



Parkinson's Perspective

Newsletter of the Colorado Springs Parkinson's Support Group
Colorado Parkinson Foundation, Inc.

www.co-parkinson.org | (719) 884-0103

Interim President:

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

President Emeritus : Ric Pfarrer

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Janet Adams, Naomi Boswell,
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Programs: Jill Reid

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Parkinson's Awareness Day:

Vacant

Photographer: Vacant

Lending Locker Coordinator:

Rich Sauvain [redacted]

Main Dish Coordinator: Stephen

Rudawsky [redacted] or

potluck@co-parkinson.org

Picnic: Carole Henrichsen

and Janet Adams

Medical Advisor:

Curt Freed, MD

New Member Table Chairmen:

Pat Dashosh

Sunshine (Cards): Sharon Carlson

[redacted]

T-Shirt Chairman: Vacant

Webmaster: Ric Pfarrer

Newsletter Editor: K. Schleiker

Address/Email/Database 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 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 October meeting since we haven't received word whether 1st Presbyterian Church will be open to us in the foreseeable future.

Next Meeting: Saturday, October 10th | 10 am-12:30 pm

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

9:45 am – Come in a few minutes early to check in, greet other members and ask question.

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

— October Program —

Speaker: Dr. Brian Grabert, MD



Topic: Updates on Parkinson's Research and Medications – Question and Answer Session Follows

About the Speaker: Dr. Grabert is familiar to those who have been in our support group for very long. He has been a widely respected Parkinson's neurologist in our local community for many years. He and his wife, Julianne, ran CSPSG in the 90's when it was called JTPSG and he has continued to speak regularly to our group for over two decades, keeping us updated on the latest Parkinson's information.

The program will be followed by a potluck lunch.

The October Potluck Main Dish: A Crockpot Dish such as Chili, Soup, Stew, etc.

If you would like to sign up to be a provider of the main dish of a crockpot dish or a side dish to the October meeting you can sign up through our website or you can contact Stephen Rudawsky at [redacted] or potluck@co-parkinson.org, no later than Wed. October 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!

Due to limited space in this month's newsletter, please see past newsletters for information normally included - i.e., other local Support Groups, PD Exercise Classes, and other opportunities.

The President's Corner

| Jill Reid - Interim President, CPF & CSPSG



Fall is here, and the trees in Colorado Springs are turning brilliant colors. I'm going to enjoy every beautiful moment of the season because winter might not be far behind. Fortunately, we have the excitement of our upcoming research study to brighten our winter days!

Dr. Tidman's presentation at the September meeting about our research study was very informative and inspirational. I heard comments that ranged from, "Wow! That was a great presentation!" to "It inspired me to follow the diet guidelines even though I don't have Parkinson's and can't be a part of the study!" to "It's so exciting that we can contribute to the body of knowledge about Parkinson's and possibly help people all over the world! What an opportunity!" For those of you who missed it, read the synopsis prepared by our conscientious, highly capable, and wonderful secretary, Linda Christian; you'll find it in the Program Review section of this newsletter.

Even better, you can see the entire presentation by going to the Colorado Parkinson Foundation (CPF) website, <https://www.co-parkinson.org>, and selecting the Study tab; next, click on the Study Presentation button at the bottom of the right-hand column. I strongly encourage you to watch it. For the results of this study to be statistically meaningful, we need at least 30 people to sign up and participate, and I know that watching the entire presentation will motivate you to join in. Dr. Tidman explains so well why this diet has cured a wide range of diseases and why the current Standard American Diet has caused many of those same diseases. ***So who wouldn't want to help their fellow People with Parkinson's throughout the world and improve their own health at the same time? That's what will happen for every person who participates.***

As we explained in last month's newsletter, the Study on the Effects of a LCHF/Ketogenic Diet on Parkinson's Disease is a 12-week study that will start in January. Participants will be given a list of allowable foods to choose from; a meter and strips with which to monitor blood sugars and ketones; regular free appointments with the researchers through Zoom, phone, and email; and free pre- and post-study blood tests at any LabCorp lab (these two blood tests are the only ones requiring face-to-face encounters with other people, and they are needed in order to establish baselines before the study and final results at the end). LabCorp has extensive protocols in place to ensure participants' safety.

