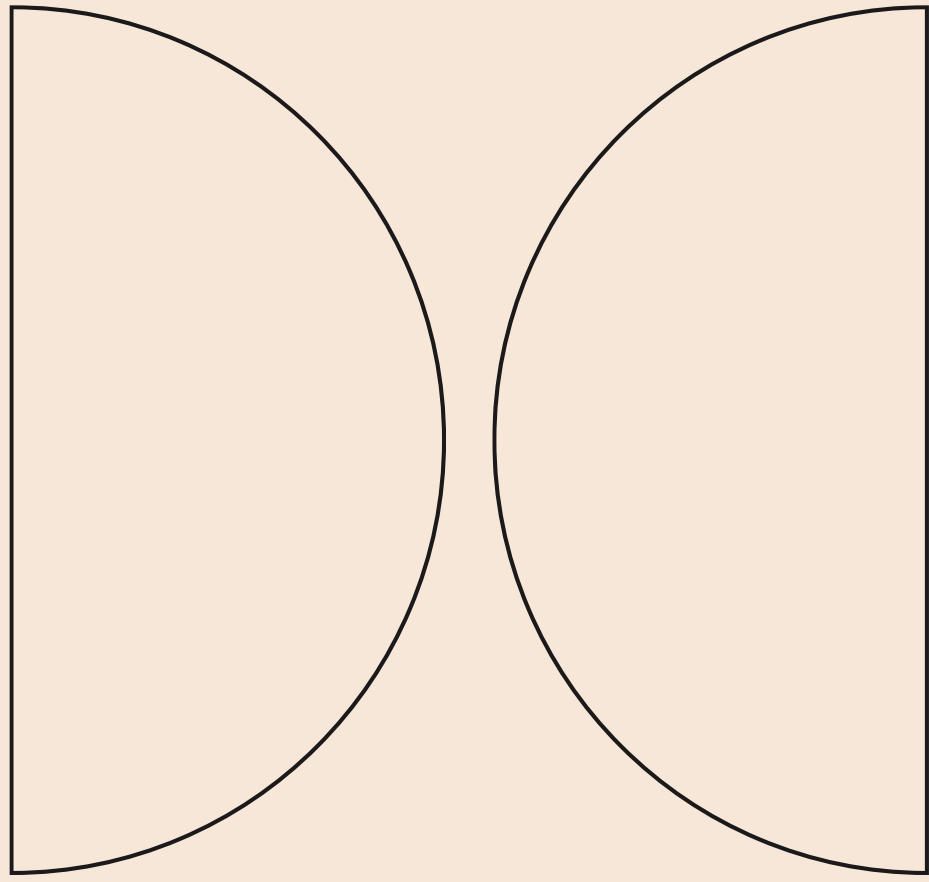


**Dr. Melanie Tidman DHSc, MA, OTR/L., MHP**



**EIGHT YEARS**

**OF EVIDENCE**

RESEARCH IN  
PARKINSON'S DISEASE

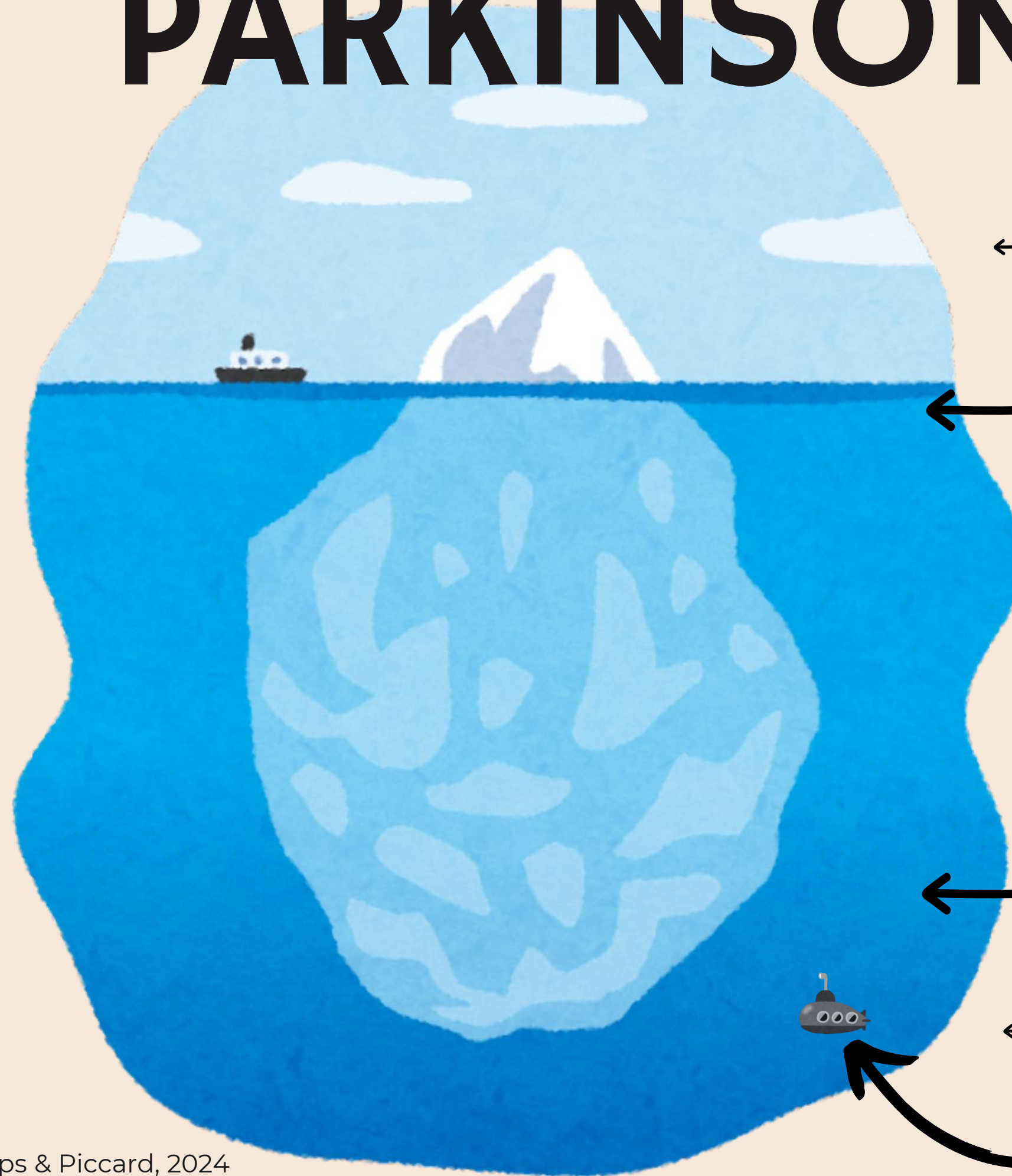


# OBJECTIVES

- \* **Discuss Research Contributions Over the Past Five Years**
- \* **Discuss Results of Studies Conducted for Colorado Parkinson Foundation**
- \* **Discuss How to Apply Research Results to Mitigate Parkinson's Disease Symptoms**
- \* **Discuss Next Steps in Research**



# PARKINSON'S DISEASE



## MOTOR SYMPTOMS

Tremor, Rigidity, Gait Problems, Speech Problems

## NON-MOTOR SYMPTOMS

Sleep, Fatigue, GI Issues, Depression, Apathy, Anxiety

## COMMON CAUSES

Environmental Exposures, Pesticides, Insecticides, Pollution, H/O Head Trauma, Heavy Metals, Nutrition

## LEAST COMMON CAUSES

Genetic Mutations (<5% of Cases)

## NEW RESEARCH

Mitochondrial Dysfunction



# WHY DO RESEARCH?

# WHAT WE'VE BEEN EATING SINCE 1977



# CURRENT GOVERNMENTAL GUIDELINES

## 1/2 - 2 Cups Per Day

Includes: Fresh Fruits, Berries, Canned Fruits, Applesauce, Dried Fruit, Fruit Juices & more.

### FRUITS



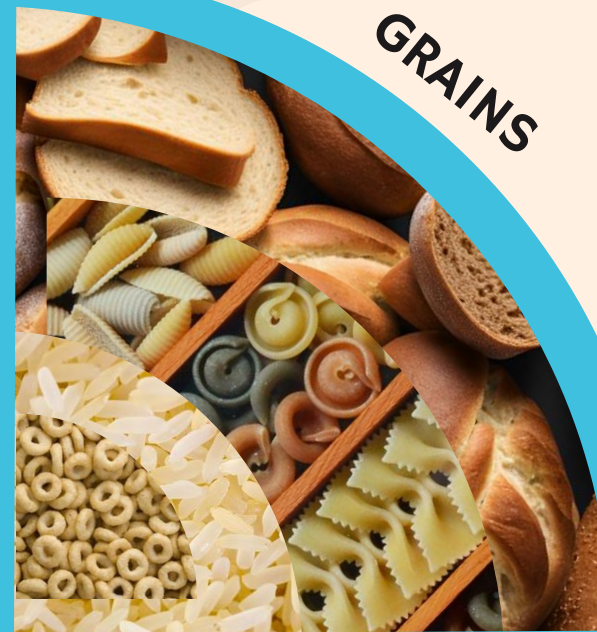
## 2/3 - 4 Cups Per Day

Includes: Leafy Veggies, Tubers, Tomatoes, Starches, Potatoes, Avocado, Onions, Cabbage, Squash & more.

### VEGETABLES



### GRAINS



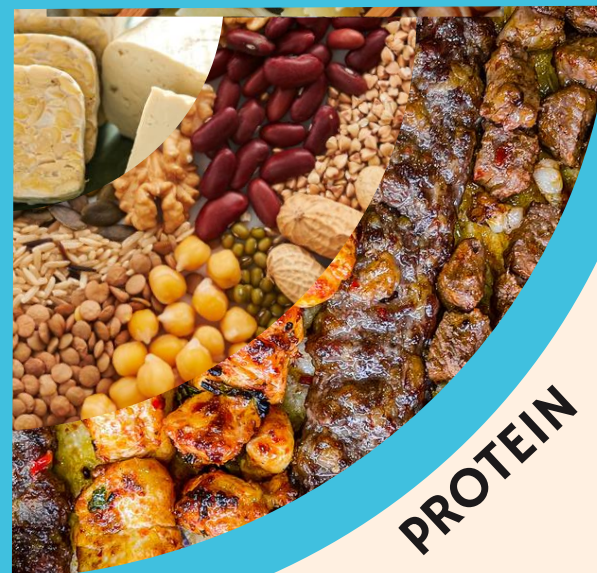
## 1 1/2 - 5 Cups Per Day

Includes: Breads, Tortillas, Cereal, Popcorn, Rice, Oatmeal, Pasta, Grits, Foods Made From Grains.

## 2 - 7 oz Per Day

Includes: Seafood, Meat, Poultry, Eggs, Beans, Peas, Lentils, Nuts, Seeds, Soy, Tofu, & Tempeh.

### PROTEIN



### DAIRY



## 2 - 7 oz Per Day

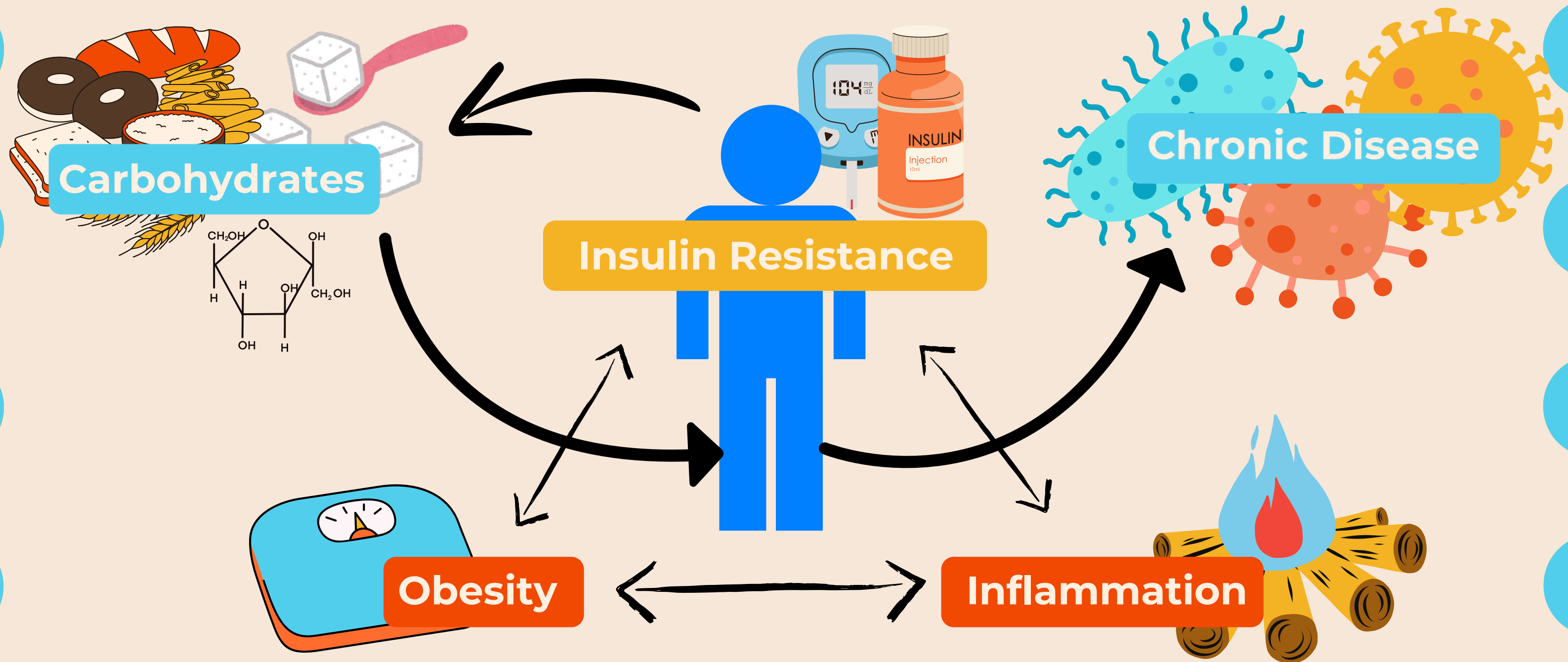
Includes: Yogurt, Milk, Cheese, Lactose-free Milk, Fortified Soy Milk & Yogurt. **DOES NOT** include High Fat Content Milk Products such as Cream Cheese, Sour Cream, Cream & Butter.

