

July
&
August
2021

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

NOTE: We will be meeting again at Academy Christian Church for our meeting since we haven't received word whether 1st Presbyterian Church will be open to us in the future.

July Meeting — Break-out Sessions

Moderators: Parkinsonians: Jill Reid and for the caregivers: Julie Pfarrer

Date & Time: Saturday July 10th - 10 am to 1:30 pm

Location: 1635 Old Ranch Rd, on the corner of Old Ranch & Hwy 83 (Voyager Parkway)

9:45 am, July 10th – Come in 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 the live well with Parkinson's, so plan to attend the meeting at Academy Christian Church or join us on Zoom.

The program will be followed by a potluck lunch.

The July Potluck – Low-Carb/Healthy Fats Dishes

In honor of the successful completion of our low-carb/healthy fat (keto) diet study, for this month's potluck we ask you to bring a low-carb/healthy fats dish if at all possible.

Some low-carb/healthy fat guidelines:

- **Examples of good keto items:** Meats (the fattier the better), eggs, most green veggies (non-starchy), cauliflower, cabbage, eggplant, asparagus, mushrooms, onions, avocados, cream cheese, sour cream, most nuts, cheese, tomatoes, berries.
- **Avoid:** sugar, artificial sweeteners, root veggies, canola oil, vegetable oil, peas, bread, pasta.
- **How to adapt favorite recipes by substituting:** milk products with heavy cream; wheat flour with almond flour; sugar with Lakanto monkfruit sweetener, Swerve sugar replacement, stevia, or erythritol; and use coconut oil, olive oil, avocado oil or real butter instead of all other dietary oils.

If you would like to be a provider of a dish, you can sign up through our website or you can contact Stephen Rudawsky at [REDACTED] or potluck@co-parkinson.org, no later than Wed. July 7th and tell him what you would like to bring. If you'd like to go through the website, go to the "Events" page of the website and find the meeting you're volunteering for and select "Event Details". That will take you to the main sign-up page. In addition to the meeting information, you will see how many chefs and the number of servings per batch are needed. Click on "Sign Up" in the box and then select "Submit and Sign Up" which will take you to a page where you will select how many of the number of chefs you are signing up for. For example, if the # of servings requested is 10 but you're making 20 servings then the quantity you would select should be 2...the equivalent of 2 chefs. There is also a place for any comments you may have there. You must then provide your name & email address. When finished, select "Sign Up Now" and you will receive a confirmation email and your information will be sent to our potluck coordinator, Stephen. This capability should help make Stephen's job considerably easier. To return to the website, close the sign-up tab at the top of the screen.

Remember that bringing food for the potluck is voluntary.

We look forward to seeing you there!

SAVE THE DATE: SUMMER PICNIC - SATURDAY, AUGUST 14th 11am - 1pm

Come meet some new Parkinson's Friends & Families



SEE PAGE TWO FOR AUGUST PICNIC LOCATION & INFORMATION

SUMMER PICNIC - SATURDAY, AUGUST 14th 11am - 1pm

...Continued from page 1

Our annual summer picnic will be August 14th at Venezia Park at the corner of Union Blvd and Briargate Parkway. Look for three large pavilions with green roofs. THE BARN pavilion is the middle pavilion which is the largest of the three.

Directions to Venezia Park:

- From I-25 take the Briargate Parkway exit. Go east on Briargate Parkway to Union.
- From Union Blvd., Turn west at the light at Family Place into the park (across from the King Soopers)

Wind around until you see the windmill and the large pavilions with the green roofs. The easiest parking lot is the one to the right (east, next to the HOUSE pavilion) – no inclines or ramps. There is another parking lot on the west side of the 3 large pavilions next to the BUNKHOUSE pavilion but you have to navigate an incline (ramp) to reach the pavilions.

Main Dish – your choice of fried or baked chicken & water will be furnished. If you would like to drink something else, please bring your own.

In order to assure that we have a good variety of side dishes, Stephen would like for you to let him know what you're bringing to the picnic by contacting him at [REDACTED] or potluck@co-parkinson.org, or signing up through the website no later than Wed. Aug 11th. If you'd like to go through the website, see the instructions on how to do that above in the 'July Potluck Main Dish', paragraph.

Attire – if you own one, wear your 'safety green' (actually neon yellow) Parkinson's shirts so we stand out in the crowd by 'glowing'. If not, wear whatever Parkinson's Support Group apparel you might have, otherwise, wear something comfortable.

There are picnic tables with seats furnished but you're welcome to bring a lawn chair.

If you'd like to help set up or clean up, contact:

Carole Henrichsen at [REDACTED]

Janet Adams at [REDACTED]

The President's Corner

| Jill Reid - Acting President, CPF & CSPSG

Dr. Tidman's briefing at the June meeting about the results of our study on the effects of the low carb/healthy fat (ketogenic) diet on the symptoms of Parkinson's was very exciting. Be sure to read the synopsis in this newsletter or watch the recording on our website. Just remember, you don't have to stick to a strict keto diet, like the folks who participated in the study had to, to get the benefits they did—just go



low carb and increase your intake of healthy fats (people with Parkinson's need to eat about 5 tablespoons of healthy fats each day). A "keto" diet doesn't have to be complicated to give you great results in all aspects of your health!

Next topic: YOU GET TO CHOOSE.

When I was in college summer school near my home, our family had a number of vehicles in our driveway. Three of them were parked right in front of our 2-car garage (I don't think any of our cars ever got to see the inside of that garage); a horse trailer, a pickup truck, and our 1958 VW bug. Dad had a small extension built off to the side of the driveway part way down—that's where the station wagon sat. The driveway curved down a steep hill along a low stone wall to our street, which ended in a cul-de-sac a lot higher than the bottom of the driveway and meant that we went up the cul-de-sac hill for a bit each time we backed out of the driveway.

The stone wall wrapped around the front yard, and it started directly behind the VW.

To keep from waking Mom, who had insomnia, Dad had developed the ritual of getting into the VW in the early morning, releasing the handbrake, and coasting down the driveway, allowing gravity to stop him as he went up the incline of the cul-de-sac. Once he was headed down the cul-de-sac, he would start the engine and head off to work.

Several mornings in a row, he found that he had parked the bug too close to the garage door, where the driveway was actually level, and he had had to open the door and push off with his foot. That last morning, he decided to outsmart the car — he reached in and released the handbrake without getting into the car. The VW took off without him.

Picture all the rest of the story happening in a matter of a few seconds. Dad jumped into the car as fast as he could and faced a quick series of dire emergencies. First, he stomped on the brake pedal, which went all the way to floor and accomplished NOTHING. Next, since the car was still moving, the open driver door was in danger of getting caught on the truck bumper; he was able to yank it shut before it was ripped off. Since he was now heading straight for the stone wall, he whipped the steering wheel to the left. With increasing velocity, he headed straight at the station wagon; he whipped the steering wheel to the right, narrowly missing the station wag-

on. At this point, he was *flying* down the driveway. He yanked on the emergency brake, which broke off in his hand, and his attempts to get the stick shift in gear to slow him down were futile. What would you have done at this point? As Dad saw it, there was nothing left for him to do but sit back, laugh his head off (which he did), and enjoy the ride as the car careened down the driveway, up to the top of the cul-de-sac, back down the cul-de-sac, up to the top of the driveway, back down the driveway and up the cul-de-sac, for several ever-shortening round trips until the car finally settled at the bottom of the driveway where the driveway and cul-de-sac met. He started the engine, drove up to the garage, and, since it no longer had a functioning emergency brake, parked the car with its bumper touching the garage door. He placed a sign on the steering wheel, which I found later that morning, that said, "DON'T MOVE THIS CAR!!" He told us later that his one regret about the entire episode was that there was no one around to enjoy the comedy with him because it happened so early in the morning. It's a story that we kids still laugh at nearly 50 years later because Dad was wise enough to share the humor of it, not the aggravation.

The moral is that you can choose to have a good outlook on life in general and events in particular. Dad had a really rough childhood but he chose to become a pro at finding the good. You can choose to view your struggle with Parkinson's darkly and be mostly miserable. Or you can choose to look for, find, and dwell on the positives of your life with PD so that PD doesn't become your life. Choose wisely.

