It's Never Too Late to Start Exercising

Neurologists have been telling people with Parkinson's disease (PD) to exercise since National Parkinson Foundation founder Jeanne Levy moved to Miami so her husband could play golf year-round. These days, however, conflicting studies recommend everything from cycling to tango to tai chi to improve symptoms. So what kind of exercise should you do? Any kind, a new study shows. What's important is to do it, and do it regularly.

Using data from the National Parkinson Foundation's Parkinson's Outcomes Project, researchers looked at the relationship between increased activity and improved health-related quality of life.

In a study presented at the International Parkinson and Movement Disorders Society's Annual Congress in June, NPF researchers reported that increasing physical activity to at least 2.5 hours a week slows the decline in quality of life, and, the sooner it’s started, the better.

Researchers looked at data on nearly 3,000 patients receiving care for three years at NPF Centers of Excellence. More than 1,300 of the study participants reported little regular exercise at the beginning...
It's Never Too Late to Start Excercising

...continued from cover

of the study. Of those, 500 began exercising greater than 2.5 hours per week within the next two years. They compared participants who exercised regularly for the entire two years to people who didn’t exercise at the beginning of the study, but then started to exercise regularly. They didn’t distinguish between what type of exercise participants did, just the total amount of exercise reported.

The researchers compared quality of life scores using the Parkinson’s Disease Questionnaire (PDQ-39). The PDQ-39 is a self-reported questionnaire that measures the impact of PD on daily life through multiple factors, including mood, movement and social interaction. Study participants filled out the questionnaire at one- and two-year follow up visits.

While everyone appeared to benefit from exercising, those who started exercising earlier experienced a slower decline in quality of life than those who started a year later. Over the two year study period, the PDQ-39 scores worsened 1.4 points in the early starters and 3.2 points in the late starters.

This study makes it clear that everyone with Parkinson’s disease should be exercising. Patients suffer when they delay starting their exercise, and it doesn’t seem to matter what they do; they benefit from just getting up and moving, said Michael Okun, MD, NPF’s National Medical Director.

Lead study author Miriam Rafferty, PT, DPT, whose doctoral research at the University of Illinois at Chicago focuses on exercise and PD, noted that this difference of almost two points on the PDQ-39 could be enough to make everyday activities feel harder. “It’s been studied that, on average, a change of 1.6 points is when people start feeling a little bit worse,” she said.

“We looked at a smaller group of matched patients to make sure that the findings were robust. Our results were just as strong in the matched subset we studied as they were in the whole population,” she added. “While our study is simple, because it only looked at one measure, it’s powerful.”

A second study published in the journal Parkinsonism and Related Disorders established the 2.5 hours per week threshold using data from NPF’s Parkinson’s Outcomes Project. Researchers found that 2.5 hours of physical activity a week was the minimum required to make a difference in quality of life, physical function and more.

For this study, the researchers looked at data on more than 4,000 people. They compared regular exercisers, or those who reported getting more than 2.5 hours of physical activity a week; low-exercisers, or those who got moving for fewer than 2.5 hours a week; and non-exercisers, or those who were inactive.

After controlling for disease severity, the researchers found that, compared with low-exercisers and non-exercisers, those who engaged in a minimum of 2.5 hours of physical activity when they enrolled in the study had better PDQ-39 quality of life scores than their less active counterparts one year later. Regular physical activity was also associated with better physical function and mobility and less cognitive decline.

The study authors noted that the health-related scores from the low-exercise group were no different from the non-exercise group and that the regular exercisers did much better. This illustrates the point that “dose” matters when it comes to maximizing physical and psychological health in PD.

This is the first time these findings have been studied in such a large cohort of Parkinson’s patients. “This is great news that people can have a positive impact on the course of their disease,” said Joyce Oberdorf, NPF’s President and CEO. “It is tremendously empowering.”

For more information about the neuroprotective benefits of exercise, visit www.parkinson.org/exercise.

If you care for someone who has Parkinson’s disease, you are not alone.
Living with Parkinson’s disease (PD) is one thing; thriving is another. The Edmond J. Safra National Parkinson’s Wellness Initiative was created to help people with PD live their best life.

The program, which brings together strong, motivated Jewish Community Centers (JCCs) and NPF Centers of Excellence, recently launched in Boston and Washington, D.C. People with Parkinson’s and their caregivers in these cities will now have access to this innovative program and its services through the JCCs of Greater Boston, in partnership with Beth Israel Deaconess Medical Center (BIDMC), and the JCC of Greater Washington, in partnership with Georgetown University Medical Center.

