Why Expert Care Matters in Parkinson’s

When the diagnosis is Parkinson’s, does seeing a neurologist for care really make a difference? Yes, according to studies done over the last several years. Yet most people living with Parkinson’s disease (PD) don’t benefit from the special expertise of a neurologist. Today, some 60 percent of people with PD go to doctors who don’t specialize in Parkinson’s.

A study led by Allison Willis, MD, University of Pennsylvania, of more than 100,000 people has revealed that regular neurologist visits could help limit the impact of Parkinson’s on their lives. People with PD who seek care from specialists are at a lower risk of complications from their Parkinson’s: it lessens the risk of injuries from falls, nursing home placement, and hospitalization, and can even increase life expectancy.

Given that the number of people living with PD is projected to double in the next 15 years, the National Parkinson Foundation (NPF) is tackling the crucial question: What should ideal Parkinson’s care look like?

...continued on page 2
“Currently, there aren’t clearly established standards for treating people with Parkinson’s in different circumstances. That’s why, through our NPF Centers of Excellence network, we’re working to identify the factors that are responsible for the best health outcomes associated with expert care. Our aim is to improve the level of Parkinson’s care based upon this new knowledge,” said Joyce Oberdorf, NPF’s President and CEO.

Since 2009, when NPF launched the Parkinson’s Outcome’s Project, the world’s leading neurologists have been collecting and analyzing detailed, real-life data on the care and treatment responses of many thousands of patients who receive their care at an NPF Center of Excellence. Piece by piece, this ongoing study is beginning to demonstrate what’s working and what’s not.

For instance, what’s become clear is that adding mental health counseling to Parkinson’s care is what makes the difference in patients with depression. This is an important finding, because nearly half of all people living with PD experience depression at some point in their lives and, not surprisingly, their depression typically goes unrecognized or undertreated.

A basic set of guidelines like this would help address the current treatment gaps, informing doctors how to proceed under certain circumstances in order to improve health outcomes.

A recent analysis of Parkinson’s data shows that adopting a protocol for Parkinson’s care could save as many as 7,000 lives a year. A protocol would help ensure, for instance, that patients who seek care from a primary doctor would be referred to a neurologist for the treatment of their PD. “Some statistics suggest that the benefit of seeing a movement disorders neurologist could be double that of a general neurologist,” Dr. Schmidt said.

Part of the value of neurologists, especially those who have pursued advanced training in movement disorders, is the network surrounding them. “What we now know is that patients need a team of experienced and reliable advisors who they can reach out to when they need them as much as brilliant and compassionate neurologists who they can see at regular office visits,” Dr. Schmidt said.

The ongoing benefits of expert care on how people feel in day-to-day life—from helping to delay the loss of independence to alleviating the psychological stress on caregivers—is undeniable. But the majority of people living with PD and their caregivers aren’t informed about what Parkinson’s experts consider to be good care, and, consequently, never seek that level of care. That’s why NPF has made education and outreach top priorities.

As technology continues to create new possibilities, NPF wants to ensure that every advance in Parkinson’s care reaches every patient who needs it, Dr. Schmidt said. “Today we have the knowledge to improve outcomes by 20 percent. It’s time to harness that knowledge for everyone living with Parkinson’s.”

For more information about NPF’s network of care, visit www.parkinson.org/search.

Download the Parkinson’s Central App Today!

Parkinson’s Central is a free app for people with Parkinson’s and their caregivers.
www.parkinson.org/parkinsonscentral
Building a Resilient Life after a Diagnosis of Parkinson’s

A few years ago, a man attended one of my presentations at the Kripalu Center for Yoga & Health. He had a natural sense of humor. Soon after, he decided to establish a Parkinson’s support group in his area. He made one request of himself: bring a joke to each meeting and therefore begin with positivity.

That commitment to stay positive and help others through humor and support demonstrates what we call the power of AND—Yes, I have a Parkinson’s diagnosis AND my life is bigger than this diagnosis. For people with Parkinson’s disease, this simple shift in outlook can help them build resilience.

