

Parkinson's Perspective

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

Acting President:

Jill Reid [redacted]
president@co-parkinson.org

President Emeritus: Ric Pfarrer

Vice President: Jill Reid

Secretary: Annette Garcia

Treasurer: Julie Pfarrer

Members at Large:

Janet Adams, Carole Henrichsen,
Bill Hicks, Dave Moross,
Mary Sauvain

Committee Chairmen

Programs: Jill Reid

Educational Outreach: Jill Reid

Membership: Carole Henrichsen

Chaplain: Rusty Merrill

Parkinson's Awareness Day:

Vacant

Photographer: Annette Garcia

Lending Locker Coordinator:

Mary Sauvain [redacted]

Main Dish Coordinator:

Bill Hicks [redacted] or
potluck@co-parkinson.org

Picnic: Carole Henrichsen

and Janet Adams

Media Relations: Mary Sauvain

Medical Advisor:

Dr. Brian Grabert, MD

New Member Table Chairmen:

Norm Tuinstra

Sunshine (Cards):

Sharon Carlson [redacted]

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webmaster@co-parkinson.org

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Updates and Newsletter

Coordinator:

Contact Julie Pfarrer at

db_mgr@co-parkinson.org or

call [redacted]

The *Colorado Springs Parkinson's Support Group* (part of CPF) meets 10AM, the first Saturday of each month at the Central United Methodist Church, 4373 Galley Rd, Colo Spgs, 80915

(with exceptions to be noted in this newsletter)

December Meeting: Saturday, December 2nd – 10:00 am – 1:30 pm

We will NOT be Zooming OR recording this meeting

January Meeting: Saturday, January 6th – 10:00 am – 1:30 pm

We will be Zooming AND recording this meeting

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

9:30am – Come early for a group sing-along with music therapist, Heather Johnson.

See more about Heather's business under 'Other Opportunities' later in this newsletter.

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

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

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

December Meeting: Annual Christmas Party ... and Annual Christmas

"Festive Apparel" Contest!

You are invited to participate in a festive Christmas apparel contest during the meeting.



The "Song Spinners" Show Choir will be entertaining us!



Winner will receive a prize!

The most festive sweater, tie, hat or combination of thereof as judged by your applause.

Ties will be broken by a new member to our group.



January Program: Parkinson's 101

Speaker: Jill Reid, Educational Outreach

Jill will present the annual Parkinson's 101 program. Designed for People with Parkinson's and their family-member caregivers. Parkinson's 101 provides invaluable information for those new to the disorder as well as for those who already have extensive experience with the disorder. It also includes practical advice on coping with Parkinson's on a day-to-day basis. Since the symptoms of each PWP's Parkinson's change to some degree over the course of a year, we present this briefing annually so that each of you can key in on the information that wasn't relevant to you in the past but is now. Knowledge is power and enables us all to live well, so plan to attend the January meeting at Central United Methodist Church or join us on Zoom.

Both December and January programs will be followed by potlucks, see page 2 for more information.

The President's Corner

| Jill Reid - Acting President, CPF & CSPSG



Our November meeting was **EXTREMELY** interesting. Dr. Barbera hit the ball out of the park with his presentation about the science behind his program that he calls neuro pong. It's ping pong with a twist, ping pong on steroids, ping pong that challenges the brain as well as the body. We had technical difficulties during the presentation so our recording of it on the website may not be complete. But even a partial version of the presentation is well worth the watching/hearing! We hope to help Dr. Barbera bring his program to Colorado Springs. It will be one of the best resources that we'll have to overcome many of the symptoms of Parkinson's and to keep our brains young and vibrant.

On a new topic: members-at-large. There are a lot of people who volunteered to be members-at-large representing the membership at all our functions and at our executive committee meetings. However, very few of them have actually attended the executive committee meetings, and we've missed their inputs sorely. The same small group of people for a long time have been the active participants who have kept our support group going; but we need new ideas, new thoughts, and the renewed energy that comes from a larger pool of people helping out. It isn't a time-consuming job — attend the monthly general meetings and attend the monthly executive committee meetings, which last around an hour. If you have valued the benefits this support group has given you, please consider volunteering to become a member-at-large. Let any of the following active volunteers know that you are willing to do so: Janet Adams, Dave Moross, Julie Pfarrer, Mary Sauvain, Bill Hicks, Annette Garcia, Carole Henrichsen, and, of course, myself.

December is party time for this support group. We are keeping the popular tradition of having The Song Spinners entertain us with music, song, and dance. Santa will make his third appearance this year. And don't forget to wear something festive so that you can compete for the best festive apparel prize.

This month, I'm recommending two comedies appropriate for the season: Home Alone starring Macaulay Culkin, Joe Pesci, and Daniel Stern; and A Shoe Addict's Christmas starring Candace Cameron Bure, Luke MacFarlane, and Jean Smart who steals the movie as a quirky angel assigned to get Candace to discover the true spirit of Christmas. **Enjoy!**

The December Potluck — Christmas Ham & January Potluck — Pasta Dishes!!

