

PARKINSON

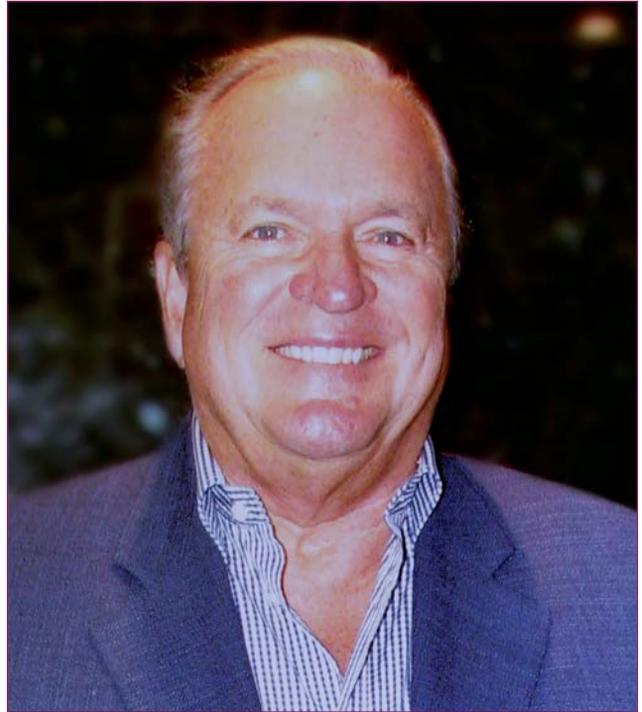
OFFICIAL JOURNAL OF THE NATIONAL PARKINSON FOUNDATION

Report



Vol. XIX, Issue 4, **Fall 2008**

Enrique Sosa



When Enrique Sosa began his career as a research trainee for The Dow Chemical Company in Midland, Michigan, he never imagined that his profession would ultimately send him around the world. The former President of The Dow Chemical Company, the world's second largest chemical manufacturer, and the former President of BP, the world's largest global energy company, Sosa has spent nearly 10 years working throughout Latin America in such countries as Colombia, Brazil, Venezuela, and Mexico. Throughout all of his travels, Sosa never lost sight of his commitment to the community.

A native of Cuba, Sosa completed his education in Florida prior to becoming a U.S. citizen in 1971. A true Florida Gator, he received his B.S. degree in Animal Science and his M.S. degree and Ph.D. degree in Agriculture from the University of Florida. Sosa remains loyal to his roots and was recently honored by the University of Florida for his achieved success and involvement with the University. He is also on the Advisory Board and the Finance Committee for his alma mater, Belen Jesuit Preparatory School, established in Cuba that has since relocated to Miami, Florida.

As a board member of the National Parkinson Foundation, Sosa is committed to making a difference in the Parkinson's community and attributes his work with the National Parkinson Foundation to his mother, who was diagnosed with Parkinson's disease, and his good friend and former Chairman of the Board of Directors, Paul Oreffice. His leadership style and extensive background understanding of the challenges facing organizations that are ready to take a step towards the ultimate destination make Sosa a valuable member of the Board of Directors.

"I am looking forward to the future of the National Parkinson Foundation," said Sosa. "I believe that we are at a crossroad of optimal growth and opportunity. It is now time to adjust course to evaluate where we have had the most impact on the journey already traveled and where we would like to have the most impact in the future."

Sosa has been married for 47 years to his wife, Irene. Together they have five daughters, four sons-in-law, and ten grandchildren. ■

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OFFICIAL JOURNAL OF THE NATIONAL PARKINSON FOUNDATION **Report**

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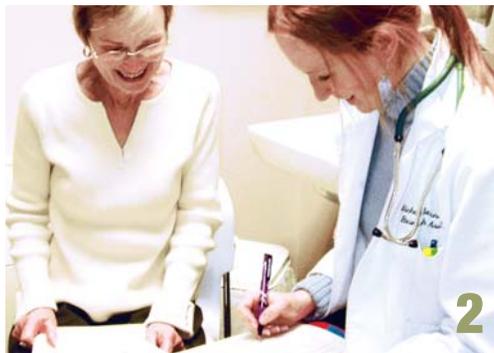
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The Integral Role of Nursing on the PD Care Team