Resilience isn’t about going it alone, and pulling yourself up by your boot straps. Instead, resilience is about facing reality exactly as it is, and using tools and strategies that help you live a meaningful and purposeful life. Fortunately, we now know that resilience can be increased at any age in any situation. Here’s how:

Identify your strengths. In a time of stress we want to lead with our strengths. People who do this have more control over situations than they realize. Our top strengths or signature strengths help us feel more confident and efficacious because they’re who we already are at our vital core. Make a list of your top talents and gifts. Or, visit www.viacharacter.org and take the VIA Survey, a scientifically validated character strength quiz. Then, look for ways to align your day with those strengths.

Be present. For people with PD, finding ways to feel less anxious and more in control is critical. One way to stop those high tension thoughts is through a daily meditation practice such as mindfulness or deep breathing. This will help you develop the habit of becoming calm when facing stressors, and once you are calm you can think more creatively and make healthier choices.

Know who’s on your team. There are three types of connections you need in order to build resilience. Your team should include credentialed experts such as doctors and therapists; non-credentialed experts, or people with Parkinson’s who are further along the path than you are and are able to offer support and guidance; and, your choir—those individuals you bond with on a very deep level and can lean on in the hardest of times.

So the next time you’re having a bad morning, take a moment to ask yourself three questions: What strengths are going to help me feel confident today? How can I remain calm? Who can I lean on?

These are the practices that strengthen us and increase our overall well-being. You want to treat yourself as your own best friend. Resilience is a choice and choosing practices that nourish you will change your experience of your diagnosis and will uplift your life.

Dr. Maria Sirois is a clinical psychologist, an inspirational speaker and a featured presenter at the Kripalu Center for Yoga & Health in Stockbridge, Massachusetts. She is the author of Every Day Counts: Lessons in Love, Faith and Resilience (2006).

Attend the NPF Wellness Retreat for the Newly Diagnosed at Kripalu, October 19-23, 2014.
For more information visit, www.parkinson.org/retreat.

Maria Sirois, PsyD.
NPF Awards Four Innovative Research Grants

The National Parkinson Foundation (NPF) has funded four new grants in Parkinson’s disease (PD) research. The four grants target key scientific questions about how Parkinson’s develops and how to optimize treatment.

NPF funded the following four studies over a two-year period totaling nearly $1 million dollars:

Prion Like Propagation of alpha-Synuclein Pathology in iPSC-derived Dopamine Neurons from Patients with Parkinson's Disease: Edward A. Fon, MD, FRCP-C, Montreal Neurological Institute, McGill University, Montreal, Canada.

Using induced stem cell lines derived from actual patients (non-embryonic), Dr. Fon will create neurons with PD in a cell culture. He and his team will then look at the internal structures of the cells and how PD pathology affects them at the cellular level. They will also create neurons from people without PD so that they can directly compare the two. Dr. Fon's team has tested almost 200,000 potential drugs to stop PD using generic human-derived cells and found some that may be able to slow down or stop the disease. They will repeat this test using actual, human-derived neurons created using induced stem cells to screen potential drugs to stop PD.

Studies of Prion-like Peripheral to CNS Transmission of alpha-Synuclein Pathology Mouse Models: Benoit Giasson, PhD, UF Center for Translational Research in Neurodegenerative Disease, UF Center for Movement Disorders and Neurorestoration, University of Florida, Gainesville, Florida.

A protein called alpha-synuclein is believed to play a key role in PD. Dr. Giasson and his team are going to inject clumps of alpha-synuclein into the bodies of animals and then figure out if it migrates to the brain from, for example, an injection in the leg. If the protein does spread this way, and if the animal then develops symptoms of PD, this could provide proof that this model does work. It would also provide a model of PD that could be used in studies of drugs that might cure the disease.

PET Imaging of Hyperphosphorylated Tau Denotes Cognitive Impairment in Parkinson's Disease: Stephen Gomperts, MD, PhD, Department of Neurology, Massachusetts General Hospital, Boston, Massachusetts.

The protein tau is better known for its association with cognitive change in other conditions such as Alzheimer’s disease or chronic traumatic encephalopathy caused by repeated impact to the brain. However, it is also seen in Parkinson’s. A newly developed radioactive tracer used in PET scanning will create a picture of where the protein tau is accumulating in the brain. For the first time, scientists will be able to look at tau in patients living with PD and figure out if the cognitive change in PD is a result of this protein or something else.

Exercise Targeting Cognitive Impairment in Parkinson's Disease: Giselle M. Petzinger, MD, Department of Neurology, Keck School of Medicine, University of Southern California, Los Angeles, California.