CPF will be providing the main dish of ham for December's lunch.

If you would like to sign up to be one of the providers of the main dish in January or to bring a side dish or dessert for either meeting, you can contact Bill Hicks at [REDACTED] or potluck@co-parkinson.org, no later than Wednesday, November 29th for the December meeting and Wednesday, January 3rd for the January meeting and tell him what you would like to bring.

Remember that bringing food for the potluck is voluntary.

We look forward to seeing you there!

Recipe of the Month: Keto Coconut Macaroons Our low carb/good fat ketogenic study that was completed in 2021 showed incredible results. Not only was there remarkable improvement in the symptoms of Parkinson's but also with overall health in general (including the health of caregivers who chose to change their diet along with their Parkinsonian). Since it seems clear that everyone's health would improve exponentially if we all changed our diet to eat this way and since we have potlucks, we thought we would feature an easy low carb/good fat recipe or two in the newsletter each month to promote healthy eating. ***If you have a favorite low carb/good fat recipe you'd like to share, please send it to Julie at: db_mgr@co-parkinson.org.***

Ingredients

- 2 C unsweetened shredded coconut
- 3 large egg white, room temperature
- Sea salt
- 1/3 C of powdered sugar
- 1/2 tsp almond extract
- 1/2 tsp vanilla extract

Directions

- Preheat oven to 300 degrees and line baking sheet with parchment paper.
- Spread coconut in one layer on baking sheet, toast it in oven until light golden, 6 to 8 minutes. Toss coconut with spatula, then set sheet on wire rack to cool.
- In bowl of electric mixer fitted with whisk attachment, combine whites and a pinch of salt. Beat on medium-high until whites are fluffy – about 1 minute. Add sugar and the extracts, then beat until egg whites hold firm peaks on the whisk when its removed and held upright about 1 minute more. Gently fold in the cooled toasted coconut using a rubber spatula.
- Drop 2 Tbl portions of the batter (large scoop) at least 1" apart.
- Bake for 10 minutes, then reduce temperature to 250 degrees and bake until macaroons are set with light golden brown tips and edges, 15-20 minutes more.
- Immediately transfer cookies on baking sheet to a wire rack to cool.

Ask the Doctor!

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



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

Help spread some sunshine to our members!



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

She can be reached at [REDACTED].

Program Review: November 4th

| Submitted by Julie Pfarrer



The Benefits of Ping Pong for People with Parkinson's



Presented by Dr. Antonio Barbera, MD

Neurodegenerative Conditions

Multiple Sclerosis (MS):

- 1 M people in the United States - 2.1 M people worldwide
- Every day 300 people in the world receive a diagnosis of MS
- Every 5 minutes someone in the world is diagnosed with MS every

Parkinson's Disease (PD):

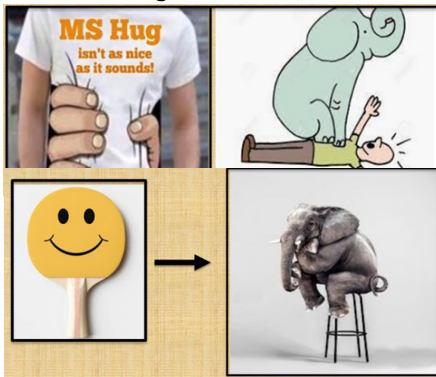
- The second most common neurodegenerative condition
- 1 M in the US today, 1.2 M by 2030 - 10 M people worldwide
- Each year 60,000 Americans are diagnosed with Parkinson's
- The incidence of PD in Colorado in 2018 was 11,500 people

Alzheimer's:

- The most common neurodegenerative condition
- 6.2 M in the US today - 55 M people worldwide
- 1 in 3 senior dies with Alzheimer's or other dementia
- Life time risk at age 45: W 1 in 5; M 1 in 10.

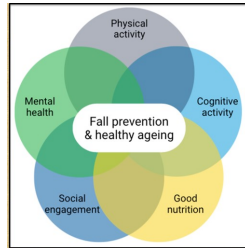
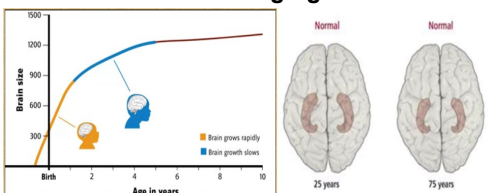
Dr. Barbera has MS and had lost function in his leg and his arm. So he decided to take up table tennis in hopes of relieving his MS symptoms and found that it not only helped him regain the use of his limbs but also relieved the pressure on his chest (the MS hug) that is so common with MS.

MS Hug and ... Table Tennis



Dr. Barbera was determined to find out why it was helping him so much so he researched the science and found that it can also help people with other neurodegenerative disorders. Studying the science and working with people with Parkinson's overwhelmingly confirmed that theory.