The study tab on the CPF website will soon have the information on how to sign up for the study if you did not sign up at the meeting. Dr. Tidman will provide answers to frequently-asked questions throughout the study, and we will post a link to them on the study tab as well.

I want to thank you and congratulate you now for participating in this ground-breaking research!

Upcoming Parkinson's Events:

The Focused Ultrasound Foundation (FUS) is holding its next biennial conference virtually because of COVID-19 concerns. CSPSG member, Ron Nickelson, was one of the first volunteers to undergo this procedure some years ago in hopes of diminishing his Parkinson's symptoms and is very pleased with the outcome.

The date is November 8-13.

For information and to sign up, go to www.symposium.fusfoundation.org.

To learn more about Ron's experience go to www.fusfoundation.org/news/focused-ultrasound-was-worth-the-wait-for-parkinson-s-patient.

The 7th Annual Parkinson Disease Symposium at the University of Colorado Anschutz Medical Campus in Denver will be held virtually on November 4th. For information and to sign up, go to www.eventbrite.com/e/7th-annual-parkinson-disease-symposium-registration-113803820290



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

- | | | | | |
|----------------------|-------------------|------------------|-----------------|------------------|
| • Kathryn Allie | • Mike Cunningham | • Phil Horton | • Katja Pinion | • Keith Smith |
| • Dennis Bockhaut | • Jack Dashosh | • Betsy Hughes | • Sean Prescott | • Sue Smith |
| • Ann Brand | • Ruby Doyle | • Linda Krager | • Ed Santos | • Jan Suhr |
| • Roger Christiansen | • Eddie Edwards | • Elaine Laue | • Marda Santos | • Scott Van Pelt |
| • Richard Cobey | • Alan Filippi | • Rudy Legleiter | • Linda Marie | • Charles Wells |
| • Charlene Costello | • Bobbie Hamilton | • Karen McCraley | • Shrewsbury | • Helen Zinn |

Thank You!

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

October Executive Meeting

October 13, 2020 at 12:00 at a place to be determined.

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 contact you if anything changes.

NOVEMBER NEWSLETTER INPUT DEADLINE:

OCTOBER 21ST

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

Coronavirus and Parkinson's Disease

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

September 19, 2020 Program Review

| by Linda Christian, Secretary

Effects of an LCHF/Ketogenic Diet on Parkinson's Disease Symptoms, Depression, Anxiety and General Health.

A Pilot Study | Presented by: Dr. Melanie M. Tidman DHSC, MA, OTR/L

Dr. Tidman began her presentation welcoming all attendees in person (25) and via Zoom (17). She instructed Zoom attendees to mute their microphones and turn their cameras off to ensure less bandwidth problems. Dr. Tidman then mentioned that she has been presenting to this group for the past 15 – 20 years. She asked participants to take note of her email address listed on the slide and encouraged attendees to send their questions regarding the presentation or the study to her directly. She informed the group that the presentation was also being recorded. Dr. Tidman explained to the group that this study will be published internationally and it's a follow up of the New Zealand study conducted by Dr. Phillips.

Dr. Tidman is making her presentation slides available for the CPF website. The balance of this review is comprised of Dr. Tidman's slides with some additional information/comments provided during the presentation.

Next, Dr. Tidman provided information about her colleagues that will assist her in the study:

- Dr. Dawn White, PhD, RT (R) – Respiratory Therapist
- Dr. Tim White, DHSc, MBA – Doctor of Health Science
- Both will assist Dr. Tidman in evaluations and the study.

Dr. Tidman then provided the following information about herself:

- Adjunct Professor for 2 Medical Schools and 1 Healthcare Administration School
 - 40 years' experience in the healthcare field
- Written 2 books receive Royalties
- Intellectual Bias: I believe in (and practice) the LCHF Diet approach for health and reducing chronic illness (specifically neurological conditions and diabetes)
 - She has followed the LCHF/Ketogenic Diet for 7 years; eliminated health issues and the use of medications by utilizing this dietary approach.