“These JCCs were selected for the Edmond J. Safra National Parkinson’s Wellness Initiative because of their ongoing commitment to excellence and inclusion for all members of their communities. This commitment, in tandem with the high-quality support and expert care provided by the local NPF Centers of Excellence, will be a powerful new resource close to home for patients and families,” said Joyce Oberdorf, NPF’s President and CEO. “We are eager to launch two more sites by 2016 in order to continue to expand services to help more people live well with Parkinson’s.”

The national initiative is a partnership between the National Parkinson Foundation, the NYU Langone Parkinson’s and Movement Disorders Center and the JCC Manhattan and is based on a program that began in New York in 2007. The concept of providing seamless Parkinson’s care—from diagnosis and treatment in the clinic to wellness and exercise classes in the community—is what sets this initiative apart.

The JCCs and Centers of Excellence were awarded grants to deliver services to help people living with PD stay healthy, active, fit and connected. Both JCC locations will offer three Parkinson’s-specific fitness programs per week, a weekly care partner support group and seasonal educational events.

This wellness program is an amalgam of evidence-based approaches designed to help people with PD improve their flexibility, strength, mood and energy levels, among other things.

“We here at the JCC Manhattan congratulate JCCs of Greater Boston and JCC of Greater Washington on their program launch and for their commitment to serve the Parkinson’s community,” said Rabbi Joy Levitt, Executive Director, JCC Manhattan. “We’re proud to share with them what we’ve learned over the past eight years in the development of the Edmond J. Safra Wellness Program–NYC as they are building their programs. We’re looking forward to continuing to expand the network of medical and JCC community partners around the country, and we thank the National Parkinson Foundation for their collaboration and partnership.”

According to David K. Simon, MD, PhD, Director of the Parkinson’s Disease and Movement Disorders Center, BIDMC the expansion of wellness programs through this initiative will have an immediate and positive impact on Parkinson’s patients in the community.

“We recognize the importance of wellness programs in helping patients to work together with other people with Parkinson’s and caregivers in an active way to improve their quality of life.”

This program is funded through the generous support of The Edmond J. Safra Philanthropic Foundation.

For more information about this initiative, visit www.parkinson.org/wellness.
A New and Improved Parkinson.org
Learn What You Need to Live Better Today

The premier website on Parkinson's disease, Parkinson.org, has a new look that is more streamlined and easier to navigate. Starting this summer, you can get all the research, tips and advice you need on whatever device you choose—computer, smartphone, tablet or even your smart TV.

“Our website gets 2.2 million visitors per year—that's the most visited site about Parkinson's disease on the web,” said Joyce Oberdorf, NPF's President and CEO. “Our newly-designed website will enable even more people to access the critical information and connections they need.”

At Parkinson.org, you can:

- Search for top-notch resources in your neighborhood. The site will feature a newly-designed resource map that will guide you to NPF Centers of Excellence and community organizations in your area. You can find local movement disorders neurologists and other Parkinson's experts and learn what their clinics offer. You can also find NPF chapters and support groups close to home and see how to get involved.

- Get expert advice you can trust. In addition to the popular What's Hot in PD? blog from our National Medical Director, Michael Okun, MD, the site will feature two new blogs. The first, written by Parkinson's researchers and clinicians, will demystify ground-breaking Parkinson's research and new developments in the field. The second, written by experienced caregivers, will offer real-life tips and tricks for caring for someone with PD.

Get inspired to get moving and change lives. Today there are 1 million Americans with Parkinson's – that's 1 million reasons to walk, run or organize a fundraising event against PD! Our new site will enable you to check out Moving Day® and Team Hope™ for Parkinson's events or follow friends and family participating in these fundraising events so you can support their progress.

Parkinson.org is also a space for people in the Parkinson's community to interact with one another. People give each other encouragement, advice and uplifting thoughts through NPF's online forums, social media and new Share Your Story section of Parkinson.org.

NPF encourages fans to share their thoughts on social media.

#WhyWeFight
At the National Parkinson Foundation, we fight for people living with Parkinson's and their families.

- We fight for you every day.
- We are in this together.
- Your support can help us change the world today.

Join the fight and learn more at www.parkinson.org/whywefight.