Brain Aging



"Right now, there is no substitute for regular exercise to help with neurogenesis" (Dr. Tanz)



Hippocampus

- Implicated in olfaction
- Memory (short-term; long-term)
- Neurogenesis even in adult life
- Spatial navigation
- Emotional behavior
- Regulation of hypothalamic function

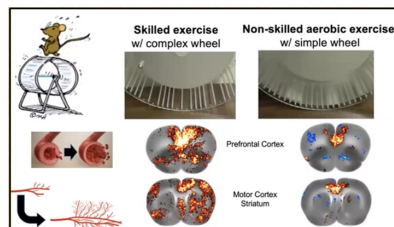
Table tennis has been shown to be neuro-regenerative by keeping the hippocampus and other parts of the brain from deteriorating and shrinking with age.

Neurodegenerative Conditions

Neurogenesis and Neuroplasticity

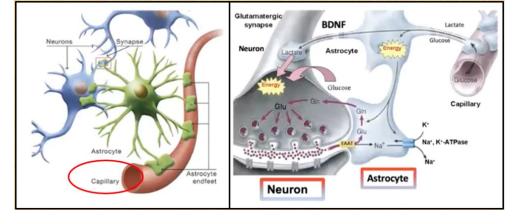
- The brain's ability to reorganize itself by **forming new neural connections:**
 - new cells (neurogenesis)
 - new connections (synaptogenesis)
- Synaptic restructuring:
 - new shape
 - new function
- Mechanism(s) by which the **brain encodes experience and learns new behaviors.**
- Mechanism(s) by which the damaged brain **relearns lost behavior** in response to rehab/exercise.

Exercise increases regional brain blood flow



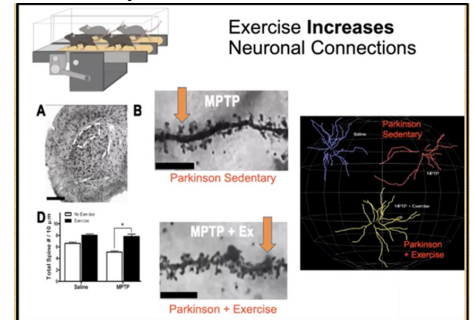
Vuckovic, Petzinger et al. Movement Disorders 2010

Link between blood flow and exercise-enhanced neuroplasticity



Vuckovic, Petzinger et al. Movement Disorders 2010

The neuroplastic effect of exercise in PD



Vuckovic, Petzinger et al. Movement Disorders 2010

Ping Pong/Table Tennis: #1 BRAIN SPORT!!

Exercise can...

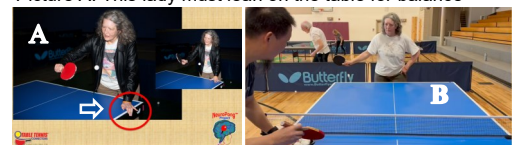
- Increase functional activity of the temporal lobe, which is responsible for storing sensory memories.
- Improve learning and mental performance.
- Help prevent and treat Dementia, Alzheimer's and brain aging
- Encourage the pituitary gland to release endorphins.
- Reduce sensitivity to stress, depression and anxiety.
- Reduce the impairment of brain cells and loss of coordination related to PD
- Increase levels of brain-derived neurotrophic factor (BDNF) which maintains and regenerates adult nerve cells.

The NeuroPong™ Program

Table tennis program designed for and tailored to people with neurodegenerative conditions.

It is a novel form of **neurological therapy** to be offered **at any stage** of their condition. Improve both motor and cognitive function.

Picture A: This lady must lean on the table for balance



Picture B: Improved Balance

Ping Pong for Parkinson's: A novel table tennis exercise program reduces barriers to exercise for people with Parkinson's Disease.

Matthew J. Woodward MS,¹ Antonino Barbera MD,^{1,2} Saurabh Mishra,³ Francesca Varga Schebesta,² Isabelle Buard PhD,¹ Jeanne Feuerstein MD,¹

1. University of Colorado School of Medicine 2. Table Tennis Connections 3. International Table Tennis Federation (ITTF) Foundation

Thank You!

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

**February Newsletter
Input Deadline: January 12th**

Call or e-mail Julie at:
[Redacted]
db_mgr@co-parkinson.org

**December & January
Executive Committee Meetings**

*December 5th and January 9th at 10 am
at a place to be determined*

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

DECEMBER



JANUARY

Robin Alvord
Christine Bishop
Jerry Corns
Amy Coyle
Pat Dashosh
Nicole de Naray
George Guerrero

Carol Hamill
Bruce Hughes
Michelle Kahley
Jean Koch
Connie Kremer
Helene Lemire
Steve Locke

Clayton McCoy
Bill Page
Gregg Pinchuk
James Rochon
Ted Rudawsky
Sue Seery
Janie Shore

Sukey Skousen
John Sloan
Charla Spence
Marge Sullivan
William E. Wallace
Charles Winkler
Kristin Woestehoff

Lisa Benhammou-Osur
Ron Bowman
Doris Briggs
Jerelyn Buhninger
Bill Byars
Linda Byars
Linda Christian
Claudia Christiansen

Vince Cologne
Christa Donley
Hannah Duncan
Elinor Edwards
Marv Essing
Kathie Fallon
Sue Geist
Bill Hicks

Patricia Kayser
Bill Koch
Bob Meredith
Ronald Nickelson
Mary Ellen Palmer
Richard Parker
Carol Prest
Stanley Rapaport

Jill Reid
Mary Roney
Kathi Rudawsky
Lonny Seery
Larry Suhr
Donna Telatnik

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

Parkinson's Disease Related Providers:

If you are seeing a provider not listed here that has given you excellent care with any Parkinson's issue, please let Julie know at db_mgr@co-parkinson.org so that person can be added to this list.