June 12, 2021 Program Review

| by Linda Christian, Secretary

Effects of an LCHF/Ketogenic Diet on PD symptoms, depression, anxiety, QoL, and general health: A Pilot Study**Presented by - Dr. Melanie Tidman, DHSc, M.A., OTR/L and****The Ketogenic Diet and Quality of Life: Results of a Qualitative Interview****Presented by – Dr. Dawn White, PhD, RT (R)**

Dr. Tidman began her presentation by welcoming attendees and stating that she was excited to see all of us in person versus Zoom. She continued by telling the audience that there have not been many studies for depression and anxiety in Parkinson's disease using simple nutrition.

Next, she was happy to let the audience know that Dr. Dawn White, who has a PhD in psychology would be joining the presentation via Zoom and presenting the results of her qualitative interviews with study participants.

Dr. Tidman then asked all the study participants in the audience to stand and thanked them for their participation, the audience responded with a hearty applause.

The first item Dr. Tidman discussed was disclosures:

- Adjunct Professor for 2 Medical Schools and 1 Healthcare Administration School
- Published 2 books and receive Royalties
 - Families in the ICU: A Survival Guide
 - Families in the Rehab Center and Beyond: A Survival Guide
 - And soon a third book, Family Guide for Parkinson's Disease
- Intellectual Bias: I believe in (and practice) the LCHF Diet approach for health and reducing chronic illness (specifically neurological conditions and diabetes)

Ethics oversight for the study was covered next:

- We received Ethics approval for our study and the Phase II extension by the A.T. Still University Institutional Review Board, Mesa, Arizona
- We were granted an International Registry with Bio Medical Central ISRCTN in compliance with World Health Organization guidelines.

Dr. Tidman added that the study will be published globally, and the Colorado Parkinson Foundation is paying for open access to our study results worldwide.

She then told her story, sharing health information before and after she began the LC/HF Keto Diet:

- She has been in health care for 40 years and paid special attention to her diet, a pseudo vegetarian. In 2014, she tells the audience that she was not in good shape and then shared the following health status.
- 2014 – Health Status and Medications
 - Triglycerides 176
 - HDL 30
 - CRR= 5.8 (I was 5 times more likely to have a Cardiac event!)
 - HgA1C= 5.9 (Pre-diabetic)
 - 20+ lbs. overweight
 - Fibromyalgia (20 yrs.)
 - Obstructive Sleep Apnea (on CPAP 8 years)
 - Insomnia (many years)
 - High Blood Pressure (on 3 B/P Medications)
 - Pituitary Adenoma (Tumor of the Pituitary)
 - Restless Leg Syndrome
 - SVT's (Cardiac Arrhythmia)
 - Severe Vit D Deficiency (<19)
- She began gathering data about the low carbohydrate/healthy fat diet after being inspired by Dr. Gary Taubes, an advocate of a low carbohydrate diet, writing numerous books supporting his hypothesis that carbohydrates overstimulate the secretion of insulin, which causes the body to store fat. Today, she follows a strict Keto Diet, she has to, and her health status today is wonderful, her doctor tells her that she is the healthiest person in his practice. She also noted that the Keto diet is not a new approach, it was used in the 1940's for the treatment of epilepsy and she uses this approach currently with her patients. Look at her 2021 Health Diagnoses and Medications now as compared to 2014.

- 2021- Health Diagnoses and Medications.....None

Dr. Tidman explained to the audience that she, Julie, and Ric designed this study while on a camping trip, noting that inflammation in the brain can make PD worse, the Keto diet helps reduce inflammation.

Next, Dr. Tidman covered various aspects of the study noting the study approach is working with people in a real-life environment where you live and what you eat vs a randomized control trial thus a pilot study.

- **Objectives**

- A total of 16 participants participated in a 12-week study on LCHF/KD and PD
- We explored any changes in symptoms of PD, depression, or anxiety over the 12-week study period
- We explored results of LCHF/KD on Health biomarkers, weight, BMI, and waist measurements as a result of the 12-week study
- We explored the effects a Low Carb/High Fat (LCHF)/Ketogenic Diet on cardiovascular risk after 12 weeks
- We explored the effects of LCHF/KD on QoL qualitative data
- We attempted to highlight any trends or need for future research on the effects of LCHF/KD on symptoms of Parkinson's Disease, depression, and anxiety

- **Study Proposal: Purpose**

- This observational, pre-test/post-test, one-group, epidemiological pilot study aims to investigate the effects of a LCHF/KD nutritional approach on the treatment of symptoms of PD (UPDRS scores), major blood markers of metabolic health (Body Weight, Waist measurement, HgA1C, Triglycerides, HDL, Fasting Insulin, CRP), and symptoms of depression, anxiety and QoL in persons with PD ages 30-85.

- **Study Design Consultation**

- Dr. Tidman consulted with Dr. Matthew Phillips at the Waikato Hospital in Hamilton New Zealand on study design. Dr. Phillips agreed to allow us to use his patient education materials and study design for our study.
 - Citation: Phillips MCL, Murtagh DKJ, Gilbertson LJ, Asztely FJS, Lynch CDP. Low-fat versus ketogenic diet in Parkinson's disease: A pilot randomized controlled trial. *Mov Disord* 33(8), 1306-1314 (2018).

- **Variables**

- Direct comparison of the same study participants prior to and after the 12-week dietary intervention (pretest/posttest design)
- Pre/post scores were compared on the UPDRS Scale (Parts 1 to 4)
- Pre and Post study scores were compared on the CESDR-20 depression scale and the Parkinson's Anxiety Scale (PAS)
- Biomarkers were compared between the baseline and the result after 12 weeks of intervention

- **Dietary Compliance/Adherence**

- Dietary tracking application: Myfitnesspal or written food logs were submitted weekly to record dietary compliance
- Using the Keto Mojo Blood glucose/Ketone meter, weekly Glucose/Ketone results were submitted by participants testing in the comfort of their own homes, and then analyzed by researchers to verify dietary compliance

- **Metabolic Syndrome: Elements of the Diagnosis**

- High Triglycerides
- Low HDL
- Large Waist Circumference (women > 35; Men>40)
- High Blood Pressure (>140/80 for people over 65 per AGS Guidelines)
- High Blood Sugar (HgA1C>5.6)

(Note: LDL is not on the list!! This is what Statins are prescribed for) Dr. Tidman then explained Metabolic Syndrome is linked to a lot of chronic diseases adding that the LC/HF Keto Diet addresses all 5 of the elements of Metabolic

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Syndrome.

Dr. Tidman noted that a major part of the study was related to education, assisting participants when needed to help with dietary compliance. She analyzed the data weekly and provided feedback to participants, helping them to achieve the results they wanted. She also provided numerous recipes during the study.

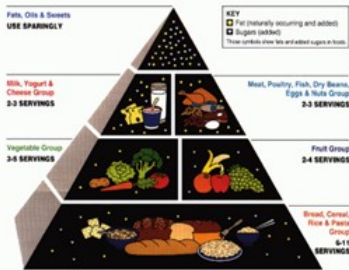
The next presentation slide answers the question, What does the Ketogenic Diet Do?

- Raises HDL
- Lowers Triglycerides
- Decreases Blood Pressure
- Decreases Abdominal Fat
- Decreases Blood Sugar

Dr. Tidman then engaged the audience by asking them to answer the following questions, using a common-sense approach:

- If you are Gluten intolerant, you avoid?
 - Avoid grains such as wheat, barley, rye
- If you are Lactose Intolerant, you avoid?
 - Avoid milk, butter, yogurt, cottage cheese
- If you are allergic to seafood, you avoid?
 - Avoid fish, shrimp, scallops
- If you are carb intolerant (T2D, PD, AD, Obesity, PCOS), you avoid? - Carbohydrates!

She added, there is zero essential carb need in our bodies, you need fats and proteins.



The next slide in Dr. Tidman's presentation shows "What We've Been Eating" with the recommended daily servings of each.

