



Parkinson's Perspective

Newsletter of the Colorado Springs Parkinson's Support Group
Colorado Parkinson Foundation, Inc.
www.co-parkinson.org | (719) 884-0103

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Programs: Jill Reid

Educational Outreach: Jill Reid

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The **Colorado Springs Parkinson's Support Group** (part of CPF) meets the second Saturday of each month at 10AM First United Methodist Church (with exceptions to be noted in this newsletter).

April Meeting: Saturday, April 8th – 10:00 am – 1:30 pm

We will be Zooming and recording this meeting

Location: First United Methodist Church, 420 N Nevada Ave, downtown just south of St. Vrain.

9:30am – Come early for a group sing-along with music therapist, Heather Johnson.
See more about Heather's business under 'Other Opportunities' later in this newsletter.

9:45am – Everyone else come a few minutes early to check in, greet other members and ask questions.

First time visitors: Be sure to sign in, get a name tag and proceed to the visitors' table for some special attention and information.

Knowledge is power and enables us all to live well, so plan to attend the meetings at First United Methodist Church.

Program - Topic: Neuro-Ophthalmology Issues in Parkinson's

Speaker: Dr. Erin Van Dok, OD – Specializes in neuro-ophthalmology



Dr. Van Dok is a primary eye care provider at the UC Health Eye Center, which is part of the University of Colorado School of Medicine Department of Ophthalmology. This year marks her thirty-third year in practice. She enjoys providing eye and vision care to individuals with ocular health issues ranging from ocular muscle misalignment treatable with glasses to those with diabetes (especially those who need more education about the impact of the disease on the eyes). She regularly sees patients who are developing cataracts to individuals suffering from vision issues related to a movement disorder, such as Parkinson's disease. For five years, she has been participating with neuro-ophthalmologist Victoria Pelak, MD in a sub-specialty clinic to improve delivery of vision care

and outcomes for individuals with movement disorders. She makes every effort to help my patients understand their eyes and visual function.

The program will be followed by a potluck.

The April Potluck main dish – Taco Bar!

Taco meat and shells will be provided. If you would like to sign up to be a provider of a side dish, topping or dessert for the April meeting, you can contact Bill Hicks at [redacted] or potluck@co-parkinson.org, no later than Wed. April 5th and tell him what you'd like to bring.

Remember that bringing food for the potluck is voluntary.

We look forward to seeing you there!



The President's Corner

| Jill Reid - Acting President, CPF & CSPSG



While Julie Pfarrer and I were in New Orleans taking care of our brother, Julie's husband, Ric, who has Parkinson's, was on his own for nearly six weeks. His difficulties coping alone made me think about all the tools that are available to people with Parkinson's. I talk about some tools in my annual "Parkinson's 101" presentation, but I thought it might be good to have them in a newsletter so that you can refer to the

list more easily.

The cost of tools that make living with Parkinson's easier range from very inexpensive (like, \$4.00) to quite expensive (cars equipped with the lane assist feature-the feature isn't all that expensive but an entire car certainly is). Let's start with the inexpensive tools in this newsletter and work our way up to the more expensive ones in next month's:



(1) Plate Guard. A plate guard fits snugly around the edge of a plate and enables the user to push food onto a fork or spoon while keeping the food from spilling onto the table.



(2) Squatty Potty. At a one-time cost of less than \$25, the Squatty Potty is an inexpensive way to deal with constipation without having to resort to over-the-counter oral treatments or prescriptions. Highly recommended by Physical Therapist Danielle Mulligan, it helps straightens the colon so that fecal matter is evacuated without strain.

(3) Nosey Cups and Sippy Cups. These enable people with Parkinson's to swallow liquids more safely, greatly reducing the possibility of choking and aspirating. Aspiration pneumonia is the leading cause of death for people with Parkinson's, so these are essential weapons in your arsenal.



In keeping with my campaign to get you to laugh as much as possible, I'm recommending another funny movie for you to watch. For April, enjoy *The More the Merrier*, starring Jean Arthur, Joel McCrea, and Charles Coburn. It's a classic comedy harking back to the difficulties of finding a place to live in crowded war-time (WWII) Washington DC. And of course, Charles Coburn steals the show.

Thank You!

Thanks to ALL who brought food and to those that helped set up & cleanup at the last meeting!

April Executive Committee Meeting

April 11th at 11:00 a.m. at a place to be determined (you will be notified by email)

Contact Jill at president@co-parkinson.org if you haven't been to an Executive Meeting so we will know that you're coming. Leave your email address so Jill can contact you if anything changes.