The following providers have been recommended by multiple members:

Colorado Springs

Dr. Bradley Priebe, MD – Neurologist at Peak Neurology, PC; (719) 445-9902

Steven Swank, PharmD, BCACP – Peak Neurology, Clinical Pharmacist Specialist; (719) 445-9902

Dr. Aparna Komatineni, MD – Neurologist at Centura Penrose Hospital and UCHealth; (719) 694-3595

Dr. Andrea Manhart, DO – Neurologist at UCHealth; (719) 365-7300

Dr. Lael Stander, MD – Neurologist at UCHealth; (719) 365-7300 Note: Does well w/ PD vision issues

Elizabeth Harmon, PA – UCHealth; (719) 365-7300

Melinda McClenden, NP – UCHealth; (719) 365-7300

Dr. Gregory Ales, DO – Neurologist at CS Neurological Associates; (719) 473-3272

Denver

Dr. Michael Korsmo, MD – Neurologist at UCHealth, Anschutz Medical Campus; (720) 848-2080

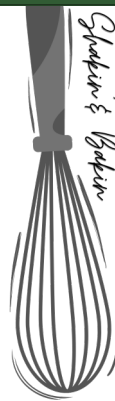
Dr. David VanSickle, MD – Neurosurgeon at Neurosurgery One; (720) 638-7500 - Note: DBS expert

Erin Van Dok, OD – Neurological Optometrist at UCHealth Sue Anschutz-Rodgers Eye Center; (720) 848-2020

Dr. Victoria Pelak, MD – Neuro-ophthalmology, UCHealth Sue Anschutz-Rodgers Eye Center; (720) 848-2020

Dr. Trevor Hawkins Neurologist at UCHealth Neurosciences Center, Anschutz Medical Campus; (720) 848-2080

Potluck Favorites: Shakin' & Bakin' Cookbook!



Another reminder about a CSPSG endeavor to add new recipes to the original cookbook the support group created years ago. Add your favorite recipes – old or new family recipes, newly discovered favorite recipes, etc.

We only want recipes that you have actually tried and liked – not ones that you think should be good but haven't tried or tasted. They don't have to be gluten-free or Keto. We will, however, indicate which ones fit those categories.

We will also add a conversion table that will tell you how to convert ordinary recipes into gluten-free or Keto recipes if you would like to know how to do that.

All favorite recipes are welcome.
Send them to project@co-parkinson.org.

If there are any items listed below that you would like, please contact: Mary Sauvain [Redacted].

Items in our lending locker that are free for the taking:

Bibs	8	Prevail Nu-fit daily briefs w/ fastener tabs – 32"-44" size – maximum absorbency-16 count	2 pkgs
Weighted utensils	6		
Rehab squeeze balls	2	Depend men's guards – 52 count – 1 unopened and 1 opened with a few missing	2 pkgs
Thick-it	1		
Bedside toilet commode liners: 3 big boxes with 6 smaller boxes in each		Prevail daily male guards – one size fits all – maximum absorbency-14 count	2 pkgs
Reusable bed pads	8		
Hospital slippers – XL & XXL	2	Cardinal health guards for men - extra heavy absorbency -14 count	2 pkgs
Aluminum walker tennis balls	4		
Aluminum walker tray	1	Fitright guards for men – 52 count	1
Gate belt	8		
Plastic handicap plate	2	Hospital bed bedding: 2 sets of sheets 1 mattress pad	
Plastic handicap bowl	1		
Pill crusher, storage, & drink cup combination	1	Hospital gown	1

Other Local Support Groups:

Parkinson's Caregivers Support Group

All family caregivers of persons with Parkinson's are invited to come and participate in our discussion meetings. We meet the 3rd Thursday of each month from 10:00 to 12:00 at the Central United Methodist Church, 4373 Galley Rd, Colo Spgs, 80915. Contact Brenda Hicks at [redacted] or [redacted] to let her know you are coming.

Ladies w/ Parkinson's Support Group

If you are a fun-idea person, please consider volunteering to lead this valuable group. If you're interested please notify Julie Pfarrer at db_mgr@co-parkinson.org or [redacted].

Essential Tremor Support Group

Meeting Location: ENT Conference Room - Pikes Peak Library District.; Colo Spgs Library 21c, 1175 Chapel Hills Drive. For meeting dates/times or for questions, contact Jim Sanchez at jimajs22@gmail.com or 719-660-7275.