Parkinson’s experts believe that exercise is as important as any drug in holding back the disease, but many people with PD wonder, “What kind of exercise should I do?” This study will test a new exercise protocol that Dr. Petzinger developed from studying the biology of exercise at the cellular level. Her goal will be to show that this new, specially-designed exercise protocol actually improves high-level thinking in people with PD. The focus is on improving early and subtle aspects of cognitive change, including standard tests of executive function as well as novel tests that incorporate aspects of thinking that are important to patients.

Each grant was peer-reviewed and selected by the NPF’s Clinical and Scientific Advisory Board.

For more information about NPF's research initiatives, visit www.parkinson.org/research.
Excessive daytime sleepiness (EDS), fatigue, sleep disorders and depression—all common challenges for people with Parkinson’s disease (PD)—reportedly improve with exposure to light. Now new research indicates that light therapy may be beneficial for people with PD.

Melatonin, a hormone produced in the pineal gland located near the center of the brain, follows a daily biorhythm in which levels rise at nighttime and drop in response to morning light. The body’s natural sleep-wake cycle is referred to as a circadian rhythm. Because the production of melatonin, which triggers sleepiness, is disrupted by exposure to light, researchers have postulated that exposing people to bright light could have a therapeutic benefit.

Aleksandar Videnovic, MD, and his colleagues at Northwestern University, an NPF Center of Excellence, published a small study that uncovers some of the mysteries of sleep-wake disturbances in PD. Dr. Videnovic is now at Massachusetts General Hospital, Harvard Medical School, an NPF Center of Excellence, and is continuing his research there. The study involved 35 people, 20 with PD and 15 without PD, whose blood melatonin levels were checked every 30 minutes for 24 hours.

They discovered that people with PD didn’t secrete melatonin in a normal pattern. And those with PD who suffered from EDS had more dysfunction in the patterns of sleep-wake disturbances in PD. How long they had PD, how severe their motor symptoms were, and what medications they were taking were not related to the circadian rhythm function. The researchers suggest that the circadian system could be strengthened by timed exposure to bright light and exercise.

Several other small studies have shown that both motor and non-motor symptoms may be improved with light therapy.

In May, Dr. Videnovic and his colleagues presented the preliminary results of a second study on bright-light therapy for EDS. This study involved 30 Parkinson’s patients experiencing EDS. Participants were randomized to receive either bright light therapy or dim red-light therapy for two hours a day for 14 days. The results showed that EDS, as measured on the Epworth Sleepiness Scale, improved by 2.2 points in the dim red-light group and by 4.2 points in the bright-light group. This research suggests that light therapy could be optimized to improve EDS in people with PD.

If exposure to light suppresses melatonin production but improves PD symptoms, why would anyone take melatonin? Melatonin is also an antioxidant, and neurodegenerative disorders such as PD have been linked to oxidative damage and free radical generation. Some people believe that melatonin may slow or block neurodegeneration. However, no human studies support this theory. Others use melatonin for its effects on sleep disturbances, but no large, well-controlled studies support this notion either. In fact, reports have surfaced indicating that melatonin replacement may actually worsen sleep in PD. If you decide to try melatonin, you should do so under the guidance of a physician.

Melatonin can possibly be regulated by light therapy and exercise; however, melatonin pills may not be the answer for many people with PD because they could worsen symptoms. Clearly, we’re just beginning to learn whether light therapy will provide a new option for patients, especially those with EDS.

Author: Michael S. Okun, MD, NPF National Medical Director

Read Dr. Okun’s monthly column, “What’s Hot in PD?” online at www.parkinson.org/whatshot.
Q I have Parkinson's disease and I notice that I often feel dizzy when I stand up. What could be causing this and what can I do?

A There's a name for that dizziness you get when you go from laying down or sitting to standing up. It's called orthostatic hypotension and it's commonly occurs in people with PD. The phenomenon manifests when your blood pressure drops a certain number of points upon standing, and it commonly leads to dizziness and possibly passing out. It results from damage to the autonomic nervous system. In other words, there are nerves in your body that must perform daily automatic functions such as regulation of blood pressure, and Parkinson's may attack those nerves. Your dizziness may be associated with your PD, your Parkinson's medications, or both. You should consult with your doctor immediately and have your blood pressure taken while laying down, sitting and standing.