May Newsletter Input Deadline: April 21st

Call or e-mail Julie at:

db_mgr@co-parkinson.org

Loretta Bagues
Naomi Boswell
Margaret Bush
Tracy Cologne
Elizabeth Grambihler
Andrew Keen
Jane Krueger

Roger MacDonald
Rita Maguire
Doug Malmgren
Worth McCue
Tony Neese
Malcolm Nordaby
Charles Ochiato



Fern Quidachay
Bob Ray
Gregory Ritscher
Phylis Ritscher
Brenda Rogers
Luann Rogers
Judith Rowe

Steve Runkle
Joyce Schmattz
Bob Sheets
Allen Snelling
Howie Vroman

Your birthday isn't listed? Fill out the membership form and check BD listed "YES".

Recipe of the Month: Savory Morning Muffins



Our low carb/good fat ketogenic study that was completed in 2021 showed incredible results. Not only was there remarkable improvement in the symptoms of Parkinson's but also with overall health in general (including the health of caregivers who chose to change their diet along with their Parkinsonian). Since it seems clear that everyone's health would improve exponentially if we all changed our diet to eat this way and since we have potlucks, we thought we would feature an easy low carb/good fat recipe or two in the newsletter each month to promote healthy eating.

If you have a favorite low carb/good fat recipe you'd like to share, please send it to Julie at: db_mgr@co-parkinson.org.

Ingredients	
1 ½ C almond flour	½ C shredded sharp cheddar
2 tsp baking powder	1 scallion, chopped
½ tsp kosher salt	3 Tbl heavy cream
1/8 tsp cayenne pepper	2 large eggs
1/8 tsp dried sage	6 Tbl unsalted butter, melted & cooled
½ C cooked crumbled sausage	

1. Preheat oven to 375 degrees. Butter 8 cups of a muffin tin.
2. Whisk together the almond flour, baking powder, salt, cayenne and sage in a medium bowl. In a large bowl, combine the sausage, cheddar and scallions. In a small bowl, whisk together the cream and eggs, then add them to the large bowl with the sausage mixture. Add the 6 tablespoons melted butter and the almond flour mixture to the large bowl and mix.
3. Spoon batter into buttered 8 cups of the muffin tin. Bake until puffed, golden brown and a toothpick inserted into the center comes out clean, about 15 minutes.

Ask the Doctor!

| Dr. Brian Grabert, MD, a Parkinson's Specialist



Dr. Grabert has generously agreed to answer your questions pertaining to Parkinson's Disease each month in our new newsletter column called "Ask the Doctor!". *If you have questions you'd like to submit to Dr. Grabert, send them to our newsletter coordinator, Julie, at db_mgr@co-parkinson.org.*

Question #1: Under what circumstances should someone consider having Deep Brain Stimulation surgery and what is the process in determining their eligibility?

Answer: Deep Brain Stimulation [DBS] has been a major therapeutic option for treatment of Parkinson's Disease for over 20 years. [Approved by FDA for advanced PD in 2002]. The most important factor in determining whom to consider for DBS is patient selection. A very lengthy but comprehensive review of this topic is available by internet search as an open access article entitled:

"European Academy of Neurology/Movement Disorder Society-European Section Guideline on the Treatment of Parkinson's Disease: I. Invasive Therapies" by Günther Deuschl MD, PhD, et al. Published: 06 July 2022.

The recommendations for DBS fell into 3 general categories:

1. DBS should be offered to those with advanced Parkinson's Disease [PD], not controlled on medication, with at least a 33% improvement on dopamine challenge test and the absence of dementia. This mandates that one must have cognitive testing to rule out dementia and an objective assessment of motor function OFF medication [usually at least 12 hours] and the same assessment for peak improvement ON medication. The motor assessment usually uses the Unified Parkinson's Disease Rating Scale Part 3. [this is often referred to as a dopamine challenge test]
2. DBS should be offered to those with early PD [less than 4 years after diagnosis] and one or more motor fluctuations [dyskinesia, wearing off, or unpredictable ON/OFF]. DBS should also be offered to early PD with tremor not responsive to L-Dopa.
3. DBS should not be offered to those with early PD without fluctuations.

Question #2: How can my husband, who has Parkinson's, get speech therapy? If he needs a referral from a doctor can any of his doctors provide it or does it need to be from his neurologist?

Answer: Getting Speech therapy for PD should not be difficult. Most insurance programs will require a physician referral for speech therapy but this can come from your primary care physician or Neurologist. The gold standard for speech therapy in PD is the Lee Silverman Voice Treatment [LSVT] program, developed in the 1980's by Mrs. Lee Silverman. It is now called LSVT LOUD to distinguish it from the Physical Therapy certified program called LSVT BIG. There are several LSVT trained therapists in Colorado Springs that can be found doing an internet search for "LSVT Voice Therapy"

Question #3: Can you comment on treatment of Chronic constipation in Parkinson's?