Tri-Lakes Parkinson's Support Group

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

Other Opportunities:

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

Treating: *Parkinson's: Voice & Swallowing* Swallowing
 - SPEAK OUT! - Neuromuscular Electrical
 - LSVT Stimulation Therapy
Cognitive-Linguistic Deficits - Respiratory Muscle Strength
Aphasia following stroke Training

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

Parkinson's Sing-a-Long Group: Square Music Co offers individual music therapy services with Heather Johnson, MT-BC! Individual sessions can be held in person in the Colorado Springs area or via telehealth. Heather has over 5 years of experience working with neuro populations and hosts a Parkinson's singing group before each support group meeting at 9:30 am as well! Music therapy with Parkinson's works towards vocal strength, control, and longevity, increasing fine and gross motor skills, gait training, and other types of therapeutic goals through individualized music experiences. To learn more or schedule a free consultation, call/text Heather at 719-345-2887 or email heatherjohnson@squaremusic.co.

PD Exercise Classes:

Caregivers/Care-partners Exercise Class

This exercise class involves strength training and cardio circuits modifiable for any person!
When: Every Friday at 9:30am for 45 mins
Where: Movement Arts Community Studio 525 E. Fountain Blvd (GPS: 150 S. Royer St)
Price: \$20 Drop-in/\$10 a week (\$40 total monthly pay!). First class is FREE!
 Limited space available so please contact Ashley Szekeres, NASM CPT at guardianfitllc@gmail.com or by calling (708) 846-0155 before coming.

Rock Steady Boxing – Boxing with Love

New Rock Steady Boxing for folks with Parkinson's Disease at the Boxing with Love Gym Tues @ noon (please come 15 min early if your first time) 1710 Briargate Blvd. Ste 100 (Next to Dicks Sporting Goods). For more info contact Karen Bishop PT, DPT at love@rsbaffiliate.com

Dance for Parkinson's

Moving with joy, creativity, and community to support people living with Parkinson's. All are welcome and care partners are encouraged to move with us! Classes meet in person every Friday at 11:00am at Ormao Dance Company, 10 S. Spruce Street. \$5/class. Free for care partners. You can also join us for this class online. Visit our website www.ormaodance.org and click on "Dance for Parkinson's" under the "Outreach" tab to get the Zoom link. Contact Laura at laura.hymers@gmail.com or 719-640-8478

NIA Class

Moving to Heal – the art of feeling better; slower movements with joy and purpose. NIA works with balance, breath, cognitive mind/body function, mobility and stability. You can go at your own pace. Stop if you want, sit down and dance while sitting in a chair for a while. All while dancing to music from all genres; Jane, the instructor, often asks what we need that day and works her routine around what can help. She has done a wonderful job making the routines fit our Parkinson's needs. Cost: \$10 a class
When: Every Friday at 10:30 am
Where: 525 E Fountain Blvd. MACS–corner of Fountain & Royer

YMCA PD Exercise Classes

We utilize exercise as medicine to increase quality of life so that you can get better and stay better.
 Tri-Lakes YMCA: PWR!Moves: Tues & Thurs, 1:30-2:30 PM, Briargate YMCA: PWR! Moves; Mon, Wed, Fri, 1:30-2:30 PM
 For more information contact Jamie Clayton at jclayton@ppymca.org

Max Capacity NeuroFitness

Free Boxing, PWR Bootcamp and Cardio Circuit for people with Parkinson's. Cognitive Cardio class available for \$10/class!
 Physical therapist Emily Moncheski at Max Capacity, PLLC, offers individual Parkinson's physical therapy, most insurance accepted Conveniently downtown 525 E. Fountain Blvd. Suite 150 Contact Emily at emily@maxcapacitypt.com or call: 719-213-3996, fax: 719-284-4624

Falcon Exercise Group

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

Tired of Parkinson's beating you up? THEN FIGHT BACK WITH P.A.R.K.!

Parkinson's Active Resistance Karate
 If you want to slow the advance of PD you need to stay active. Exercise is the only proven way to slow or halt progression of this disease, and that means cardio, strength, neuroplasticity, and flexibility training. PARK helps with all four, by unleashing these ancient fighting arts to battle PD:
Karate, Kempo, Taekwon Do, King Fu (Balance, Range of Motion, Cardio); Arnis/ Kali (Filipino Stick Fighting) (Hand-Eye Coordination, Range of Motion); Judo, JiuJitsu, and Aikido (grappling defenses) (Flexibility, Strength, Balance). Tues @ 7pm, Woodmen Hills East Rec Center, 9205 Meridian Ranch Blvd. Sat @ 8am, Palmer Park in the grass west of baseball fields. To sign up, email parksenseichris@gmail.com or call (719)357-5739 (cost free/space limited)

PWR!Moves Class

Skyline Wellness & Aquatics Center has partnered with the YMCA to help the PWR! Moves class be more available to everyone. We are reaching out to help individuals who may be located on the south side of town and need a closer location to their home. LOCATION: 2365 Patriot Heights (located within Brookdale Skyline, near Bear Creek Dog Park) Our classes are held every Tues and Thur from 12:30-1:30pm. For more info contact: Karisa Dreyer at (719) 867-4658

One-on-One Physical Therapy

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

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

Colorado Springs Rocksteady Boxing

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

Lixisenatide may slow disease progression, early data show

By Andrea Lobo – Parkinson's News Today, 8/31/23

Early results from a Phase 2 clinical trial testing lixisenatide, a medication used to treat diabetes, in people with Parkinson's disease, indicate the treatment may slow the progression of motor symptoms.

