



# Parkinson's Perspective

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

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Jill Reid [REDACTED]  
[president@co-parkinson.org](mailto:president@co-parkinson.org)

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**Vice President:** Jill Reid

**Secretary:** Patricia Beatty  
[secretary@co-parkinson.org](mailto:secretary@co-parkinson.org)

**Treasurer:** Julie Donahue  
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Steve Booth, Annette Garcia,  
Carole Henrichsen, Bill Hicks,  
Karen Mein, Dave Moross,  
Mary Sauvain

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**Educational Outreach:** Jill Reid

**Membership:** Carole Henrichsen

**Chaplain:** Rusty Merrill

**Parkinson's Awareness Day:**  
Vacant

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**Lending Locker Coordinator:**  
Mary Sauvain [REDACTED]

**Main Dish Coordinator:**  
Bill Hicks [REDACTED] or  
[potluck@co-parkinson.org](mailto:potluck@co-parkinson.org)

**Picnic:** Carole Henrichsen  
and Janet Adams

**Media Relations:** Mary Sauvain

**Medical Advisor:**

Dr. Brian Grabert, MD

**New Member Table Chairmen:**

Janie Shore & Carol Hamill

**Sunshine (Cards):**

MJ Thompson [REDACTED]

**T-Shirt Chairman:** Vacant

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[info@co-parkinson.org](mailto:info@co-parkinson.org) or call  
[REDACTED]

The Colorado Springs Parkinson's  
Support Group (part of CPF) meets  
10AM, the first Saturday of each month  
at the Central United Methodist Church,  
4373 Galley Rd, Colo Spgs, 80915  
(with exceptions to be noted in this newsletter)

**Next Meeting: Saturday, April 4th | 10:00 am – 1:30 pm**

*We will be Zooming AND recording this meeting*

**Location:** Central United Methodist Church, 4373 Galley Road  
- just east of Murray Blvd.

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 Central United Methodist Church.*

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**Program: Probate Matters**

**Speaker: Lynn Vanatta-Perry, Attorney**

**About the Speaker:** Lynn received her M.A. degree from Brown University in 1979 and has been licensed for 35 years. With a passion for helping clients navigate the legal system, she specializes in a variety of practice areas including family and elder law, estate planning, probate law and criminal defense. With a strong dedication to her clients, Vanatta-Perry works tirelessly to achieve the best possible outcomes for each case she takes on. Whether you are facing a difficult divorce, criminal charges or need assistance with estate planning, she has the knowledge and expertise to guide you through the legal process with compassion and understanding.

A Potluck will follow the monthly program.

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## March Potluck – Italian!

If you would like to sign up to be one of the providers of the main dish or a side dish/dessert, you can contact Bill Hicks at [REDACTED] or [potluck@co-parkinson.org](mailto:potluck@co-parkinson.org), no later than Wed. April 1st and tell him what you would 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



If you are in need of transportation to such things as medical appointments, shopping, and our monthly meetings Monday through Saturday, you may be eligible for rides with Envada. They regularly transport older adults like us as long as they qualify. The cost is very reasonable: a \$3.50 donation within the city and a \$5 donation for longer rural routes. They also provide private pay rides. It is well worth a call to them at (719) 633-4677 during office hours (Monday through Friday, 8 a.m. to 5 p.m.) to see if you are eligible for their service. If you are, you can schedule transportation 5 a.m. to 6 p.m. Monday through Friday and 7 a.m. to 4 p.m. Saturdays. REMEMBER: We will reimburse you for transportation to our meetings, within limits, as long as you present us a receipt.

Unfortunately for those of you who have Deep Brain Stimulus surgery (DBS), UCHHealth has ceased providing neurological care for people with Parkinson's who have DBS. As of this issue, there are several providers who still program DBS in Colorado Springs and do a great job: Dr. Priebe and his PA, Erin Smith; Dr. Julia Brinley; PA Beth Harmon (who is moving to Colorado Springs Neurological Associates from UCHHealth because of UCHHealth's decision to stop programming DBS and caring for those people with Parkinson's who have DBS); and PA Sara Hunsicker (Northstar Neurology).

Our apologies for the hard-copy newsletters arriving in your mail boxes two days AFTER our March meeting. D-11 print shop, which has been printing and mailing the hard-copy newsletters for many years, has become increasingly unreliable in recent months. So we fired them after the March newsletter fiasco and bought a printer that can do the job; instead of sending the file to D-11, starting now Julie Donahue will print off the hard-copies and get them to the post office for mailing. Unless the post office delays getting them delivered to you (there's nothing we can do about that — can't exactly fire the post office for not doing its job, right?), everyone should always get future newsletters prior to our monthly meetings.

This month's comedy is *Firehouse Dog*, a heartwarming comedy-adventure that's fun for the entire family. "Life is anything but *ruff* for Rex, Hollywood's hottest canine action hero. But this top dog is about to hit rock bottom when an aerial movie stunt goes wrong and the pompous pooch finds himself lost and alone in an unfamiliar city. Adopted by a rebellious 12-year-old boy (Josh Hutcherson), whose troubled dad (Bruce Greenwood) commands the ragtag crew of a rundown fire station, Rex soon learns the true meaning of loyalty and friendship, while performing the most heroic act of all — bringing a father and son closer together." I haven't watched this film in years, but I do remember enjoying it so much that I bought a copy. Hope you like it too!

## Potluck Favorites - Shakin' & Bakin' Cookbook

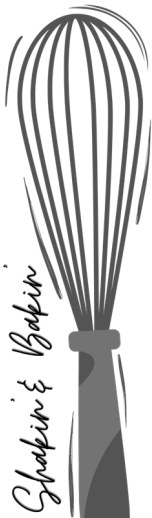
The updated cookbooks are here!  
The price is a donation or free if you can't afford to donate.

You can order them from Vicki Patterson at [project@co-parkinson.org](mailto:project@co-parkinson.org). The cookbooks are bound so that new recipes can be added in the future. So continue to send in 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.

All favorite recipes are welcome.  
Send them to [project@co-parkinson.org](mailto:project@co-parkinson.org).

**Note:** These new cookbooks are bound in a hard-covered 3-ring binder with a spine that identifies the cookbook when on the shelf with other cookbooks rather than the older soft-covered version with 3 single rings and no identifying spine.

If you would like a hard-covered binder to replace your soft-covered older version, you can get one for \$5.



## Ask the Doctor!



Dr. Grabert has generously agreed to answer your questions pertaining to Parkinson's Disease each month in our newsletter column called:

**"Ask the Doctor!"**

If you have questions you'd like to submit to Dr. Grabert, email them to Julie, our newsletter coordinator at: [info@co-parkinson.org](mailto:info@co-parkinson.org).

## FALL ASSISTANCE

If you have fallen, did you know there is a non-emergency number that you can call to get help?

Don't call 911, call this number – (719) 444-7000.

This will allow fire trucks, ambulances and police to be available for more critical emergencies

**Program Review: March 7, 2026** | by Patricia Beatty, Secretary

**Silver Key Services**

Recently Jill, our CSPSG president, visited Silver Key Senior Services at their headquarters (1625 S. Murray Blvd.) and met with Jayme Holligan, Director of Volunteer, Events, and Community. Jill was blown away with all the services they offer! It is so much more than a transportation service and a thrift store! She was so impressed that she knew she had to share the information she had garnered with our group. The invitation was extended to Jayme to speak at the March meeting and she gladly accepted.