The next slide in her presentation was the following disclaimer:

- The content provided here is not intended to be relied upon for medical diagnosis or treatment. Inform your physician of any changes you may make to your lifestyle and discuss these with him or her.
- She provides information for your doctor regarding studies on nutrition.

Her next slide covered objectives:

- Explore the SAD (Standard American Diet) used in the US today
- Explore historical facts and statistics on chronic disease, changes in food supply, and pharmaceuticals
- Explore current research on diet and chronic disease
 - Parkinson's, Alzheimer's, MS, ALS, Huntington's Disease
- Explore Facts and Methods for Low carb/High Fat (LCHF)/Ketogenic Diet Study

She then presented information regarding ethics oversight:

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

The next group of slides provided facts and statistics:

- 1977: The USDA Food Pyramid
- 1978: Keys: The Seven Country Cholesterol Studies: fats are Bad! (study has been disproven many times)

- Late 1970's: The Development of Statin Drugs
- Late 1970's: begins the sharp rise in T2D, CHF, CVD, and NDDs (AD, PD, MS, ALS)
- TD2 Stats: 2015, an estimated 1.5 million new cases of **diabetes** (T2D) were diagnosed among people ages 18 and older (>risk of AD and PD)
- PD Stats: An estimated seven to 10 million people worldwide have **Parkinson's disease**. ... An estimated 4 percent of people with **Parkinson's** are diagnosed before age 50.
- AD Stats: 5.6 million people age 65 and older and approximately 200,000 individuals under age 65 who have younger-onset **Alzheimer's**. One in 10 people age 65 and older (10%) has AD
- CHF Stats: 5 million Americans (Emerson University)
- Longevity Stats: The US Ranks 31st in the world in longevity
- Obesity Stats: **35%** in seven states, **30%** in 29 states and **25%** in 48 states (us.gov)
- Health care costs: \$3.5 trillion, or \$10,739 per person in 2017 (CMS.gov).

The next group of facts she provided will surprise you:

- TD2 is Reversible!!!
- Chemotherapy is more effective with Keto and Fasting
- Symptoms of PD, AD, and MS can be reduced through diet
- Medications do not fix health!!!

The quote in the next slide of Dr. Tidman's presentation says it all:

- **"Good health makes a lot of sense, but it does not make a lot of dollars"**

At this point in her presentation, Dr. Tidman uses a train analogy to represent the impact of sugar (carbs) on your body during the day:

- The Train: Your Liver and Fat Cells Before Breakfast:



- The People: Sugar:



- The Pushers: Insulin and Medications:



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- The 1977-2020 US Dietary Guidelines: Eat more Carbs:



- How much Sugar Can we Hold in the Bloodstream at Any Given Time?



1 Teaspoon

- First Stop: Example of "Healthy" Low Fat Breakfast:
 - Yogurt and assorted fruit = 29+ tsp Sugar
 - Fresh Orange Juice = 13 tsp sugar
 - Total "healthy" "breakfast" 41 tsp sugar



- Second Stop: Example of Typical US Lunch:
 - Hamburger, fries, large soda, or regular shake = 68+ tsp sugar
 - Your pancreas is working hard to remove sugar
- No More Room! Bring in the Pushers!



- Third Stop: "Healthy" Dinner (bring in the Pushers!) (Insulin):



- Dr. Unwin's Sugar Chart: "Healthy" Breads

The Glycaemic Index helps predict how these bread types might affect blood glucose –important information if you have type 2 diabetes

Type of bread	GI from scientific literature	Serve size (g)	Glycaemic load (g/serve)	How does one small 30g slice affect blood glucose compared to 4g teaspoons of table sugar?
White	71	30	10	3.7
Brown	74	30	9	3.3
Rye ,69% whole-grain rye flour	78	30	11	4.0
Wholegrain barley, 50% barley	85	30	15	5.5
Wholemeal, stoneground flour	59	30	7	2.6
Pita, wholemeal	56	30	8	2.9
Oatmeal batch	62	30	9	3.3

As per calculations to be found in: It is the glycaemic response to, not the carbohydrate content of food that matters in diabetes and obesity: The glycaemic index revisited | Unwin | Journal of Insulin Resistance 2016. @lowcarbGP

- "Healthy" Fruit?