Hey...where are the fats?

See: [MyPlate.gov](https://www.myplate.gov)



# THE AXIS OF ILLNESS



# KETO FOR NEURO



Ketogenic Diet for Neurological Conditions

**70%-80%**

**Fats**

**20%-25%**

**Proteins**

**5%-10%**

**Carbohydrates**



# KETO FOR METSYN

Ketogenic Diet for Metabolic Conditions:  
Weight Loss, Diabetes, GI Issues, &  
Autoimmune Disorder

**60%-70%**

**Fats**

**25%-35%**

**Proteins**

**5%-7%**

**Carbohydrates**

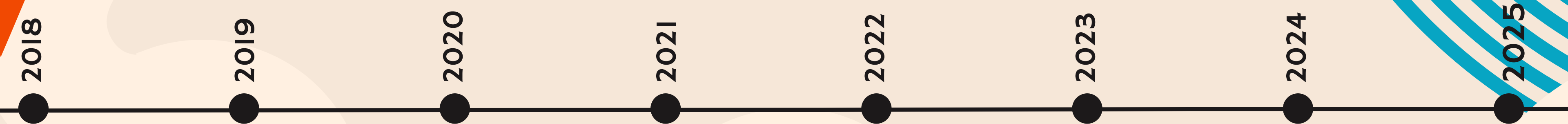
# THE LOW CARB HIGH FAT KETOGENIC DIET



Click on the lightbulb icon to navigate back to this slide.

Click on a study's icon below to navigate to the information about that study.

# RESEARCH TIMELINE



PARKINSON'S DISEASE AND EXERCISE



A Community Partnership Pilot Study

KETO & PARKINSON'S: DEPRESSION & ANXIETY



Parkinson's Depression & Anxiety Pilot Study

PARKINSON'S DISEASE CASE STUDY



Effects of Keto on Parkinson's

KETO & PARKINSON'S: LONGITUDINAL STUDY



Parkinson's Depression & Anxiety 6 Month Study

METABOLIC SYNDROME CASE STUDY



Keto & MetSyn in Parkinson's Disease

NOW RECRUITING!



Sleep, Fatigue, Cognition & Parkinson's: A 36 Week Pilot Study



# 2018-2019

# PARKINSON'S DISEASE & EXERCISE

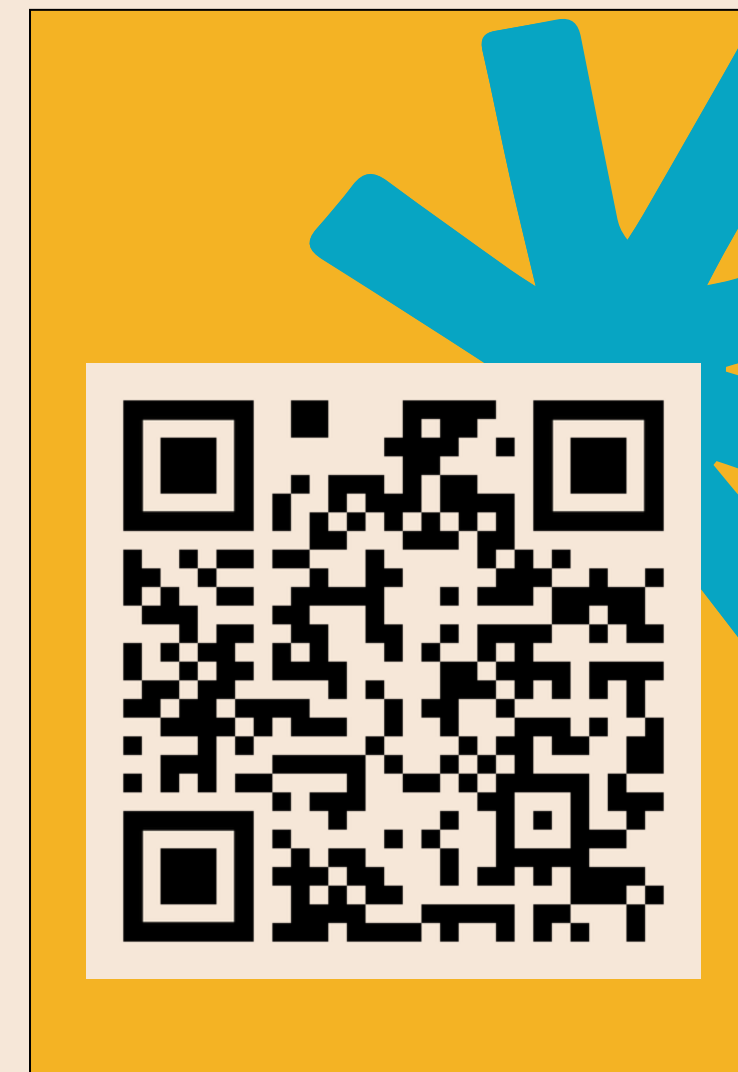
 A Community Partnership Case Study





**THE EFFECTS OF A COMMUNITY-  
BASED PARKINSON'S WELLNESS  
RECOVERY(PWR) PROGRAM ON  
MOBILITY, BALANCE, COGNITION,  
ADLS/SELF CARE, AND QOL:  
A COMMUNITY PARTNERSHIP  
PILOT STUDY**


Tidman and Skotzke



**QR CODE**

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# CLINICAL QUESTION

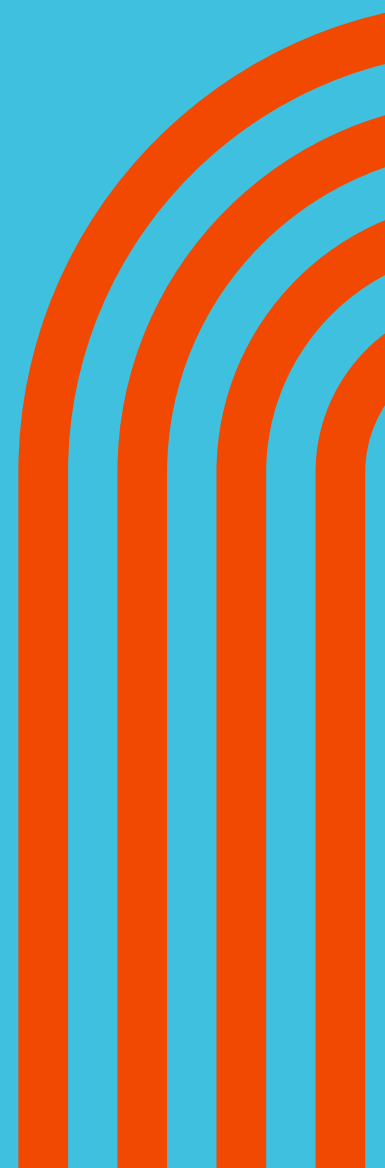
A series of five orange, slanted rectangular bars of varying lengths, arranged in a fan-like pattern from the bottom left towards the center of the page.A light blue semi-circle shape on the left side of the right-hand page, partially overlapping the orange background.

## QUESTION BEING RESEARCHED:

How does participation in a community exercise program affect symptoms of Parkinson's Disease (PD), depression, socialization, and motivation to improve quality of life

## THE WHY

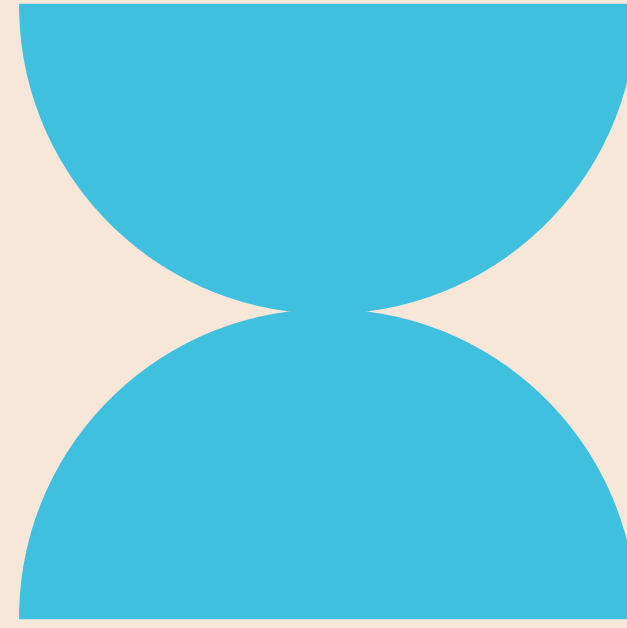
Persons with PD suffer from depression and lack motivation to participate in community activities or exercises.

A decorative graphic in the bottom right corner consisting of several concentric, rounded rectangular lines in orange and blue colors.



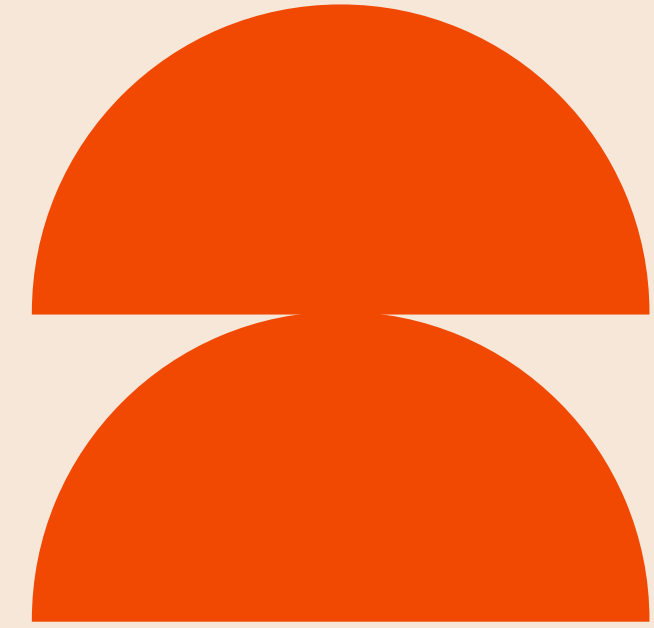
## **EXERCISE**

Fitness Education Program at the YMCA.



## **FITNESS PROGRAM**

60 minute classes, Dr. Becky Farley PWR UP, two times per week for 8 weeks.

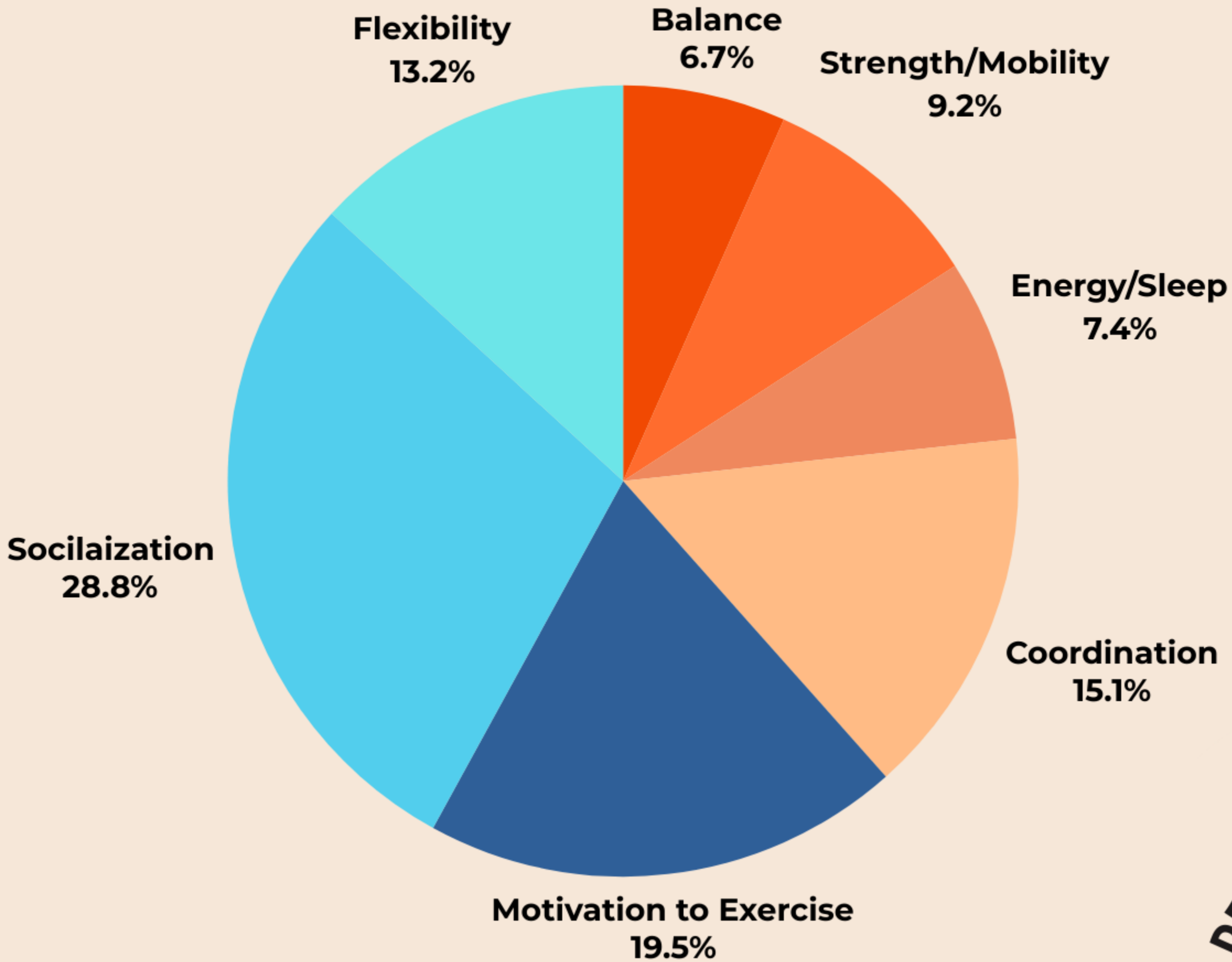


## **PARTICIPATION**

Study participants participated in 90% of study classes.