Dr. Tidman discussed how our food supply has changed. Our ancestors from about November to May each year, didn't have access to fruits and vegetables so they ate proteins and fats during those months. Now, we eat fruits and vegetables all year from other countries. She provided an analysis; bears eat berries to put fat on for the winter. She also provided some valuable information to the audience; our food pyramid was created by politicians not scientists. George McGovern was responsible for the 1977 food pyramid with sugar at the top and carbs such as bread, cereal, rice, and pasta at the bottom. Our bodies do not know the difference between an apple or a snickers bar or a brownie and a slice of bread, it's turned into glucose by our body. She also told the audience that all chronic diseases have increased exponentially, Parkinson Disease, Alzheimer's, and non-alcoholic fatty liver disease as well as other chronic diseases.

Dr. Tidman then asked the audience if they had ever used Crisco, of course most of the audience said yes, they had. She then proceeded to explain that Crisco is made from cotton seed oil, the same oil farmers used to oil their machinery, what does that tell you.

In contrast, the next slide shows the LCHF/ketogenic diet.



Dr. Tidman then presented the components of The Ketogenic Diet (Keto)

- Meat, fish, poultry, eggs
- Very little (or no) dairy (PD and Dairy Connection)
- Fats: 70%-80%
- Protein: 15%-20%
- Carbs: less than 5%-10%
- Mostly Green Veggies or low Glycemic Veggies
- Coconut Oil, Avocado Oil, Olive Oil, Grass Fed Butter, Beef Tallow, and Lard
- DRINK WATER...DRINK WATER... DRINK WATER

Next, she presented the Results:

Analysis Variable :AGE				
Demographics	Mean	Std Dev	Minimum	Maximum
	64.00	11.95	36.20	80.50

Analysis of All Data points (n=16)

	N	%
What terms best express how you describe your gender identity?: Baseline		
Man	11	71.43
Woman	5	28.57
Prefer not to answer	0	0.00

Biomarkers	Test	Difference					P Value
		N	Mean	SD	Median	IQR	P
BMI	t	16	-2.54	1.66	-2.24	2.21	<.0001
C Reactive Protein	t	16	0.06	2.40	0.09	1.23	0.8999
CESDR Total Score.	t	16	-1.25	6.69	0.50	8.50	0.4663
Fasting Blood Glucose Reading Mean	t	16	-0.65	10.47	-3.00	16.93	0.8061
Fasting Insulin	S	16	-4.70	6.10	-2.45	7.30	0.0018
HDL	S	16	0.44	10.12	-0.50	8.50	0.9137
HgA1C	S	16	-0.46	0.69	-0.30	0.15	<.0001
PAS Total Score	t	16	-3.06	4.06	-2.00	7.00	0.0086
Triglycerides	t	16	-13.56	30.99	-6.50	35.50	0.1004
Triglycerides to HDL ratio	t	16	-0.38	0.80	-0.10	0.73	0.0771
UPDRS Subtotal 1-4 (maximum = 16)	t	16	-1.06	1.39	-1.00	2.00	0.0079
UPDRS Subtotal 18-31 (maximum = 108)	t	16	-3.75	13.13	-2.50	11.50	0.2711
UPDRS Subtotal 5-17 (maximum = 52)	S	16	-1.63	3.58	-1.50	3.00	0.0725
UPDRS Total 1-31 (maximum = 176)	t	16	-6.44	15.21	-5.00	16.50	0.1112
Waist Circumference	t	16	-3.84	3.21	-3.88	4.25	0.0002
Weight:	t	16	-16.81	11.03	-15.25	14.40	<.0001

After presenting the Biomarkers slide above, Dr. Tidman commented that she didn't expect to see such a significant change (highlighted in yellow), amazing results because of the hard work of the study participants.

The next slide indicates additional improvements for 14 study participants when at least 50% of their blood ketone readings placed them in Nutritional Ketosis.

Analysis of Subset(n=14)

(subset data based on participants having at least 50% of their blood ketone readings >0.5)

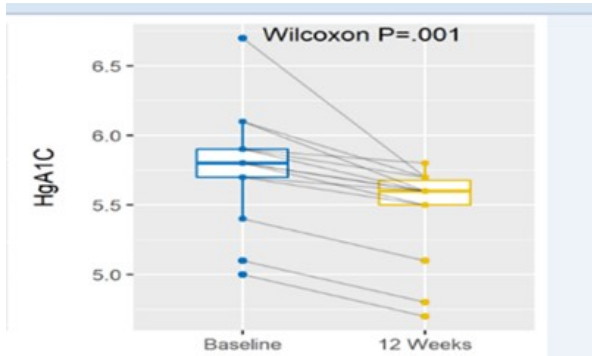
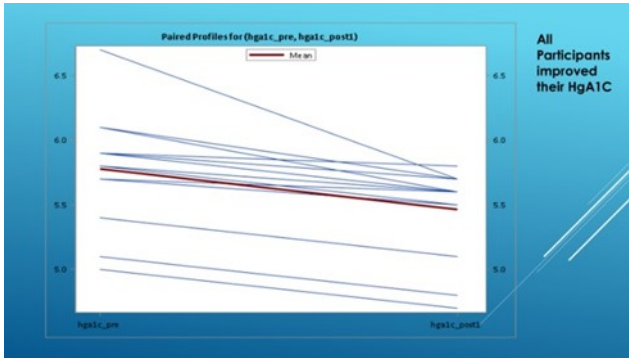
Nutritional Ketosis

Biomarkers	Test	Difference					P Value
		N	Mean	SD	Median	IQR	P
BMI	t	14	-2.69	1.73	-2.64	2.38	.0001
C Reactive Protein	S	14	0.0	2.57	0.09	1.74	0.8077
CESDR Total Score.	t	14	-0.71	6.45	0.50	9.00	0.6854
Fasting Blood Glucose Reading Mean	t	14	-0.80	10.9	-3.00	19.3	0.7888
Fasting Insulin	S	14	-5.19	6.38	-2.70	7.30	0.0033
HDL	S	14	1.4	9.63	-0.50	9.00	1.0000
HgA1C	S	14	-0.31	0.22	-0.30	0.10	0.0001
PAS Total Score	t	14	-3.07	3.67	-2.00	7.00	0.0079
Triglycerides	t	14	-20.6	7	-6.50	26.0	0.0275
Triglycerides to HDL ratio	S	14	-0.34	0.60	-0.10	0.54	0.0785
UPDRS Subtotal 1-4 (maximum = 16)	t	14	-0.93	1.21	-1.00	2.00	0.0129
UPDRS Subtotal 18-31 (maximum = 108)	t	14	-2.86	13.8	0.00	12.0	0.4542
UPDRS Subtotal 5-17 (maximum = 52)	t	14	-1.57	3.84	-1.00	4.00	0.1494
UPDRS Total 1-31 (maximum = 176)	t	14	-5.36	16.0	-2.00	16.0	0.2327
Waist Circumference	t	14	-3.57	2.65	-3.88	3.50	0.0002
Weight:	t	14	-17.8	11.3	-16.50	13.8	<.0001

Again Dr. Tidman commented that she did not expect this many significant improvements (highlighted in yellow) when participants achieved Nutritional Ketosis, it truly shows the power of this approach. She also said, "Congratulation's participants, your hard work improved your PD symptoms and health".

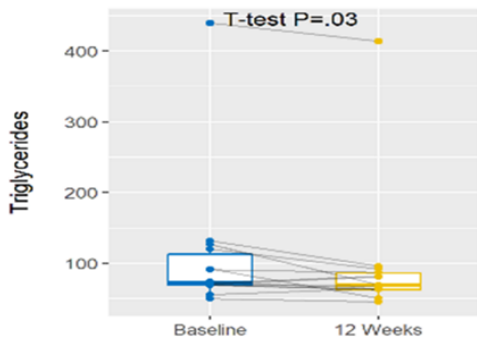
Health Biomarkers

Dr. Tidman was happy to report that all study participants decreased their HgA1C as depicted in the next two slides.



