps125@sbcglobal.net



Dallas Area Parkinsonism Society

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Dallas, Texas 75240
(972) 620-7600

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Organization
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