The Glycaemic Index helps predict how these fruits might affect blood glucose important information if you have type 2 diabetes

Type of fruit	GI from scientific literature	Serve size (g)	Glycaemic load (g/serve)	How does 120g of each fruit affect blood glucose compared to 4g teaspoons of table sugar?
Banana	62	120	16	5.9
Grapes, black,	59	120	11	4.0
Apple, Golden Delicious	39	120	6	2.2
Watermelon, fresh	80	120	5	1.8
Nectarines, fresh	43	120	4	1.5
Apricots, fresh	34	120	3	1.1
Strawberries, fresh	40	120	3.8	1.4

As per calculations to be found in: It is the glycaemic response to, not the carbohydrate content of food that matters in diabetes and obesity: The glycaemic index revisited | Unwin | Journal of Insulin Resistance 2016. @lowcarbGP

- "Healthy" Vegetables?

Using the Glycaemic Index to predict blood glucose 'Fruit & veg' so variable, why lump them together?

Food Item	Glycaemic index	Serving Size g	How might each food affect blood glucose compared to one 4g teaspoon of table sugar
Potato boiled	96	150	9.1
Sweet corn	60	80	4.0
Frozen peas,	51	80	1.3
Cabbage	10	80	0.1
Raisins	64	60	10.3
Banana	62	120	5.7
Apple	39	120	2.3
Strawberry	40	120	0.4

As per calculations to be found in: It is the glycaemic response to, not the carbohydrate content of food that matters in diabetes and obesity: The glycaemic index revisited | Unwin | Journal of Insulin Resistance 2016. @lowcarbGP

- Eat More Carbs: Put more people on the Train! The Fatty Liver Express!
 - More and more individuals (even children) are being diagnosed with Non-Alcoholic Fatty Liver Disease.



The USDA Dietary Recommendations

- What Your Doctor Recommends: Increase your Medications! (more pushers!):



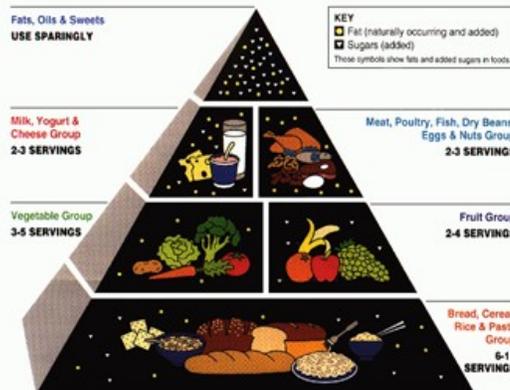
- Your Nutritionist Says: Eat 6 or More Small Meals Per day:
 - Stop more often, pick up more people (bring in more pushers!)
- So, your results: We Need More Trains!
 - Obesity! More Fat Tissue and more insulin (overload the

- trains) to store the Sugar (people!)
 - NAFLD (even diagnosed in kids!)
 - Hire More Pushers! (increase meds) = Diabetes!
- Logical Solutions:
 - Fewer People:
 - Eat Less Carbs (Hum.... LCHF/KD Diet)
 - Fewer Stops
 - Eat 1-3 meals a day (or less).....PERIOD! (no snacks)
 - More People Getting Off the Train
 - Get More Exercise!
- Hire More Workers build better trains and Repair the Tracks!
 - HDL Cholesterol: (The Good Guys Repair the Tracks)
 - Train Tracks= Blood Vessels
 - Make trains more Efficient=Muscles
- How Your Doctor Diagnoses Metabolic Syndrome:
 - High Triglycerides (>100)
 - Low HDL (<30)
 - Large Waist Circumference (women > 35; Men>40)
 - High Blood Pressure
 - High Blood Sugar (HgA1C>5.5)
(Note: LDL is not on the list!! This is what Statins are prescribed for)
- What Does LCHF/KD Fix?
 - Raises HDL
 - Lowers Triglycerides
 - Decreases Blood Pressure
 - Decreases Abdominal Fat
 - Decreases Blood Sugar
- Past 50 yrs. of medical and nutritional advice:



-And....she continues:
 - In 2008 A Swedish Primary Care Physician was sued by 2 Registered Dietitians for recommending LCHF to her patients.
 - As part of the trial, the Swedish government did an extensive review of the Literature
 - They found that LCHF is a viable and healthy dietary recommendation
 - Today, the Swedish Govt recommends LCHF/KD and Swedes eat LCHF.
 - Swedish Healthcare costs among the lowest in the world.
- Historical Overview:
 - 1940s-1970s
 - Diets were low in processed foods and carbs and high in meats, fish, poultry, eggs, and dairy, with seasonal fruits, and vegetables
 - Fruits became ripe in the fall and were consumed then to put fat on to get through the winter, they were not eaten year round
 - 1970s-present (The US Food Pyramid)
 - Diets high in processed foods, boxed and packaged foods for convenience, processed sugar, low fat "craze".
 - 1980's to present: Increases in ALL chronic disease including TD2, Alzheimer's Disease, PD, and other Neurological Diseases
- In the 1970's:
 - The US Govt recommended commodity foods: Grains, Corn, Wheat

- Commoditization of these foods created a surplus. The USDA needed a way to get rid of the surplus, so they made these foods highly recommended on the Food Pyramid.
- Surplus of Cottonseed used to make oil for industrial machinery led to the creation of Crisco! (and you eat that??)
- Did you Know?
 - Did you know the 1977 US Food Pyramid (and more recent "My Plate") are the same pyramids used in the Livestock industry to fatten pigs, sheep, and cattle? (Hint: How long do they live?) Bottom Line: High carb diets are designed to fatten livestock!
 - As of October 2018, the American Diabetes Association NOW recommends that LCHF/KD as one of the dietary strategies that can improve health and the only diet that can reduce Diabetes medications (with potential to cure T2D). The evidence is there!!
 - 2000-present: Studies showed our new recruits for all branches of military were unhealthy and unfit for duty.
 - The Veteran's Administration and the Department of Defense are now recommending LCHF/KD diets to improve health and improve military readiness (2017 guidelines)
 - The Rio Olympics 2016:
 - Athletes won 46 Gold Medals with a total medal count of 121 medals (the 2nd highest in history)
 - Olympic athletes were put on the Ketogenic Diet 2 yrs. before the Rio Olympics. (coincidence?)
 - In 2018 The American College of Physicians did a full analysis of all the recommended diets. LCHF ranked #1 among all other recommended diets and nutritional plans for improving health (Annals of Internal Medicine, 2018 guidelines)
 - Since 2009 NASA has been studying the effects of Nutritional Ketosis on prevention of Oxygen Toxicity Seizures (OTS)
 - OTS is experienced by both Astronauts and Deep-Sea Divers (Navy SEALs) when prolonged exposure to pure O2 occurs.
 - Seizures went from occurrence within the first 10 mins to after 60 mins of exposure.
 - Results: Nutritional Ketosis is Neuroprotective.
- Common Sense?
 - If you are Gluten intolerant, you avoid? - Gluten
 - If you are Lactose Intolerant, you avoid? - Dairy
 - If you are allergic to seafood, you avoid? - Seafood
 - If you are carb intolerant (T2D, Obese, PD, AD), you avoid? - Audience Participation - Carbs
- The SAD diet:
 - Consists mostly of processed foods in boxes, packages
 - Very few low GI veggies
 - High Fat + High Sugar foods (pastries, cakes, donuts, sodas etc.) (fats in combo with sugar)
 - Fast Foods
 - It's probably what you are eating now
 - Two thirds of the old pyramid is all sugar