# **VARIABLES**

# RESULTS





# CONCLUSION



## WHAT WAS STUDIED

The study involved a community exercise program provided at a local YMCA designed specifically for persons with PD to enhance their motor skills, balance, and coordination.

## WHAT THE RESULTS TOLD US

This community-based exercise study showed improvements in socialization, self-reported coordination and motivation to exercise.

## INTERESTED TO STUDY NEXT

Future research should include larger study sample sizes and longer duration studies to determine the benefits of a long-term exercise intervention on physical, emotional, and mental health in PD.



# 2020-2022

# KETO & PARKINSON'S: DEPRESSION & ANXIETY



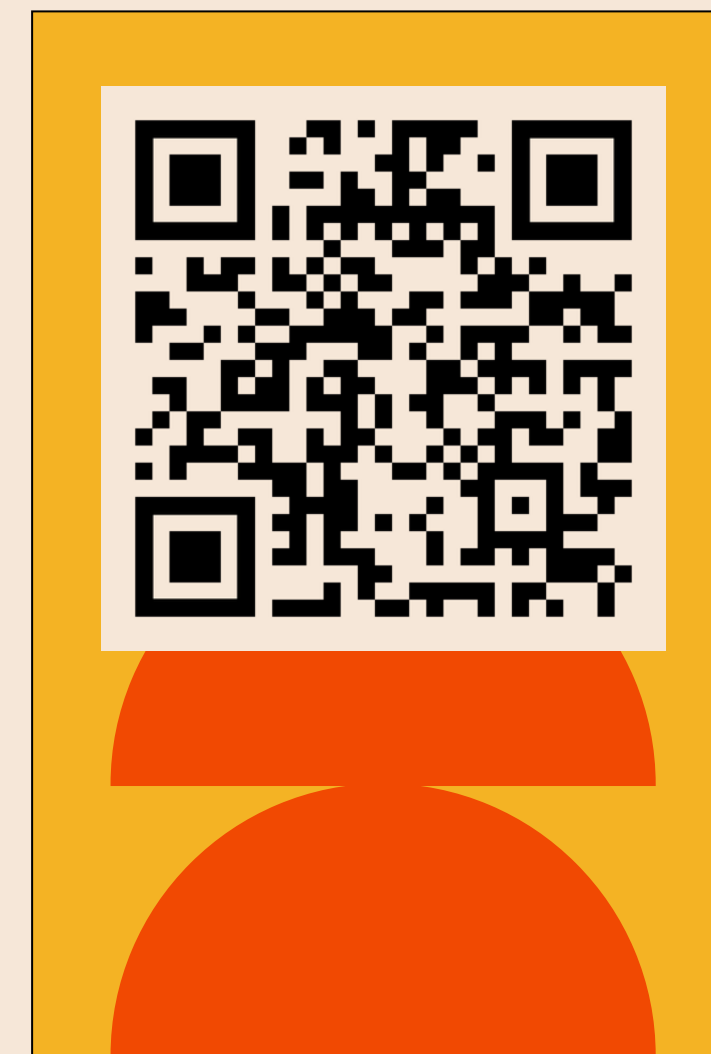
Parkinson's Depression & Anxiety Pilot Study





**EFFECTS OF AN LOW  
CARBOHYDRATE, HIGH FAT,  
KETOGENIC DIET ON  
PARKINSON'S DISEASE  
SYMPTOMS, DEPRESSION,  
ANXIETY, QOL, AND GENERIC  
HEALTH: A PILOT STUDY**

Tidman, White & White



**QR CODE**

Scan or Click the QR Code to  
Read the Published Article

# CLINICAL QUESTION

## QUESTION BEING RESEARCHED:

To evaluate a low carbohydrate, high fat, ketogenic diet (LCHF/KD) on symptoms, depression, anxiety, and biomarkers in adults with Parkinson's Disease (PD).

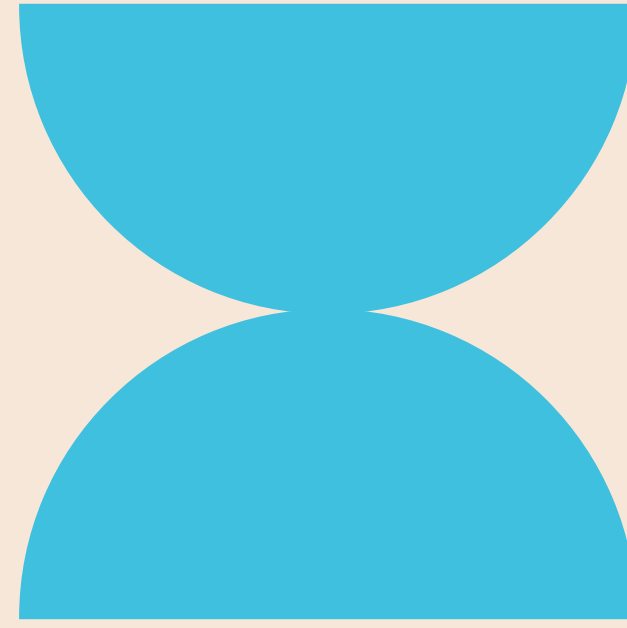
## THE WHY

Evidence presents nonpharmacological treatments as viable treatments adding to therapeutic options, and suggests a LCHF/KD is a beneficial treatment of chronic diseases such as obesity, diabetes, cardiovascular disease, and in applications for NDDs, specifically, Parkinson's Disease



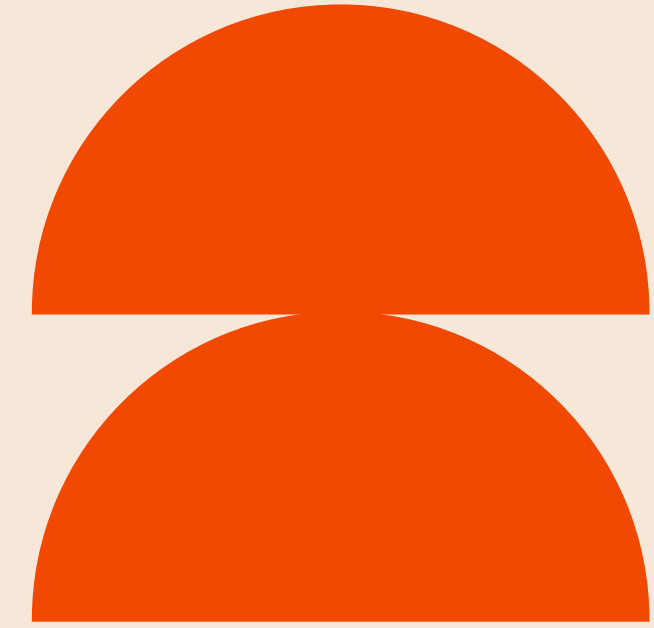
## **TIMEFRAME**

16 participants over a 12 week time period.



## **SYMPTOMS & BIOMARKERS**

Analyzed changes in BMI, Waist Measurements, Symptoms of PD, Depression, Anxiety, Cardiovascular Risk, QoL Data.



## **DIET**

Low Carb, High Fat Ketogenic Diet

# **VARIABLES**

# RESULTS

This is just a snapshot of the results from the study.

Biomarkers		Difference					P Value
Biomarker	Test	N	Mean	SD	Median	IQR	P
BMI (kg/m <sup>2</sup> )	t	16	-2.54	1.66	-2.24	2.21	<0.0001
Fasting Insulin (mIU/L)	S	16	-4.70	6.10	-2.45	7.30	0.0018
HgA1C (%)	t	16	-0.46	0.69	-0.30	0.15	<0.0001
PAS Total Score	t	16	-3.06	4.06	-2.00	7.00	0.0086
UPDRS Subtotal	t	16	-1.06	1.39	-1.00	2.00	0.0079
Waist Circumference (in)	t	16	-3.84	3.21	-3.88	4.25	0.0002
Weight (lbs)	t	16	-16.81	11.03	-15.25	14.40	<0.0001

# RESULTS

Changes in biomarkers were observed

**81.6%**

**Saw a difference of 0.88 to 5.88 in their BMI**

**47.7%**

**Saw a difference of 4.70 to 16.9 in their Fasting Insulin**

**47.7%**

**Saw a difference of 3.84 to 10.26 in their Waist Measurement**

**47.7%**

**Saw a difference of 16.81 to 38.87 in their Weight**



# CONCLUSION



## WHAT WAS STUDIED

The effects of a LCHF/KD on a participants' depression, anxiety, and health biomarkers over 12 weeks. The study provided pre-post-study comparisons of biomarkers, weight, waist measurement, United Parkinson's Disease Rating Scale (UPDRS), Parkinson's Anxiety Scale (PAS), and CESDR Depression Scale after 12 weeks on a LCHF/KD.

## WHAT THE RESULTS TOLD US

Statistically, significant improvements occurred in several measurements, anxiety scores, and Part I of Parkinson's Disease rating scale.

## INTERESTED TO STUDY NEXT

Future research should investigate the efficacy of using the LCHF/KD in patients with PD and symptoms of depression and anxiety over an extended study period (>12 weeks) to note any additional effects of the nutritional intervention on Neurodegenerative disease symptoms, and stage progression in Parkinson's Disease.





# 2022

# PARKINSON'S DISEASE CASE STUDY



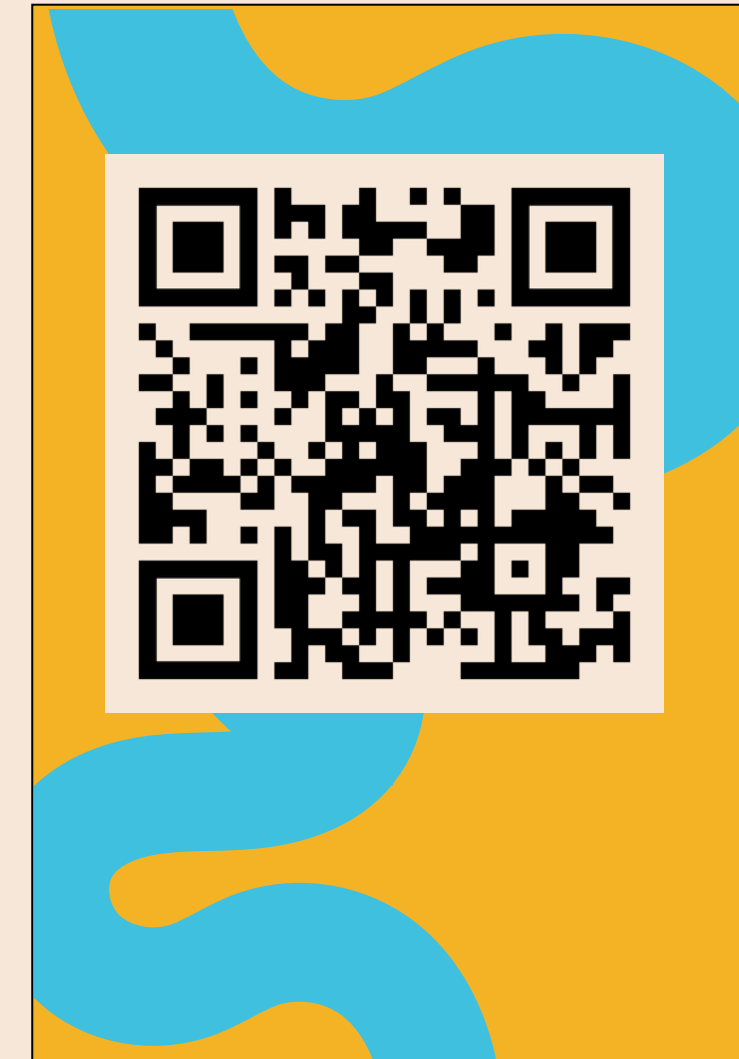
Effects of Keto on Parkinson's





# EFFECTS OF A KETOGENIC DIET ON SYMPTOMS, BIOMARKERS, DEPRESSION, AND ANXIETY IN PARKINSON'S DISEASE: A CASE STUDY

Tidman



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Read the Published Article

# CLINICAL QUESTION

## QUESTION BEING RESEARCHED:

We documented a case study involving a 68-year-old female with PD stage I and a history of mild symptoms of anxiety and depression. The subject adopted a traditional ketogenic diet (fats 70%; protein 25%; carbohydrates 5%) for 24 weeks. Baseline, 12-week and 24-week biomarkers (lab results), and scores on a depression scale, anxiety scale, and the Unified Parkinson's Disease Rating Scale (UPDRS) (parts I-III) for PD symptoms were compared.