In addition to the numerous jobs her title indicates she also manages the Volunteer Engagement team that includes V.I.P. (Volunteer Impact Program) volunteers. She has an impressive bio which is featured on page one of our March newsletter.

Silver Key was founded in 1970.

Their locations include:

Silver Key Senior Services — 1625 S. Murray Blvd.

Silver Key Thrift Store — 1605 S. Murray Blvd

Silver Key Connections Cafe (+14 more!) — 104 E. Platte Ave.

Silver Key Senior Services - Food Distribution Center  
1655 S. Murray Blvd.

Silver Key Apartments — 1575 S. Murray Blvd.

Silver Key Apartments — 1436 N. Hancock and another Apartment complex coming soon to the Tri-Lakes area

Who knew?? I am so behind the times that I thought they were still located on the West Side! Come to find out, they moved from that location 10 years ago!

Jayme suggested we mark our calendars for the following event:

**SAVE THE DATE FOR MAY 14TH AND 15TH**

8 am — 2 pm

**Silver Key Senior Summit at Great Wolf Lodge**

Senior Expo and Info Sessions — free parking, free food, free event

Over 1,600 attendees and 100 volunteers in May 2026

<https://www.silverkey.org/senior-summit>



Silver Key's 'Mission', 'Values', and 'Vision' statements are all about supporting the journey of aging, respecting the value and quality of senior life, and bringing new possibilities instead of limitations. Although Parkinson's is not specifically named, it is easy to see how beneficial Silver Key is to PWP and their care partners. Their services include the categories of: Nutrition, Health & Wellness, Social, Transport, & Education. Again, who knew?

Nutrition:

- Connections Cafes
- Food Pantry
- Meals on Wheels
- Home Delivered Meals

Health & Wellness:

- Calls of Reassurance
- Companionship
- Durable Medical Equipment
- Resource Navigation

Social:

- Connections Cafes
- Thrift Stores
- Volunteer Opportunities
- Murray Activity Center
- Tri-Lakes Activity Center

Transport:

- Reserve & Ride

Education:

- Senior Tailored Educational Workshops
- Fitness Classes

**Interesting facts you will be impressed with...**

**NUTRITION**

<p><b>CONNECTIONS CAFES</b></p> <p>Serving 8,000 meals a month</p>	<p><b>FOOD PANTRY</b></p> <p>Serving 2,400 clients per month and 400 of those are children</p>	<p><b>MEALS ON WHEELS</b> <small>(For homebound clients)</small></p> <p>Serving 1,600 meals a month</p>	<p><b>HOME DELIVERED MEALS</b> <small>(For seniors who enjoy a delivered meal)</small></p> <p>Serving 1,300 meals a month</p>
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**HEALTH & WELLNESS**

<p><b>CALLS OF REASSURANCE</b></p> <p>Silver Key's outbound calling program to check in on our senior neighbors.</p>	<p><b>COMPANIONSHIP</b></p> <p>Providing reassuring phone calls 1-3x per week, and a delivered hot meal.</p> <p>Serving 26 clients with 127 visits per month.</p>	<p><b>DURABLE MEDICAL EQUIPMENT</b></p> <p>Our Thrift Store supplies canes, walkers, shower chairs, wheelchairs, and hospital beds.</p>	<p><b>RESOURCE NAVIGATION</b></p> <p>Assisting seniors in navigating services</p> <p>432 sessions per month</p>
<p><b>CASE MANAGEMENT</b></p> <p>Counseling, assessments, and therapeutic services</p> <p>105 sessions per month</p>			



## 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. They are the monthly on the 3rd Thursday, from 10:00-12:00 at Central United Methodist Church, 4373 Galley Rd, Colo Spgs, 80915.

We're looking for a replacement for Brenda Hicks to head up the Parkinson's Caregivers Support Group.

**If you are interested in helping out, call Brenda to find out what the position entails.**

You can contact her at [REDACTED] or [REDACTED].

**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 Donahue at [info@co-parkinson.org](mailto:info@co-parkinson.org)

or [REDACTED].

**Essential Tremor Support Group**

Meeting Location: ENT Conf Rm, Pikes Peak Library District; Colo Spgs Library 21c, 1175 Chapel Hills Drive. Contact Jim Sanchez for meeting dates/times at [REDACTED]

**Tri-Lakes Parkinson's Support Group**

Meets the 3rd Saturday of the month at 10am at the Monument Community Presbyterian Church, 238 3rd Street, Monument. Contact Becky Farley at [REDACTED]

[REDACTED] for more info.

## Other Opportunities:

**Adult Speech Therapy:**

Outpatient speech therapy services.

Personalized speech therapy for restoration of function due to illness or injury.

Treating:

*Parkinson's - Voice & Swallowing*  
- SPEAK OUT!  
- LSVT

Contact Jana Hothan, MA, CCC-SLP at [slp@janahothan.com](mailto:slp@janahothan.com) or call (719) 338-8165 or for more info.

**Parkinson's Sing-a-Long Group:**

Square Music Co offers individual music therapy services with Heather Johnson, MT-BC! Individual sessions can be held in person in the Colorado Springs area or via telehealth.

Heather has over 5 years of experience working with neuro populations and hosts a Parkinson's singing group before each support group meeting at 9:30 am as well! Music therapy with Parkinson's works towards vocal strength, control, and longevity, increasing fine and gross motor skills, gait training, and other types of therapeutic goals through individualized music experiences.

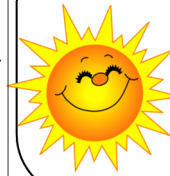
To learn more or schedule a free consultation, call Heather at (719) 345-2887 or email [heatherjohnson@squaremusic.co](mailto:heatherjohnson@squaremusic.co).

**HELP SPREAD SOME SUNSHINE TO OUR MEMBERS!**

If you know of a Parkinsonian or PD caregiver that is having a tough time (illness, surgery, etc.)

or one of our members has passed away, please let our Sunshine Chairman, MJ Thompson know.

She can be reached by calling: [REDACTED]



## PD Exercise Classes:

**Falcon Exercise Group**

Mon & Fri: 11:00 – noon, Grace Community Church. For more info contact Catherine Reed at [REDACTED].

**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](mailto:CAL@uccs.edu).

**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.

Cost: \$10 a class

When: Every Friday at 10:30 am  
Where: 525 E Fountain Blvd.

MACS–corner of Fountain & Royer

**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.

Where: 5818 N. Nevada Avenue, Suite 325  
Phone Number: (719) 365-6871.

**Neuroping for Parkinson's**

Table tennis for Parkinsonians who want to improve both motor and non-motor symptoms and avoid mental decline.

When: Tuesdays & Thursdays

Time: 1:00 - 3:00 p.m.

Location: Downtown YMCA  
207 North Nevada Avenue  
In the Small Gym

To sign up call the front desk at (719) 473-9622

For more information contact Travis Lerma at (719) 495-5130 or [terma@ppymca.org](mailto:terma@ppymca.org).

[Neurologicrehab.com](http://Neurologicrehab.com)

**Rock Steady Boxing – Boxing with Love**

New Rock Steady Boxing for folks with Parkinson's Disease at the Boxing with Love Gym Tues @ noon (please come 15 min early if your first time) 1710 Briargate Blvd. Ste 100 (Next to Dicks Sporting Goods).

For more info contact Karen Bishop PT, DPT at [love@rsbaffiliate.com](mailto:love@rsbaffiliate.com).

**Max Capacity NeuroFitness**

Free Boxing, PWR Bootcamp and Cardio Circuit for people with Parkinson's. Cognitive Cardio class available for \$10/class!