Answer: Chronic constipation is exceedingly common in PD. Some studies cite up to 80-90% prevalence in PD. Constipation is defined as fewer than three bowel movements a week [NIH: National Institute of Diabetes and Digestive and Kidney Diseases]. The most common cause for constipation in PD is slow transit time [decreased motility] in the gut caused in part by the loss of dopaminergic cells in the enteric [gut] nervous system in individuals with PD. Lewy body pathology occurs early in the enteric nervous system and is responsible not only for constipation but difficulty swallowing [dysphagia], gastric distention, and impaired gastric emptying. Constipation may pre-date the clinical motor expression of PD by 10-20 years reflecting this pathology. Treatment needs to be multifaceted. First try to eliminate any medications that may aggravate constipation. Exercise, almost any type, will improve constipation. Next increase fiber and fluids in your diet. Aim for 20-30 grams of fiber /day [the average American consumes only 14 gams/day]. In general, if you don't measure it, you likely won't consume enough fiber. Fluid intake should be at least 64 oz./day. Again if you're not recording the amount, you are not likely ingesting enough fluids. Often this is not enough and a laxative is needed. In my experience over-the-counter polyethylene glycol [generic for MiraLAX] is the best choice. I would empathize to take treatment of constipation seriously. Complications such as intestinal obstruction and bowel rupture can be life threatening. An internet search will provide you with similar and additional guidelines.

Sad News



Jerry Donley passed away February 6th. He was born in Denver, graduated from Beloit College and received his J.D. from the University of Michigan. After a lucrative career of 61 years as a lawyer, he retired as a partner with his son and their firm Donley Law PC.

Jerry was married to his first wife, Dot, for 47 years before she passed away. They had 3 boys. He then married his second wife, Christel. Together they shared a passion for track and field, traveling the world and participating in hundreds of meets. Jerry was a gifted pole vaulter and held the record jump of 13'9" at Beloit College for over 40 years. He also competed in the long jump, hurdles, shot put, dashes, decathlon and at the age of 48 he still was able to jump 13'5". He was inducted into the USATF Masters Hall of Fame in 1999.

Jerry served in nearly every leadership role at his church. He was a volunteer for the Boys Club, Kiwanis, Mariners Club, JCs, D11 Accountability and Pikes Peak Roadrunners. He is survived by his wife, Christel, 3 children, 5 grandchildren and 2 great grandchildren and his bonus family with Christel. Services were held on March 3rd.

Other Local Support Groups:

Parkinson's Caregivers Support Group

All family caregivers of persons with Parkinson's are invited to come and participate in our discussion meetings.

We meet the 3rd Thursday of each month from 10:00 to 12:00 at 6310 Gemstone Way, Colo Spgs, 80918.

Contact Brenda Hicks at

██████████ or ██████████ to let her know you are coming.

Ladies w/ Parkinson's Support Group

If you are a fun-idea person, please consider volunteering to lead this valuable group.

If you're interested please notify Julie Pfarrer at db_mgr@co-parkinson.org or ██████████.

Essential Tremor Support Group

Meeting Location: ENT Conference Room Pikes Peak Library District, Colorado Springs Library 21c, 1175 Chapel Hills Drive.

For meeting dates/times or for questions, contact Jim Sanchez at jimdjs22@gmail.com or 719-660-7275.

Tri-Lakes Parkinson's Support Group

Meets the 3rd Saturday of every month at 10 am at the Monument Community Presbyterian Church, 238 3rd Street, Monument. For more information contact Barry Hanenburg at bhanenbu@hotmail.com or Syble Krafft at 719-488-2669.

Other Opportunities:

Adult Speech Therapy at Home

Outpatient speech therapy services conducted in the comfort of the patient's home. Personalized speech therapy for restoration of function due to illness or injury. Treating:

- | | |
|--|--|
| <i>Parkinson's: Voice & Swallowing</i> | <i>Swallowing</i> |
| - SPEAK OUT! | - Neuromuscular Electrical Stimulation Therapy |
| - LSVT | - Respiratory Muscle Strength Training |
| <i>Cognitive-Linguistic Deficits</i> | |
| <i>Aphasia following stroke</i> | |

For more information, contact Jana Hothan, MA, CCC-SLP at slp@janahothan.com or by phone at (719) 338-8165.