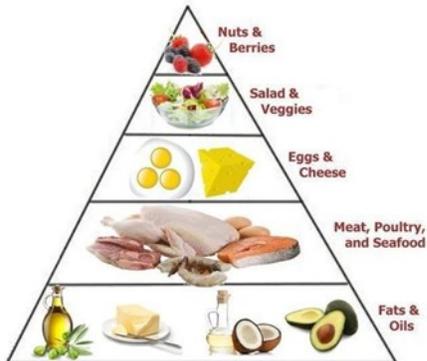
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- More Facts from the Research:
 - Currently 35% of the US Population are overweight or obese
 - Humans cannot handle sugars and carbs as they cause increases in weight and blood glucose
 - Fats do not make you Fat!!
 - Humans cannot process grains, sugar, and fruit (on a regular basis)
 - People are advised to eat low fat and high carbs (fruits and grains)!
 - The inclusion of High Fructose Corn Syrup in our food supply occurred simultaneously with the rise in NDDS (AD, PD) and NAFLD
- Those with Diabetes:
 - The LCHF/KD is so effective be prepared to cut Insulin in half or stop it all together the first week.
 - Test.....Test.....Test!!!
- So...What do I eat???
- The Ketogenic Diet (Keto)
 - Meat, fish, poultry, eggs
 - No dairy (PD and Dairy Connection)
 - Fats: 70%-80%
 - Protein: 15%-20%
 - Carbs: less than 5%-10%
 - Only Green Veggies
 - Coconut Oil, Avocado Oil, Olive Oil, Grass Fed Butter, Beef Tallow, Lard

Recommended for those on chemotherapy, those with seizures, and **all Neurological conditions**

DRINK WATER...DRINK WATER...DRINK WATER



Use this Food Pyramid as HIGH FAT basis of your LCHF lifestyle
KETO ZONE
[facebook.com/ketozone](https://www.facebook.com/ketozone)

- The LCHF/KD is NOT a High Protein diet therefore should interfere less with PD medications.
- Do not be afraid of Fats. This is what we are designed to eat.
- Cholesterol has a neuro-protective effect on the brain (Brain=85% cholesterol)
 - Remember: With the advent of Low-fat diets, NDDS increased exponentially
- Nutritional Ketosis Protects the Brain:
 - Ketones are the brain's back up fuel when glucose is low or inaccessible. It actually prefers ketones (Jet fuel vs Unleaded gasoline) (Cunane, 2018)
 - In PD and AD, the problem is poor glucose use in the brain (An energy Crisis) This precedes cognitive changes and can happen decades before the diagnosis
 - When glucose cannot be used by the brain (AD), Ketones can (PET scans) (Research in Canada, 2017)
- Therapeutic Use of Ketones:
 - Ketones generated from the LCHF/KD, can provide fuel to the brain to influence cognition with potential benefit for depression and anxiety

- Ketones can also be raised with ketone supplements (i.e. MCTs, coconut oil) 2-5tblsp/day (diet matters too)
- LCHF/KD + Ketone Supplements=Most beneficial
- Both the diet and the supplements were studied with improvements in cognition
- Did you Know?
 - Babies are born in Nutritional Ketosis which aids in brain protection and development
 - Breastmilk is 80% =fat, 15% protein, 5% carbs) (sounds like LCHF/KD!)
- **Hum....I wonder why babies are fed exactly what is needed to encourage brain development and protection?**
- Study Proposal: Purpose
 - This quasi-experimental, pre-test/post-test, one-group, epidemiological 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 (BMI, HgA1C, Insulin, Triglycerides, HDL), and symptoms of depression and anxiety in person's with PD ages 50- 85.
- Study Design Consultation
 - Dr. Tidman has consulted with Dr. Matthew Phillips at the Waikato Hospital in Hamilton New Zealand on study design.
 - Dr. Phillips has agreed to allow us to use their 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).