Strategies to prevent this problem include: eliminating medications that contribute to the problem, increasing fluid intake to prevent dehydration, increasing dietary salt, and using tight, thigh-high support stockings to prevent pooling of blood below the waist. Additionally, medications to raise blood pressure may be prescribed (midodrine or florsinef are the most commonly prescribed), and in some cases blood pressure medications may be reduced or even stopped. Finally, the new FDA-approved drug droxidopa (Northera) may provide many PD patients with another option for the treatment of orthostatic hypotension when it becomes available in the coming months.

Q I often find myself out of breath when talking or walking around the house. Is this just a progression of Parkinson's disease, and is there anything I can do to get rid of this symptom?

A In many cases, this breathlessness is actually a symptom of the "wearing off" phenomenon which may occur as a result of the Parkinson's medications not lasting until the next dose is due. Interestingly, both motor and non-motor symptoms can reappear just before your next scheduled levodopa or dopaminergic dose. A good first step is to talk with your doctor about optimizing your medications. You may discover that you might not be taking enough dopaminergic medication or you may not be taking it at frequent enough intervals.

In other cases, shortness of breath can be triggered by Parkinson's-related anxiety. Fortunately, in people with PD this anxiety can often be addressed by simply moving medication doses closer together without increasing the dose. Anxiety and shortness of breath should also be addressed with the aid of a psychiatrist who can work in concert with your neurologist. Ask your doctor about two or three hour dosing intervals. You may also benefit from a consultation with a speech-language pathologist. Of course, we recommend that you see your primary care doctor to investigate other causes of shortness of breath such as cardiac and lung problems, but in many cases one of the above mentioned issues is the reason underpinning the shortness of breath.
This is the time of year when you probably will probably spend more time on the move. This is also a time of year when falls can happen when you’re traveling, gardening or picnicking with family and friends. Here are some helpful tips to prevent falls this summer and beyond.

✔ **Try Tai Chi.** Research shows that these flowing moves help with balance and reduce the risk of falling. Look for classes offered at community centers and hospitals.

✔ **Get strong.** It’s also important to keep your core—the abdominals, chest and back muscles—as well as your lower body to protect yourself against falls. Work with a physical therapist to determine what you need.

✔ **Do something every day.** Stretch in the morning, move around while you’re talking on the phone or take a walk with a friend.

✔ **Be aware.** The most important risk factor for falling is a prior fall. Avoid doing things that put you at risk in the first place like multitasking when walking or lifting heavy objects.

✔ **Call NPF’s Helpline.** If you have questions or need more information on preventing falls, call 1-800-4PD-INFO (473-4636) or e-mail helpline@parkinson.org.

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**Ask the Pharmacist**

**Q** I often feel anxious a few hours after taking my medications. What is causing this anxiety and how can I ease it?

**A** Sometimes the source of anxiety is obvious: It can come from the thought of an embarrassing situation happening at a party, at work or out to eat. Other times, it’s not always clear. But it’s one of the most common things people ask me. For people with PD, the fear of having a Parkinson’s-related episode in public and not having medication on hand has a lot to do with the anxiety they experience.

But remember, you should be in control of Parkinson’s, and not the other way around. That’s the mindset you need to adopt in order to counteract these anxious feelings. Parkinson’s symptoms are usually cyclical, meaning they happen around the same time every day or they become worse in stressful situations. Here are some tips that may help you reduce anxiety:

✔ **Carry Parkinson’s medications with you at all times.** Even though you may take medication only once a day, knowing you have these drugs with you may help you feel more in control.

✔ **Ask your doctor to prescribe a low dose Sinemet.** Sometimes these anxiety “attacks” can bring out your symptoms. Taking a low rescue dose of regular acting Sinemet may relieve your symptoms quickly.

✔ **Practice meditation.** For alleviating mild anxiety, try setting aside time each day to meditate.

✔ **Consider taking an antidepressant.** If these anxiety attacks become severe and debilitating, talk to your doctor. Many antidepressants are very effective for treating anxiety and can be a better option than anti-anxiety drugs.

✔ **Learn about the drugs and combinations of drugs that can cause anxiety symptoms in people with PD.** Download a free copy of NPF’s newly revised “Medications” book at [www.parkinson.org/books](http://www.parkinson.org/books).