Parkinson's Sing-a-Long Group

No music experience necessary! Join board certified music therapist, Heather Johnson, every Monday at 1 pm as we participate in group singing focused on improving breath control, strengthening of the throat muscles, and improving voice control, volume, and quality! Parkinson's Sing-a-Long is held at Square Music Co, located at 2332 Vickers Drive in Colorado Springs. An online participation option is available as well. Square Music Co also offers individual music therapy to work towards motor movement goals along with the voice qualities listed above. For more information or to sign up, please email heather@squaremusic.co or call/text 719-345-2887.

PD Exercise Classes:

Dance for Parkinson's

Moving with joy, creativity, and community to support people living with Parkinson's.

All are welcome and care partners are encouraged to move with us! Classes meet in person every Friday at 11:00 am at Ormao Dance Company, 10 S. Spruce Street \$5/class. Free for care partners.

You can also join us for this class online. Visit our website www.ormaodance.org and click on "Dance for Parkinson's" under the "Outreach" tab to get the Zoom link.

Questions: Contact Laura at laura.hymers@gmail.com or 719-640-8478

PWR!Moves Class

Skyline Wellness & Aquatics Center has partnered with the YMCA to help the PWR! Moves class be more available to everyone.

We are reaching out to help individuals who may be located on the south side of town and need a closer location to their home.

LOCATION: 2365 Patriot Heights (located within Brookdale Skyline, near Bear Creek Dog Park)

Our classes are held every Tuesday and Thursday from 12:30-1:30 pm.

If you have any questions, please contact the Fitness Coordinator Karisa Dreyer at (719) 867-4658

PWP: Parkinson's With Poles

Come join Emily Moncheski and Eileen O'Reilly for a great exercise workout at Monument Valley Park.

Every Friday, 9 am at the north parking entrance of Fontanero and Culebra streets. Poles are provided. Everyone is welcome!

Max Capacity NeuroFitness

PWR Boot Camp classes, donation based Power Punch Boxing, pole walking classes and individual PD specific fitness training. LOCATION: 525 E Fountain Blvd. Suite 150. Park on the S. Royer side of the building.

Boxing: T/Th – 4:00 to 5:00pm and Sat – 9:00am to 10:00am

PWR Boot Camp: M/W – 3:30pm to 4:30pm

Boxing is free of charge, Boot Camp packages available! Contact Emily Moncheski at (719) 213-3996 or email emily@maxcapacitypt.com for info

One-on-One Physical Therapy

for people with Parkinson's Disease and all movement disorders
Provided by Danielle (Spivey) Mulligan, PT, MSPT who is a Physical Therapist, Certified Vestibular Therapist, LSVT and PWR for Parkinson's
Location: 5818 N. Nevada Avenue, Suite 325
Phone Number: 719-365-6871

UCCS Center for Active Living at the Lane Center

Power Moves group exercise and Balance & Agility classes. For more information call (719) 255-8004 or email CAL@uccs.edu

YMCA PD Exercise Classes

We utilize exercise as medicine to increase quality of life so that you can get better and stay better.

Tri-Lakes YMCA: PWR!Moves Tuesday & Thursday, 1:30-2:30 PM

Briargate YMCA: PWR!Moves Monday, Wednesday & Friday, 1:30-2:30 PM

For more information contact Jamie Clayton at jclayton@ppymca.org

NIA Class

Moving to Heal – the art of feeling better; slower movements with joy and purpose. NIA works with balance, breath, cognitive mind/ body function, mobility and stability. You can go at your own pace. Stop if you want, sit down and dance while sitting in a chair for a while. All while dancing to music from all genres; Jane, the instructor, often asks what we need that day and works her routine around what can help. She has done a wonderful job making the routines fit our Parkinson's needs.

WHEN: Every Friday at 10:30
LOCATION: 525 E Fountain Blvd.
MACS–corner of Fountain & Royer
Cost: \$10.00 a class

Colorado Springs Rocksteady Boxing

"Let's kick some PD BUTT!!!"

Tuesday, Wednesday and Thursday 10 am – 11:15 am & 11:45 am – 1:00 pm
Location: Otis Park, 731 Iowa Avenue
For more information, contact Bill O'Donnell at 719-243-9422

Falcon Exercise Group

Mon and Fri –11:00 – 12:00 noon, Grace Community Church. For more information contact Catherine Reed at ██████████



Help spread some sunshine to our members!