- For Those with T2 Diabetes
 - Because LCHF/KD **will improve your Diabetes**, if you do not make medication changes **you could end up in the ER with life-threatening symptoms**, you will be allowed to enroll in the study if:
 - You have a note from your doctor that he/she will work closely with you on medication management (weaning off them) throughout the study, and
 - (2) You have been given (by your doctor) and understand the use of an Insulin Sliding scale and can show it to us and explain its use.
 - Stop the Insulin IF.....
 - Blood Sugars lower than 120, Stop All Insulin or cut in half or down to ¼ dose!!! (Westman, 2019).
- Unique Research Approach
 - Direct comparison of the same study participants prior to and after the 12-week dietary intervention (pretest/posttest design)
 - Pre/post scores will be compared on the UPDRS Scale (Parts 1 to 4)
 - Scores compared on the CESDR-20 depression scale and the Parkinson's Anxiety Scale (PAS)
 - Dietary tracking application: Myfitnesspal or written food log
 - Comparison of pre-test/post-test biomarkers
 - (BMI, HgA1C, Fasting Insulin, Chol, CRP)
- The Study Participation Proposal
 - Participants will obtain pre-Test Blood work at a local Lab-Corp's Prior to Study Participation
 - Body weight and waist circumference using the Smart BMI will be assessed
 - Questionnaires- The UPDRS Parts 1-4, The Parkinson's Anxiety Scale and the Center for Epidemiologic Studies Depression Scale-Revised (CESD-R-20) using Zoom.
 - A qualitative interview using Zoom
 - Attend a 1-hour pre-study interview appt using Zoom (online).
 - Obtain pre-study bloodwork (fees paid)
 - Eat the prescribed LCHF/KD plan for 12 weeks (educational materials provided)
 - Keep food logs or log food on the Myfitnesspal.com app
 - Test your Fasted (4 hrs.) Blood Glucose/Ketones using a pro-

- vided Meter 1x/wk. and record on a log
- Post study appt on Zoom! Go for blood tests the final week of the diet. Use Zoom to re-administer questionnaires, UPDRS, hand in Food logs and Glucose/Ketone logs.
 - Communication
 - Recruitment presentation will be made available through a recorded link,
 - Contact and communication with all study participants will take place through phone calls, emails, and Zoom chats throughout the study period
 - Variables
 - HgA1C (below 6.5 without Insulin meds =Reversal criteria)
 - Smart BMI pre and post study
 - HDL, CRP, Fasting Insulin, and Triglycerides pre and post
 - PD Symptoms UPDRS pre and post
 - Depression and Anxiety Questionnaires pre and post
 - Compliance tested using Blood sugar and Ketones testing
 - Food logs and/or the Myfitnesspal app.
 - Precaution's
 - Those with T2D **Must test blood daily** and adjust insulin per their doctor's advice (Insulin Sliding Scale)
 - Those with CHF **must watch salt intake** but may wash out salt with use of diuretics so add Redman's Sea Salt (1 tsp/day). Leg cramps= low salt
 - Participants may need to take potassium (up to 200mgs/day) and magnesium daily (up to 400mgs 2x/day)
 - Those with High Blood Pressure will decrease need for meds so be ready to **test your B/P and adjust your meds**
 - PD meds- you will need to **time your protein intake** and medications. You may need to reduce meds depending on your symptoms.
 - Some PD symptoms may increase the first 2 weeks as your body detoxifies. Hang in there as this soon passes.
 - **LCHF and Keto work so well you WILL need to adjust medications as your body weans off them and you get healthier. If you use the same doses you may get into trouble!**
 - Study Disclaimer
 - Seek the advice of your physician or another qualified health provider with any questions you may have regarding a medical condition.
 - For questions or concerns about any medical conditions you may have, please contact your doctor.
 - Conclusions
 - This study is intended as a pilot study to identify trends in the application of nutritional approaches to the treatment of a variety of PD symptoms including effects on general health
 - Additionally, the study will identify nutritional effects on psychosocial symptoms frequently associated with PD (depression and anxiety)
 - References
 - Crouteau et al (2017) Brain glucose and ketones uptake in Alzheimer's disease (AD) and mild cognitive impairment. *Experimental Gerontology*.
 - Dr. Brian Lenzkes: Low Carb Denver 2020
 - The USDA Dietary Guidelines 2015

There was a question and answer session after the presentation. Those questions and their answers will be posted on our website soon – co-parkinson.org, under the tab 'Study'.

Getting to Know You: Ron and Lu Ann Nickelson



Ron was born in Wichita, Kansas, and raised in nearby Valley Center. He received his undergraduate degree in Business Administration (Accounting) from Wichita State University where he was enrolled in AFROTC. Upon graduation in 1977, Ron became a 2nd Lieutenant in the Air Force and his 1st assignment was to the Air Force Audit Agency at Robins AFB in Georgia. The Air Force then sent him to the Air Force Institute of Technology (AFIT) to get his master's degree in Logistics Management (Acquisition Logistics) in 1981.