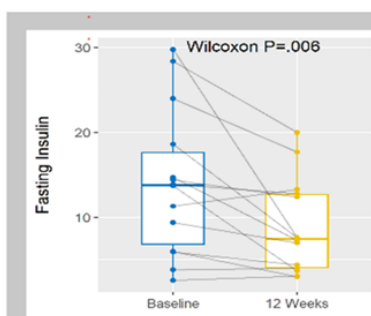
Triglycerides

- Significant differences for those who maintained Nutritional Ketosis (ketones >0.5)
- Statistical Significance (p=0.0275)



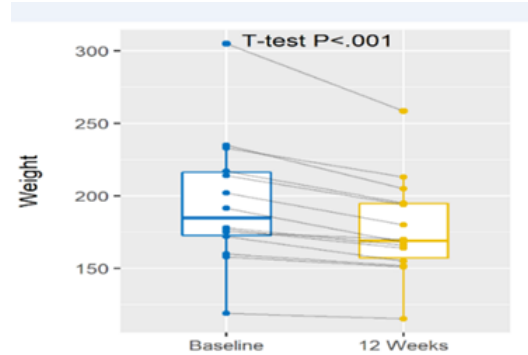
Fasting Insulin

- Significant differences for all participants (n=16) (p=0.0018)
- Significant differences for subset (n=14) (p=0.0033)

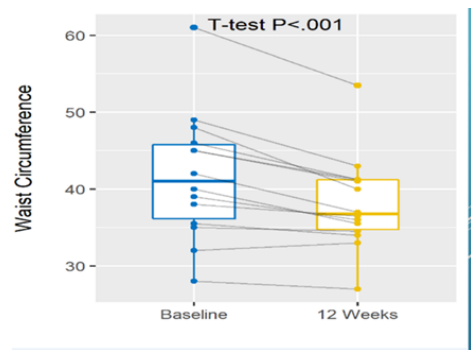


Weight and Waist Measurements

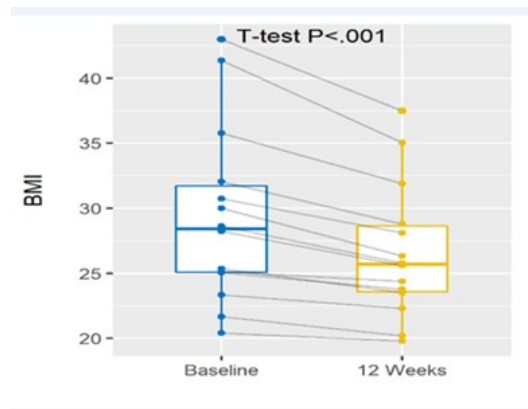
- Weight: Significant differences between baseline and post-study for all participants (p<0.0001)
 - Total weight lost: 243.4 lbs. (n=16)



- Waist Measurement: Significant differences between baseline and post-study for all participants (p<0.0002)
 - Total Inches lost: 52.6 inches (n=16)



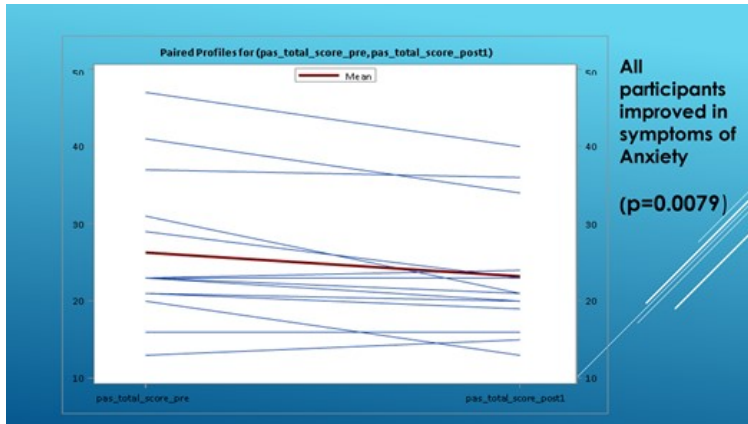
- BMI: Significant differences between baseline and post-study for all participants (p<0.0001)



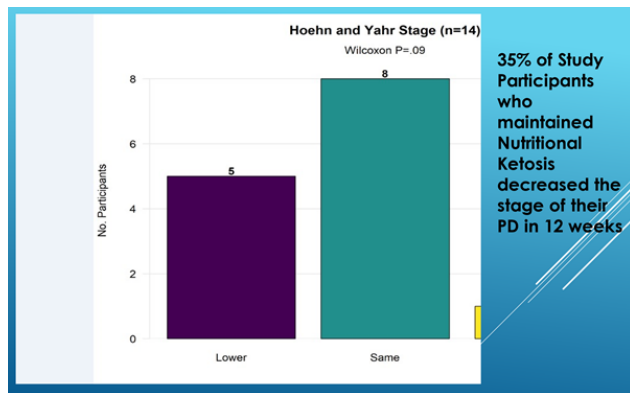
Biomarkers- 7	4/7	5/7	6/7
Improvements in:	43%	31%	18%
Triglycerides			
HgA1C			
HDL			
Fasting Insulin			
CRP			
Weight			
Waist Circum.			

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**Symptoms Scales:
PAS, CESDR, and UPDRS**
Symptoms of Anxiety as Measured by the Parkinson's Anxiety Scale



Symptoms of Parkinson's Disease
UPDRS: Part I Mentation, Behavior, and Mood-Significant improvement (p=0.0079)
UPDRS: Part II Activities of Daily Living near statistical significance (p=0.07)
(Statistical significance (p<0.05))



Symptoms of Depression: CESDR Scale
CESDR

No Significant Differences in symptoms of Depression (p=0.6854)
(possible limitations from influence of COVID-19 Pandemic and social isolation)

Dr. Tidman then turned the presentation over to Dr. Dawn White who was Zooming in from Chesapeake, VA. Dr. White stated that she was pleased with the participation in the study. She told the audience that she has been on the LC/HF Keto Diet for 2 years.

Dr. White began her presentation of The Ketogenic Diet and Quality of Life: Results of a Qualitative Interview with a slide showing Pre and Post Study Questions. The slide also explained that each participant interview lasted 15-35 minutes and family participation was encouraged.

Pre-Study Questions	Post-Study Questions
▶ Describe your current mental quality of life	▶ How do you feel about the ketogenic diet?
▶ Describe your current physical quality of life	▶ Describe your current mental quality of life
▶ Describe your current social quality of life	▶ Describe your current physical quality of life
▶ What do you expect to get from this study?	▶ Describe your current social quality of life
▶ Do you have anything else you would like to add?	▶ Did the study meet, not meet, or exceed your expectations?

EACH PARTICIPANT INTERVIEW LASTED 15-35 MINUTES
FAMILY SUPPORT WAS ENCOURAGED

The next slide Dr. White presented contained comments from study participants regarding their pre-study expectations:

• **Reduction of Symptoms**

- "I just want to see, well if it improves my quality of life and improves my symptoms. I'm sure losing some weight will help me." (#014)
- "A reduction of my tremors would be great. Anxiety I guess, then physical symptoms, tremor would be really great if it would improve that." (#021)

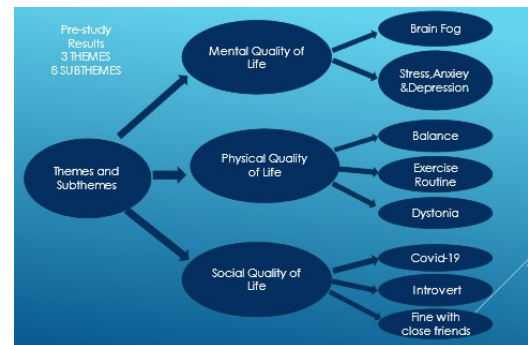
• **Reduced Medication**

- "Well, I'm hoping that we can adjust my medication to make it more effective, and find out more about Parkinson's, if there's things we can do. We've heard that there's a possible link between Parkinson's and this keto diet that may improve some things about Parkinson's. We hope it does." (#007)

• **Weight Loss**

- "Perhaps lose some weight, which I desperately need to do. I've gained a whole bunch in the last six to seven months, which is part of the physical problem too. Physical discomfort. So, I would say interesting information in the sense that I spent my time well." (#015)

Dr. White explained that she looked for commonality in what participants discussed. The next slide displays the pre-study results with 3 themes and 8 sub-themes.



Dr. White then discussed the 3 themes and their subthemes, providing comments from study participants.