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urses play a key role in the management of Parkinson's disease. Coordinating comprehensive care to enhance patient and family quality of life and promote well-being is one of the many responsibilities of a nurse. Living well with Parkinson's disease requires an individual to adjust to the diagnosis and medical treatment and develop strategies to enhance, protect, and maintain their individual identity. Achieving this goal requires education, appropriate treatment options, and support at each disease stage. The nurse works closely with all members of the care team, sometimes with slightly overlapping responsibilities and roles, to accomplish these goals.

Nurses work with the person with Parkinson's disease, family members, and the care team to answer questions, problem solve, and encourage a balanced lifestyle. The nurse provides education, ensures understanding of the plan of care, facilitates medication refills, and provides emotional support and motivation for both the individual living with Parkinson's and family members. Early referral to the care team offers the opportunity for an individual and his/her family to learn about Parkinson's and adopt a proactive lifestyle that includes regular stretching and aerobic exercise, strategies to enhance voice volume, and encouragement of energy conservation strategies, leisure interests, as well as coping and adjustment strategies. As Parkinson's progresses, the rehab team will again be needed to fill in gaps when medications are not working, treat symptoms that do not respond to medications, and offer support and education. In the mid to later stages, team referrals are appropriate when there are changes in balance, falls, freezing, changes in communication including memory or speech, or difficulties with personal care. Referrals are also helpful in identifying community resources.



Clinic Setting

In the clinic setting, nurses work closely with the physician using assessment tools and clinical rating scales to identify and assess current problems and concerns. The physician, patient, and family make medication and treatment choices together. Nurses further add to the clinic visit with education and recommendations on a variety of non-motor symptoms including:

- Constipation
- Urinary urgency and frequency
- Low blood pressure
- Weight loss or gain
- Pain
- Anxiety
- Skin related problems
- Changes in sleep
- Changes in memory
- Changes in personal relationships

Deep Brain Stimulation Surgery

Nurses play a vital role on the Deep Brain Stimulation (DBS) team. DBS surgery is a treatment option for Parkinson's disease, dystonia, and essential tremor. After the physician refers a patient for DBS, a nurse often coordinates the many facets of the pre-surgical evaluation. It is often the nurse who performs and records the "on/off" evaluation to ensure medication responsiveness. To ensure understanding of surgery expectations and assess patient goals, the nurse educates the individual and family. The DBS nurse is often present during surgery and responsible for initial and ongoing programming after surgery. In follow-up care the DBS nurse works closely with the physician regarding medication adjustments and with the multidisciplinary team for any concerns regarding walking, speech, activities of daily living, or coping.

It is important to talk to the nurse about your individual medication schedule, especially if you are in the hospital.

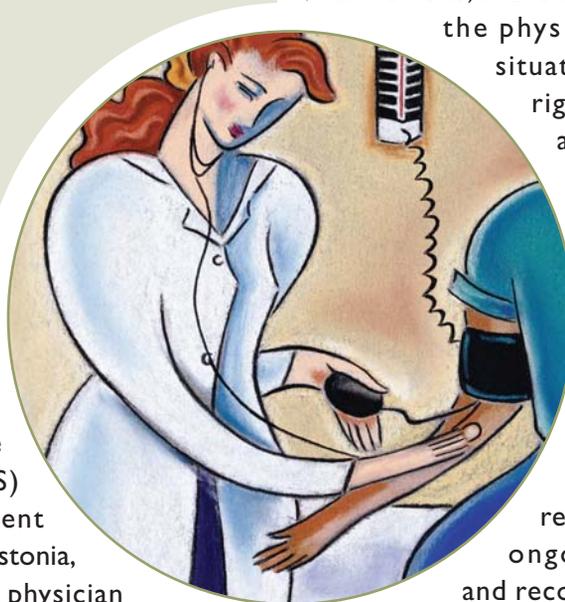
Research Studies

Some nurses help coordinate research studies. Research is critical for investigating improvements in treatments and care. There are many types of research studies available including studies of new medication, management of secondary or non-motor symptoms, and treatment of side effects. Research nurses work closely with the physician and the multidisciplinary team in recruitment and coordination of research studies.