## THE WHY

There is a growing interest in the investigation of nutritional approaches to managing symptoms, depression and anxiety in Parkinson's Disease.



# BACK GRO UND

## PARTICIPANT

- \* Female
- \* 68 years of age.
- \* Married
- \* Student
- \* Adult children.

## MEDICAL HISTORY

- \* Parkinson's Disease Stage 1; Mild Parkinson's Disease motor symptoms - mainly during daily activities.
- \* Mild-to-moderate symptoms of anxiety and depression.
- \* Issues with blood glucose control.

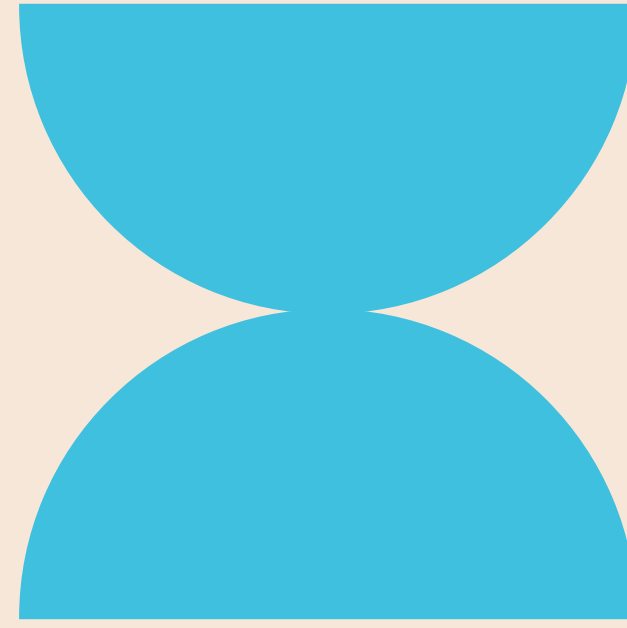
## SCALES

- \* Center for Epidemiologic Studies Depression Scale-Revised (CESDR-R-20).
- \* The Parkinson's Anxiety Scale (PAS)
- \* The Unified Parkinson's Disease Rating Scale (UPDRS)



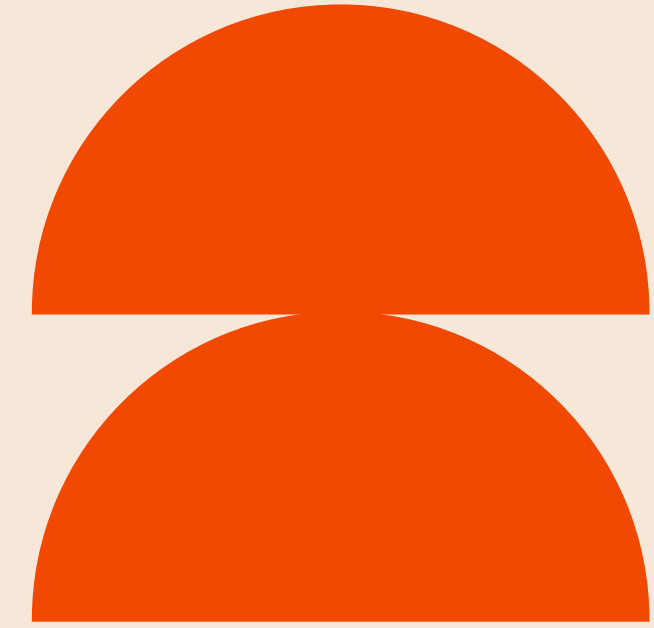
## TIMELINE

Measurements taken at baseline, 12 weeks, and 24 weeks.



## DATA ANALYZED

Analyzed changes in HbA1C, Triglycerides, HDL, Fasting Insulin, High Sensitivity C-Reactive Protein, Waist Measurements, CESDR Score, PAS Score, Cardiac Risk Ratio, Hs-CRP.



## DIET

Low Carb, High Fat  
Ketogenic Diet

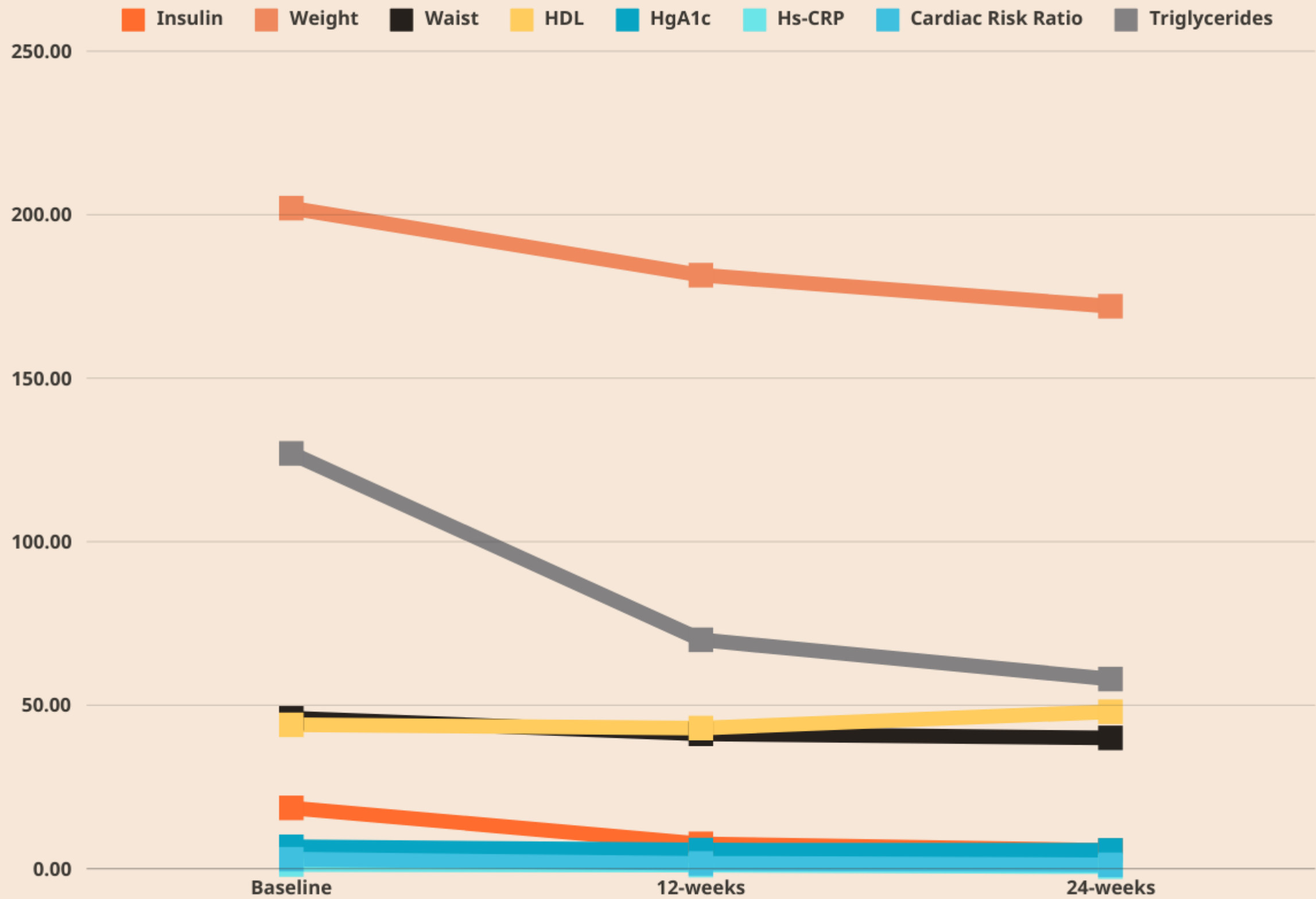
# VARIABLES

# RESULTS

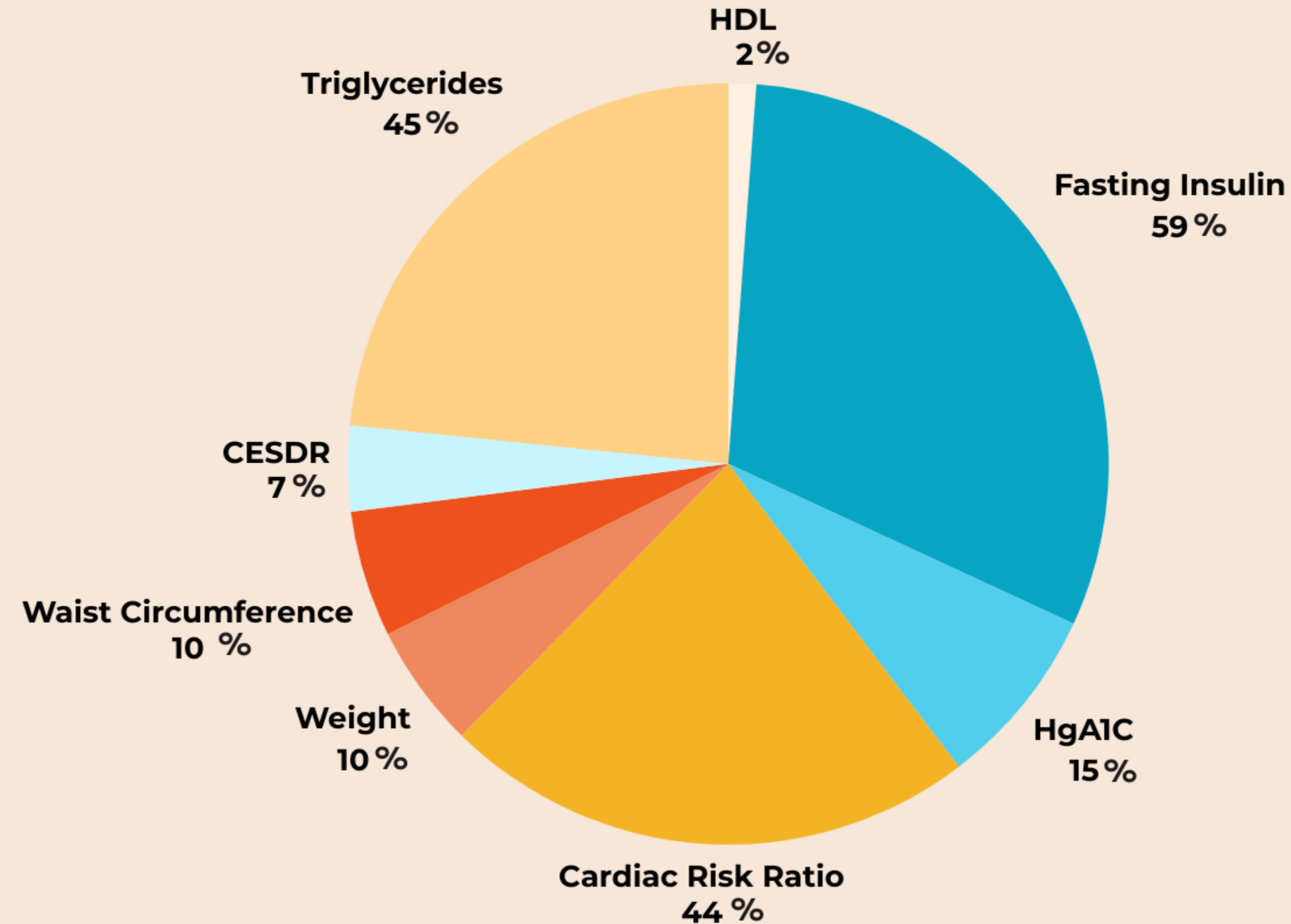
This is just a snapshot of the results from the study.

Biomarker	Baseline	12 Weeks	24 Weeks	Change (Points)
CESDR Score	42	39	34	-8
PAS Score	23	20	17	-6
UPDRS Score	24	26	33	+9
Triglycerides (mg/dL)	127	70	58	-69
HDL (mg/dL)	44	43	48	+4
Hs-CRP (mg/L)	1.29	1.09	0.64	-0.65
Fasting Insulin (mIU/L)	18.6	7.6	5.6	-13
HgA1C (%)	6.7	5.7	5.6	-1.1
Cardiac Risk Ratio (Tri/HDL)	2.88	1.62	1.20	-1.68
Weight (lbs)	202	181.5	172.4	-29.6
Waist Circumference (in)	46	41.25	40	-6