“A dollar given to the NPF is a dollar going straight to the patient.”
— Larry Kahn, Diagnosed with Parkinson's

www.parkinson.org
People with Parkinson’s disease frequently struggle to find drug therapies that can relieve bothersome symptoms such as sleep dysfunction, bladder urgency, drooling and tremor. While anticholinergic medications are often used to improve these symptoms, there is mounting evidence that their long-term use may increase risk of cognitive issues such as dementia.

Anticholinergic medications are a group of drugs that work by blocking the action of a substance called acetylcholine. In the body, acetylcholine is essential for muscle contraction, but in the brain it’s critical for learning, memory and attention.

Anticholinergic medications, both prescription and over-the-counter, include older antidepressants, antihistamines and sleep aids like Advil PM and Aleve PM. They also include drugs to treat urinary incontinence and relieve PD symptoms such as tremor and drooling.

Despite the short-term side effects such as drowsiness, memory problems, confusion and constipation, many PD patients find them useful. But the price of taking them may be steep. Short-term anticholinergic drug use can lead to unsteadiness and even falls. Long-term use has been linked to dementia risk.

In a recent article published in *JAMA Internal Medicine*, Shelly Gray, a pharmacist at the University of Washington in Seattle, analyzed pharmacy records of roughly 3,500 people participating in Adult Changes in Thought (ACT), a long-term observational study. All participants were from the Seattle area, were 65 years or older and did not have dementia at the start of the study.

Her team examined the medication use of study participants for the 10 years prior to starting the study. The most common anticholinergic drugs used were tricyclic antidepressants, antihistamines and drugs used for urinary incontinence and sleep problems.

Study participants were followed for seven years. During that time, over 20 percent of the participants developed dementia. Those taking anticholinergics were found to be at greater risk for dementia compared with those not taking these drugs. And the higher the cumulative dose of anticholinergic drugs, the greater the risk of developing dementia. People who took anticholinergics for three years or more had a 54 percent higher dementia risk than those who took the drugs for 90 days or less.

Another study found that an important marker of Alzheimer’s disease, amyloid plaque density, was present in more than double the concentration in PD patients treated with long-term anticholinergic therapy. Plus, another marker of Alzheimer’s disease, the neurofibrillary tangle, was more prominent in the brains of people taking anticholinergic drugs.

While short-term anticholinergic drug use may cause a host of side effects like memory problems, long-term use may cause lasting effects on cognition that don’t go away when a person stops taking the drug.

It’s important for PD patients to routinely evaluate their medications, with both a doctor and a pharmacist. Many people might not even be aware of the number of anticholinergic drugs they are taking.

Here are some practical suggestions:

- Talk to your doctor about alternative antidepressants with less anticholinergic effects.
- Avoid over-the-counter drugs like Benadryl (diphenhydramine) and antihistamines.
- Dopamine agonists, levodopa and deep brain stimulation can all potentially be used for difficult-to-control tremor, instead of an anticholinergic drug.
- Botulinum toxin injections can be employed for drooling and, in some cases, for bladder dysfunction.
- Atropine drops under the tongue or chewing gum can sometimes be used to control drooling.
- Pelvic floor rehabilitation can strengthen pelvic floor muscles and improve bladder control.
- When hospitalized, be sure that doctors don’t use anticholinergics for sleep or bladder dysfunction.

The good news is that, in most cases, Parkinson’s patients and their care teams can work together to reduce or to eliminate anticholinergic drug use.
We are very happy to welcome Dr. Daniel Martinez-Ramirez, a professor at the University of Florida, as our new Ask the Doctor in Spanish, “Pregúntele al Médico.” He is the author of the Spanish version of Parkinson’s Treatment: 10 Secrets to a Happier Life (Available on Amazon.com).

In this issue we will focus on commonly asked questions about Parkinson’s disease (PD) from our “Ask the Doctor” forum. We encourage all patients, caregivers and friends of the Parkinson’s community to start a dialogue with us and take advantage of this free online resource at www.parkinson.org.

Top Questions and Answers from NPF’s “Ask the Doctor” Forum

Q I’m starting to show signs of facial masking and I’m wondering if I can stop this from getting worse. What exercises, if any, are available to help people with Parkinson’s disease deal with this symptom?