Parkinson's Care Team

Nurses often serve as the case manager and coordinator of the Parkinson's care team. The nurse has ongoing communication with the patient and family between clinic visits, and is a link between the patient and family, the physician, and team. Assessing each situation individually and providing the right information at the right time is also the nurse's responsibility. On the telephone, a nurse uses advanced skills to assess complications due to medication side effects, progression of symptoms, or behavior concerns. The nurse then consults with the physician regarding needed medication changes or referral to the team. In Parkinson's disease, the role of the rehabilitation team is not in long-term ongoing therapy, but in assessment and recommendations when new problems arise throughout the progression of the disease.

The Parkinson's nurse also educates fellow nurses who work with clients in home care, hospitals, clinics, residential facilities, and other community based programs. This may be accomplished over the telephone when discussing specific patient concerns or during planned staff in-services at a specific facility. It is imperative that nurses and other team members share information regarding the need for medication on time and fluctuations in mobility as it aids in their understanding of the unique needs of those living with PD. Parkinson's nurses often refer other nurses to one of the many Parkinson's specific education tools available. For those wanting more extensive training, the National Parkinson Foundation Allied Team Training for





Parkinson's (ATTP) program offers specialty training for health professionals to develop integrated specialized care to individuals with Parkinson's.

A movement disorder nurse is a nurse with expertise in the management of Parkinson's disease, including Parkinson's Plus syndromes such as progressive supranuclear palsy, multiple systems atrophy, and Lewy body dementia.

A Member of Your Own Team

Living with a chronic illness like Parkinson's requires a positive attitude, a willingness to adapt, and being prepared for the future. Always keep open lines of communication with your nurse and your health care team. A health care team with clinical expertise in movement disorders, and a support network of family, friends, and others all play an important role in living well with PD.

Mrs. Ethel Jones, a 77-year-old woman diagnosed with Parkinson's disease 10 years ago, lives on a farm with her husband. They have one son who lives one hour away from home. When it was time to meet the Parkinson's nurse, all three family members visited the clinic.

In addition to discussing her medication, skin care, diet, exercise, and memory problems, the nurse discussed the possibility of visiting a physical therapist, for an evaluation and recommendations regarding walking, balance, and exercise; an occupational therapist, for the exploration of hobbies and techniques to help Mrs. Jones maintain her independence; and a speech therapist, for voice evaluations and speech therapy recommendations.

In order for Mrs. Jones to maximize her independence, the nurse recommended that her family allow her time to speak for herself and also that she wear a watch with a timer to remind her to take her medications. The combination of a pill box with her pills for the day provided by her husband, a schedule of medications provided by her nurse, and a watch with timer is extremely helpful to Mrs. Jones.

Not only did the Jones family leave the clinic with a better understanding of Parkinson's disease and the available resources, they also left with a feeling of comfort knowing that the nurse was only a phone call away. ■



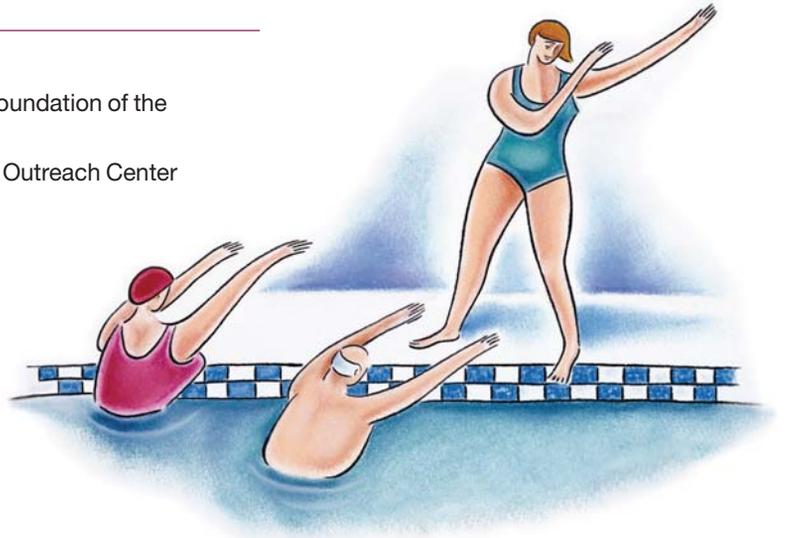
Train the Exercise Trainer:

A Neighborhood Approach



BY: **KATHLEEN J. KELLEY,**

Executive Director Parkinson Foundation of the
National Capital Area
National Parkinson Foundation Outreach Center



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ave you ever had a “yeah-but” conversation with yourself? You know the kind I mean.

- Yeah, I know that exercise may provide some neuroprotection and maybe even neurorestoration, but the exercise classes that I have in my neighborhood just don't seem suitable for people with Parkinson's disease.
- Yeah, I know that exercise helps with mood and fitness and that I would probably feel happier if I exercised regularly, but I don't know which exercises are the best for me to do, and I'm afraid I'll make matters worse.
- Yeah, I know that exercising three or four times per week doesn't sound like much, but the nearest PD exercise program is a long way away. I can't drive anymore and to ask my love to take me through all that traffic with gas prices being what they are... well, it just seems like too much to ask.

After listening to variations of these conversations for several years, we, at the Parkinson Foundation of the National Capital Area (PFNCA), began to ask ourselves what valid concerns were being expressed by our community that we could address. We concluded that:

- With some modification, most reputable exercise classes geared to seniors would be suitable for people living with Parkinson's (PLWP)
- PLWP need a variety of neighborhood-based programs that they can attend regularly, led by instructors who understand PD

- PLWP needed a way to judge whether the personal trainers and exercise instructors entrusted with their care know how to design safe and effective programs for people with PD

We also realized that the cost of our providing enough neighborhood-based special classes to meet the need in MD, VA, and DC would be prohibitive. So we took a different approach. We decided to train personal trainers and exercise instructors who would, in turn, provide the services our community needs, near where our people live: a neighborhood approach. Thus, with the help of an NPF Chapter Grant, the Train the Exercise Trainer program was born.

In the summer of 2007, we convened a panel of experts to develop a curriculum. The panel was comprised of physical therapists practicing in a variety of settings—hospital-based, private practice and home health—exercise instructors/personal trainers, a nurse, a Parkinsonian and

PFNCA staff. Providing medical review along the way were movement disorders specialists Dr. Linda Sigmund, PFNCA's medical director, and Dr. Lisa Shulman, co-director of the University of Maryland PD Center.

This panel met monthly throughout the summer, fall, and winter. They determined that the curriculum had to:

- Be evidence-based.
- Be interactive.
- Require that the participants demonstrate their knowledge by actually designing a program.

They also felt that this workshop would not be for an exercise instructor just entering the field, but, rather, for instructors who already had at least one exercise certification and experience working with seniors.

The panel developed a four-hour, interactive workshop (with a workbook) that includes:

- The pathology and clinical symptoms of PD.
- Benefits of different types of exercise for PLWP.
- Sample exercises.
- Guidelines for a maintenance exercise program.
- Ways to evaluate progress of exercise participants.
- Experience designing an exercise program.

Before implementing the program in our community, we tested it twice on focus groups assembled from among our colleagues who we knew are knowledgeable about exercise and PD. We presented the workshop to them just as we envisioned presenting it to our target classes and then had them critique the experience. We then incorporated their very insightful suggestions into the program.

At last, we were ready to go prime time. In the spring series, the teaching teams comprised of at least two panel members per team taught three workshops—one in Northern Virginia and two in Maryland. After each session, the teaching team offered suggestions on what needed improvement and the changes were incorporated into the PowerPoint presentation and into the workbooks before they were produced for the next workshop. So, you see, this is a constantly evolving process.



To date, over forty participants have gone through the training and received certificates of completion, which they can display in their practice settings. We hope that knowing that the exercise instructors have been through our program will provide peace of mind for PLWP looking for a suitable exercise experience.