# RESULTS



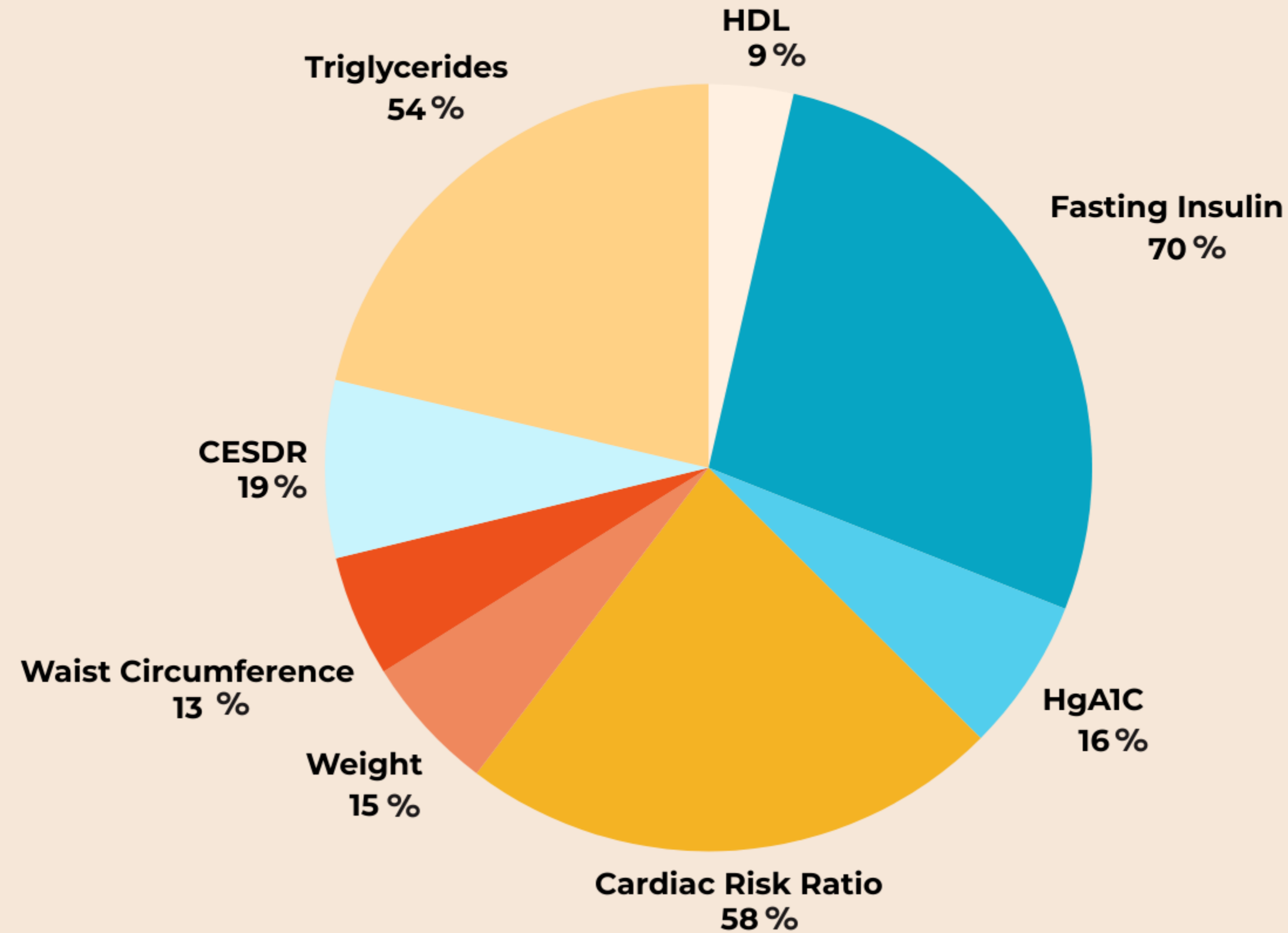
# RESULTS @ 12 WEEKS



**PERCENT DECREASE  
IN MEASUREMENT  
AFER 12 WEEKS  
WHEN COMPARED  
TO BASELINE**



# RESULTS @ 24 WEEKS



**PERCENT DECREASE  
IN MEASUREMENT  
AFTER 24 WEEKS  
WHEN COMPARED  
TO BASELINE**

# RESULTS

Overall Changes in Biomarkers in 24 Weeks

**69.9%**

Decrease in Fasting Insulin

**54.3%**

Decrease in Triglycerides

**58.3%**

Decrease in Cardiac Risk Ratio



# CONCLUSION



## WHAT WAS STUDIED

The subject adopted a traditional ketogenic diet (fats 70%; protein 25%; carbohydrates 5%) for 24 weeks. Baseline, 12-week and 24-week biomarkers (lab results), and scores on a depression scale, anxiety scale, and the Unified Parkinson's Disease Rating Scale (UPDRS) (parts I-III) for PD symptoms were compared

## WHAT THE RESULTS TOLD US

Significant improvements were observed in all health biomarkers, including a reduction in HbA1C, C-reactive protein (CRP), triglycerides, and fasting insulin, along with weight loss and reduction in cardiac risk factors. Improved high-density lipoprotein (HDL) levels were seen at 12 weeks and 24 weeks, along with improved anxiety symptoms at the 12-week and 24-week mark. Minimum improvement was seen on depression scale scores at 24 weeks

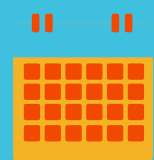
## INTERESTED TO STUDY NEXT

The results of this case study demonstrate the need for more randomized clinical trials to further test the effectiveness of the LCHF/KD in improving cognitive function and controlling or reducing symptoms of depression, anxiety, and both motor and nonmotor symptoms in PD.



# 2023-2024

# KETO & PARKINSON'S: LONGITUDINAL STUDY



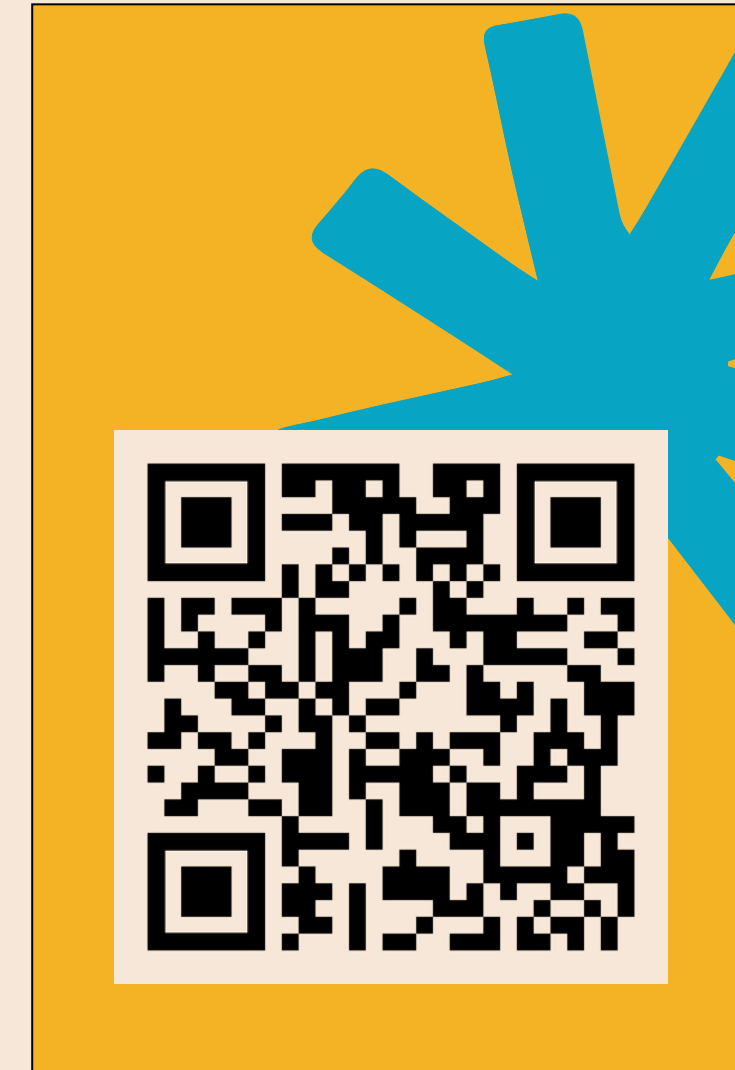
Parkinson's Depression & Anxiety 6 Month Study





# **IMPACT OF A KETO DIET ON SYMPTOMS OF PARKINSON'S DISEASE, BIOMARKERS, DEPRESSION, ANXIETY AND QUALITY OF LIFE: A LONGITUDINAL STUDY**

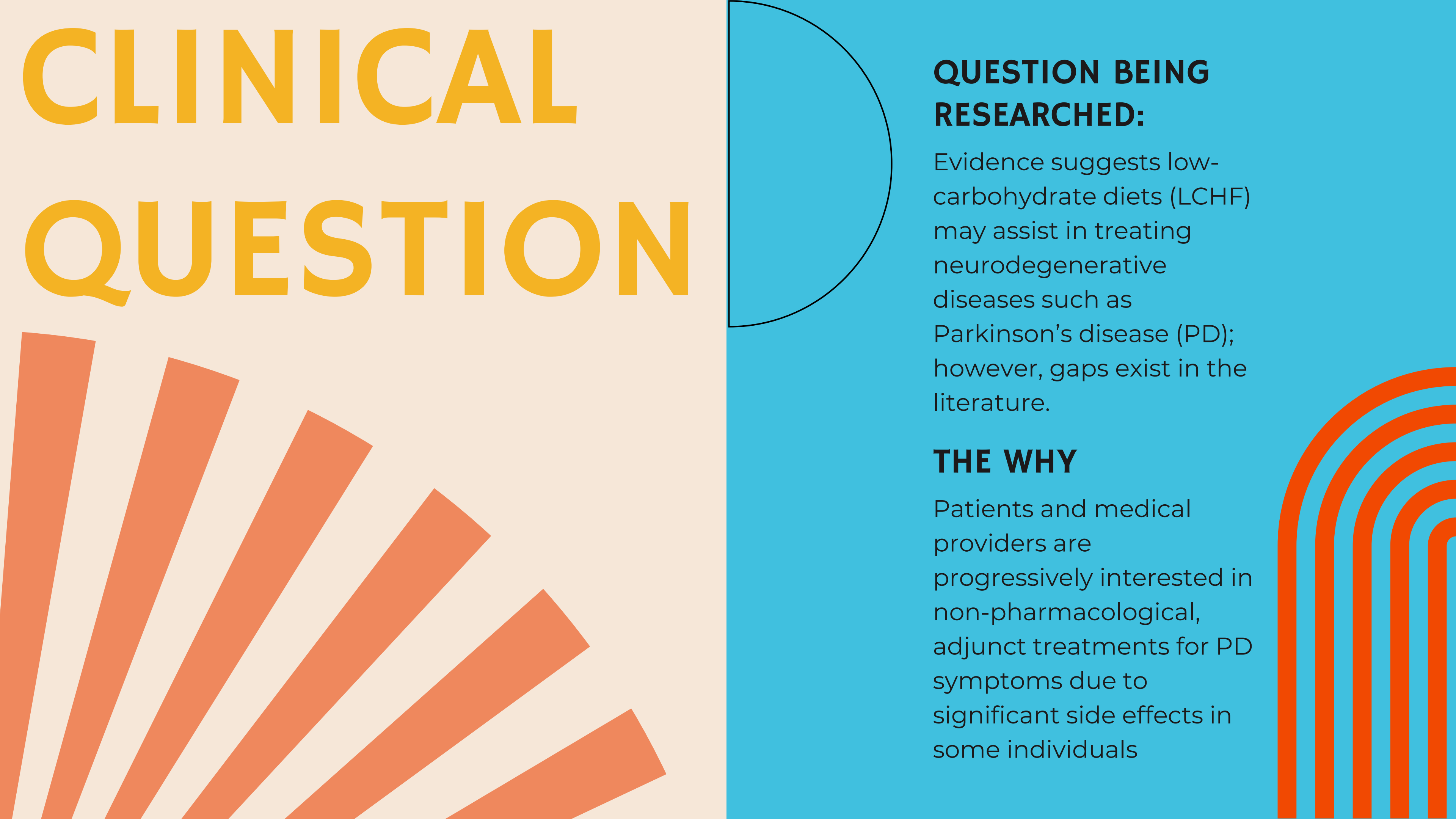
Tidman, White & White



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# CLINICAL QUESTION



## **QUESTION BEING RESEARCHED:**

Evidence suggests low-carbohydrate diets (LCHF) may assist in treating neurodegenerative diseases such as Parkinson's disease (PD); however, gaps exist in the literature.

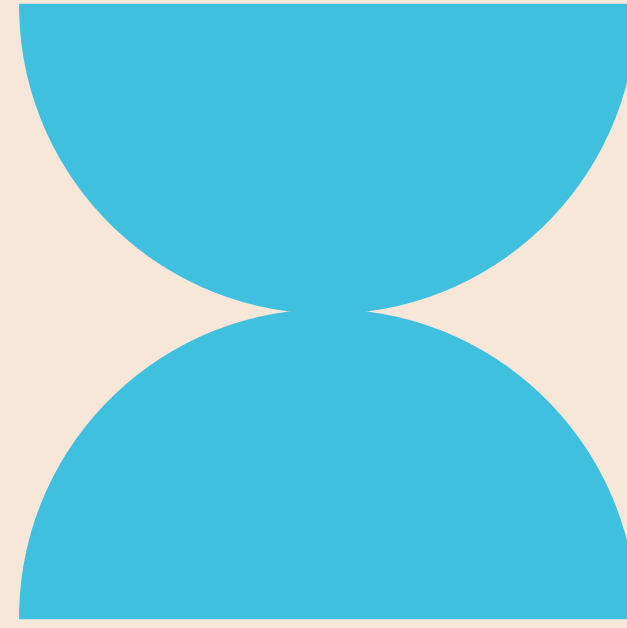
## **THE WHY**

Patients and medical providers are progressively interested in non-pharmacological, adjunct treatments for PD symptoms due to significant side effects in some individuals



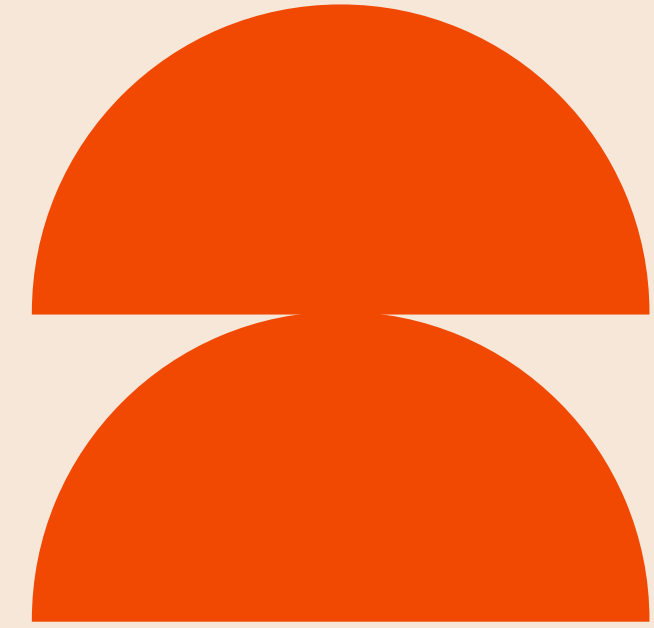
## MEASUREMENTS

Taken at baseline, 12 weeks, and 24 weeks; UPDRS Scale, CEDS-R-20 Scale, PAS Scale, and Blood Glucose/Ketone Meter Measurements.