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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 their use of the “Ask the Doctor” Forum on the NPF Web site, and NPF does not endorse or recommend any such information.
Get Moving this Fall with Moving Day®

The National Parkinson Foundation’s national signature event, Moving Day®, a walk for Parkinson’s, continues to expand across the country! This fall, NPF is introducing four new walk locations: Boston (Oct. 11th), Philadelphia (Oct. 11th), Los Angeles (Oct. 25th) and Phoenix (Nov. 15th).

Althea Silver can hardly contain her excitement about Moving Day® coming to Boston. Althea is a Research Coordinator with Beth Israel Deaconess Medical Center’s Movement Disorders Center, an NPF Center of Excellence, and has also been touched by Parkinson’s in her family. Althea’s father, Robert Silver, had Parkinson’s for 24 years.

Althea remembers that her father received excellent care, and part of her enthusiasm for Moving Day® Boston comes from knowing that it gives her a chance to pay it forward.

“Moving Day® is a vehicle to make a huge impact. It focuses on what people can do, celebrates the Parkinson’s community and raises money to continue programs,” she said. “It’s an exciting opportunity to let people know what’s going on at both of the NPF Centers of Excellence in Boston, Beth Israel and Massachusetts General Hospital.”

The fundraising goal for Moving Day® Boston is $100,000, and 1,000 people are expected in Artesani Park to enjoy a day of recognizing the importance of movement. The walk will feature a Movement Pavilion with Zumba, Tai Chi, Yoga and more, and, as Althea notes, the prospect of making friends in the local Parkinson’s community.

Althea’s wish for Moving Day® Boston is that by the end of the day, everyone will have had taken advantage of the opportunity to help themselves and others, and celebrate movement and the seemingly small actions that can have a big impact on daily life. Another way Althea has made a difference is by contributing to NPF’s Team Hope community fundraising program by donating proceeds of her jewelry sales to the foundation.

Moving Day® is made possible through the support of our national partners: UCB, Right at Home and US World Meds.

Moving Day® Boston is free and open to the public. To register, visit www.movingdayboston.org or call 508-423-8004.

To find other walk locations, visit www.npfmovingday.org.

That’s what Moving Day® is all about. It’s about the Parkinson’s community and all of the options available to them. It’s about all of us coming together in a big, happy, exciting way! The Parkinson’s community is amazing; they always want to give back, and Moving Day® provides the opportunity to do that.

Visit www.movingdayboston.org to find out more about the event, including how to register and volunteer.

Congratulations Erin Perry, Winner of the Moving Day® T-Shirt Design Contest! Representing NPF Western New York Chapter.

Register & Raise $100 to Earn Your Moving Day® T-Shirt. www.npfmovingday.org
2014 NPF Summer/Fall Event Calendar

AUGUST

8/14: Free Webinar
“Pain and Fatigue.”
Register online: www.parkinson.org/webinars

8/23: Moving Day® South Dakota
Presented by NPF South Dakota Chapter
Register online: www.movingdaysouthdakota.org

SEPTEMBER

9/7: Moving Day® Buffalo, NY
Presented by NPF Western New York Chapter
Register online: www.movingdaybuffalo.org

9/14: Moving Day® Rochester, NY
Presented by NPF Greater Rochester Chapter
Register online: www.movingdayrochester.org

9/27: Moving Day® Pittsburgh, PA
Presented by NPF Western Pennsylvania Chapter
Register online: www.movingdaypittsburgh.org

9/28: Moving Day® Columbus, OH
Presented by NPF Southeast & Central Ohio Chapter
Register online: www.movingdaycolumbus.org

OCTOBER

10/5: Moving Day® Miami, FL
Presented by NPF South Florida Chapter
Register online: www.movingdaymiami.org

10/19: Moving Day® Chicago, IL
Presented by NPF Chicago Chapter
Register online: www.movingdaychicago.org

10/19-23: NPF Wellness Retreat, Stockbridge, MA—Kripalu Center for Yoga and Health
Register online: www.parkinson.org/retreat

10/25: Moving Day® Honolulu, HI
Presented by NPF Hawaii Chapter
Register online: www.movingdayhawaii.org

10/25: Moving Day® Los Angeles, CA
Presented by NPF Los Angeles Chapter
Register online: www.movingdaylosangeles.org