Physical therapist Emily Moncheski at Max Capacity, PLLC, offers individual Parkinson's physical therapy, most insurance accepted Conveniently downtown

525 E. Fountain Blvd. Suite 150

Contact Emily at [emily@maxcapacitypt.com](mailto:emily@maxcapacitypt.com) or call: (719) 213-3996, fax: (719) 284-4624.

**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 Tuesday at 11:30 am and 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.ormaadance.org](http://www.ormaadance.org) and click on "Dance for Parkinson's" under the "Outreach" tab to get the Zoom link.

Contact Laura at [laura.hymers@gmail.com](mailto:laura.hymers@gmail.com) or (719) 640-8478

**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;  
Tues & Thurs, 1:00-2:00 PM

Briargate YMCA: PWR!Moves;  
Mon, Wed, Fri, 1:30-2:30 PM

YMCA at 1st & Main; PWR!Moves;  
Mon & Wed, 1:15-2:15 PM

For more info contact Travis Lerma at [terma@ppymca.org](mailto:terma@ppymca.org).

**Colorado Springs Rocksteady Boxing**

"Let's kick some PD BUTT!" Tues, Wed, & Thurs: 10am–11:15am & 11:45am–1:00pm  
Location: Otis Park. 731 Iowa Ave. For more info, call Bill O'Donnell at (719) 243-9422.

**Neuro Logic Rehabilitation and Wellness**

One-on-one physical therapy and wellness services for people with Parkinson's Disease and other movement/neuro disorders in the comfort of their home with outpatient mobile services. We come to you, to meet you where you are in your treatment & diagnosis!

Board Certified Clinical Specialist in Neurologic Physical Therapy Certified PWR! (Parkinson's Wellness Recovery) Moves Therapist

For more information, contact Ryan Mueller, PT, DPT, NCS at (719) 306-0009 or [ryan@neurologicrehab.com](mailto:ryan@neurologicrehab.com)

or visit [neurologicrehab.com](http://neurologicrehab.com) / Fax: (719) 691-7994

*Thank you  
for for helping!*

A big **THANK YOU** to everyone who brought food to share and to those that helped with setup & cleanup at the last meeting!

**May 2026 Newsletter Input Deadline:**  
**April 10th**

Call or e-mail Julie with your input for the newsletter at:  
[REDACTED]  
[info@co-parkinson.org](mailto:info@co-parkinson.org)

**April 2026 CSPSG Executive Committee Meeting**

**April 7th @ 09:30am**  
(Location: Place to be determined)

Contact Jill Reid at: [president@co-parkinson.org](mailto:president@co-parkinson.org), if you haven't been to an Executive Meeting so we will know that you're coming and to get you the address. Leave your email address so Jill can contact you if anything changes.

**HAPPY APRIL BIRTHDAYS!**

- Diana Alzamora
  - Andrew Keen
  - Phyllis Ritscher
  - Loretta Bogues
  - Clinton Knowles
  - Brenda Rogers
  - Wendy Booth
  - Jane Krueger
  - Luann Rogers
  - Naomi Boswell
  - Roger MacDonald
  - Judith Rowe
  - Margaret Bush
  - Rita Maguire
  - Steve Runkle
  - Tracy Cologne
  - Tony Neese
  - Kristy Schleiker
  - Karla Crescenta
  - Malcolm Nordaby
  - Joyce Schmaltz
  - Lucy Davis
  - Charles Ochiato
  - Allen Snelling
  - Robert Fallon
  - Vicki Patterson
  - Howie Vroman
  - Benito Garza
  - Fern Quidachay
  - Ann Whitaker
  - Elizabeth Grambihler
  - Gregory Ritscher
- Your birthday isn't listed? Fill out the membership form and check BD listed YES.

**Recipe of the Month:**

Our low carb/good fat ketogenic study 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: [info@co-parkinson.org](mailto:info@co-parkinson.org).

**Roasted Fennel with Parmesan**

**Ingredients:**

- 2 large fennel bulbs
- ¼ C olive oil
- ½ tsp kosher salt
- ¼ tsp black pepper
- Parmesan shavings

**Directions:**

- Remove stems off the fennel and slice bulb in half lengthwise
- With cut side down, slice bulb vertically into ½" thick slices, cutting right through the core
- Spread slices on baking sheet
- Coat with olive oil, salt and pepper and toss with your hands
- Roast for about 1 hour turning once after 30 minutes, until edges are crisp and brown
- Remove from oven and cover with parmesan shavings
- Salt and pepper to taste and serve

**Parkinson's Disease Related Providers:**

If you are seeing a provider not listed here that has given you excellent care with any Parkinson's issue, let Julie know at [info@co-parkinson.org](mailto:info@co-parkinson.org) so that they can be added to this list.

**The following providers have been recommended by multiple members:**

**Colorado Springs**

- Dr. Bradley Priebe, MD – Neurologist at Peak Neurology, PC; (719) 445-9902
- Steven Swank, PharmD, BCACP – Peak Neurology, Clinical Pharmacist Specialist; (719) 445-9902
- Dr. Aparna Komatineni, MD – Neurologist at Centura Penrose Hospital and UCHealth;(719) 694-3595
- Dr. Andrea Manhart, DO – Neurologist at UCHealth; (719) 365-7300
- Dr. Lael Stander, MD – Neurologist at UCHealth; (719) 365-7300 Note: Does well w/PD vision issues
- Elizabeth Harmon, PA – UCHealth; (719) 365-7300
- Melinda McClenden, NP – UCHealth; (719) 365-7300
- Dr. Kevin Scott, MD – Neurologist at UCHealth; (719) 365-7300
- Dr. Monica Stanton. MD – Primary Care Physician at UCHealth in Monument; (719) 364-9930

Dr. David Stevens – Neurologist at CS Neurological Associates; (719) 473-3272

Bettner Vision – Neuro-Ophthalmology Vision Therapy; (719) 282-0400

**Denver**

- Dr. Michael Korsmo, MD – Neurologist at UCHealth, Anschutz Medical Campus; (720) 848-2080
- Dr. David VanSickle, MD – Neurosurgeon at Neurosurgery One; (720) 638-7500  
*Note: DBS expert*
- Erin Van Dok, OD – Neurological Optometrist at UCHealth Sue Anschutz-Rodgers Eye Center; (720) 848-2020
- Dr. Victoria Pelak, MD – Neuro-ophthalmology, UCHealth Sue Anschutz-Rodgers Eye Center; (720) 848-2020
- Dr. Trevor Hawkins Neurologist at UCHealth Neurosciences Center, Anschutz Medical Campus; (720) 848-2080
- Dr. Drew Kern, MD – Neurologist whose focus is DBS at UCHealth, Anschutz Medical Campus; (720) 848-2080

(...continued from page 3: Program Review: March 7, 2026 | Silver Key Services)

## SOCIAL

### CONNECTIONS CAFÉS

15 Cafés located across the community serving nutritional meals

### THRIFT STORES

Two locations; Colorado Springs and Tri-Lakes

### VOLUNTEER OPPORTUNITIES

500 volunteers

### ACTIVITY CENTERS

Senior tailored educational workshops, fitness classes, and social opportunities



## EDUCATION

### DIGITAL EXPERIENCE HUB

Open computer lab provides workshops, courses, resources, and more!

### ACTIVITY CENTERS

Educational workshops and fitness classes

### MENTAL HEALTH FIRST AID

Courses for those who care for or serve older adults



## TRANSPORTATION

### RESERVE

Rides reserved for medical trips, grocery stores, errands, and more!