## DATA ANALYZED

Analyzed changes in HbA1C, Triglycerides, HDL, Fasting Insulin, High Sensitivity C-Reactive Protein, Waist Measurements, CESDR Score, PAS Score, Cardiac Risk Ratio, Hs-CRP.



## DIET

Low Carb, High Fat Ketogenic Diet; tracked using Myfitnesspal or submitted logs.

# VARIABLES

# RESULTS

This is just a snapshot of the results from the study.

Biomarkers		Difference					P Value
Biomarker	Test	N	Mean	SD	Median	IQR	P > 0.05
BMI	t	7	-3.34	2.97	-3.03	3.40	0.0249
CESDR SCORE	T	7	-4.57	4.89	-4.00	8.00	0.0484
Fasting Insulin (mIU/L)	T	7	-7.53	8.22	-6.50	13.30	0.0516
HgA1C (%)	T	7	-0.31	0.36	-0.20	0.20	0.156
Hoehn & Yahr Stage	T	7	-0.79	0.64	-1.00	1.50	0.0171
PAS SCORE	S	7	-6.29	2.87	-7.00	2.00	0.313
Triglycerides (mg/dL)	S	7	-39.43	61.69	-15.00	67.00	0.469
Triglycerides to HDL Ratio	S	7	-1.21	2.11	-0.31	1.64	0.469
UPDRS SUBTOTAL	T	7	-1.71	1.80	-2.00	3.00	0.0453
Waist Circumference (in)	T	7	-5.68	5.32	-4.75	7.00	0.0302
Weight (lbs)	T	7	-23.43	20.69	-23.00	15.60	0.0242



# RESULTS

Changes in biomarkers were observed

**81.9%**

**Saw a difference of 0.37 to 9.28 in their BMI**

**47.7%**

**Saw a difference of 7.53 to 24 in their Fasting Insulin**

**47.7%**

**Saw a difference of 39.4 to 162.8 in their Triglycerides**

**81.9%**

**Saw a difference of 2.74 to 44.12 in their Weight**



# CONCLUSION



## WHAT WAS STUDIED

This 24-week pilot study was to investigate the effects of a KD nutritional approach for the treatment of symptoms of PD (UPDRS I and II scores), biomarkers of metabolic health body mass index (BMI), Hemoglobin A1C (HbA1C), fasting insulin, triglycerides, C-reactive protein, high-density lipoprotein (HDL) and total cholesterol. In addition, the study looked at symptoms of depression and anxiety in people with PD between the ages of 36–85. Furthermore, participants shared their personal experiences before, during, and after the implementation of the KD intervention in connection with their QoL.

## WHAT THE RESULTS TOLD US

Statistically significant differences were seen in HgA1C at 24 weeks. In addition to fasting blood work, other metabolic health biomarkers were BMI, weight and waist circumference. Results comparing baseline to 24-week study participant assessments demonstrated statistically significant improvements BMI changes, weight and waist circumference, anxiety scores and PD symptoms.

## INTERESTED TO STUDY NEXT

Future research with a more extensive, randomized control approach is needed to generalize these findings and explore dietary interventions as an alternative treatment for PD symptoms, depression, anxiety, metabolic health biomarkers and overall QoL.



# 2024



# METABOLIC SYNDROME CASE STUDY

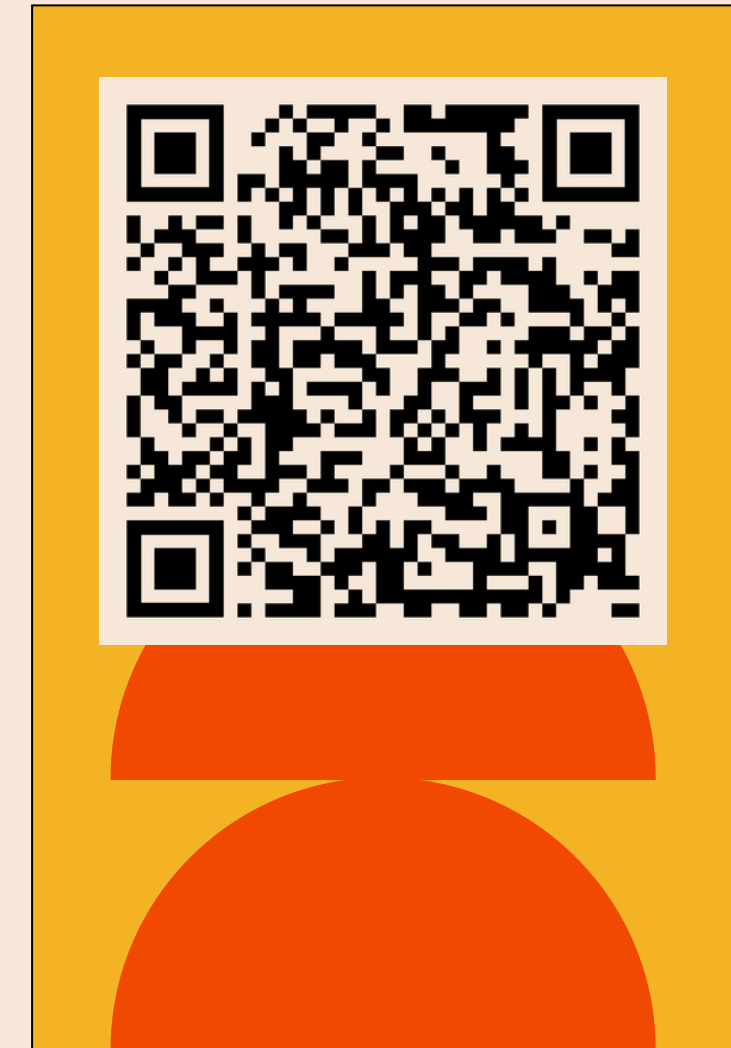


Keto & MetSyn in Parkinson's Disease



# **KETOGENIC DIET AND METSYN IN PARKINSON'S DISEASE - SYMPTOMS, BIOMARKERS, DEPRESSION AND ANXIETY: A 24 WEEK CASE STUDY**


Tidman



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# CLINICAL QUESTION



## QUESTION BEING RESEARCHED:

This case report documents a 24-week KD intervention for a 53-year-old man with multiple comorbid diagnoses, PD (Hoehn-Yahr stage IIa) with a history of morbid obesity with increased waist circumference, prediabetes, hyperinsulinaemia and significantly impaired mobility with chronic back pain, anxiety disorder and depression

## THE WHY

The use of therapeutic carbohydrate restriction (TCR) in the form of a ketogenic diet (KD) to induce nutritional ketosis is increasingly being used to manage symptoms under investigation and to identify the potential application of nutritional ketosis in NDDs such as PD.



# BACKGROUND

## PARTICIPANT

- \* Male
- \* 53 years of age.
- \* Multiple Comorbid Diagnoses

## MEDICAL HISTORY

- \* Parkinson's Disease Stage IIa (Hoehn-Yar)
- \* Morbidly Obese
- \* Prediabetic
- \* Hyperinsulinemia
- \* Significant mobility impairment with chronic back pain.
- \* Anxiety disorder and depression.

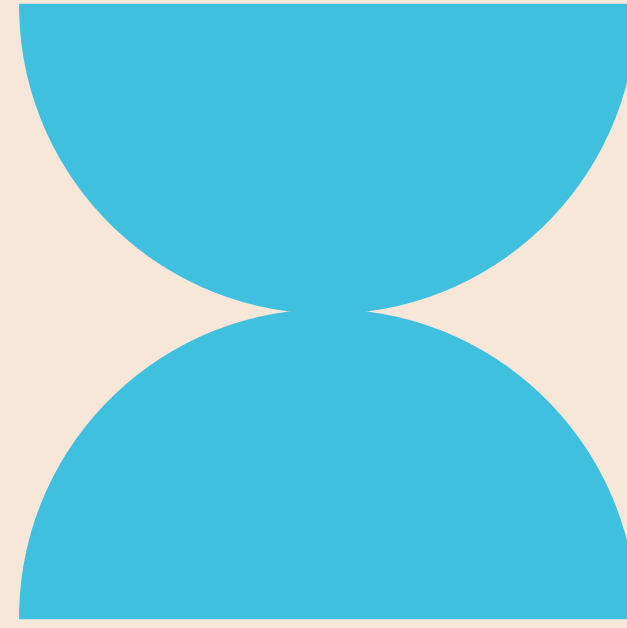
## SCALES

- \* Center for Epidemiologic Studies Depression Scale-Revised (CESDR-R-20).
- \* The Parkinson's Anxiety Scale (PAS)
- \* The Unified Parkinson's Disease Rating Scale (UPDRS)



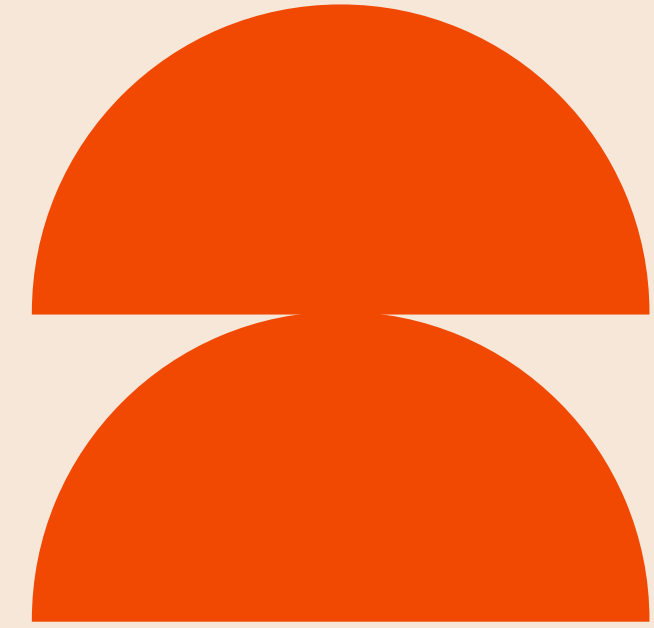
## TIMELINE

Measurements taken at baseline, 12 weeks, and 24 weeks.



## DATA ANALYZED

Analyzed changes in HbA1C, Triglycerides, HDL, Fasting Insulin, CRP, Weight, Waist Measurements, CESDR Score, PAS Score, Cardiac Risk Ratio, UPDRS Score.



## DIET

Therapeutic Carbohydrate Restriction - Ketogenic Diet (70% Fats, 25% Proteins, 5% Carbohydrates)

# VARIABLES

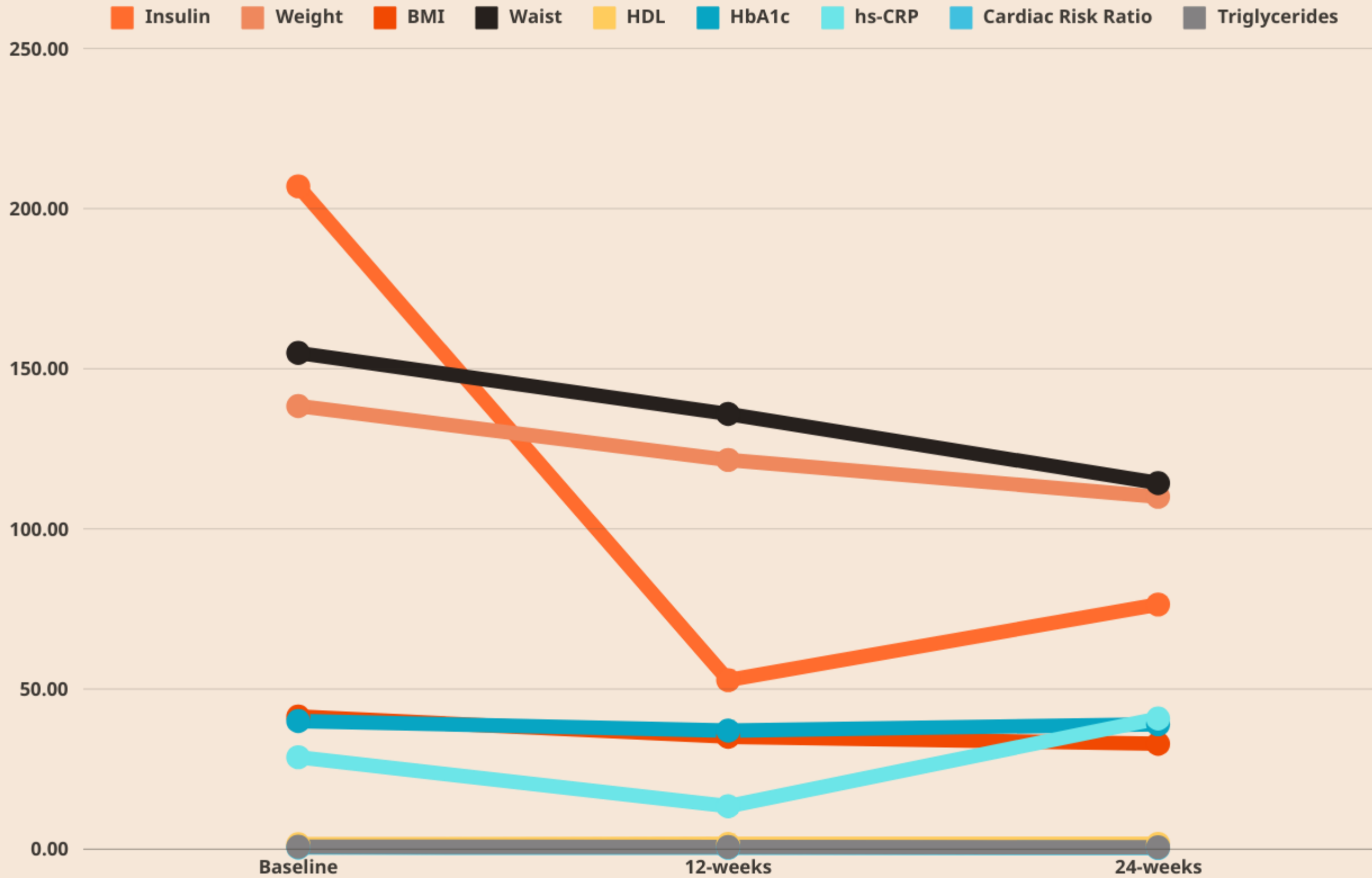
# RESULTS

This is just a snapshot of the results from the study.