A The masked face, sometimes referred to as the poker face of PD, is a difficult symptom for some patients and families to deal with. The “Parkinson’s mask” often leaves others with the impression that you’re uninterested, not engaged or even upset. For example, the eyes don’t blink as much as they should, and there is a loss of facial expression. Although optimizing dopaminergic medications may help improve facial expression, there are a few other simple strategies that we recommend. Dawn Bowers at the University of Florida, an NPF Center of Excellence, has developed a treatment called inspiratory muscle strength training for the masked face of PD. She has studied this treatment approach through a National Institutes of Health grant and found it to be effective. This approach involves taking deep breaths using a hand-held breathing device for about 20 minutes a day. Performing these daily breathing exercises helps to sharpen facial expression. Beth Israel Deaconess Medical Center in Boston, an NPF Center of Excellence, has used acting and other exercise-based approaches to also improve this symptom. Musicians with PD who play wind instruments such as the clarinet may also improve their facial expression simply by practicing their music.

Q My husband is having hallucinations. Can you give us an update on the new drug Pimavenserin and what it may mean for his condition?

A There is a critical unmet need for better drugs to treat the hallucinations and delusions in PD. Psychosis in PD is very common, affecting about one in five PD patients. The symptoms can be very challenging for patients and caregivers alike. Currently, there is no FDA-approved therapy for the treatment of psychosis associated with PD. Typically, we use quetiapine (Seroquel) or clozapine (Clozaril), which are referred to as “atypical” antipsychotics. But these drugs have major drawbacks and tend to worsen the motor symptoms of PD. Though we think that psychosis symptoms are triggered by the dysregulation of dopamine in the brain, research suggests that serotonin may also play an important role. Pimavenserin (Nuplazid) is a new drug developed specifically to treat psychotic symptoms in PD. It’s a selective serotonin 5-HT2A inverse agonist that works without blocking the dopamine receptor. Instead, the drug targets serotonin. One Phase III trial of pimavenserin in PD patients showed benefit. The drug doesn’t have significant motor side effects, and the emerging safety profile shows that it’s superior to other available antipsychotics. The drug has FDA approval and should be available by the end of the year. Pimavenserin could be an option for your husband.
I have young-onset Parkinson’s disease. What personality changes can I expect over time? What can I do to prevent them from interfering with hobbies and work?

As PD progresses, mood, cognitive and sometimes personality issues occur. Sometimes these changes are associated with PD medications. For example, compulsive and impulsive behaviors (such as gambling, excessive shopping, binge eating and hypersexuality) can all be caused by dopamine agonists. Sometimes personality changes are associated with depression, anxiety and apathy. Some spouses have commented that “this is not the same person I married.” While mood and personality changes are a cause for concern in PD, there are multiple ways to address these issues before they become major problems. The best strategy is to seek treatment from an interdisciplinary care team of Parkinson’s experts. They will provide you with the most appropriate therapy and advice now so that you can minimize or prevent these problems from disrupting your work and social life in the years to come. There are steps you can take to stay emotionally healthy and active over the course of your working life. That will include regularly reviewing and optimizing your medications with your neurologist, starting an exercise program, attending a support group or seeking counseling. Keep in mind that the daily challenges and stresses of living with PD can also adversely affect spouses. Your spouse will benefit from screening and counseling for caregiver strain.

Both my father and aunt have Parkinson’s. Now I am concerned about being diagnosed with Parkinson’s disease. I heard that taking a statin might lower my risk of developing Parkinson’s disease. What do you recommend?

It’s true that several small studies have suggested a link between statins and a disease-modifying benefit in PD. But a new study appearing in the January 2015 issue of the journal Movement Disorders found no association between statins and Parkinson’s risk. The current evidence, which includes multiple studies, does not support the use of a statin drug to prevent PD (prior to diagnosis for at-risk individuals with a family history), nor does it support the use of statins as symptomatic or disease modifying treatments in PD.

Today’s technology can help people living with Parkinson’s disease better manage their health and maintain their independence. Even if you’re not tech-savvy, here are some useful tools you may want to consider.

**Parkinson’s apps.** In addition to NPF’s Parkinson’s Central app, Parkinson Home Exercises is another user-friendly app for a smartphone or tablet. This app demonstrates 50-plus movements you can do at home, including stretching, posture, balance and flexibility moves.

**Wearables.** From watches that track your every move to wristbands that send you reminders when it’s time to take your medication, today’s “smart watches” and other gadgets can help you stay independent.

**Laptops that double as tablets.** Laptops with features like a touch screen and voice recognition will make using these devices much easier.