We plan to offer another series of workshops in the fall. Ultimately, we will post a referral list of all of the people completing the workshop on our website, so our community can seek them out when the need arises. Right now, community members may call the PFNCA office for this information.

If you are interested in offering this training in your community, e-mail me at Kathy@parkinsonfoundation.org and I will send you the program we have designed.

On behalf of the Parkinson Foundation of the National Capital Area, I want to thank all the panel members who gave of their time and talent to develop and teach the workshop. I also thank the members of our "test audience" who made our project better. Last, our sincere gratitude to the National Parkinson Foundation for their support in making the Train the Exercise Trainer Program possible. ■

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e want to know what you think about the Parkinson Report. Please take a moment to answer the questions below.

1. Are you: (check categories that apply)

- A person with Parkinson's
- Caregiver/family member
- Healthcare provider
- Donor
- Other, please specify

2. Please rate how important it is to you to see more of the following articles (check one box for each item listed)

Subject of the Article	Extremely Important	Important	Somewhat Important	Not Important	Not Familiar
Parkinson's research					
Tips on living well with PD					
Caregiver information					
Top Questions from NPF's Ask the Doctor Forum					
NPF Center and Chapter activities					
NPF activities					
Information on how to raise money					
Donor information					
Community fundraisers					
Messages from NPF Chairpersons and President					

3. The articles in the Parkinson Report are:

- Easy to understand Too technical

4. The length of the articles in the Parkinson Report are:

- Too long Too short About the right length

5. The Parkinson Report is published four times per year. Should it be published: (check one)

- More frequently Less frequently Frequency is about right

6. What do you like most about the Parkinson Report?

7. What do you like least about the Parkinson Report?

8. What is the most important thing that we could do to improve the Parkinson Report?

9. What is your preferred method for reviewing the Parkinson Report newsletter?

- NPF website (www.parkinson.org)
 E-mail (please provide e-mail address) _____
 Print copy

Thank you for completing this survey.

Please send your responses to:

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Miami, FL 33136-1495

**Responses can also be submitted over the phone by calling 1-800-327-4545 ext. 8163, by fax (305)243-5595, or online at www.parkinson.org.



Calling 1-800-327-4545: “Ask the Nurse” and “Ask the Social Worker”



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National Parkinson Foundation Outreach Center

- What are the symptoms of Parkinson's disease?**
- What is the connection between anxiety and PD?**
- Where can I get medical supplies at a reduced cost?**
- Where can I get medications at a reduced cost?**
- Where can I find out about the current research toward a cure for PD?**
- Can you give me resources about activities that will help someone who has mild dementia and PD?**
- Where can I find a support group?**
- How do I apply for disability?**
- Is there a cure for Parkinson's disease?**
- How do I disclose to my employer about my PD?**
- Where do I begin in my search for in-home help?**
- What are the PD resources in my state (Nevada, Connecticut, Louisiana, Alabama)?**
- How do I find disability housing?**
- How do I know if I am a candidate for Deep Brain Stimulation surgery?**
- Is stem cell treatment accepted in the United States?**
- Is PD hereditary?**
- Is massage therapy effective for PD?**
- My husband is hallucinating. What should I do?**

These are some of the many questions that callers and e-mailers have posed to the National Parkinson Foundation 1-800 Ask the Nurse and Ask the Social Worker Helpline at **1-800-327-4545**, or to contact@parkinson.org.

When someone in need contacts NPF, a trained receptionist at the national office answers the phone and listens to the nature of the request. Once he understands the callers' concerns, he determines the appropriate professional discipline to respond to the inquiry, and forwards the call (or e-mail) to either of three NPF professionals—two registered nurses and one licensed clinical social worker—at different NPF Centers around the country. These nurses and the social worker respond with basic information, key resources, and concrete suggestions. Even though each call is different, and every area of the country is different, the

professional responders—with expertise in Parkinson’s disease and related movement disorders and health and human services—are able to give direction and guidance to callers. The professionals do not dispense personal medical advice; they do help callers with a “next step,” i.e. enough concrete information for the callers to begin to address and resolve their questions.