• **Mental Quality of Life**

- **Brain Fog:** Not typically a medical term but one that is used to explain the inability to think clearly or having lack of clarity.
 - "It seems like the response time is like being on a long-distance phone call and your response time isn't so good." My wife "says it takes me too long to answer "... sometimes I ask him a question and I'm waiting and waiting." It doesn't happen all the time and then he goes "I'm working on it." (#018)
 - "I don't speak up much at all, because I don't feel like my mind is working good as far as forming sentences out of my mouth" (#010)
- **Stress, Anxiety and Depression:** About 75% of the participants discussed episodes of stress, depression, or anxiety either as a historical problem or one that occurred just before or immediately following their Parkinson's diagnosis.
 - "My tremor I always associated with anxiety. That's what I thought it was from. And so, I think in the last year I've tried to differentiate what was actually anxiety and what was just tremor from Parkinson's. And that's really hard to disassociate those two, because I think they come hand in hand. I think anxiety definitely makes my tremor worse" (#012)

• **Physical Quality of Life**

- **Exercise Routine:** Staying active ahead of the illness
 - "I try to stay in shape physically. I work out at the Y three times a week and there I walk, run on a treadmill three miles, three times a week, and I lift weights" (#007)
 - I mean 10,000. I always say 1,000. 10,000 steps a day, at least. And I punch on the big bag, do Parkinson's exercises. (#010)
- **Dystonia:** One of the biggest complaints amongst the participants
 - Speaking of their eyes: "It's a funny situation. I try and open them up, but they're not working, and now when I blow my nose, I blow my nose and I closed my eyes, and then I can't even get my eyes open to see what's happened that I blew out. And also, I have dystonia in my eyelids. When I close my eyes, they don't want to open up very hard. It's hard to open up, so I sometimes I have to physically open them up so

I can see again. (#018)

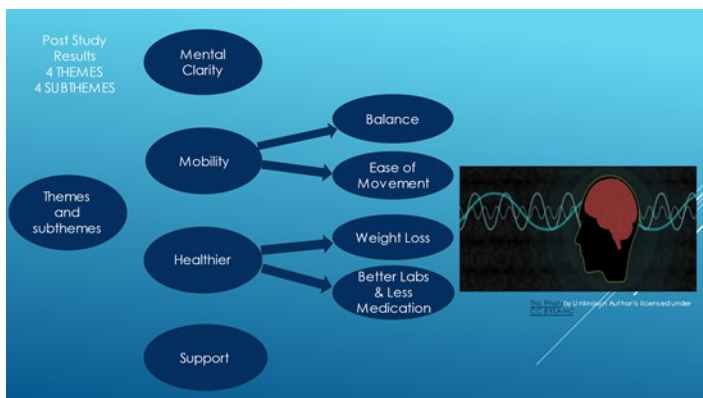
• Social Quality of Life

- **Covid-19:** Covid-19 was a common subtheme that was discussed by almost every participant. It hindered their ability to go out in public.
 - "yes, I'm a little self-conscious about going to the store, but that doesn't stop me from going. The only thing that would stop me from going is fear of COVID." (#023)
 - "With COVID we're pretty much in the cabin. We don't go into other people's houses and stuff. We're trying to follow the Colorado guidelines. But with COVID we don't really do too much." (#010)
 - "Well, the past year, I don't think anybody's social life has been exactly very good. I miss my Quilt Bee meetings. I miss the Parkinson's Support Group. I miss my Power Moves class. But I like people, but I don't really need people to entertain me. I'm not, I wouldn't describe myself as a social butterfly, but basically, I enjoy people." (#004)
- **Introvert:** It is amazing how many of these Parkinson's disease patients declare being an introvert
 - "It's like I tell people: I'm not a very good poker player before Parkinson's. I'm a horrible poker player now. I can keep a straight face, but the rest of my body tells you what hand I'm holding." (#016)
 - "When asked about their social life they stated "I don't know. I don't like people. So, probably hang out together and have dogs." (#019)
- **Fine with Close Friends:** Participants described a feeling of calmness that allows them to remain comfortable around their family and friends.
 - "As far as social interactions with friends that I've known for a long time, I feel fine getting together with friends I've known and people that I've interacted with for a long time, longtime friends." (#020)
 - "I'm really comfortable in my current situation and the people that I'm around, I don't feel I have to explain myself to anybody." (#021)

How Do You Feel About the Ketogenic/LCHF Intervention? This was a question Dr. White asked study participants and she provided the audience with the following two responses:

- "We had to keep track of all the meals that we ate every day. That seemed to provide a little additional stress or anxiety, because it was one more thing that I had to keep track of throughout the day, every day. That was a little bit more stressful than not doing it." However, "I knew that I was working towards trying to work on a healthier lifestyle diet. So, from that standpoint, that was positive and that was a benefit, and knowing that the foods I was eating could potentially have good effects and good impacts on my Parkinson's, that was positive also. They were the things that were positive in the overall diet as well." (#020)
- "It was easy, I thought I'd have trouble with bread and sugar, but I didn't." They continued to say they had little difficulty buying or preparing foods associate with the ketogenic diet. (#013)

Next, Dr. White covered post study results containing 4 themes and 4 sub-themes with comments from some of the study participants.



• Mental Clarity

- **Mental Clarity:** This section included several key elements: Brain fog, Resilience, Decreased Anxiety, Concentration, and Coping Strategies.
 - "My mental quality of life has taken a bit of an improvement, a turn for the positive. Within a week or two, after beginning of the ketogenic diet, there seemed to be a little higher level of clarity that was even mentioned or noted by my wife and my daughter. It seemed like there

was a brain fog that I had there, and I don't know how better to describe it, but it just seemed to lift, and things were so much like they used to be." (#016)

- "Better than before. It's less foggy and I think that I've got a better attitude. I can think better, and I think that can make my thoughts come out of my mouth that better." (#018)
- "I was surprised that it seemed to clear up my thought process or just make me feel clearer." (#015)

• Mobility

- **Mobility** was a common theme amongst the participants. The sub-themes noticed most included Balance and Movement (normal to better)
- **Balance:** a state of equilibrium and the ability for patients to disperse their weight to remain stable.
 - "Overall gross movement. My arms and my legs, I noticed a difference in. Remember I told you I felt like a robot?" (#012)
 - "Stability is better. I was doing physical therapy when I started the diet and I finished that. I had quite a bit of improvement. As I started losing weight it seemed to really help a lot." (#014)

• Healthier

- Participants described a life that is healthier and freeing. Some of the comment I heard included:
 - "I haven't felt bloated. I've been feeling pretty good. I really don't have a lot of stomach issues anymore" (#012)
 - "I had a doctor appointment with Dr. Adams, my neurologist, and he said that I'm doing very good, and I've been doing this, so he says he still thinks I'm in stage one, so that's good news." (#018)

• Weight Loss

- A majority of participants lost a substantial amount of weight and inches from their abdomen. It caused relief and better mobility. We are so proud of their accomplishments. Total Weight Loss:
 - "Well, there's nothing like losing almost 50 pounds" (#023)
 - "Very well... I lost 22 pounds. Yeah... I feel better because of the lost weight." (#013)
 - "Yes. I lost about 15 pounds, so I am at 170, Probably an inch around my waist that I've lost as well." (#008)
 - "I lost seven pounds throughout the course of the study, and I lost two inches from my waist." (#020)
 - "I went from a 41 waist down to 35 and three quarters. Everybody's noticed a difference." (#012)

• Better Labs and Reduction of Medication

- At the onset of the study participants were asked what they would like to get from the study. Better labs and reduced medication were two high on the list.
 - "I would say as far as my labs go; it definitely exceeded my expectations. I was really surprised at how my numbers changed. They were all good numbers to begin with, but I improved five out of six of the biomarkers just over the 12 weeks." (#021)
 - The wife stated: "I see the results and I'm really excited to see what he changes he's made, has been willing to do to make it happen in his body. When I see the medical report ...with such good results, it's, I'm willing to work with him as long as he's willing to keep doing it." (#013)

• Support

- "I have a real good support system here, my wife and my daughter. My wife cooks some good ketogenic diet meals, which made the big difference." (#012)
- "So, I am a little bit calmer when she puts in the coconut stuff, and it gives me a little more fat. It does smooth out my brain. She even says the same thing. I don't see it too much, but she sees a lot of it. At this point in time, it's her and I, and just trying to focus on our diet and make me a little bit smoother." (#019)
- "I'd say that it was like 80% family because (my spouse) did about 80% of the keto diet with me." (#004)
- "Oh yeah. My wife's a hundred percent in, no matter what I do." (#012)
- "I have a really great circle of friends in my corner that I'm pretty social, have people over to my house often, we go do stuff often. Maybe that's improved." (#021)

• Life Changing Comments

- "With all the positive things that I went through the last 12, 13 weeks, there seems to be some things that change your attitude and your outlook. And one was losing 20 plus pounds. The other one was being able to think clearly and communicate much easier. That gives you a level of confidence that you don't always have when you're in my old situation." (#016)
- "I just want to tell you thank you so much. This has really been life

Continued on next page...