We receive up to 4,387 calls with 2,800 rides given monthly.

### RIDE

17 staff drivers  
32 volunteer drivers

fleet of 40 vehicles  
15,500 miles driven per month



- 135,956 meals and 1,248,644 lbs. of food provided to Colorado Springs Seniors.
- 3,755 hours of client service provided.
- More than 8,000 unique clients served.
- 28,679 rides, including 945 home deliveries of food commodities.
- Up to 7,886 Activity Center visits.

**Over 60,000 volunteer service hours in 2025!**

Silver Key **Thrift Stores** are located at 1605 S. Murray Blvd in Colorado Springs. and 755CO-105 in Palmer Lake. If you've never visited one, you're in for a treat. It will be well worth your time.

Some interesting tidbits about Silver Key that Jayme shared:

- They provide 500 meals a day at no cost
- They will deliver cat and dog food (wet or dry)
- They have 200 partnerships with community resources
- They offer financial services help for seniors
- Cafe meal prices are suggested \$3.50 per meal, but strictly voluntary
- Call 719 884-2300 for more information

*Lastly, Jayme shared one last encouraging word...hope.*

**HOPE** - A positive motivational state that is based on an interactively derived sense of successful goal-directed energy and planning to meet goals.

Silver Key's "HOPE REPORT" for 2025 stated that Hope increased and 911 calls and ER visits decreased.

Our senior community is blessed to have such a dedicated, caring, and successful organization as a reliable resource. Check it out for yourself!

## Scientists Thought Parkinson's Was in Our Genes. It Might Be in the Water

By David Ferry, Wired, December 10, 2025

Amy Lindberg spent 26 years in the Navy and she still walked like it—with intention, like her chin had someplace to be. But around 2017, her right foot stopped following orders. Lindberg and her husband Brad were five years into their retirement. After moving 10 times for Uncle Sam, they'd bought their dream house near the North Carolina coast. They had a backyard that spilled out onto wetlands. From the kitchen, you could see cranes hunting. They kept bees and played pickleball and watched their children grow.

But now Lindberg's right foot was out of rhythm. She worked hard to ignore it, but she couldn't disregard the tremors. And she'd started to misplace words and thoughts, especially when she got excited. Was this normal? She was 57, fit and clean-living. Could the culprit be

The diagnosis took all of five minutes. Lindberg had Parkinson's disease, the neurologist said, with all the classic symptoms. PD—as the scientists she would meet call it—is a neurological disorder, and a life sentence. Sufferers gradually lose control of their muscles, their bowels, their esophagus. Doctors told Lindberg that there was no way to know what had caused it.

The daughter of a sailor, Lindberg had built her life around the military. She was commissioned in the Navy out of college and became an officer at 23. Her first posting was to Marine Corps Base Camp Lejeune in North Carolina, a city-sized training hub that supports more than

60,000 sailors and marines. There were murmurs even then—whispers of weird cancers and stillbirths—but Lejeune was one of the prettier pieces of land in the Navy's property portfolio. The bachelor officers' quarters were on a grassy thumb of shoreline called Paradise Point, where the New River meets the Atlantic.

"Lejeune was just picturesque," Lindberg says. "We had a river right there, and the beach wasn't far away, and you worked half a mile from where you lived." She loved her job at the hospital and made lifelong friends. She met her husband—a photo on her desk shows a blond Lindberg beaming beneath her Navy cap while Brad smiles broadly in his dress blues. "It was really nice," she says. "You'd never suspect the water."

Parkinson's is the second most common neurological disease in the United States, after Alzheimer's; each year 90,000 Americans are diagnosed. For decades, Parkinson's research has focused on genetics, on finding the rogue letters in our genome that cause this incurable misery. Today, published research on the genetics behind Parkinson's outnumbers all other potential causes six to one. This is partially because one of the disease's most generous benefactors, Google cofounder Sergey Brin, can tie Parkinson's to his genetics. Some Parkinson's patients diagnosed before age 50—as Michael J. Fox was—can trace the disease to their genes; Brin, whose mother has

the disease, carries a mutation of the LRRK2 gene, which significantly increases the likelihood of him developing PD. Over the years, Fox's foundation has raised billions for Parkinson's research, and Brin has personally committed \$1.8 billion to fighting the disorder. All told, more than half of Parkinson's research dollars in the past two decades have flowed toward genetics.

But Parkinson's rates in the US have doubled in the past 30 years. And studies suggest they will climb another 15 to 35 percent in each coming decade. This is not how an inherited genetic disease is supposed to behave.

Despite the avalanche of funding, the latest research suggests that only 10 to 15 percent of Parkinson's cases can be fully explained by genetics. The other three-quarters are, functionally, a mystery. "More than two-thirds of people with PD don't have any clear genetic link," says Briana De Miranda, a researcher at the University of Alabama at Birmingham. "So, we're moving to a new question: What else could it be?"

"The health you enjoy or don't enjoy today is a function of your environment in the past," says Ray Dorsey, a physician and professor of neurology at the University of Rochester. Your "environment" could be the refinery a town over, the lead in the paint of your mother's home, the plastic sheath of the Hot Pocket you microwaved in 1996. It is air pollution and PFAS and pesticides and so much more.

And this environment of yours—the sum of all your exposures, from conception to the grave—could be making you sicker than you realize. In a study of half a million Britons, Oxford researchers determined that lifestyle and the environment is 10 times more likely to explain early death than genetics. But that also offers a tantalizing prospect. If Parkinson's is an environmental disease, as Dorsey and a small band of researchers emphatically believe, then maybe we can end it.

In 1982, two years before Lindberg was stationed at Camp Lejeune, a 42-year-old heroin addict named George Carillo was wheeled into the Santa Clara Valley Medical Center in San Jose, California. A few days earlier, Carillo had been perfectly able-bodied. Now he was mute and unable to move. Baffled, the neurologists on call came to an impossible diagnosis: The patient, over a long weekend, had developed Parkinson's disease.

Carillo would probably have spent the rest of his short life in a psych ward had a pioneering young neurologist named Bill Langston not intervened. The way Parkinson's takes over the body is distinct, Langston told me. The disease attacks the neurons in a region of the brain called the substantia nigra, a small dark structure that stands out amid the squirms of beige. The neurons here release dopamine, which sends signals to other neurons that help the body to move smoothly and effectively. In Parkinson's these neurons die off; by the time a patient is diagnosed, they have often lost 60 to 80 percent of them. The process usually takes years, Langston says. But in the case of Carillo, all the neurons had disappeared almost overnight.

**Genetics became the "800-pound gorilla," as one scientist put it. "All the research dollars went toward genetics."**

Over the summer of 1982, Langston found five more "frozen addicts" across the Bay Area. Through gumshoe detective work, he discovered they had all injected a batch of what they believed to be a designer drug called MPPP, cooked in a Morgan Hill basement. But the chemistry had gone awry. Instead of 1-methyl-4-phenyl-4-propionoxypiperidine, a potent opioid with morphine-like effects, the dime-bag chemist had accidentally made 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine, or MPTP, a pharmacological slipup that would rewrite neurology textbooks.

When Langston and colleagues secured a batch of MPTP and tested it on primates, they knew they had uncorked a revolution. "Any neurologist could see these monkeys and immediately know that's Parkinson's," Langston says—which was especially compelling, since monkeys do not get Parkinson's in the wild. In a first, Langston showed that MPTP killed the dopamine-producing neurons in monkeys' substantia nigra. The discovery made him the most famous Parkinson's

researcher in the country and, Langston wrote at the time, promised to "turn the entire field of Parkinson's disease upside down." Parkinson's, it appeared, could be caused by a chemical.