The LixiPark (NCT03439943) trial is evaluating lixisenatide's effectiveness as add-on therapy in 156 people with early Parkinson's during one year, compared to a placebo.

The preliminary trial results were presented earlier this week at the annual congress of the International Parkinson and Movement Disorder Society, in Copenhagen, Denmark.

A full analysis of the trial data is expected to be published in the beginning of 2024.

WALKING TALL APP GOES TO BAT FOR PEOPLE WITH PARKINSON'S DISEASE

"The initial results are very encouraging and provide further evidence that this class of diabetes drugs is doing something interesting in Parkinson's," Simon Stott, director of research at Cure Parkinson's, a co-founder of the trial, said in a press release.

Lixisenatide is a glucagon-like peptide 1 receptor (GLP-1R) agonist approved to treat type 2 diabetes, a condition in which blood sugar levels are too high. It works by mimicking the action of glucagon-like peptide 1, a gut hormone produced in response to food intake to regulate blood sugar levels.

According to Cure Parkinson's, several studies have shown that some GLP-1R agonists have beneficial effects in the brain. In particular, they may improve neurogenesis — the process by which new neurons are formed — and energy function, and also may provide a protective and supportive effect.

Moreover, previous assessments have indicated that people treated for their diabetes with certain GLP-1R agonists might have a reduced risk of developing Parkinson's disease.

LIXISENATIDE BECAME A PRIORITY

Lixisenatide was prioritized for clinical testing by the international Linked Clinical Trials (iLCT) initiative launched by Cure Parkinson's, aiming to identify treatments that might slow, stop, or reverse Parkinson's disease.

The program focuses mainly on therapies used or being developed for other conditions, offering the opportunity to find new treatments faster and at lower costs.

LixiPark is led by Olivier Rascol, MD, PhD, at the University Hospital of Toulouse, and Wassilios Meissner, MD, PhD, at the University Hospital of Bordeaux. It involves 21 research centers across the NS-Park network in France.

The study is sponsored by the Toulouse University Hospital, and co-funded by Cure Parkinson's, the Van Andel Institute (VAI) in the U.S. —

a collaborator in the iLCT program — and the French Ministry of Health. The medication and placebo are supported by the pharmaceutical company Sanofi.

"Cure Parkinson's is proud to have supported this study. We congratulate the investigators who conducted it, and we thank the participants and their families," Stott said.

The organization is working with the LixiPark principal investigators to plan a Phase 3 clinical trial testing lixisenatide as a treatment for Parkinson's.

EXENATIDE ALSO IN CLINICAL TRIALS

These preliminary results represent the second clinical trial of a GLP-1R agonist with positive results in people with Parkinson's. A previous Phase 2 trial suggested that treatment with exenatide, another GLP-1R agonist, for one year may slow Parkinson's disease progression, according to Cure Parkinson's.

There is currently a large Phase 3 Exenatide-PD3 (NCT04232969) clinical trial evaluating the two-year safety and efficiency of exenatide, compared to a placebo, in people with Parkinson's disease.

So far, no GLP-1R agonist is approved to treat Parkinson's disease, and more trials are being conducted before the drug can be reviewed by regulatory authorities.

Addressing non-motor symptoms of Parkinson's empowers patients

By Marisa Wexler, MS – Parkinson's News Today, 9/7/23

People with Parkinson's disease who have more severe non-motor symptoms are less likely to feel empowered to manage their own disease, and also are less likely to get regular physical exercise, a new study shows.

These findings "suggest that to promote physical activity and patient activation there is a need to identify and treat the non-motor symptoms of [Parkinson's]," researchers wrote. "This implication is important because the non-motor symptoms are often neglected."

The study, "Socio-Clinical factors associated with Parkinson's disease-related specific self-management behaviors," was published in *Chronic Illness*.

PARKINSON'S MEDICATIONS MAY IMPAIR BODY'S ABILITY TO KEEP COOL: STUDY

People living with Parkinson's disease can take many steps to manage their own health, ranging from going to doctors appointments and taking medications as directed, to eating healthily and exercising.

In this study, scientists in Israel set out to identify social and/or clinical factors that affect whether people with Parkinson's feel empowered to

manage their own health. Identifying these factors can help in designing more targeted forms of support to empower patients who most need it.