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changing for me.” (#002)

- “Yeah, I think we did a phone meeting with Dr. Kumar's assistant and yeah, they mentioned that my gate was better. Yeah, I don't have any tremors.” (#008)
- “Just the idea of going from a level 10 pain to practically zero most of the time, almost anything is worth that. Plus, there's just dramatic improvements in all aspects of your life if you're not dealing with that kind of pain as far as mood goes, as far as depression goes, as far as your ability to do pretty much everything. That was a game changer for me.” (#023)

• Met Expectations

- It met my expectations because my A1C did go down. I did lose weight. What else was I expecting? (#004)
- I was really surprised at how my numbers changed. They were all good numbers to begin with, but I improved five out of six of the biomarkers just over the 12 weeks. And for me, that's huge to be able to see the scientific medical side of me to see in my blood, this is what it shows. (#021)
- I was able to try it, give it a bonafide try and that's about all you can ask for any clinical studies. I try not to go in with too many expectations because then it becomes the placebo effect or something like that. (#002)

• Exceeded Expectations

- I thought that I would lose a few pounds and maybe feel better, but I was really surprised at one how much weight I lost, and also how much better overall I feel. So, I think that this is something that I'm definitely going to stick with. (#002)
- “I got into the study at the last minute, I had some preconceived ideas, but it was the unknown that really drew me in. Not knowing much about keto diets, not knowing much about the effect that it would have on me, and how I'd be able to quantify the results. But there are a lot of good things that I can quantify by the numbers, and one is my waist size, decreased my weight, my energy increased. Just the fact that I can communicate and stay somewhat lucid during a conversation with my family. There were times when I just felt people weren't even listening to me because they can't either hear me, I was speaking so softly, or they weren't interested in what I was saying, because I couldn't put together my thoughts quick enough to be able to converse with them. And that's changed a little bit. So, I'm pleased about that. (#016)

• Participant Study Concerns

- Several participants described negative outcomes from the study, which felt the intervention created a feeling of worsening. Of course, we take these comments very seriously.
 - “Well, I don't know if we call it expectation or not? I had a hope of improving with the diet, but it really hasn't improved. It may have made it a little worse. I don't know if it was the diet or not? But my speech and my walking and my freezing are worse now than they were, whether that has anything to do with the diet or not, I don't know?” (#007)
 - “Maybe midway through the study ... I felt a loss of energy and loss of motivation to exercise. There was a couple of weeks in there where I didn't feel up to it. I am exercising more now, but there was a time during the middle of the study where I went for a few weeks doing less exercise than I had done prior to the study.” (#020)
 - “It really caused a lot of distress for my (spouse), because (they) had to change the shopping habits. And it was difficult to find ketogenic-friendly foods.” (#002)
 - “This diet/change was a challenge from the beginning. Transitioning from all of the food we had on hand to purchasing all new food took a few weeks and we never fully changed to a full keto diet till she started feeling really bad and she went to her primary care doctor. She did not gain weight and felt worse. The primary care doctor suggested that she not continue the keto diet. We were hopeful that a change in diet would help but were disappointed that no results came about the diet change to help with Parkinson's.” (#022)

• Associated Factors to Study Concerns

- **The study required specific criteria that must be met during the intervention**
 - Blood Monitoring - Weekly finger sticks to monitor glucose and ketones were required for compliance. These numbers were submitted to the researchers as confirmation they were following the agreed-upon program
 - Food Logs - When a participant had a non-compliant meter reading (below .5 ketones or over 100 glucose), the food logs would tell the story of why the readings were off.

- Food Preparation - Purchasing and preparing food that you are unfamiliar with can cause extra stress. As we noted in the concern section, it also added to the stress of the caregivers.

• Ketogenic/LCHF Commitment

- **Participants described their overwhelming desire to stay committed to this study and their ketogenic diet.** Here are a few of their comments.
 - “Overall, I felt the study was well worth my time. Because of the focus on just overall health. I am looking at blood work results from dieting. That's what makes it worth it the preparation and the working out. When you get those results and look at them and saying, Oh, this is worth it. A lot of people would say, I don't think the keto diet is a good idea. It's like, well, they haven't had the discipline to document their food intake. They haven't had the discipline to take the glucose and ketones to see how that's all working now.” (#012)
 - “I'm going to go full bore on this diet even harder. I'm trying to get my goal weight down to 195 and my blood work from the triglycerides from the 500s that they're at now into the 100s, and just even try and work harder with sugar and stay out of fast-food alley.” (#019)
 - “The diet, one side effect was it kept me more interested in monitoring my glucose level. Because before, through some physical exams, I've been declared pre-diabetic and my glucose levels were pretty high. So now I've gotten them under 100.” (#002)

Dr. Tidman thanked Dr. White for her presentation and then provided the audience with information regarding the extension of the study for an additional 12 weeks.

Longitudinal Study: Total of 24 weeks (in progress)

- A total of 8 participants agreed to participate in phase II of the study, extending their participation to the 6 months. These 8 participants will continue to adhere to the LCHF/KD and:
 - Submit glucose and ketone readings weekly for dietary compliance/adherence weeks 13-24
 - Have blood work repeated at the 24-week mark
 - Complete the Assessment forms (UPDRS, PAS, and CESDR) at the end of 24 weeks
 - Final QoL interviews
 - The same data points will be examined for all participants at the end of the 6-month period and results will be compared with both baseline and 12-week results.

Dr. Tidman also shared with the audience that one of the participants at the beginning of the study was basically bedridden and now he and his son are joining a gym. She added that Dr. Phillips agreed with the additional 12 weeks study extension which will conclude the first 2 weeks in July.

Dr. Tidman then added, the Research Team wishes to thank the Board and Membership of the Colorado Parkinson Foundation for funding and sponsoring this study. The commitment to research endeavors in the study of Parkinson's Disease is a tremendous contribution to the body of research concerning this condition.

Study publication anticipated Fall 2021.

She ended the presentation with a Question-and-Answer Period.

Question 1: Could you cover the range of ages of the study group participants again?

Answer 1: The age range was 36 – 80

Question 2: What if a person is not able to purchase or prepare food on the Keto Diet. If you limit carbs, fruits and dairy can you be successful?

Answer 2: Yes, eat real foods consisting of meat, fish, poultry, eggs, and healthy fats. Even if it says Keto on the package, you don't know what's in it. Eggs are a perfect food. Limit processed foods (sugars). You can be successful in this approach, I don't cook, we grill a lot. There are many ways to adapt Gluten free, low carb at restaurants, so you do not need to give up eating out, just let them know you have dietary restrictions and you'd be surprised at what's available.

Fun fact: Olive Garden has a whole other menu that is low carb, you just have to ask.

Question 3: What your study shows goes against the grain of the Standard American Diet.

Answer 3: You're correct, our food supply was built on the use of grains. Pharmaceuticals is how we deal with chronic disease; you don't make money if

people are healthy. There's not a lot of nutritional training for doctors, they're trained on medications. There's a world-wide movement to utilize a more holistic approach to health and chronic diseases. In 2018, the American Diabetes Association began promoting the Keto Diet. In 2019, American College of Physicians saw the Keto Diet as a viable alternative to treating chronic disease. Nasa utilizes the Keto Diet in high oxygen activities to eliminate seizures. The Keto Diet is used to treat epilepsy. At the Rio Olympics the US put all the US Olympic athletes on the Keto Diet, this approach is moving into the forefront because of health.