Amy Lindberg settled quickly into life at Lejeune. She played tennis and ran on her lunch breaks, flitting through sprinklers in the turgid Carolina summers. But something dark was lurking beneath her feet.

Sometime before 1953, a massive plume of trichlorethylene, or TCE, had entered the groundwater beneath Camp Lejeune. TCE is a highly effective solvent—one of those midcentury wonder chemicals—that vaporizes quickly and dissolves whatever grease it touches. The spill's source is debated, but grunts on base used TCE to maintain machinery, and the dry cleaner sprayed it on dress blues. It was ubiquitous at Lejeune and all over America.

And TCE appeared benign, too—you could rub it on your hands or huff its fumes and feel no immediate effects. It plays a longer game. For approximately 35 years, Marines and sailors who lived at Lejeune unknowingly breathed in vaporized TCE whenever they turned on their tap. The Navy, which oversees the Marine Corps, first denied the toxic plume's existence, then refused to admit it could affect Marines' health. But as Lejeune's vets aged, cancers and unexplained illness began stalking them at staggering rates. Marines stationed on base had a 35 percent higher risk of developing kidney cancer, a 47 percent higher risk of Hodgkin's lymphoma, a 68 percent higher risk of multiple myeloma. At the local cemetery, the section reserved for infants had to be expanded.

Meanwhile, Langston had spent the remainder of the 1980s setting up the California Parkinson's Foundation (later renamed the Parkinson's Institute), a lab and treatment facility equipped with everything needed to finally reveal the cause of the disease. "We thought we were going to solve it," Langston told me. Researchers affiliated with the institute created the first animal model for Parkinson's, identified a pesticide called Paraquat as a near chemical match to MPTP, and proved that farm workers who sprayed Paraquat developed Parkinson's at exceedingly high rates. Then they showed that identical twins developed Parkinson's at the same rate as fraternal twins—something that wouldn't make sense if the disease were purely genetic, since identical twins share DNA and fraternal twins do not. They even noted TCE as a potential cause of the disease, Langston says. Each revelation, the team thought, represented another nail in the coffin of the genetic theory of Parkinson's.

When Goldman compared both populations, the results were shocking: Marines exposed to TCE at Lejeune were 70 percent more likely to have Parkinson's than those stationed at Pendleton.

But there was a problem. The Human Genome Project had launched in 1990, promising to usher in a new era of personalized medicine. The project's goal, to identify all of the genes in man, was radical, and by the time it was completed in 2000, frothy comparisons to the moon landing were frequent. Unraveling our genome would "revolutionize the diagnosis, prevention, and treatment of most, if not all, human diseases," then president Bill Clinton said.

But for Langston and his colleagues, the Human Genome Project sucked the air out of the environmental health space. Genetics became the "800-pound gorilla," as one scientist put it. "All the research dollars went toward genetics," says Sam Goldman, who worked with Langston on the twin study. "It's just a lot sexier than epidemiology. It's the latest gadget, the bigger rocket." A generation of young scientists were being trained to think of genetics and genomics as the default place to look for answers. "I characterize science as a bunch of 5-year-olds playing soccer," says another researcher. "They all go where the ball is, running around the field in a herd." And the ball was decidedly not environmental health. "Donors want a cure," Langston says. "And they want it now."

In 1997, researchers found a family in Italy that had passed along Parkinson's disease for generations. Although the gene in question would later be shown to cause just a fraction of Parkinson's cases, the damage was done. The Parkinson's Institute faced stronger economic

*Continued on page 8...*

headwinds and difficulties with administration, and Langston eventually chose to shut it down. The environmental theory of Parkinson's went back on the shelf.

No one knows exactly how much of the world's drinking water is laced with TCE. The US Centers for Disease Control and Prevention reckons that the water supply of between 4 and 18 percent of Americans is contaminated, although not always at dangerous concentrations; the Environmental Working Group figures 17 million Americans drink the stuff. In Silicon Valley, where TCE was integral to the manufacturing of early transistors, a necklace of underground plumes have been identified along Highway 101 from Palo Alto to San Jose. Santa Clara County has more toxic Superfund sites, at 23, than any other county in the country. (Several tech giants have offices near or on top of these sites; in 2013, workers at a Google office were subjected to unhealthy levels of TCE for months after a ventilation system failed.)

And while TCE's connection to cancer is well studied, what it does to our brain is more mysterious. That's because good data on exposure is devilishly hard to come by. The US, with its fractious health care system, has few national databases, and chemical exposures are rarely tracked.

In 2017, Sam Goldman realized that Camp Lejeune offered the perfect opportunity to change this. Goldman—an epidemiologist and a doctor—has made a career out of teasing apart data: finding unusual case reports, looking for patterns, interviewing patients in the clinic about what chemicals they handled at old jobs and what exposures they faced in their childhood. In the case of Lejeune, Goldman could examine VA medical records to find Parkinson's diagnoses and compare them to service records. But Goldman's genius wasn't finding this Lejeune cohort—it was realizing he had a control group, too.

Camp Pendleton, in Southern California, is the Marine Corps' West Coast equivalent to Lejeune. Thousands of young, healthy Marines shuffle through its barbed-wired gates each year. But Pendleton has one thing Lejeune does not: uncontaminated drinking water.

When Goldman compared both populations, the results were shocking: Marines exposed to TCE at Lejeune were 70 percent more likely to have Parkinson's than those stationed at Pendleton. And in a follow-up study last year, he showed that disease progression in Lejeune vets with the highest exposure to TCE was faster than those with low or no exposure, too. In the world of Parkinson's research, Goldman's study was a blockbuster.

But to really prove a link, you need more than just correlation. So, on the third floor of a drab university building in Birmingham, Alabama, Briana De Miranda has re-created Camp Lejeune in her lab, but for mice.

De Miranda is a toxicologist, not a neurologist, which is an unusual CV for a cutting-edge Parkinson's researcher. When I visit her in October 2024, she shows me the plexiglass chamber where a few dozen mice doze in a pile. They've been spending their days in this chamber for months, inhaling a small amount of TCE almost every day. This experiment is the first to re-create the exposure someone like Lindberg experienced over years at Camp Lejeune.

De Miranda walks into a dark annex of her lab and asks a tech to pull up some imagery. "These are dopamine neurons in the brain," De Miranda says, pointing to a scan of the control mice. In unexposed mice the substantia nigra looks like a nighttime satellite image of Manhattan—thousands of neurons sending dopamine across the mice's brains to orchestrate fluid scurrying and sniffing and munching. Then the tech pulls up the brain scans of mice who have been exposed to TCE. Suddenly we're in West Virginia. It's not pitch black, but most of the lights are off and the ones that remain have been dimmed. The dopamine neurons have died, De Miranda explains. And she's seeing the physical effects in the mice too. "We see minor motion defects; we see it in their gait, and we are seeing cognitive effects," De Miranda says.

De Miranda's studies, the first ever on inhaled TCE toxicity and Parkinson's, are compelling, her colleagues agree, and well designed. And although there is more work to be done, the results wrap a bow on Goldman's epidemiological work and the Parkinson's Institute's years

of research. TCE is a neurotoxin, and generations of Americans have been exposed. In December 2024, the Environmental Protection Agency finally moved to ban TCE in the United States.