Many inquiries require the nurses and the social worker to acknowledge the complexity of Parkinson’s disease and to explain the unique contribution to PD care of multiple professional disciplines—nursing, physical therapy, occupational therapy, speech therapy, social work, music therapy, neuropsychology, and others. The professional responders are often called upon to explain the distinction between a general neurologist and a movement disorders neurologist, and the benefits of receiving care from other health professionals who also specialize in the treatment of Parkinson’s disease and related movement disorders. For example, when a caller is concerned about a person’s drooling, the expert might describe the role of a speech and language pathologist, and suggest that the caller discuss such a referral with their physician. In calls about exercise alternatives, the responder might introduce the caller to the idea of local wellness programs.

Since June 2003, the NPF Ask the Nurse line has responded to over 1,800 calls and e-mails. In the last two years, the NPF Ask the Social Worker has responded to nearly 200 phone calls and e-mails. The calls come from nearly every state, including big cities, remote areas, and everything in-between, and many countries (including New Zealand, El Salvador, Pakistan, Canada, Puerto Rico and others). Ask the Social Worker calls cover an array of psychological and social concerns, e.g. depression, behavioral issues, family reaction to PD. Over half of the social work calls deal with a whole host of concrete and practical concerns: long-term care, Medicare, medication assistance, disability housing, medical supplies and products, workplace issues, in-home help. Calls to Ask the Nurse include questions regarding symptoms, diagnosis and progression of PD, medication options and requirements, medication effects and side effects,

medication timing, deep brain stimulation surgery, the role of diet and exercise, and non-medication or alternative therapies. The nurses and the social worker have found that many callers do not understand the prevalence of non-motor Parkinson’s symptoms, such as depression, anxiety, fatigue, sleep changes, vision changes, constipation, speech or swallowing changes.

At times, the caller happens to reside in an area where there is a nearby NPF Center or Chapter. The nurses and the social worker refer the callers to their local Center, Chapter, or support group, where people can follow up for medical care, social support, and specific information. In other situations, the social worker helps families



to access their State Department on Aging (for abuse situations), their local Area Agency on Aging (for services in their local areas), their local Department of Human Services or Human Resources (for disability-related services), and Social Security (for employment support for individuals with disabilities). Sometimes the nurse or the social worker will give callers the confidence

they need to be able to talk about behavioral (or other) issues with their neurologist. The professionals can also enlighten callers regarding the value of rehabilitation therapists in helping with quality-of-life, e.g. activities of daily living, speech or swallowing, and balance or falls. This information empowers callers to ask their doctors for referrals.

When inquiries come from people of various cultures or a rural area, the callers can be referred to NPF Centers that are involved in Community Partners for Parkinson (CPP), a program that reaches out to diverse and medically underserved communities in 26 areas of the country. CPP provides PD literature in 6 different languages, and bi-lingual outreach workers from various ethnic backgrounds. Callers are often sent copies of NPF’s educational booklets, or other appropriate written materials and resources.

Answering a call-line or an e-mail is one small way that NPF can be helpful to patients and their families and friends. No one has to feel alone. No one has to live with PD alone. ■

The Top Questions from the Ask the Doctor Forum



MICHAEL S. OKUN, MD



HUBERT H. FERNANDEZ, MD



KELLY D. FOOTE, MD



RAMON L. RODRIGUEZ, MD

Every month we receive hundreds of questions from around the globe about issues relevant to Parkinson's disease care. In keeping with NPF's mission to enhance the science of Parkinson's care delivery we are pleased to bring to you this quarter's edition of Ask the Doctor which includes a selection of ten very interesting questions raised on our Web site forum. NPF provides free expert question-answer services at www.parkinson.org, and if you have not previously taken advantage of this unique opportunity we would encourage you to log on, read the posts, and ask any question(s) on Parkinson's disease that may be on your mind. We stand ready to answer any new questions about Parkinson's disease.