Lu Ann was born in Ohio and grew up in Heath, Ohio. She has a Bachelor's degree in Christian Education from Cincinnati Christian University and earned her elementary teaching certificate from the University of Dayton.

They met at a singles' retreat at a Christian camp in Ohio and have been married 37 years.

After experiencing "divine discontent" with his career field, Ron quit the Air Force in 1984 and entered seminary. In the process, he signed up for the USAF's "chaplain candidate" program accepting a demotion from captain back down to 2Lt to do something more fulfilling. After seminary graduation, he was recommissioned a captain as a Reservist Cat B (IMA) chaplain— endorsed by the Christian Churches/Churches of Christ—and became a full-time pulpit minister and United States Air Force Reserve (USAFR) chaplain in 1988, mainly doing his Reserve duties at Wright-Patterson AFB Medical Center.

Again sensing divine discontent, Ron entered a PhD program at Trinity Evangelical Divinity School in the Chicago area, doing his USAFR tours at Chanute AFB, Illinois. As time went on, he ended up on the Air Staff, attached to the Chief of Chaplain's office. Lu Ann served several churches as the Director of Christian Education and the Children's

Ministry Director. While in the Chicago area, she worked for Oil-Dri Corporation, one of the largest manufacturers of cat litter (and their cats got to be on the test panel, trying out new cat litter). After graduation, Ron was called to teach the Bible and counseling at Roanoke Bible College (now Mid-Atlantic Christian University) in Elizabeth City, NC. From there (more divine discontent, year 2000) he ended up at his current job, at first, editor then senior editor of the *Standard Lesson Commentary*, working for Standard Publishing in Cincinnati. Lu Ann also worked for Standard Publishing as an editor for many years. When David C. Cook bought the product lines in December 2015, they moved to Colorado Springs in order to retain their jobs. Lu Ann is currently working as an instructional paraprofessional at an elementary school in District 2.

Lu Ann has always been interested in working with children. She has taught kids at church since she was in high school. Now Ron has a niche hobby—one of the rarest: he plays war games! And they both love cats. Cats have always been a part of their lives. Currently, Micah rules their household and their hearts.

Ron began noticing Parkinson's Disease symptoms in November 2002 at the age of 48 (young onset) and was officially diagnosed in January 2004. Because of Parkinson's, he retired from the USAFR in January 2005, having attained the rank of lieutenant colonel and will soon be retiring from his current job in December. He was one of about 30 Parkinsonians to be picked to undergo experimental Focused Ultrasound surgery in lieu of DBS in December 2016. If you are receiving this newsletter by email, you can click on the 'Ohio Newspaper Article' and the 'Gazette Newspaper Article' buttons to see the write-ups on Ron and his experimental treatment. If you only receive the newsletter through the mail and you have an email address, you can request the articles be sent to you by email.

Ron is such an inspiration to us all. Although we wouldn't wish Parkinson's on anyone, we're grateful he chooses to help others by being an active volunteer and a member-at-large.

Colorado Parkinson Foundation, Inc.

1155 Kelly Johnson Blvd.

Suite # 111

Colorado Springs, CO 80920

Parkinson's Perspective

OCTOBER 2020

Coming Events

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

October 10th - Reg Mtg at the Academy Christian Church - 10 am

Program: Updates on PD Research & Medications – Question & Answer Session Follows - **Speaker:** Dr. Brian Grabert

November 14th - Reg Mtg at (location TBD) –10 am, **Program:** TBD and Thanksgiving Potluck

December 12th - Reg Mtg at (location TBD) – 10 am, **Program:** Holiday Party

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- ◆ CSPSG Caregivers meeting is the 3rd Friday of each month – Contact Charlene at [REDACTED]
 - ◆ Tri-Lakes PD Support Group meets the 3rd Sat of each month – Contact Syble (719) 488-2669 or John at robun2good@gmail.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>