Question 4: An audience member shared her health issue of Type 1 diabetes; she takes insulin 4 times a day. She is transitioning to the Keto diet; her son calls it clean eating. She has had trouble maintaining her blood sugar and has been taken by ambulance to the ER a few times. She now uses a breathing technique to relax and during today's presentation she ate a Keto snack instead of calling an ambulance due to blood sugar imbalance. She shared this information in support of the Keto Diet and how it's helping her.

Answer 4: Can your pancreas repair itself? We don't know.

Question 5: Can you share what we learned in the study regarding sugar substitutes?

Answer 5: All sugar substitutes raise insulin, try not to use any. If you use a sugar substitute, there are several. First, Stevia – raw would be a good choice. There's also Erythritol and Monk fruit; you would need to determine what impact the sugar substitute has on your insulin level.

Question 6: Can you discuss fasting, intermittent fasting and 24-hour fasting?

Answer 6: Time restricted eating allows your body to repair, cleans up cells that have died. Examples of this would be eating between 8:00AM-3:00PM each day or dinner at 5:00PM and the next meal would be lunch, the next day. 24-hour fast benefits your brain. Ketones are jet fuel for your brain.

Question 7: How do you fast when you're on medication that requires you to eat something when taking your medication.

Answer 7: You can use bone broth and take your medication. Salt is important.

Question 8: Can you discuss leaky gut/microbiome?

Answer 8: Eliminating processed foods/chemicals will help heal. You can do Keto Diet, if you're a vegetarian, it's harder; you can use eggs, dairy to get fats and protein up.

Question 9: Can you discuss nuts; I over eat nuts.

Answer 9: It's best not to overdue nuts, they can be inflammatory.

Question 10: Food is medicine, what about animal/plant Keto?

Answer 10: Fats in animal products easier to digest and feeds the brain. Plant based – olive oil, avocado oil, and coconut oil.

Dr. Tidman then thanked the audience

Evidence Found That Proteins BMP5/7 May Help Slow Parkinson's By Brain via Parkinson's News Today – Joana Carvalho

Scientists have found evidence that BMP5 and BMP7, two bone morphogenetic proteins (BMPs) that have been found to play a role in the development of dopamine-producing neurons, may help to slow or even stop the progression of Parkinson's disease.

They discovered in a mouse model of Parkinson's that the two proteins were able to prevent the loss of dopamine-producing neurons triggered by the buildup of alpha-synuclein, a hallmark of the disease.

"These findings are very promising, since they suggest that BMP5/7 could slow or stop Parkinson's disease progression. Currently, we are focusing all our efforts on bringing our discovery closer to clinical application," Claude Brodski, MD, said in a press release. Brodski is head of the laboratory of Molecular Neuroscience at Ben-Gurion University (BGU) in Israel, and senior author of the study.

The team's findings were reported in the study, "BMP5/7 protect dopaminergic neurons in an alpha-synuclein mouse model of Parkinson's disease," published in the journal *Brain*.

Parkinson's is a progressive neurodegenerative disorder characterized by the gradual loss of dopamine-producing neurons located in the *substantia nigra* – a brain region responsible for movement control – driven by the accumulation of toxic clumps of the protein alpha-synuclein.

Over time, the gradual loss of these neurons causes patients to experience a series of motor impairments. While many therapies have been developed in recent years to help ease Parkinson's symptoms, they are not effective at slowing or halting disease progression.

Neurotropic factors – proteins and other molecules that promote neuron development and survival – are currently viewed as promising candidates to counteract neurodegeneration in Parkinson's.

In a previous study, the same group of researchers demonstrated that BMP5 and BMP7, two protein growth factors, play a key role in the development of dopamine-producing neurons, which are lost gradually over the course of Parkinson's.

However, researchers still did not know if these proteins could protect neurons against the toxic clumps of alpha-synuclein that gradually accumulate over the course of Parkinson's.

To answer this question, they injected viral vectors carrying genes that contained information to make BMP5/7 directly into the *substantia nigra* of a mouse model of Parkinson's. After doing so, they found that both proteins were able to protect dopamine-producing neurons from being destroyed by toxic clumps of alpha-synuclein.

To investigate if these proteins also could ease some of the animals' motor symptoms, investigators subjected mice to two different motor tests – the cylinder and pole tests – to evaluate the degree of their motor impairments. The cylinder test is designed to evaluate animals' front paws when investigating their environment, while the pole test evaluates their dexterity at grabbing and maneuvering a pole to descend to their cage.

In both tests, the performance of treated mice surpassed that of control animals (that were injected with a viral vector containing only a gene for a green fluorescent protein), confirming that BMP5/7 also could ease motor impairments associated with the disease.

"Indeed, we found that BMP5/7 treatment can, in a Parkinson's disease mouse model, efficiently prevent movement impairments caused by the accumulation of alpha-synuclein and reverse the loss of dopamine-producing brain cells," Brodski said.

They also showed treatment with BMP5/7 lowered the buildup of alpha-synuclein aggregates inside dopamine-producing neurons, and reduced gliosis – excessive proliferation of nerve cells that support and protect neurons, in response to damage to the central nervous system (the brain and spinal cord).

In contrast, loss of BMP5/7 led to the accumulation of alpha-synuclein, "suggesting that the therapeutic mechanism of action of BMP5/7 involves the reduction of [alpha]-synuclein accumulation."

These findings led the team to believe that BMP5/7 has potential to be used to slow, or even halt, Parkinson's progression. BGN Technologies, BGU's technology transfer company, already has filed multiple patent applications covering the discoveries of the new study.

"There is a vast need for new therapies to treat Parkinson's disease, especially in advanced stages of the disease. Dr. Brodski's findings, although still in their early stages, offer a disease-modified drug target that will address this patent pending invention," said Galit Mazooz Perlmutter, PhD. Senior vice president of business development at BGN Technologies.

**Thank
you!**

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

July Executive Committee Meetings (no August meeting unless needed)

July 13th @ 12:00 pm
Location: TBD—You will be notified by email.

Contact Linda at secretary@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 Linda can

September Newsletter Input Deadline: August 19th

Call or e-mail Julie at:

db_mgr@co-parkinson.org.

Other Local Support Groups: Due to Coronavirus concerns, check ahead to see if canceled

Ladies with Parkinson's Support Group

If you are a lady with Parkinson's Disease, and would like to join the group or just get more information, contact Carla Holland at [redacted] or by email at [redacted] president@co-parkinson.org.

Parkinson's Caregivers Support Group

Starting in September, the caregivers support group will be meeting again with new leader Brenda Hicks and possibly a new meeting place, day of the month and time. If you are interested in attending, Brenda would like feedback from you to let her know what day of the week and the best time of the day would work for you and we will let you know as soon as those details are decided. All family caregivers of persons with Parkinson's are invited to come and participate in our discussion meetings.

E-mail db_mgr@co-parkinson.org or call [redacted].

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.

Essential Tremor Support Group

For information on scheduled meetings and locations, please contact:

Jim Sanchez
719-660-7275

Other Opportunities: Due to Coronavirus concerns, check ahead to see if canceled

LSVT BIG & LOUD at Home

At Home Healthcare offers the LSVT BIG & LOUD therapy program for individuals with Parkinson's Disease in the comfort of their homes. Their therapists are LSVT certified and can accommodate patients' home schedules. Medicare covers out patient therapy at 80% and home health therapy at 100%. If you have questions about this service or would like a referral coordinated through your primary care provider please call their office at: (719) 227-8624.

Creativity Lab

Greetings everyone! With concerns for the health and safety of our participants, we at The Unsteady Hand have suspended all in person programming. We hope to resume around the first of the year. In interim, we are regularly updating our webpage with creative and fun things to do at home (Homework-the fun kind) and we also recently created a PD resource page on our site. We miss you dearly and can't wait to see you again!
www.TheUnsteadyHand.org
Re-Imaging Parkinson's - Mo

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. Therapy offered includes speech/ language & cognitive therapy, swallow rehabilitation and voice therapy (LSVT LOUD) an evidenced based voice treatment program designed for patients with Parkinson's disease. For more info, contact Jana Hothan, MA, CCC_SLP, LLC at slp@janahothan.com or by phone at (719) 338-8165.