**There is a sense of empowerment in knowing that our health is not predetermined.**

"I think TCE is the most important cause of Parkinson's in the US," says Ray Dorsey, the Parkinson's expert at the University of Rochester. In 2021, Dorsey, who frequently collaborates with De Miranda, Goldman, and a core group of like-minded scientists, published *Ending Parkinson's Disease*. The book's central thesis: Parkinson's is a growing pandemic, and up to 90 percent of cases are caused by chemicals in our environment. Cut exposures like TCE and pesticides, and we can "end Parkinson's" as we know it. "The full effect of the Parkinson's pandemic," Dorsey writes, "is not inevitable but, to a large extent, preventable."

Since the 1990's, the number of Americans with chronic disease has ballooned to more than 75 percent of adults, per the CDC. Autism, insulin resistance, and autoimmune diagnoses have reached epidemic proportions. The incidence of cancer in people under the age of 50 has hit an all-time high. If Parkinson's disease is—as Ray Dorsey believes—a pandemic that's being caused by our environment, it's probably not the only one.

After a century of putting genetics on a pedestal, the geneticists have some surprising news for us: The vast majority of chronic disease isn't caused by our genes. "The Human Genome Project was a \$3 billion investment, and what did we find out?" says Thomas Hartung, a toxicologist at Johns Hopkins. "Five percent of all disease is purely genetic. Less than 40 percent of diseases even have a genetic component."

Most of the conditions we worry about, instead, stem from a complex interaction between our genes and our environment. Genetics loads the gun, as former National Institutes of Health head Francis Collins put it, but the environment pulls the trigger. Rather than revealing the genetic origins of disease, genomics has done the opposite. Only 10 percent of breast cancer cases are purely genetic. Chronic obstructive pulmonary disease? Rheumatoid arthritis? Coronary heart disease? All hover around 20 percent. The primary driver of disease is considerably more terrestrial: It's the environment, stupid.

Yet only 1 percent of the roughly 350,000 chemicals in use in the United States have ever been tested for safety. In its 55-year history, the EPA has banned or restricted about a dozen (by contrast, the EU has banned more than 2,000). Paraquat, the pesticide that appears to cause Parkinson's in farmworkers, has been banned in Europe and China but remains available in the US. And in January, a month after the EPA's ban on TCE was finalized, the Trump administration moved to undo it, even as new evidence emerged of Parkinson's clusters in the rust belt, where exposure to trichloroethylene is high.

It's easy to mock the MAHAs and the TikTok trad moms making their own food coloring, but the chemical regulatory system in America does not inspire confidence. No one really knows what the chemicals we're interacting with every day are doing to our bodies.

That's why earlier this year, slices of brain from Briana De Miranda's TCE-addled mice ended up with Gary Miller, a professor at Columbia University. Miller is the country's leading proponent of a brand-new field called exposomics. Your "exposome" is the sum of your own personal environmental exposures, from the womb to the casket. Many exposures, like TCE, disappear from the bloodstream quickly; people who came into contact with a chemical in the past will never be able to prove it. The exposome is a way to potentially answer the question, "Just what the hell have I been exposed to?"

Miller began his career in the '90s as a Parkinson's researcher studying environmental exposures. But he grew tired of the "whack-a-mole approach" of modern toxicology: identifying one of the 350,000 chemicals on the market as a potential toxicant, looking for the exposure in the environment, looking for correlations, looking for toxicity in mice's brains, rinse, repeat.

He wanted a shotgun approach, an answer to the way genome sequencing identifies all the genes in the body. What Miller wants is a

Human Exposome Project. "We realized that this wasn't just about Parkinson's," he says. "There were so many disease states we could look at." Quantify our exposomes, Miller hopes, and we can know what ails us.

"We have the tools to put the big puzzle together," says Rima Habre, an environmental health and exposomics expert at the University of Southern California. Through blood draws and metabolomic studies, the exposomics advocates want to measure the vast mixture of chemicals and pollutants in the body and figure out how they impact health. Take air pollution, Habre's specialty. An ever-changing mélange of small molecules, from tailpipe emissions to tire bits to dust, it has been linked to obesity, endocrine disruption, heart attacks, and more. But if we can figure out what specifically in this toxic cloud is doing the damage, Habre says, we can work to quickly reduce it in our environment, the way we removed lead from gasoline.

Or autism. Autism diagnoses have exploded from 1 in 10,000 in the '70s to 1 in 36 today, a rate that genetics and screening can't explain, says Johns Hopkins' Thomas Hartung. Hartung, another Human Exposome Project proponent, is growing clusters of neurons in the lab and subjecting them to flame-retardant chemicals—which are applied to couches and car seats across America—to see what happens. Already, the associations trouble him. The goal of all this, Hartung says, is a world where toxicologists like Briana De Miranda don't have to spend money creating a mouse gas chamber, expose mice for three months, then wait several more months for results.

Miller's goal with mice brains is to figure out what exactly about TCE is killing dopamine-producing neurons and leading to Parkinson's—to

unravel and define the interaction between our environment and our genetics in a way never before possible.

The parallels to the Human Genome Project—in both promise and froth—are clear. But there is a sense of empowerment in knowing that our health is not predetermined. Nearly every scientist interviewed for this story does a few simple things. They filter their water, they run an air purifier, they don't microwave plastic. They don't freak out about their daily exposures, but they do things like opt for fragrance-free products, avoid eating out of plastic when they can, and buy organic produce. Our exposures, while not always in our control, can be limited.

About two hours south of Lejeune in Wilmington, North Carolina, Amy Lindberg is having lunch with her husband, Brad, on a pier overlooking the Atlantic. Although Goldman, De Miranda, and Dorsey have unveiled the likely origins of her Parkinson's, the random nature of it gnaws at her. "When I was diagnosed, it was just like, where's everyone else?" Lindberg says. "I felt like, if I have it, what about my coworkers?" She nods to Brad, who also spent years drinking Lejeune's water. "He suffered no ill consequences," she says. She worries about her kids, one of whom was born on base.

She still exercises constantly, playing pickleball, boxing, and hopping on the elliptical. She's found that movement, especially high-intensity exercise, reduces her symptoms. A recent Yale study confirmed as much, showing that interval training increases dopaminergic signals in the brains of Parkinson's patients, suggesting that exercise slows disease progression and even improves neuron function. The environment may have caused Lindberg's disease, but she can use it to fight back too.

**ITEMS THAT ARE FREE FOR THE TAKING:**

The following items are items that are available but are items that are free for the taking, meaning these items do not need to be returned. These are items that we do not need in the Lending Locker or are personal use/disposable items.

If you see anything that you are interested in, please contact Julie at [info@co-parkinson.org](mailto:info@co-parkinson.org) and help us free up some space!