The scientists collected data from 62 people with Parkinson's receiving care at a center in Haifa, Israel. About two-thirds of these patients were men, and the average age was in the late 60s.

MEASURING BOTH MOTOR AND NON-MOTOR SYMPTOMS

The participants underwent a battery of standardized assessments measuring the severity of motor symptoms and non-motor symptoms. They also were asked about how often they engaged in physical exercise, their social and familial support systems, and whether they used rehabilitative treatments like physical or occupational therapy.

Participants also completed a measure of patient empowerment called the Patient Activation Measure, or PAM-13.

"The PAM-13 is a self-reported, validated and licensed tool to measure a patient's knowledge, skills and confidence for self-management," the researchers wrote, adding this tool "captures the extent to which

people feel engaged and confident in taking care of their health conditions."

With all these data in hand, the researchers conducted statistical analyses looking for factors that were associated significantly with patient empowerment.

Results showed that patients who reported more familial and social support also tended to report higher scores on the PAM-13, indicating they felt more confident and capable about managing their own health. Patients with more family support also were more likely to engage in regular physical exercise.

SEVERITY OF SYMPTOMS MAKES A DIFFERENCE

The severity of both motor and non-motor symptoms were significantly negatively correlated with PAM-13 scores, indicating that patients with more severe symptoms tended to feel less empowered about managing their own health. In particular, statistical tests showed a strong connection between worse non-motor symptoms and less empowerment.

Results also showed that patients who reported more non-motor

symptoms and/or cognitive issues were less likely to exercise regularly.

"Cognitive status, number of non-motor symptoms and to a lesser degree the severity of motor symptoms, are the prominent explanatory variables of engagement in physical activity and patient activation," the researchers wrote.

Based on these findings, the researchers proposed that programs aiming to promote self-management in Parkinson's should include explicit efforts to address non-motor symptoms. "For example, self-management programs may include education about common non-motor symptoms and possible coping strategies and may integrate caregivers of patients with cognitive decline," they wrote.

The researchers noted this study was fairly small, and most of the patients were in middle stages of Parkinson's without severe cognitive issues, so more research is needed to confirm how generalizable these findings are. They also noted that most patients here reported not using rehabilitative treatments, so more work is needed to see which factors affect patients' engagement with rehabilitative resources.

Digital dual-task training enhances Parkinson's patients' gait function

By Lindsey Shapiro, PhD – Parkinson's News Today, 7/26/23

A digitally delivered dual-task training (DTT) program was just as good as a standard physical therapist-led one at improving gait in people with Parkinson's disease, a small clinical trial suggests.

Eight-week DTT programs, which are designed to improve patients' ability to multitask when moving, led to significantly increased gait speed, improved rhythm, and step length. Researchers called the digital platform "an enabling technology that addresses barriers to implementing DTT."

The study, "A Randomized Clinical Trial to Evaluate a Digital Therapeutic to Enhance Gait Function in Individuals With Parkinson's Disease," was published in *Neurorehabilitation and Neural Repair*.

Gait problems and decreased balance with Parkinson's increase the risk of falls, leading to a loss of daily independence and a higher chance of being hospitalized.

The risk of falling can be exacerbated by cognitive declines. People with Parkinson's may experience dual-task interference, which is not being able to do any one task effectively when trying to do two things at once, making a fall when moving more likely.

Data from clinical trials have indicated DTT — which involves practicing performing a primary motor task while being distracted by a secondary cognitive one — leads to gains in mobility and cognition.

STUDY: SMARTFIT MAY OUTPERFORM TRADITIONAL PHYSIOTHERAPY

INTRODUCING THE DART PROGRAM

Implementing such a program is time-consuming for physical therapists, requiring a personalized program to be developed that must remain chal-

lenging and engaging for each patient, as well as one-on-one training sessions. This limits its usage.

To help overcome this, researchers developed a Dual-task Augmented Reality Treatment (DART) platform to enable DTT's digital delivery.

In the study, the researchers report the results from a clinical trial (NCT04634331) that compared the effectiveness of a DART platform-delivered DTT with an in-person program where 51 patients were randomly assigned to one or the other twice weekly for eight weeks (16 sessions), while remaining on their usual medications.

Both types involved tailored interventions that consisted of a range of different cognitive and gait tasks, performed alone (single task) or together (dual task) that the therapist could make more difficult as the patient advanced.

While the traditional DTT was administered by the physical therapist, the DART group patients were equipped with an augmented reality headset to deliver the cognitive and motor tasks via a holographic avatar. Physical therapists could use feedback from DART to adjust the person's program.

DART was self-administered in a room with other participants where a physical therapist was present, but didn't provide guidance.

COMPARING DART, STANDARD DDT

While overall motor symptom severity was largely unchanged in either group after eight weeks, significant improvements in gait velocity (speed) were seen after DART or standard DTT in both single- and dual-task conditions. The gains were largely maintained eight weeks after the program

ended.