If you know of a Parkinsonian or PD caregiver that is having a tough time (illness, surgery) or one of our members has passed away, please let our Sunshine Chairman, Sharon Carlson know. Sharon can be reached at ██████████

PING PONG AND PARKINSON'S

| A testimonial by CSPSG member, Kristin Woestehoff

My journey with Parkinson's began in 2007, the year that both my Mom and I were diagnosed with Parkinson's disease (PD). Yup-same diagnosis by different doctors in different states. You might wonder how that felt to be diagnosed at the same time as my Mom, what it was like to be diagnosed at 49 (young-onset), to navigate middle-age life, family, and my work as a small animal veterinarian w/YOPD but that's another story for another day. I am here to tell you about this amazing little game called Ping Pong (AKA 'Table Tennis' if you are a purist) and how it has enriched my life and truly helped me to fight my Parkinson's disease...and I believe it can do the same for you!

In 2018 (age 60) I retired to make fighting this disease my #1 priority, doing all that I could think of to maximize my health. I focused on following a plant-based Mediterranean diet and reduced the stress in my life. I knew that exercise was the only thing that had been shown to slow the progression of PD (and potentially even to reverse it) so I increased my exercise, hiking our beautiful mountain trails almost daily. I am so glad I retired while I still have the health to enjoy it! A few months into retirement I saw a notice in the CSPSG newsletter "Ping Pong for Parkinson's" about playing ping pong at the Y. I loved playing ping pong as a kid so I thought why not give it a try? When it was clear that not everyone had PD, I got my husband to join me and our fun adventures with ping pong began. I had no idea how this would change my life!

At the time I figured ping pong could really benefit me because when playing the game, I have to think quickly, move quickly, stretch "BIG" to reach balls, control movements, improve hand-eye coordination and stay balanced in a variety of positions-all things that Parkinson's tries to steal from you! So, it came as no surprise when research (in 2020) showed a clear benefit from ping pong for Parkinson's patients. The patients enrolled (average age 73, average time with diagnosis 7 years), played ping pong once a week for 6 months and saw improvements in all aspects of their disease at 3 months and 6 months compared to their baselines collected prior to starting. What was surprising to me was that even their handwriting and facial expressions improved so the impact was global! I have since read that ping pong is especially beneficial for the brain as you are exercising while thinking intensely. It is the thinking with the exercise which really benefits the brain-lowering the risk of senility and Alzheimer's (for example) by 50% so even caregivers (or any seniors, really) can benefit from this sport. One doctor calls Ping Pong "the best brain sport" because it can activate up to 5 parts of the brain simultaneously at incredible speed. Competitive ping pong is also a great aerobic workout with a very low risk of injury. It is a good way for anyone to fight the effects of aging!!

And the results for me? Well, in 4 years my ping pong game has dramatically improved and my Parkinson's has not progressed. No progression in 4 years! When I started playing ping pong I was a rank beginner. With some tips from a Chinese couple at the Y as well as YouTube tutorials and playing with a lot of different players, I now have Mad SKILLZ – with a variety of serves and spins and I can also know how to counteract the spins my opponent has put on the ball. My husband and I cannot believe how much fun this game can be, and the more you know, the more you can change up the play and the more you have to think quickly how to counteract some craziness

your opponent has done to the ball, the more fun it is! It truly is a happiness booster for me (another thing us Parkinson's patients need)! Maybe it's the endorphins or the fact that ping pong increases the levels of all neurotransmitters but I personally think it is because the sport is so darn fun! When I think of physical therapy for any condition it conjures up an image of complete drudgery. Well, nothing could be farther from the truth with Ping Pong as physical therapy. My husband and I now play 6-7 days per week -1.5 -3 hrs./day (I am not exaggerating--pretty cool for a 65 y.o. and a 73 y.o.), even entering competitions and we have met many really fun people who love this sport like we do all over the world so it has been such an amazing adventure.

In the past few years there has been a big uptick in interest globally for using ping pong to fight Parkinson's. They even had a feature on CBS news about it not long ago ...check it out:

<https://www.msn.com/en-us/health/other/why-doctors-say-playing-ping-pong-could-help-parkinsons-disease-symptoms/ar-AA160TZo>

Some people are so amazed at the benefits they have experienced using ping pong to fight their disease that they become the driving force behind the programs being offered around the country using ping pong as physical therapy for Parkinson's (also good for other neurodegenerative diseases) and also promoting Ping Pong competitions for people with Parkinson's such as the

1. ITTF Parkinson's Table Tennis World Championships (since 2019! This year it will be in Crete in conjunction with the "Ping Pong for Health Festival")
2. USATT National Championships - A Parkinson's division was offered in 2022
3. World Senior Games (aka the Huntsman Games) in St. George, Utah- a division for Parkinson's and MS patients.

All this positive press has to convince people that the benefits are real...and if you google health benefits of ping pong you will find many other articles to reinforce this message. Pretty exciting stuff if you ask me!