Ankle brace (elastic pull on)	1	Reusable bed pads	8	Briefs (generic), L/XL – 18ct	4 pkgs
Back support belt (size XL)	1	Rims for plates	2	Briefs (unisex stretch briefs), L/XL, ultimate absorbency, opened package - Walgreens Brand	1 pkg
Bibs (Adult)	8	Slipper socks extra-wide (new)	1 pair	Cardinal health guards for men - extra heavy absorbency	2 pkgs 14ct
Blood Pressure Monitor	1	Slipper socks XXXL, men size 11+ or women size 12+ (new)	1 pair	Depend men's fresh protection plus underwear. L 35"-43"	84 ct
Catheter supplies (unopened)	1	Slipper socks L/XL (used but washed)	6 pairs	Depend men's guards 1 unopened/3 opened few missing	8 pkgs 52 ct
Diabetes supplies	1	Slipper socks xtra-wide (used but washed)	5 pairs	Kroger men's guards, maximum absorbency, one size fits all (opened)	52 ct
Easy sip hydrate bottle	1	Simply Thick easy mix powder (to thicken liquids)	1	McKesson super briefs with tabs, moderate absorbency, XL	15 ct
Gate belt	7	Under-pads (disposable) – XL (29"x35") – maximum absorbency, opened package - Walgreens Brand	1 pkg	McKesson super underwear, moderate absorbency, XL	14 ct
Gloves: powder free-vinyl exam LG bx	100	Under pads - generic	1 pkg	McKesson super underwear, moderate absorbency, XL (opened)	14 ct
Handicap dinner plates w/ built-in rims	3	Under pads (washable)	3	McKesson super underwear, moderate absorbency, L (opened)	18 ct
Handicap mountable pull handles	1	Prevail under pads – 25 count	1 pkg	Men's large (35-43) Depend pull-up underwear – ultimate absorbency	1 pkg 84 ct
Hospital gown	1	Washable under-pads – 3 count	1	Prevail daily male guards – one size fits all – maximum absorbency	2 pkgs 14 ct
Hospital slippers–XL&XXL	2	Wash cloth (disposable, no-rinse, self-sudsing)	1	Prevail Nu-fit daily briefs w/ fastener tabs– 32-44" size–max absorbency-	2 pkgs 16 ct
Leg compression machine	2	Weighted utensils	6	Tena unisex briefs, L (48"- 59"), super absorbency	2 pks 14 ct
Liquid thickening packets	1 pkg	Transfer pads – can handle a person up to 300 lbs	4	Walgreens disposable under-pads – XL (29"x35") – maximum absorbency – new items but open package	1 pkg
Male portable urinals, new in individual pkgs–32oz capacity	2			Walgreens unisex stretch briefs – L/XL fits 40-70" – ultimate absorbency – new items but open package	1 pkg

## Swallowing problems may be due to poorer sensation in the airways

By Lindsey Shapiro, PhD – Parkinson's News Today, 11/8/2023

Small study finds no major problems in issue of importance due to dysphagia

Major problems with sensation in the airways — essential in preventing the dysphagia or swallowing difficulties that can lead to complications like aspiration pneumonia — were not observed between Parkinson's disease patients and healthy adults in a small recent study.

But given the proposed relationship between airway sensory impairments and dysphagia, a common Parkinson's symptom, its researchers consider it important to evaluate airway sensory status in Parkinson's, possibly with a more sensitive technique than that used in this work. They also favored larger studies in this area.

"A routine clinical examination of the sensory input of PD [Parkinson's disease] participants is a must since dysphagia is one of the main symptoms of the disease," the researchers wrote. "Protective reflexes are paramount to airway protection. ... [and] recent studies have demonstrated that airway protection mechanisms are negatively affected in PD."

The study, "[Assessment of the Sensitivity of the Vocal Tract in Parkinson Disease by Nasal Video Endoscopy](#)," was published in the *International Archives of Otorhinolaryngology*.

**Report: Addressing swallowing issues requires carer-clinician effort**

**Swallowing problems pose risks to people with Parkinson's disease**

Dysphagia can pose serious safety concerns for Parkinson's patients, from a risk of malnutrition or dehydration to choking and aspiration pneumonia, a potentially life-threatening infection caused by food or liquids being inhaled into the respiratory tract instead of swallowed.

When food is swallowed, it travels down the pharynx (throat area) to reach the digestive system. The air we breathe also passes through the pharynx to enter the lower airways. The larynx, also known as the voicebox, is an upper airway component critical for protecting against food accidentally taking a wrong path into airway structures.

Proper swallowing depends highly on sensory inputs to these structures. Such inputs trigger complex reflexes that ensure air goes one way and food goes the other.

Evidence suggests that reduced sensitivity in the larynx may contribute to a failure of these protective mechanisms, leading to food aspiration in Parkinson's, according to the scientists, all with the Universidade Federal do Rio Grande do Sul in Brazil.

"It is important to conduct several studies and develop a valid, practical, and reliable method to identify airway protection deficits," they wrote.

Researchers used a technique called fiberoptic endoscopic evaluation of swallowing (FEES) to look into the anatomy of the upper airways, swallowing function, and airway sensitivity in 12 adults with a Parkinson's diagnosis being followed at a hospital's neurology center in Porto Alegre. Twelve healthy age- and sex-matched adults from the community were included as controls; both groups consisted of seven men and five women.

In FEES, a small optical fiber is inserted into the nasal cavity, enabling the visualization of the pharynx and larynx during certain behaviors, such as swallowing. The fiber also can be used to stimulate different areas via a gentle touch, assessing a person's reflexive response (e.g., coughing or gagging) as a test of sensitivity.

Study participants, with an average age of about 63, underwent the procedure after answering a questionnaire about their perceived swallowing abilities.

No anatomical abnormalities in the nasal cavity or pharynx were observed in either group, and the larynx's ability to produce speech sounds was unaffected.

Six Parkinson's patients were considered at risk for dysphagia based on their responses to the questionnaire, and all had evidence of swallowing difficulties in the FEES assessment. Of the six not thought at risk based on responses, two showed evidence of dysphagia with FEES.

Swallowing was assessed with a liquid, a purée (thicker paste or liquid), and a solid food.

**Food spilling from the mouth was most often seen in patients**

The most common issue with swallowing among patients — regardless of food consistency — was food spilling from the mouth rather than being swallowed; it was seen in 10 patients with a liquid, nine with a solid, and four with a purée food. This was followed by pharyngeal residue, where food remains in the pharynx after swallowing, found in seven patients with solid food, four with a liquid, and three with a purée.

When swallowing a liquid, laryngeal penetration, or food entering the larynx, was seen in three patients, and aspiration, where food enters the lower airways, was seen in one. These swallowing issues were not found to be significantly related to laryngeal sensitivity.

Airway sensitivity differed between Parkinson's patients and controls in one area, called the arytenoid cartilages, which are important for producing vocal sounds. Patients showed a lower sensitivity than did healthy adults.

A heightened sensitivity among control participants also tended to be seen in other areas, but group differences did not reach statistical significance.

Still, "results indicate a more preserved sensitivity in the [control group] compared to the [patient group], suggesting that sensitivity disorders are more present in participants with PD," the researchers wrote.

They noted that FEES might not be the most sensitive technique for evaluating airway sensitivity. This study's "low level of significance" between patients and healthy adults also might be due to the study's small sample size and the inclusion of patients with less severe disease.

"We suggest that future investigations with larger samples of PD participants should be considered, as well as the disease staging [severity stratification], to follow-up the progression of the dysphagia related to PD severity and its [distinct] stages," the team concluded.

**Autonomic impairment linked to sleep problems in Parkinson's**

By Steve Bryson, PhD – Parkinson's News Today, 5/31/23

**Depression, RBD also contributed to trouble sleeping at night, daytime sleepiness**

In people with Parkinson's disease, sleep disturbances and excessive daytime sleepiness (EDS) were associated with the impairment of the autonomic nervous system that controls involuntary bodily functions, a study shows.

Depression and rapid eye movement sleep behavior disorder (RBD), or dream-enacting behavior, also contributed to problems sleeping at night and staying awake during the day.