**Parkinson’s e-visits.** People with PD who don’t have access to a team of Parkinson’s experts in their area will benefit the most from the new telemedicine technology.

**Call NPF’s national Helpline.** If you have questions or need more information about how telemedicine works to deliver care to PD patients in remote or rural areas, call 1-800-4PD-INFO or e-mail helpline@parkinson.org.
The National Parkinson Foundation (NPF) is proud to announce that Moving Day®, A Walk for Parkinson’s, has reached a major milestone by funding nearly $1 million in mission services to meet the needs of local communities.

In addition to support for clinical care, NPF awarded local community grants to recipients in six locations: Atlanta, Boston, Chicago, Los Angeles, Miami and North Carolina. These local community grants will provide funding for health, wellness and education programs for people living with Parkinson’s disease (PD) and their caregivers.

Financial support from NPF’s 2015 spring walks will soon fund hundreds of thousands of dollars in additional services in Washington, D.C., Tampa and the Bay Area in California, which will provide residents in these areas access to new programs.

“Moving Day® supports local and national services that make life better for people living with Parkinson’s and their families,” said Joyce Oberdorf, NPF’s President and CEO. “We are filling a vital need in Parkinson’s communities nationwide.”

A Moving Day® grant from the fall walks will help the Jewish Family & Children’s Service in Boston offer Dance for PD classes (originated by the Mark Morris Dance Group) and Parkinson’s drumming classes, which will be staffed by experienced dance and drumming instructors as well as an occupational therapist with extensive knowledge of PD.

“We have seen therapeutic arts-based programming achieve tremendous results with regard to improving physical, psychological, and social functioning, as well as quality of life for people with Parkinson’s,” said Nancy Mazonson, Director of Parkinson’s Family Support at Jewish Family & Children’s Services. “This grant will allow us to expand our programs and work toward our goal of serving a more diverse community, and to form partnerships with the two NPF Centers of Excellence in Boston.”

Funds raised through Moving Day® also support NPF’s national mission in multiple ways—by supporting the NPF Center of Excellence network that delivers care to more than 50,000 Parkinson’s patients worldwide; by funding cutting-edge research like the Parkinson’s Outcomes Project, aimed at better treatment and care; and by providing free patient resources for patients and their families, such as a toll-free Helpline (1-800-4PD-INFO) and a free hospital kit (Aware in Care).

The 2015 community grants focus on:
- Addressing unmet needs in the Parkinson’s community. That includes services for underserved populations, support for clinical trial recruitment for under-represented populations and financial assistance for care.
- Expanding a successful program into a new geography.
- Developing a new program for people with Parkinson’s.

Moving Day®, a grassroots fundraising and awareness walk, has raised $8 million since it began in 2011 and is now taking place in 22 cities across the United States.

For more information on 2015 Moving Day® walks, visit www.npfmovingday.org.
Despite the downpour of rain the night before the debut of Moving Day® Silicon Valley, almost 500 people turned out for the event. Held at Guadalupe River Park on April 25, Moving Day® Silicon Valley raised over $85,000, which is being used to fund local Parkinson’s support services and research to help fight Parkinson’s disease (PD).

“I think we did a fantastic job in presenting exercise to the community,” said Darcy Blake, chairperson of the event and co-founder of Parkinson’s Women Support, a Bay Area group dedicated to supporting women with PD.

Blake invited Bay Area neuroscientists and doctors to participate in the event. “We wanted to honor these Parkinson’s researchers who are our answer for the future of Parkinson’s,” she said. Before the start of the walk, team Parkinson’s Pioneers, as the researchers were called for the day, received a warm round of applause from the walkers.

“When you look around at Parkinson’s people, they are some of the bravest, courageous, most wonderful people you can imagine who will always be there for you, and there is something rewarding about that,” she said.

Diagnosed with PD in 2008, at the age of 57, Blake tried different medications to control her symptoms. But three years after her diagnosis the levodopa she was taking was beginning to give her dystonia. Her left leg would drag and curl in when she walked.

At that point, the high-energy public relations professional and world traveler told herself she was not going to sit around and let this happen. She wanted to enjoy life.

“I thought I can’t continue to work if this is going to be the case, so I went to a Parkinson’s-specific gym in Tuscon, Arizona.”

“I worked with them one on one for a week to learn exercises that target Parkinson’s symptoms. They also had me try out walking poles, which really smoothes out your gait. The experience made me realize that I could help myself a great deal through exercise.”