Ready to give it a try? Here are some places people play:

- Westside Community Center: 1628 W Bijou -Mon 10-2:30, Fri 10-12:30
- Hillside Community Center: 925 S Institute – Thus 6-8pm
- Colo Springs Senior Center: 1514 N Hancock Ave – Fri 1:30-2:30
- Pikes Peak Ping Pong club (\$10/session) Thurs 5-8 at Ute Pass Elem School and Sun 12-4 at Manitou Spgs High School.
- Briargate YMCA: MWF 1-4 (Y membership required)

You can also even play right in your home virtually with people from all over the world in a very realistic AR game ElevenVR and you can probably even arrange virtual lessons with coaches at Ping Pong Parkinsons or Ping Pong for Good using this technology. The World Championships used this technology during the pandemic. So now there are no excuses!

LIVE LONG - PLAY PING PONG!!

Potluck Favorites:
Shakin' & Bakin'
Cookbook!

Another reminder about a new CSPSG endeavor to add new recipes to the original cookbook the support group created years ago. Sherry Whitaker has volunteered to lead this effort to add your favorite recipes – old or new family recipes, newly discovered favorite recipes, etc.

We only want recipes that you have actually tried and liked – not ones that you think should be good but haven't tried or tasted. They don't have to be gluten-free or Keto. We will, however, indicate which ones fit those categories. We will also add a conversion table that will tell you how to convert ordinary recipes into gluten-free or Keto recipes if you would like to know how to do that.

All favorite recipes are welcome

Send them to Sherry at project@co-parkinson.org.



LENDING LOCKER INVENTORY

If you would like to borrow any of the equipment listed here, please contact: Rich Sauvain at [REDACTED].

Note: A stair chair lift system has been donated to us. It's a seat on a rail that takes you up and down a staircase.

This one is for a 14 step or less straight staircase with no turns.

3-wheeled walker	1
Air mattress	1
Back brace	1
Bed cane	4
Bed pan	1
Bed rails	1
Bed risers (set)	1
Bedside toilets	6
Canes	7
Crutches (set)	2
Double floor exercise pedals	1
Exercise bike	1
Lazercue for freezing help	1
Lift chairs	3
Lift-ware tremor compensating utensils	1 set
Pick-up assist	6
Shower benches	9
Sock helper	2
Stair chair rail system	1
Standup Walker	1
Swivel seat	1
Toilet arm assist	1
Toilet seats	3
Transfer pole	2
Transport chairs	4
Tub rail	2
U-step	3
Walkers with wheels & seat	13
Wheelchairs	6

Cannabinoid Mixtures Ease Parkinson's Motor Symptoms in Zebrafish

By Margarida Maia, PhD – Parkinson's News Today, 10/13/22

Gb Sciences has identified a handful of mixtures that contain just enough cannabinoids — the active compounds of the cannabis plant — to prevent death in lab-grown nerve cells and help lessen motor symptoms in a zebrafish model of Parkinson's disease.

Out of more than 60 mixtures containing varying ratios of three cannabinoids, the researchers pinned down five that may be potential therapeutic candidates for further development.

"Our drug discovery process has identified promising ratio-controlled mixtures of cannabis-inspired compounds for the treatment of Parkinson's disease, which have proven effective at reducing Parkinsonian motor symptoms in an animal model of the disease," Andrea Small-Howard, PhD, said in a press release. Small-Howard is president, chief science officer, and director of Gb Sciences.

These mixtures "will be further tested in more advanced animal models to develop new therapeutic options for Parkinson's patients," the researchers wrote.

The study, "**Identification of minimum essential therapeutic mixtures from cannabis plant extracts by screening in cell and animal models of Parkinson's disease**," was published in *Frontiers in Pharmacology*.

Expert Voices: Can Cannabis Use Help With Parkinson's Symptoms?

In recent years, there has been growing interest in the use of cannabis to treat a range of diseases, including Parkinson's. But extracts of the cannabis plant contain hundreds of compounds. There are many forms of preparation and some of the products available have unknown composition. This raises concerns about the use of cannabis for medical purposes.

"There is a need to move beyond whole plant extracts and generate safe, reproducible medicines for patients," the researchers wrote.

With this need in mind, Gb Sciences started building a pipeline of patented mixtures containing well-defined ratios of certain cannabinoids. These mixtures are less complex than the whole plant extracts, making them easier to prepare under quality control standards, yet they retain at least some of the benefits of the whole plant extracts.

Which mixtures were best?

Now, researchers set out to determine which of these mixtures may work best at preventing the death of dopamine-producing nerve cells, whose loss is a hallmark feature of Parkinson's. They grew nerve cells in the lab and triggered their death by using MPP+, a compound that can mimic the symptoms observed in Parkinson's disease.