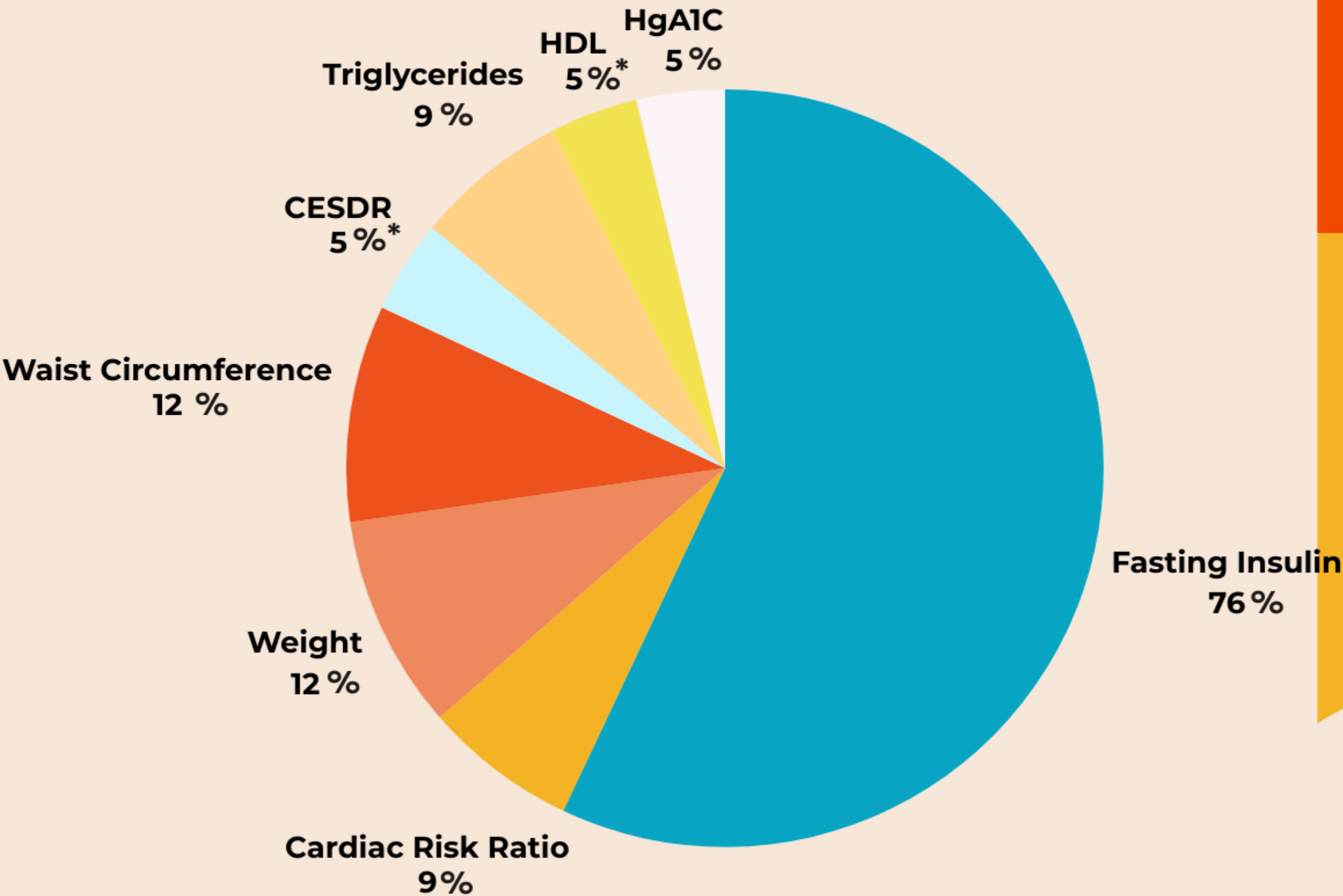
Biomarker	Baseline	Post 12 Weeks	12 Week Change	Post 24 Weeks	24 Week Change
Triglycerides (mg/dL)	69	63	-6	54	-15
HDL (mg/dL)	60	63	+3	64	+4
HgA1C (%)	5.8	5.5	-0.3	5.7	-0.1
hs-CRP (mg/l)	2.857	1.34	-1.53	4.08	+1.93
Insulin (uIU/ml)	29.3	7.6	-22.2	11.0	-18.8
Weight (lbs)	305	267.9	-37.1	242.6	-62.4
Cardiac Risk Ratio	1.15	1.05	-0.1	0.84	-0.31
Waist Measurement (in.)	61	53.5	-7.5	45	-16
PAS Score	31	21	-10	24	-7
CESD-R-20	38	41	+2	37	-1
UPDRS Total	41	39	-2	43	+2
UPDRS Pt 1	2	2	0	2	0
UPDRS Pt 2	15	10	-5	11	-4



# RESULTS



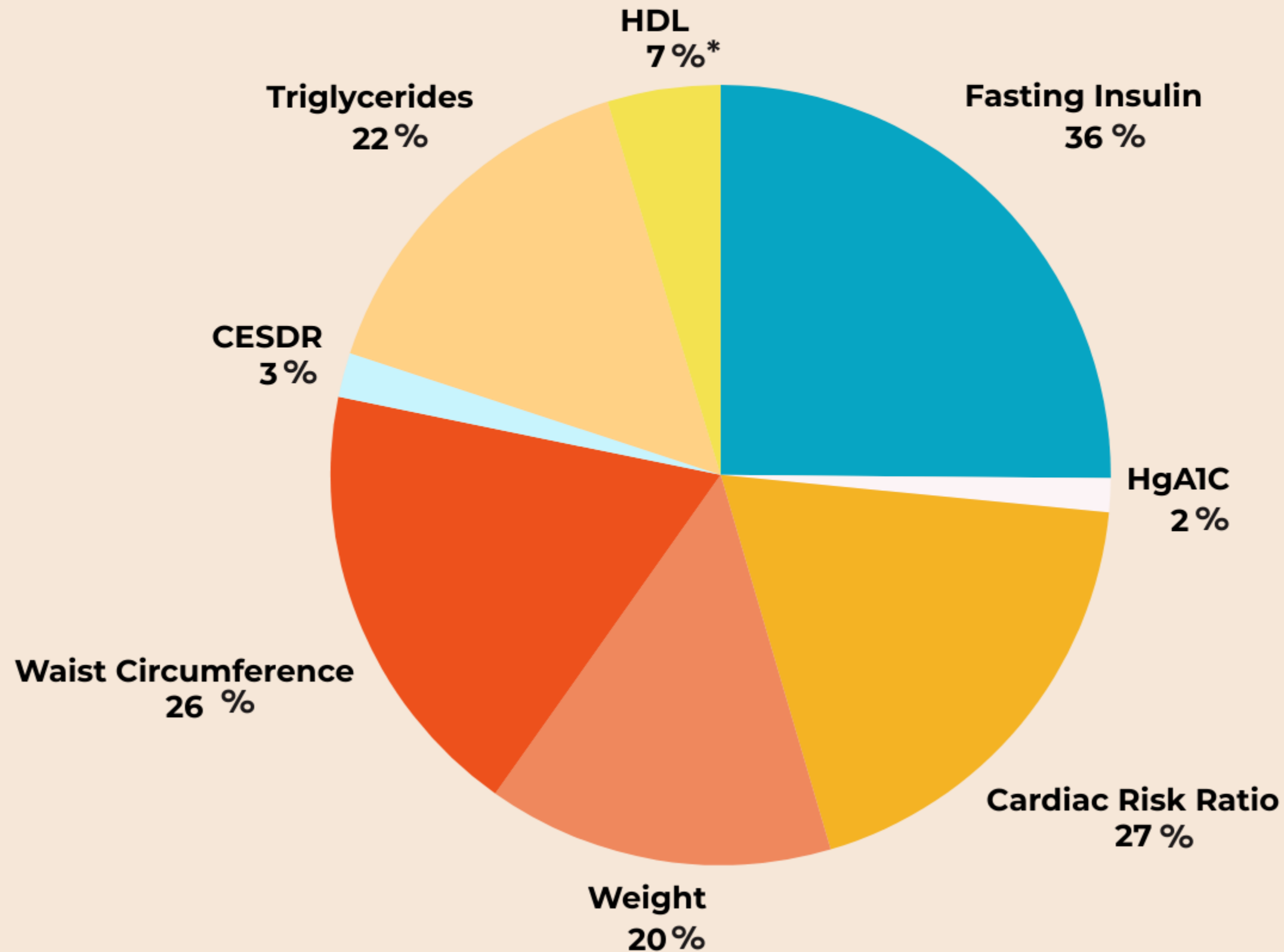
# RESULTS @ 12 WEEKS



**PERCENT DECREASE  
IN MEASUREMENT  
AFTER 12 WEEKS  
WHEN COMPARED  
TO BASELINE**

**\* MEASUREMENTS INCREASED**

# RESULTS @ 24 WEEKS



**PERCENT DECREASE  
IN MEASUREMENT  
AFTER 24 WEEKS  
WHEN COMPARED  
TO BASELINE**

**\* MEASUREMENTS INCREASED**

# RESULTS

Overall Changes in Biomarkers in 24 Weeks

**35.8%**

Decrease in Fasting Insulin

**20.5%**

Decrease in Weight

**26.2%**

Decrease in Waist Measurement



# CONCLUSION

## WHAT WAS STUDIED

Baseline cardiac risk ratios (CRR = triglycerides/HDL), weight, waist circumference, HgA1C, Fasting Insulin, C-reactive Protein, and depression and anxiety scores were calculated and compared from baseline, 12 weeks and 24 weeks.

## WHAT THE RESULTS TOLD US

Clinically significant results were found when baseline biomarker results and scales were compared with 12-week results. Positive trends were seen for all variables at 24 weeks. Improvements in health biomarkers, including HbA1C, high sensitivity C-reactive protein (hs-CRP), triglycerides, fasting insulin, weight loss, waist circumference and cardiac risk were observed at 12 and 24 weeks. Some improvements in scores on an anxiety scale were seen.

## INTERESTED TO STUDY NEXT

This case study requires that future clinical trial studies with larger sample sizes are needed for more generalizable results.



**CONSIDER THE RESEARCH...**

*...What could...*

**...Exercising...**

**...12 Weeks on a LCHF/Ketogenic Diet...**

**...24 Weeks on a LCHF/Ketogenic Diet...**

**...DO FOR SOMEONE WITH PARKINSON'S?**

# 2024-2025

# NOW RECRUITING!

 Sleep, Fatigue, Cognition & Parkinson's: A 36 Week Pilot Study





# EFFECTS OF THREE DIETARY APPROACHES ON BIOMARKERS, COGNITION, SLEEP AND FATIGUE IN PARKINSON'S DISEASE: A 36 WEEK CROSSOVER PILOT STUDY

Tidman, White & White



## QR CODE

Scan or Click the QR Code to Sign Up for this **CURRENTLY OCCURING STUDY!**



# VARIABLES UNDER INVESTIGATION

**SLEEP QUALITY**

**FATIGUE LEVEL**

**COGNITION LEVEL**

**BIOMARKERS OF HEALTH**

➔ Triglycerides

➔ HgA1C

➔ Fasting Insulin

➔ Hs-C-Reactive Protein

➔ Weight

➔ Waist Measurement

# PROCEDURES

## BASELINE

- \* Surveys & lab work.

## PHASE I

- \* Eat normally for 8 weeks.
- \* Repeat surveys & lab work.
- \* 4 week washout - go back to normal baseline eating patterns.