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

July	Jyl Alexander	Mala Cobey	John Henricks	Ruth Modaff
	Calvin Anderson	Andy de Naray	Delories Heyliger	Beverly Noe
August	Stan Bowlin	Anne Farlow	Brenda Jensen	Julie Pfarrer
	Gary Bradley	Ken Farlow	Gary Jensen	George (Woody) Sherk
	Brian A. Carlson	Shelly Fly	Vern McDonnell	Steve Telatnik
	Sally Clark	Shirley Gloss-Soler	Patricia Meredith	
	Kathy Ader	Marc Collins	John Hobson	Mark Rupert
	Bethany Andreen-Bailey	Larry Costello	Lowell Kayser	Alfredo Serrano
	Randall Austin	Mike Davis	Michael Lippincott	Bruce Terrell
	Allen Beauchamp	Reva Epler	Carl McKellip	Laura Torgerson
	Charles Bogues	June Essing	Tami Onstad	Alice Wilson
	Sharon Carlson	Larry Grubaugh	Jim Prior	Rodger Ziemer
	Barbara Carr	Lorraine Helminski	Frank Quidachay	Sandra Ziemer
	James Coen	Sonya Hero	Lil Ray	Carol Zier
		Roger Hill	Catherine Reed	Charlie Zinn

LENDING LOCKER INVENTORY

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

3 wheeled walker	1	Canes	5	Knee splint	1	Stand-up walker	1
Arm assist for wheelchairs	1	Crutches	2	Lift chairs	2	Suction cup hand rail	1
Arm splint	1	Exercise bike	1	Lift Ware – tremor compensating fork & spoon	1	Transport chairs	2
Bed Cane	2	Exercise pedals for 2	1	Lumbar traction belt	1	Tub rail	1
Bedpan	1	Hospital beds	2	Pickup assist	2	Voice amplifier	2
Bedside toilet	4	Ice man - therapeutic for knee replacement surgery	1	Raised toilet seats	4	Walkers with wheels/seat	6
Black back brace	1			Shower benches/chairs	8	Wheelchairs	5



Help us 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 by calling [redacted].

PD Exercise Classes: Due to Coronavirus concerns, check ahead to see if canceled**Ormao Dance Company
Invites you to Dance for****Parkinson's Live Streamed Class**

Dance for Parkinson's—Keep Moving!
Each Fri at 11am until further notice

It's free and just requires internet
access, a computer, iPad or smart

phone to connect to the zoom
website. There will be a new Zoom

Meeting each week. Go to the

<https://co-parkinson.org> event

calendar each week for a new link.

Contact Laura Treglia at 719-640-8478
for more information

Look forward to moving with you!

**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.

PWR!Moves Class

Skyline Wellness & Aquatics Center
is partnering with the YMCA to
help the PWR! Moves class be more
available to everyone. We are reach-
ing out to help individuals who may
be located on the south side of town
and need a closer location to their
home. We are located within

Brookdale Skyline at 2365 Patriot
Heights 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

is offering PWR Boot Camp classes,
donation based Power Punch Boxing,
pole walking classes and individual

PD specific fitness training.

NEW LOCATION: 525 E. Fountain
Blvd. Suite 150. Park on the S. Royer
side of the building.

Boxing: Tues/Thur – 4:00 to 5:00pm
and Sat – 9:00am to 10:00am

PWR Boot Camp: Mon/Wed –
3:30pm to 4:30pm

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

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 East Fountain Blvd.
MACS—corner of Fountain & Royer

Cost: \$10.00 a class.

Falcon Exercise Group

Mon and Fri –11:00 – 12:00 noon,
Grace Community Church.

For more information contact
Catherine Reed at [REDACTED].

**Coronavirus and
Parkinson's Disease**

For information on
coronavirus and
Parkinson's Disease go to:
www.parkinson.org/CoronaVirus.

YMCA PD Exercise Classes

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

**NOTE: All classes have been
suspended except the following:**

Tri-Lakes YMCA: PWR!Moves
Tuesday & Thursdays, 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**

**NeuroRehab Project at ORA – Water
and Movement Classes** offers the

following classes:

Improve your mobility in the water: We offer
warm water (92 degrees) pool classes for
people with movement disorders. Mondays
and Wednesdays from 1:30-2:30. \$10.

Parkinson's Wellness Recovery Exercise Class:
Power Moderate level. Fri at 1:30. \$10

Parkinson's Wellness Recovery Exercise Class:
Power Advanced level. Wed at 1:30. \$10.

Danielle Spivey, PT and Rachel Johnson, SLP
have created these opportunities to augment
skilled Physical and Speech Therapy.

Location: Pikes Peak Athletics, 602 Elkton Drive
in Rockrimmon. Please call us at (719) 559-0680
for information and to get signed up.

**Marketing Research Study for Essential
Tremor Patients**

Sponsored by RC Horowitz & Company, Inc
a marketing research company

If you have been diagnosed by your doctor with
moderate or severe essential tremors, you may be
eligible to participate in a paid marketing research.
You will be paid \$250 for a single 75-minute inter-
view. Research is being conducted to help im-
prove education for people who have been
diagnosed with ET. For more information, please
call: Devi Heyer, (888) 392-500 or (212) 401-
7902.

"RC Horowitz & Company works to help bridge
the gap between patients and the healthcare in-
dustry. Information gained from our studies is
used to provide the healthcare industry invaluable
information about patient experiences. Our stud-
ies have helped bring new drugs to the market,
improve drug delivery methods, and develop pa-
tient informational materials like support websites,
drug start-up brochures, and patient information
packets. The more our clients learn, the better we
can make it for others in the future."

Colorado Parkinson Foundation, Inc.

1155 Kelly Johnson Blvd.

Suite # 111

Colorado Springs, CO 80920

Parkinson's Perspective

JULY & AUGUST 2021

Coming Events

See Inside for Details, Phone Numbers, and for More Information

July 10th – Reg Mtg at the Academy Christian Church – 10 am

Program: Break-Out Sessions – Caregivers & Parkinsonians separate into different rooms to talk

August 14th – Picnic!!! John Venezia Park – Barn Pavilion

September 11th – Reg Mtg at the Academy Christian Church – 10 am

Program: Urinary Tract Issues with Parkinson's – **Speaker:** Danielle Spivey Mulligan, PT, MSPT

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- ◆ Tri-Lakes PD Support Group meets the 3rd Sat of each month – Contact Barry Hanenburg at bhanenbu@hotmail.com.
 - ◆ NeuroRehab Project at ORA – Call Danielle for PWR!MOVES or Rachel for Speech Therapy & Swallowing at 719-265-6601.
 - ◆ YMCA- Parkinson's Wellness Recovery Exercise – call (719) 329-7295 or email wellness@ppymca.org.
 - ◆ Colorado Springs Senior Center: Exercise, Yoga, and TaiChi for older adults - (719) 955-3400 or <http://www.ppymca.org/colorado-springs-senior-center/about-us>.
 - ◆ UCCS Center for Active Living – at the Lane Center - Power Moves group exercise classes. Also: Balance & Agility Class for information: Call 719-255-8004 or email CAL@uccs.edu.
 - ◆ Max Capacity NeuroFitness – Contact Emily at (719) 213-3996 or visit maxcapacitypt.com
 - ◆ The Resource Exchange – the single-entry point for Medicaid long-term care – must be eligible for Medicaid and for Social Security disability.

More useful websites: <https://parkinsonsnewstoday.com>; www.parkinsonrockies.org; www.parkinson.org; www.nwfp.org; michaeljfoxfoundation.org; www.parkinsonheartland.org; <https://www.pdself.org>; <https://www.brainhq.com/world-class-science/published-research/active-study>; www.davisphinneyfoundation.org/living-pd/webinar/videos/cognitive-nonmotor-symptoms-parkinsons; <http://caremap.parkinson.org>; https://www.youtube.com/playlist?list=PLkPIhQnN7cN6dAJZ5K5zQzY84btUTLo_C; <https://www.michaeljfox.org/foundation/news-detail.php?self-care-tips-for-parkinson-disease-caregivers>; pmdalliance.org