10/11: Moving Day® Boston, MA
Presented by NPF Boston Chapter
Register online: www.movingdayboston.org

10/25: Moving Day® Phoenix, AZ
Presented by NPF Phoenix Chapter
Register online: www.movingdayphoenix.org

10/11: Moving Day® Philly, PA
A Walk to Stamp Out Parkinson’s
Presented by The Parkinson Council
Register online: www.movingdayphilly.org

10/25: Moving Day® Boca Raton, FL
Presented by NPF South Palm Beach County Chapter
Register online: www.movingdaybocaraton.org

10/13: Free Webinar: “Practical Pointers: Caring for Someone with Parkinson's"
Register online: www.parkinson.org/webinars

10/15: Moving Day® Phoenix, AZ
Presented by NPF Phoenix Chapter
Register online: www.movingdayphoenix.org

11/1: Moving Day® NC Triangle, Cary, NC
Presented by NPF NC Triangle Chapter
Register online: www.movingdaynctriangle.org

11/1: Moving Day® Atlanta, GA
Presented by NPF Atlanta Chapter
Register online: www.movingdayatlanta.org

11/8: Moving Day® Augusta, GA
Presented by the NPF Central Savannah River Area Chapter
Register online: www.movingdayaugusta.org

Register online: www.parkinson.org/webinars

11/15: Moving Day® Phoenix, AZ
Presented by NPF Phoenix Chapter
Register online: www.movingdayphoenix.org

11/16: Moving Day® Boca Raton, FL
Presented by NPF South Palm Beach County Chapter
Register online: www.movingdaybocaraton.org

Visit NPF’s Event Calendar at www.parkinson.org/events.
NPF Free Resources

Order Today!

Online: Parkinson.org/store

Phone: 1-800-4PD-INFO (473-4636)

PUBLICATIONS

Download or order free educational manuals in English and Spanish. Topics include: What You and Your Family Should Know, Medications, Caring and Coping and more.

AWARE IN CARE

The Aware in Care kit includes tools and information that will help people with Parkinson’s and their families plan for the next hospital stay. Items include: Aware in Care bag, Hospital Action Plan, ID Bracelet, Medical Alert Card, Medication Form, PD Fact Sheet, Reminder Slips and more! Both the Hospital Action Plan and PD Fact sheet are available in Spanish.

Thank you to our generous donors! Because of you, NPF is able to provide free resources that help improve the quality of life for people living with Parkinson’s and their families.

ONLINE EDUCATION

Our series of webinars and our free easy-to-use smartphone app, Parkinson’s Central, offer practical tips for living well with Parkinson’s.

ASK THE DOCTOR

Our online forum connects you with reliable healthcare experts, caregivers and people living with Parkinson’s to get answers to all your questions.
Run to Beat Parkinson's!

On January 25, 2015 you can race with TEAM HOPE in the Miami Marathon and Half Marathon to support the brave people who battle Parkinson's every day. You will make the personal achievement of running a long-distance race even more memorable by helping NPF improve care and change lives for people with Parkinson's.

Team Hope participants who commit to $1,000 in FUNdraising will receive:
- Guaranteed race entry
- Recovery booth at finish line
- Team Hope running apparel
- Fundraising support

There are ways you can get free airfare and hotel stay if you are coming from out-of-town.

Want to participate in another endurance event for Team Hope? Contact Sara Teeter and she can help you get started!

For more information about participating in the Miami Marathon and Half Marathon, please contact Sara Teeter at teamhope@parkinson.org or 305-537-9951.

Have Fun. Give Hope. Beat Parkinson's!

Team Hope for Parkinson’s allows community heroes to help NPF in their mission to provide quality care for those living with Parkinson's disease. You get to choose how you want to raise funds and awareness for Parkinson's by taking the lead in planning your own event.

Founded in 2008, Team Hope has raised nearly one million dollars through events that take place nationwide. Our members host concerts, compete in marathons, plan golf tournaments and even donate their birthday.

What do I get by joining?
- Easily track your donations and progress on your customized fundraising webpage! A great place to share your personal story, photos and event information.
- Our Team Hope resource package provides you with the tools to create a successful event.

For more information on how you can give hope, contact Sara Teeter at teamhope@parkinson.org or 305-537-9951.