Three mixtures were tested. One contained three minor (usually less-abundant) cannabinoids and one contained terpenes, another type of compound present in cannabis. A third mixture contained a combination of the cannabinoids and the terpenes.

Treating nerve cells with cannabinoids increased their survival by 25%. The terpenes had a more limited effect (4%). But in the mixture combining both the cannabinoids and the terpenes, nerve cell survival was increased to 37%.

When the researchers also added cannabidiol (CBD), a major cannabinoid that is present in large amounts in cannabis, to each mixture, nerve cell survival was increased further up to 62%. A similar observation, albeit less-pronounced, was made when cannabitol (CBN), another major cannabinoid, was added to the mixture.

The dopamine connection

The mixtures also were tested for their ability to help with the production of dopamine. The combination of the cannabinoids and the terpenes led to the largest increase in dopamine (31%), but adding CBD increased its production by an additional 18%. Adding CBN to this mix did not significantly increase dopamine release.

"Taken together, these results demonstrate that the effects of the mixtures cannot be attributed to a single ingredient. On the contrary, it suggests that interactions between the components in the mixtures are critical for the maximal efficacy of the mixture," the researchers wrote.

Next, the team used a model of Parkinson's in which larvae of zebrafish are exposed to 6-hydroxydopamine, a compound that is toxic to nerve cells. These zebrafish develop resting tremor, a common motor symptom of Parkinson's. They also remain inactive most of the time.

An additional series of new mixtures were prepared, each containing combinations of three cannabinoids in equal amounts. Three of these mixtures were found to significantly increase the activity of the zebrafish, which was measured by the total distance traveled over 1.5 hours.

In a next step, the researchers tweaked the ratios of the three cannabinoids in each of the mixtures to find out which worked best. Of 63 variations of the mixtures, five were found to outperform the original equal-amount mixtures. These mixtures "represent the most attractive candidates for therapeutic development," the researchers concluded.

"This study allows us to continue addressing unmet clinical needs through the development of novel plant-inspired drugs, and positions Gb Sciences as a contributor to the expanding world of novel [Parkinson's disease] therapeutics," Small-Howard said.

The company has a dose-ranging study in a rodent model of Parkinson's underway at the University of Lethbridge in Alberta, Canada, that may be the jump-start for a first-in-human study.

Also underway are pharmacology and toxicology tests to find out whether the cannabinoid-containing mixtures are reasonably safe for a study in humans. With the results of these tests in hand, the company is planning to file an investigational new drug application with the U.S. Food and Drug Administration.

Nonvisual Hallucinations Found to Impact Large Number of Patients

By Teresa Carvalho, MS – Parkinson's News Today, 2/16/23

Different types of hallucinations - hearing voices, feeling a touch, and detecting smells or tastes, among others - affect a large proportion of people with Parkinson's disease and have substantial clinical importance, according to a new review study.

While visual hallucinations are a known non-motor symptom of the neurodegenerative disorder, researchers found "limited evidence" of other types of Parkinson's disease psychosis in clinical studies.

"Beyond the visual mode, scant attention has been given to hallucinatory experiences," the researchers wrote.

Based on their analysis, "it is apparent that non-visual and multisensory hallucinations in [Parkinson's disease] are of clinical significance, and impact a notable proportion of patients," the team reported.

The review study, "**Non-visual hallucinations in Parkinson's disease: a systematic review**," was published in the *Journal of Neurology*.

Hallucinations Can Be a Scary Side Effect of Parkinson's

Investigating prevalence, impact of nonvisual hallucinations

A hallucination is when a person senses something that is not really there. Visual hallucinations - seeing something that is not real - are a typical symptom of Parkinson's disease psychosis and have been considered to be among the most distressing of Parkinson's non-motor symptoms.

They have been previously associated with poor cognitive function, and factors such as older age, longer disease duration, more severe disease, and sleep disturbances have been suggested as significant predictors of visual hallucinations in Parkinson's.

However, non-visual hallucinations also may occur. These may involve hearing voices (auditory hallucinations), detecting smells or tastes (olfactory and gustatory hallucinations, respectively), feeling a touch on the skin or movement inside the body (tactile hallucinations), or sensing that another person is present (sensed presence).

"Studies delving into non-visual or multisensory hallucinations in PD [Parkinson's disease], including their neurophysiological causes, are notably lacking," the researchers wrote. Multisensory hallucinations are those involving two or more senses.

To address this, researchers in Australia retrospectively analyzed published studies between 1970 and 2022 reporting data on nonvisual and multisensory hallucinations in Parkinson's patients.