★★★

Q. What about the use of tandem biking to treat Parkinson's disease symptoms?

A. Many Parkinson's disease (PD) experts have heralded exercise in any form to be "like a drug" for the treatment of PD. In fact, prior to the advent of levodopa and other pharmacological approaches many doctors utilized physical therapy, exercise, and motion therapy. Levels of important brain chemicals have been found to increase in Parkinson's disease animals (as well as humans) exposed to exercise therapies. There has even been a suggestion that exercise will be disease modifying or neuroprotective. Much research remains, but it is clear that exercise plays an important role for patients with Parkinson's disease. Dr. Jay Alberts at the Cleveland Clinic has done some work where he observed a patient with Parkinson's disease on a tandem bike (a bicycle built for two) with a non-Parkinson's rider. The non-Parkinson's rider can help pace the person with Parkinson's, and when regimens get to large numbers of revolutions pedaled per minute (90 or more), a significant improvement in symptoms has been documented.

Q. What is the update as to whether Rasagiline is truly disease modifying?

A. The search for the "holy grail" in Parkinson's disease has been the focus of many clinical scientists who are trying to prove that oral pharmaceutical agents may slow disease progression, or be disease modifying (many people also use the term neuroprotective). Recently a drug called Rasagiline (Azilect), produced by TEVA pharmaceuticals, has been touted as a disease modifying therapy. Rasagiline is a monoamine oxidase inhibitor (similar to other available drugs such as selegiline or Zelapar), that blocks an enzyme whose job it is to break down a chemical in the brain called dopamine. In August 2008, it was announced that a Phase III trial called ADAGIO (of Rasagiline) found that the drug reached all three intended endpoints for disease modification. The data, however, has not been peer reviewed or made available for scientists to examine whether this therapy is actually disease modifying. When this data becomes available we will be able to draw conclusions as to whether there is a potential for disease modification, and at what level this modification might occur (a little bit, a moderate amount, or very marked disease modifying). At this point we are not recommending this therapy as "disease modifying."

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Q. What is the link between yawning and dopamine?

A. The phenomenon of patients taking levodopa and dopamine agonists and then experiencing a yawn has been well described. Many practitioners such as Joe Friedman at Brown University have published on, and used this response as a hint as to when Parkinson's patients are clinically feeling their PD medications kicking in or "turning on." The response has also interestingly been seen in animals,

particularly rats (Mogilnicka and Klimek, 1977; Holmgren and Urba-Holmgren, 1980; Yamada and Furukawa, 1980), and the reasons for this effect, although unknown, may be due to stimulation of specific receptors in the brain (such as the D3 dopamine receptor).

Q. Why not use propranolol and primidone for tremor in Parkinson's disease?

A. The resting tremor of PD is best treated with levodopa, dopamine agonists, anticholinergics or some combination of those three pharmaceutical agents (in most patients). In a small subset of Parkinson's disease patients disabled by tremor, despite maximally optimized medical therapy, deep brain stimulation or lesion therapy may be helpful. Propranolol (a beta blocker used for blood pressure and heart disease), and primidone (an anticonvulsant used primarily for seizures) have been shown to have mild to moderate effects in the treatment of a postural-intention tremor (called essential tremor). These two agents do not seem to be clinically useful in the majority of Parkinson's disease patients. Occasionally a patient with PD has significant postural-action tremor, or a coexistent essential tremor, and in these cases propranolol or primidone may be useful. Propranolol is also sometimes useful as a prophylactic agent for tremor prior to public speaking.

Q. Could ankle swelling be due to my dopamine agonist therapy?

A. We have seen ankle swelling as a common reason for visits to Parkinson's disease clinics. A large number of these patients will have dopamine agonist induced swelling (seven percent or more), and many will need lower doses, or even require a switch to a different class of medications. It is important to remember that ankle swelling can be a sign of heart disease or other life threatening disease, so caution must be exercised by the neurologist and the internist when blaming the agonist as the primary cause for swelling. The exact mechanism(s) underpinning the swelling remain unknown.

Q. Could my weight loss be Parkinson's related?

A. Weight loss has many potential causes and should not be immediately attributed to PD. Parkinson's disease has, however, been strongly associated with weight loss. The exact mechanisms remain unknown and are likely

multi-factorial, however, pathological brain specimens have revealed degeneration in endocrine and other brain systems that may impact weight loss. Dr. Uc and colleagues at the University of Iowa have identified potential predictors of weight loss in Parkinson's disease including "worsening of parkinsonism, age at diagnosis, emergence of visual hallucinations, and possibly dementia."