That discovery inspired Blake to become an advocate for people with Parkinson’s. Her motto is, don’t give up and keep moving. At Moving Day®, she encouraged people to try new things. The Movement Pavilion showcased a variety of activities like hula, pole walking and workouts that specifically target Parkinson’s symptoms. “It was fun. Tai chi people were trying out boxing, and Zumba people were trying hula.”

Exercise is Blake’s prescription for feeling good. Every day, she takes a 40 minute walk, and once a week she attends a Pilates class or does an hour of intense exercise based on the Parkinson’s Wellness Recovery program.

“I’m glad things are changing in the whole Parkinson’s community, where people are realizing you can do so much with exercise, and you don’t have to focus on drugs as being your only outlet for relief and feeling good.”

While the Parkinson’s-specific workout did improve her quality of life and symptoms, her tremor got so bad that she could no longer do yoga. So, in 2013 she had deep brain stimulation surgery. When they turned on the electrical impulse, the tremor went from significant shaking to nothing.

“I feel great. I don’t even feel like I have Parkinson’s disease anymore, because I don’t have any of the symptoms,” she said. “There’s no tremor, I don’t drag my legs and I don’t have dyskinesia.”

Moving Day® is made possible through the generous support of our National Partners: Lundbeck, UCB, US WorldMeds and Right at Home.

To find a walk near you, visit www.npfmovingday.org.
2015 NPF Fall Event Calendar

AUGUST

8/22: Moving Day® South Dakota, Sioux Falls, SD
Register online: www.movingdaysouthdakota.org

SEPTEMBER

9/13: Moving Day® Buffalo, NY
Register online: www.movingdaybuffalo.org

10/4: Moving Day® Rochester, NY
Register online: www.movingdayrochester.org

10/10: Moving Day® Boston, MA
Register online: www.movingdayboston.org

10/10: Moving Day® Augusta, GA
Register online: www.movingdayaugusta.org

10/17: Moving Day® Hawaii, Honolulu, HI
Register online: www.movingdayhawaii.org

10/18: Moving Day® Chicago, IL
Register online: www.movingdaychicago.org

10/18-22: NPF Wellness Retreat at Kripalu Center for Yoga and Health, Stockbridge, MA
Register online: www.parkinson.org/retreat

10/24: Free Webinar in Spanish: “Como Navegar En El Mar Del Parkinson”
Register online: www.parkinson.org/webinars

10/24: Moving Day® Los Angeles, CA
Register online: www.movingdaylosangeles.org

10/25: Team Hope™ Marine Corps Marathon
Register online: www.parkinson.org/MCM

10/25: Moving Day® Atlanta, GA
Register online: www.movingdayatlanta.org

10/31: Moving Day® NC Triangle, Cary, NC
Register online: www.movingdaynctriangle.org

OCTOBER

NOVEMBER

11/8: Moving Day® Boca Raton, FL
Register online: www.movingdaybocaraton.org

11/15: Moving Day® Miami, FL
Register online: www.movingdaymiami.org

Visit NPF’s Event Calendar at www.parkinson.org/events.
Run to Beat Parkinson’s

Have you always wanted to run in one of the most memorable races in the country? You can now run with Team Hope™ for Parkinson’s in the Marine Corps Marathon on 10/25/15 or the Miami Marathon & Half Marathon on 1/24/16 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.

Sign up to run with Team Hope™ and you will receive a guaranteed race entry! Don’t wait – spots are limited. Reserve yours before it’s too late!

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

Member Spotlight

“There have been many tears over the years, but the tears now came not because of the difficulty of the disease, but because I recognized great compassion. The need for funding is urgent. The need for research is urgent. The need for treatment is now.”

– Janet G., mother of runner Liz G.

NPF Legacy Society

Legacy Society members are a select group of donors who have recognized NPF in their wills, trusts, estates and other planned gifts. Their generosity and forethought will help thousands of people with Parkinson’s live better lives in the years to come.

We depend on the generosity of people who direct philanthropic support to extend NPF’s services. There is no greater way to make a difference than by making NPF part of your legacy.

Please join the circle of people who have already made NPF part of their estate plans. A planned gift to NPF is truly a gift that keeps on giving.

If you would like more information about how you can become a member, please visit www.parkinson.org/plannedgiving.

You can also contact Amy Gray, Senior Vice President of Constituent and Community Relations, at agray@parkinson.org or 305-537-9906.