These relationships were seen in newly diagnosed patients who hadn't yet been treated, confirming that "a significant number of patients with [Parkinson's disease] experience sleep disturbances and EDS at an early stage," the researchers noted in "Factors contributing to sleep disturbances and excessive daytime sleepiness in patients with Parkinson's disease," which was published in *Frontiers in Neurology*.

Parkinson's disease is mainly known for its motor symptoms, such as bradykinesia (slow movement), resting tremors, and muscle rigidity. Numerous non-motor symptoms often appear before these symptoms, including sleep disturbances.

Sleep problems, such as trouble falling asleep or staying asleep, or getting restless sleep, can lead to falling asleep during the day, clinically referred to as EDS.

**Risk of Cognitive Problems Tied to Weight, Depression, Sleep**

**Sleep problems link to motor, non-motor symptoms**

Because Parkinson's-related factors that influence EDS haven't been well described, researchers at the Dokkyo Medical University, Japan asked 128 patients to complete two questionnaires — the Epworth Sleepiness Scale, to assess EDS, and the Parkinson's Disease Sleep Scale-2 (PDSS-2), to measure sleep disturbances.

Participants were divided into four groups based on the results: 21 had both EDS and sleep disturbances; 14 had EDS, but without sleep disturbances; 29 had sleep disturbances without EDS; and 64 had neither EDS nor sleep disturbances. The researchers then compared each group's assessments of motor and non-motor symptoms with sleep data.

Participants with sleep disturbances had significantly higher scores for depressive symptoms, as assessed with the Beck Depression Inventory-II (BDI-II), than those without sleep disturbances, but didn't differ in those with or

without EDS.

Both EDS and sleep disturbances were associated with a probable history of RBD, as measured by the RBD Screening Questionnaire (RBDSQ-J). There were no differences in RBD between those with only EDS or sleep disturbances as well as those without EDS or sleep disturbances.

Compared with the other three groups, the participants without EDS or sleep disturbances had significantly lower (better) scores for autonomic function. As assessed using the Scales for Outcomes in Parkinson's Disease-Autonomic (SCOPA-AUT), these questions focused on symptoms involving the digestive tract, urination, heart function, body temperature, eye pupil dilation, and sexual function.

Disease duration was shorter in those with neither sleep disturbances nor EDS than in the other three groups, but not significantly. Likewise, non-significant scores for sense of smell or heart-nerve function tended to be worse in EDS patients and restless leg syndrome was a little more prevalent in those with EDS or sleep disturbances than in those without either of them.

No significant differences were found between the groups regarding age, distribution of men and women, the number of newly diagnosed patients, disease severity, motor function, cognitive function, sense of smell, coexisting medical conditions, and nerve-heart function. The levodopa equivalent dose, the combined dosage of all Parkinson's medications, was also similar across the groups.

Compared with patients without sleep disturbances or EDS, the SCOPA-AUT score for autonomic impairment significantly contributed to sleep disturbances or EDS in patients with these symptoms. Scores for depression, RBD, and autonomic dysfunction were also independent contributors in those with both sleep disturbances and EDS.

In a subgroup of 57 patients who'd yet to receive treatment, the SCOPA-AUT autonomic score independently contributed to sleep disturbances, but not EDS. Depression and autonomic impairment were independent contributors in untreated patients with both sleep disturbances and EDS.

"Autonomic symptoms were independent contributors in [Parkinson's disease] patients with sleep disturbances or EDS," the researchers concluded. Further, "RBD symptoms and depressive symptoms, in addition to autonomic symptoms, were independent contributors in [Parkinson's disease] patients with both sleep disturbances and EDS."

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**New & Different Items**

- \* Ramp with rails – 10 foot
- Portable ramp – 10'x4'
- \* Liberty folding, reclining wheelchair with headrest, tray & cushions

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- AccVoice TV speaker w/ hearing aid technology

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- Air mattress

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- Back brace

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- Bed canes

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- Bedding lifters

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- Bed pan

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- Bed rails

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- Bed risers

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- Bedside toilets

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- Blood pressure cuff

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- Canes

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- Cervical traction machine

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- Chair-side food tray

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- Chair/sofa canes

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- Crutches

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- Exercise bikes

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- Exercise floor pedals

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- Homedic massagers

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- Hospital beds

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- Hospital bed food trays

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- Hoyer Lift

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- Lazercue for freezing help

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- Lift chairs

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- Lift-ware tremor compensating utensils

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- Monthly med carousel w/alerts

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- Pick-up assists

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- Punching bag - freestanding

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- Ramp (10 foot)

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- Shower seats/benches

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- Sock helper

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- Squatty potty

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- Standup assist transport lift

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- Standup Walker

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- Suction cup hand rail

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- Swivel seat

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- Toilet arm assist

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- Toilet rails

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- Toilet seats

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- Transfer poles

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- Transport chairs

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- Tub rails

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- U-step

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- Walkers with wheels & seats

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- Waterproof mattress protector (Twin)

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- Wheelchairs

## **Colorado Parkinson Foundation, Inc.**

1175 Kelly Johnson Blvd., Suite 100

Colorado Springs, CO 80920

**PARKINSON'S PERSPECTIVE**

**APRIL 2026**

# Coming Events

See inside for more information

**April 4:** Reg Mtg at Central United Methodist Church – 10 am  
Program: Probate Matters; Speaker: Lynn Vanatta-Perry, Attorney

**May 2:** Reg Mtg at Central United Methodist Church – 10 am  
Program: Breakout Sessions  
Moderators: Kathleen Foster – Parkinsonians  
Jill Reid & Julie Donahue – Caregivers

**June 6:** Reg Mtg at Central United Methodist Church – 10 am  
Program: Motivation, Learning Tasks, and Behavior Change with PD  
Speaker: Ryan Mueller, PT/DPT/NCS

**July 4:** Reg Mtg at Central United Methodist Church – 10 am  
Program: TBD

**August 1:** Reg Mtg at John Venezia Park–the Barn pavilion – 11 am  
Program: Picnic!!

**September 5:** Reg Mtg at Central United Methodist Church – 10 am  
Program: TBD

**October 3:** Reg Mtg at Central United Methodist Church – 10 am  
Program: Scam Prevention  
Speaker: Officer Paulette Masias, Colorado Springs Police Department

**November 7:** Reg Mtg at Central United Methodist Church – 10 am  
Program: Breakout Sessions  
Moderators: Kathleen Foster – Parkinsonians  
Jill Reid & Julie Donahue – Caregivers

**December 5:** Reg Mtg at Central United Methodist Church – 10 am  
Program: Christmas Party!!  
Entertainment: The Song Spinners

### **More useful websites:**

<https://parkinsonsnewstoday.com>; [www.parkinsonrockies.org](http://www.parkinsonrockies.org); [www.parkinson.org](http://www.parkinson.org); [www.nwpcf.org](http://www.nwpcf.org); [michaeljfoxfoundation.org](http://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](http://www.davisphinneyfoundation.org/living-pd/webinar/videos/cognitive-nonmotor-symptoms-parkinsons); [www.parkinsonheartland.org](http://www.parkinsonheartland.org);  
<https://www.pdself.org>; [https://www.youtube.com/playlist?list=PLkPIhQnN7cN6dAJZ5K5zQzY84btUTLo\\_C](https://www.youtube.com/playlist?list=PLkPIhQnN7cN6dAJZ5K5zQzY84btUTLo_C); [pmdalliance.org](http://pmdalliance.org);  
<https://www.michaeljfox.org/foundation/news-detail.php?self-care-tips-for-parkinson-disease-caregivers>; [laurawayman.com](http://laurawayman.com)