Q. Why am I running to catch up with myself?

A. Parkinson's disease patients often take small steps (shuffle) and sometimes appear to be running to catch up with themselves (festination). This feature of PD is not uncommon, and early in the disease course it may be responses to increasing dopaminergic medications. As Parkinson's disease progresses patients may experience shuffling, festination, freezing, and postural instability. In many cases these may become dopamine unresponsive. Physical therapy and assistive devices to improve walking and to prevent falling are often used. New medication and surgical treatments for this disorder are actively being explored.

Q. Why should I consider creatine and coenzyme Q-10?

A. Creatine and coenzyme Q-10 are thought to work on a cellular system in the brain called the mitochondria (the energy producing area of the cells in the body and brain). These agents are being studied in clinical trials for their potential disease modifying effects in Parkinson's. Creatine has been tested by a group at the NIH (NET-PD) and coenzyme Q-10 by a group known as the Parkinson Study Group (also working with NIH). These trials could give us the information we need about potential disease modifying properties for these drugs. Additionally, coenzyme Q-10 has been shown to have some symptomatic benefits for patients with Parkinson's disease. Currently, we are not recommending these agents unless enrolled in a clinical trial, however, it is a good idea to remain aware of them as they have been proven relatively safe and may make sense for a subset of patients seen in Parkinson's clinics worldwide. ■



The information published in this "Ask the Doctor" Forum is not intended to replace, and should not be interpreted or relied upon as professional advice, whether medical or otherwise. Accordingly, please consult your own professional for all advice concerning medical, legal, or other matters published in connection with this Forum. NPF assumes no liability of any kind for the content of any information transmitted to or received by any individual or entity in connection with such individual or entity's use of the "Ask the Doctor" Forum on the NPF web site, and NPF does not endorse or recommend any such information.

National Parkinson Foundation

Literature/ Information Request

The National Parkinson Foundation offers many informational resources free of charge. You can access and download the following publications through our website, www.parkinson.org, or you may use this form to make your request and send it to us using the envelope attached inside this issue.



IN ENGLISH:

- _____ NPF Brochure: Your Guide to Parkinson Disease
- _____ NPF Brochure: Should You Volunteer?
- _____ NPF Annual Report
- _____ Parkinson Report (Quarterly)
- _____ Patient Request Card
- _____ Medical Alert Card

EDUCATION MANUALS:

- _____ What You and Your Family Should Know
- _____ Medications
- _____ Fitness Counts
- _____ Nutrition Matters
- _____ Speech and Swallowing
- _____ Caring and Coping
- _____ Practical Pointers
- _____ Mind, Mood and Memory
- _____ Guide to Deep Brain Stimulation Therapy
- _____ Managing Advanced Parkinson Disease

EN ESPAÑOL:

- _____ Lo Que Usted y Su Familia Deben Saber
- _____ Medicamentos para la Enfermedad de Parkinson
- _____ Estar En Forma Cuenta
- _____ La Importancia de la Nutrición
- _____ Dificultades con el Habla y la Deglución (tragar)
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PHONE NUMBER: _____ E-MAIL: _____

CHECK ONE: PATIENT CAREGIVER FAMILY MEMBER OTHER HOW LONG? _____

ASK THE DOCTOR

A team of Parkinson's specialists answers medical questions about Parkinson's disease.

CAREGIVERS FORUM

A place for caregivers to find support and address their concerns.

JOIN ONE OF OUR FREE ONLINE "ASK THE EXPERT" FORUMS

For detailed, step-by-step instructions for registering and logging into the forums:

1. Visit www.parkinson.org
2. Click on "Discussion Corner"
3. Click on "How To Use The Discussion Corner Forums"
or contact webmaster@parkinson.org

ASK THE SPEECH CLINICIAN

A team of experts answers questions regarding speech and swallowing.

PREGÚNTELE AL MÉDICO

Ramon L. Rodriguez, MD contesta preguntas médicas con respecto a la enfermedad de Parkinson y a materias relacionadas.

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