## PHASE II

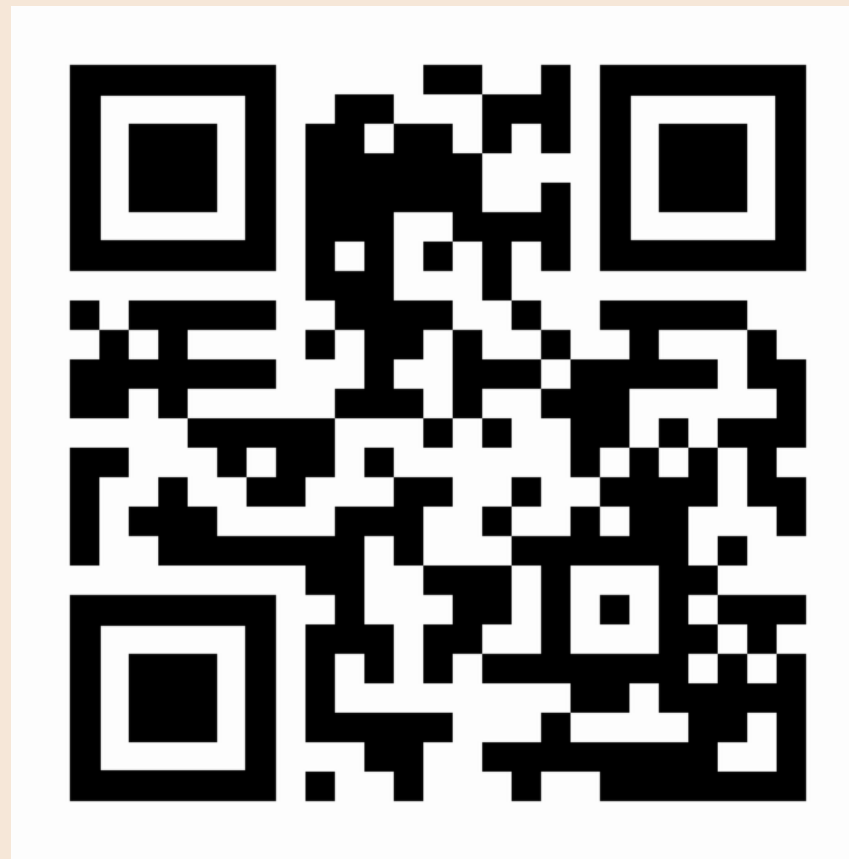
- \* Eat normally, but add up to 5 tbsp. of Coconut Oil or MCT Oil daily for 8 weeks.
- \* Test blood sugar and ketone levels every morning before eating or drinking.
- \* Repeat surveys & lab work.
- \* 4 week washout - go back to normal baseline eating patterns.

## PHASE III

- \* Eat LCHF/Ketogenic Diet for 8 weeks.
- \* Continue to add 5 tbsp. of Coconut Oil or MCT Oil Daily.
- \* Test blood sugar and ketone levels every morning before eating or drinking.
- \* Repeat surveys & lab work.



**UPDRS SURVEY**



**CESD-R-20 SURVEY**



**PAS SURVEY**

# **SURVEY RESOURCES**

## **DIMINISHING TREMORS**

With addition of MCT/Coconut Oil in Phase II & Phase III

## **IMPROVEMENT OF GAIT & MOBILITY**

With addition of MCT/Coconut Oil in Phase II & Phase III

## **IMPROVEMENT IN SLEEP QUALITY**

With addition of MCT/Coconut Oil in Phase II & Phase III

## **IMPROVEMENT IN Daily Fatigue Level**

With addition of MCT/Coconut Oil in Phase II & Phase III

## **IMPROVED BLOOD SUGAR CONTROL**

Those with Diabetes at baseline are no longer in the Diabetic range after Phase III.

## **WEIGHT & WAIST MEASUREMENT**

Weight loss & decrease in inches around waist seen in participants whose baseline weight was categorized as overweight.

## **REDUCED PARKINSON'S DISEASE SYMPTOMS**

Symptoms that interfere with ADL's seen in Phase II & Phase III

## **REDUCED INFLAMMATORY MARKERS**

Reductions in Hs-CRP Levels..

## **IMPROVED COGNITION**

Reported feeling less "brain fog" in Phase II & Phase III

## **IMPROVEMENT IN KETONES**

Production of Ketones indicates maintaining Natural Ketosis.

## **REDUCED CARDIAC RISK RATIOS**

Ratio estimated the likelihood of having a cardiac event in the next 5 years.

## **IMPROVED ENERGY**

Reported feeling more energy in Phase II & Phase III

# **PRELIMINARY RESULTS**



# WHO SHOULD JOIN

## WHAT I AM AIMING TO STUDY THROUGH THE STUDY

The effects of Phase I: the Standard American Diet versus the effects of Phase II: The Standard American Diet + MCT Oil versus the effects of Phase III: The Ketogenic Diet + MCT OIL on sleep quality, fatigue, and cognition as well as biomarkers of health, and symptoms of Parkinson's Disease

## WHY AM I DOING THE STUDY

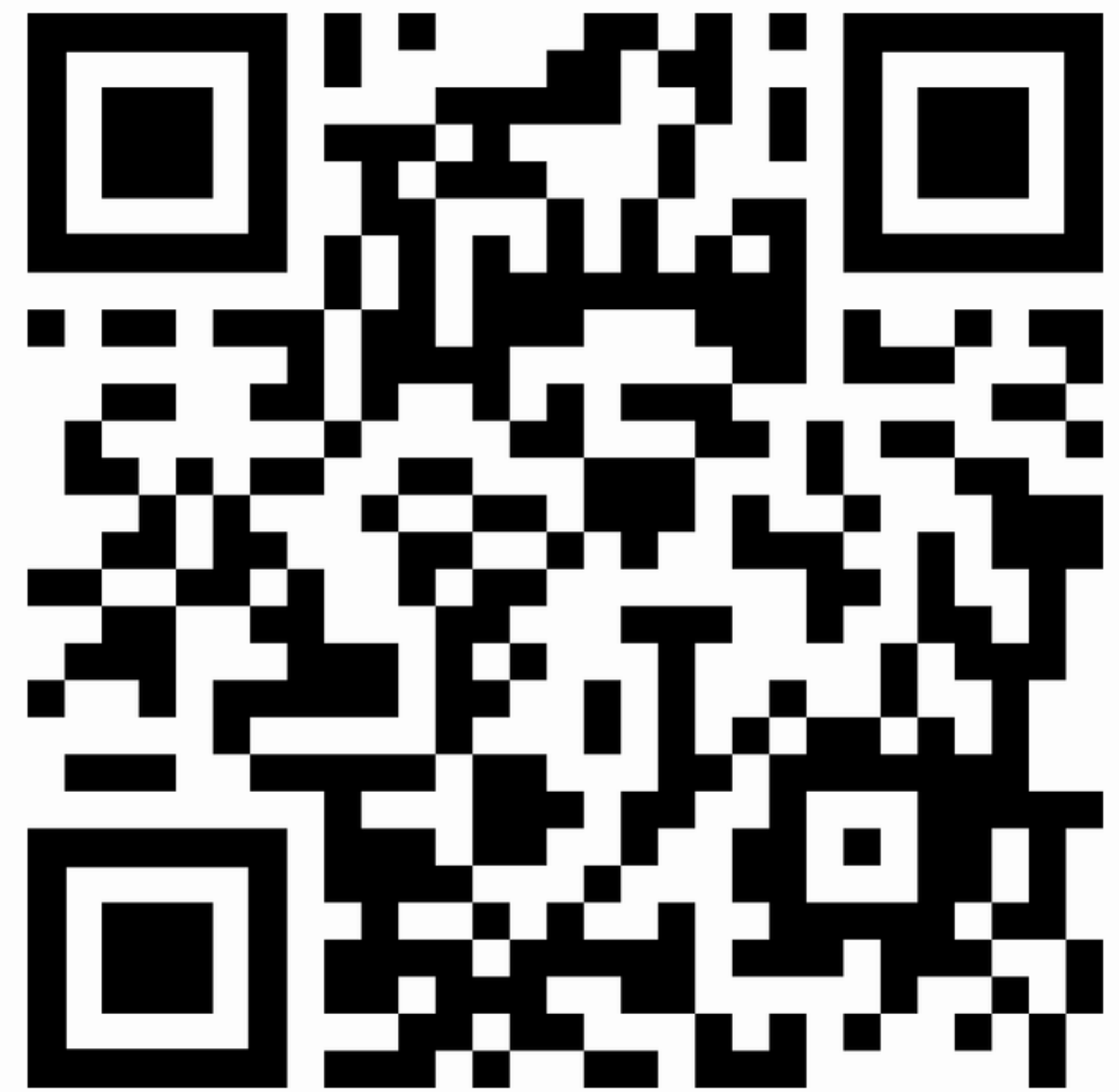
To investigate the use of low carbohydrate/ketogenic nutrition on symptoms of Parkinson's Disease, sleep quality, fatigue and cognition in a crossover trial design, for 36 weeks.

## WHO SHOULD JOIN THE STUDY

Persons with Parkinson's Disease, any stage, ages 30-90 yrs.

# JOIN THE STUDY!

Use the QR Code to access a form to complete if you have interest in joining the Parkinson's & Cognition: 36 Week Pilot Study that is currently recruiting!



Click on the lightbulb icon to navigate back to this slide.

Click on a study's icon below to navigate to the information about that study.

# RESEARCH TIMELINE



PARKINSON'S DISEASE AND EXERCISE



A Community Partnership Pilot Study



KETO & PARKINSON'S: DEPRESSION & ANXIETY



Parkinson's Depression & Anxiety Pilot Study

PARKINSON'S DISEASE CASE STUDY



Effects of Keto on Parkinson's

KETO & PARKINSON'S: LONGITUDINAL STUDY



Parkinson's Depression & Anxiety 6 Month Study

METABOLIC SYNDROME CASE STUDY



Keto & MetSyn in Parkinson's Disease

NOW RECRUITING!



Sleep, Fatigue, Cognition & Parkinson's: A 36 Week Pilot Study

# 2025-?

## FUTURE PLANS IN RESEARCH

Looking Ahead, Moving Forward





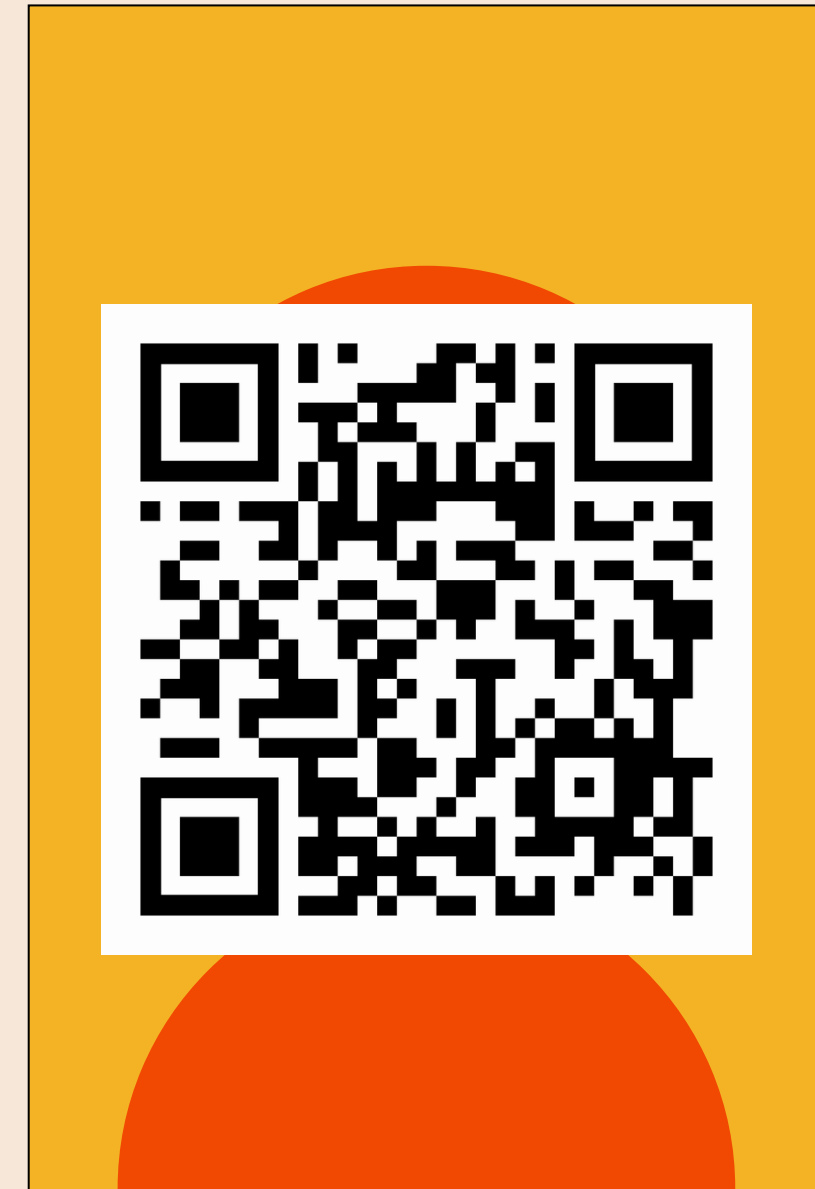
# RESOURCES



**SOCIETY OF  
METABOLIC HEALTH  
PRACTITIONERS**



**COLORADO  
PARKINSON  
FOUNDATION**



**DR. TIDMAN'S  
CONTACT FORM**

# ACKNOWLEDGEMENTS

**Thank you to the Colorado  
Parkinson Foundation for their  
continued support!**

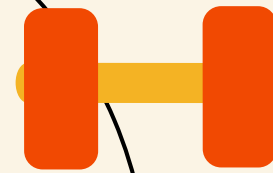
**Thank you to the Society of Metabolic  
Health Practitioners for their work in  
furthering the research being done!**

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Editing Support: Bryson Tidman



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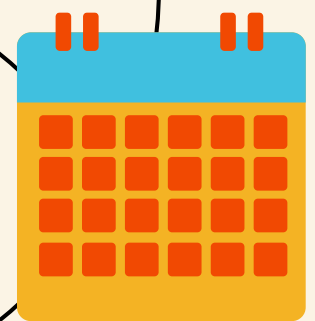
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# THANK YOU!



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