The team focused on the prevalence and features of these hallucinations, as well as their potential associations with clinical symptoms and cognitive function.

Of a total of 227 studies reviewed for eligibility, 91 were included in the meta-analysis.

Prevalence data, from 6,968 Parkinson's patients across 45 studies, showed that hallucinations were reported in 12.8% to 100% of patients, while the frequency of multisensory hallucinations ranged from 0.4% to 80%.

Visual hallucinations, as expected, were the most common type, with a prevalence ranging from 3% to 96.9%.

The most common type of nonvisual hallucinations - and also the most variably reported - was sensed presence (0.9–73.3%),

followed by auditory (1.5–72%), tactile (0.4–22.5%), olfactory (1.6–21%), and gustatory (1–15%) hallucinations.

A total of 56 studies, involving 1,093 patients, provided descriptions of the experienced hallucinations. The team found no consistent patterns in patients' experiences in terms of frequency, duration, time of occurrence, controllability, compliance, emotional content, interaction, distress, or functional impact.

"A major conclusion that may be drawn is that many of these experiences, regardless of hallucination modality, appeared to be vivid, consuming events replete with elaborate and possibly [individual-specific] detail, seemingly affecting a range of PD patients in different ways," the researchers wrote.

"Overt experiences of multisensory hallucinations were exceedingly common, described by almost half (48.2%) of included studies (though this could represent underreporting, given the question was mostly not explicitly asked)," they added.

Potential links between auditory experiences, olfactory hallucinations, or sensed presence and clinical and cognitive features were detailed in 16 studies involving 2,008 patients.

Results showed that patients with any of these hallucinations generally had worse cognitive and clinical outcomes.

A major conclusion that may be drawn is that many of these experiences, regardless of hallucination modality, appeared to be vivid, consuming events ... seemingly affecting a range of PD patients in different ways.

Significant risk factors of olfactory hallucinations were being female sex and presence of visual or auditory hallucinations, being associated with a four times higher likelihood of such hallucinations.

The most significant risk factors of sensed presence were presence of visual hallucinations and illusions, and increased Parkinson's treatment dose, increasing the chances by four to 70 times.

One study also found that disease duration, time elapsed, and age at onset of visual and non-visual hallucinations "predicted future increased occurrence of visual and non-visual hallucinations," the team wrote.

According to the researchers, "marked prevalence figures coupled with ... descriptions implicating distress denote that non-visual and multisensory hallucinations in PD are of clinical significance."

Clinicians and researchers need to specifically talk about and ask patients about these hallucinations, the team added.

"A lack of patient awareness of non-visual hallucinatory symptoms in the disorder may contribute to feelings of fear and anxiety," they wrote.

"Coupled with the fact that these events were often not spontaneously divulged, this raises the speculation of whether non-visual hallucinations in PD may actually be more clinically significant than previously postulated," the team added.

Still, these results should be interpreted with caution, as there is a "clear lack of relevant studies in non-visual domains," the team wrote, adding that "more research attention needs to be devoted to their study."

"Doing so will likely yield prognostic and therapeutic benefits in a bid towards holistic management of the disorder," they concluded.

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PARKINSON'S PERSPECTIVE

APRIL 2023

Coming Events

See inside for more information

April 8th - Reg Mtg at 10 am; **Program:** Neuro-ophthalmology Issues
Speaker: Dr. Erin Van Dok, Neuro-Ophthalmologist

May 13th - Reg Mtg at 10 am; **Program:** Breakout Sessions

June 10th - Reg Mtg at 10 am; **Program:** New study on the effects of good dietary oils on health and the Parkinson's; Speaker: Dr. Melanie Tidman, DHSc, M.A., OTR/L, MHP

July 8th - Reg Mtg at 10 am; **Program:** Scam Prevention
Speaker: Officer Scott Mathis, Colorado Springs Police Department

August 5th - Program: Picnic at John Venezia Park!!!!!!

September 9th - Reg Mtg at 10 am; **Program:** Breakout Sessions

More useful websites:

<https://parkinsonsnewstoday.com>; www.parkinsonrockies.org; www.parkinson.org; www.nwpcf.org; michaeljfoxfoundation.org;
<http://caremap.parkinson.org>; <https://www.brainhq.com/world-class-science/published-research/active-study>;
www.davisphinneyfoundation.org/living-pd/webinar/videos/cognitive-nonmotor-symptoms-parkinsons; www.parkinsonheartland.org;
<https://www.pdself.org>; https://www.youtube.com/playlist?list=PLkPIhQnN7cN6dAJZ5K5zQzY84btUTLo_C; pmdalliance.org;