The DART program was deemed not inferior to traditional DTT in its effects on gait velocity, meaning it was at least as good as the standard program. Improvements in gait speed were not only statistically significant, but also met the threshold to be considered clinically meaningful.

Before training, the mean gait speed among trial participants was below 1.1 meters per second for most dual-task assessments, the cutoff generally considered to be predictive of falls with Parkinson's.

After training, mean gait speed increased above that threshold in both single- and dual-task conditions, "representing a decreased risk of falls," the researchers wrote. "Our findings have meaningful implications in those with [Parkinson's] as many daily gait activities could be considered dual-task conditions."

Improvements in cadence (gait rhythm) and step length were observed in both groups, and cognitive performance was generally stable after eight weeks.

Adherence to both programs remained high and those in the DART group generally found the program to be easy to use and satisfactory.

While the findings support using the DART program for DTT, the platform "will not take the place of a physical therapist," the researchers said, adding, instead it "will serve as enabling technology in which a single therapist may be able to deliver DTT to and monitor multiple [people with Parkinson's]" at one time.

Future versions of DART should be adapted to help more severely affected patients with greater functional limitations, they said, noting a project is planned to test DART's safety and effectiveness at home.

Patent given for new approach to Parkinson's stem cell therapy

By Marisa Wexler, MS – Parkinson's News Today, 10/9/2023

Mark Denham, PhD, a scientist in Denmark, has been awarded a patent that covers a new way of using stem cells to create cell therapies for Parkinson's disease.

Securing the patent, which provides two decades of intellectual property protection for the technology, is a first step toward establishing a spinoff company able to take this treatment approach into clinical trials. As trials are expensive to conduct, Denham is working to identify sources of funds to support such testing.

"The competition in this area is intense, but I am convinced that my method has the potential to revolutionize treatment. Right now, it's all about attracting investors who share our ambition," Denham, who is group leader and an associate professor at the Danish Research Institute of Translational Neuroscience

(DANDRITE) at Aarhus University, said in a university press release.

HEALTHY BRAIN REGION WORKS OT TO CONTROL PARKINSON'S SYMPTOMS: STUDY

STEM CELL THERAPY FOR PARKINSON'S DISEASE FAVORING DOPAMINERGIC NEURONS

In Parkinson's disease, dopaminergic neurons — brain cells that produce the neurotransmitter dopamine — gradually sicken and die, causing problems with neurologic signaling that gives rise to disease symptoms.

The overarching aim of Denham's approach is to replace a patient's lost dopaminergic neurons. Theoretically, this could help to normalize brain signaling in order to slow, stop, or even reverse the disease's progression.

Stem cells are jack-of-all-trade cells,

capable of growing and differentiating into many other types of cells in the body. Many research projects have explored using stem cells to grow new dopaminergic neurons that can be used to replace the ones lost in Parkinson's, with some experimental stem cell therapies now in early clinical trials.

A main challenge with using stem cells to create new dopaminergic neurons, however, is that stem cells, in their natural state, don't normally grow into just one type of cell. Stem cells manipulated in the lab have a tendency to grow into many different cell types, making it difficult to get large numbers of the one specific type of cell that's needed to treat Parkinson's.

Denham's new patent covers a method, developed and refined over 20 years by his team, that helps to guide stem cell growth to avoid the

production of unwanted cell types.

"What distinguishes my research from others is that I have developed a method where I can manipulate stem cells with an extremely high degree of precision to develop into only one type of cell. This results in an exceptional quality of the desired cell," Denham said.

"Until now, it has only been possible to develop cells that contain approximately 10% of the desired cells, while with my method I achieve a significantly higher purity," Denham added, noting that ongoing clinical trials use an older and less efficient method to make dopaminergic neurons.

"My goal is to help patients stay off their medication, which requires high purity. So, my next step is to transfer my method to clinical trials," Denham said.

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PARKINSON'S PERSPECTIVE

**DECEMBER 2023
& JANUARY 2024**

Coming Events

See inside for more information

December 2nd - Reg Mtg at Central United Methodist Church – 10 am
Program: Christmas Party!!!! — The Song Spinners will entertain us!

January 6th - Reg Mtg at Central United Methodist Church – 10 am
Program: Parkinson's 101; **Speaker:** Jill Reid, Educational Outreach

February 3rd - Reg Mtg at Central United Methodist Church – 10 am
Program: Break-Out Sessions – Caregivers & Parkinsonians separate into different rooms to talk

March 2nd - Reg Mtg at Central United Methodist Church – 10 am
Program: Physical Therapy for People with Parkinson's; **Speaker:** Danielle Mulligan, PT, MSPT

More useful websites:

<https://parkinsonsnewstoday.com>; www.parkinsonrockies.org; www.parkinson.org; www.nwpf.org; michaeljfoxfoundation.org;
<http://caremap.parkinson.org>; <https://www.brainhq.com/world-class-science/published-research/active-study>;
www.davisphinneyfoundation.org/living-pd/webinar/videos/cognitive-nonmotor-symptoms-parkinsons; www.parkinsonheartland.org;
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