“Take three deep breaths.” That’s the advice Paula gave to Michael, an 80-year-old man newly diagnosed with Parkinson’s disease (PD).

Beset by relentless fears that “nothing would ever improve,” he turned to the National Parkinson Foundation’s (NPF) Helpline for support—and got it.

That minute of deep breathing opened the door to a deeper conversation with Paula, an NPF Helpline Information Specialist and a licensed clinical social worker. She discovered that his underlying problem was worry about an upcoming knee surgery compounded by depression.

She turned the conversation from “negative self-talk” to a focus on what could be done to alleviate his fears and despondency.

“I explained the link between negative self-talk and depression and that people with Parkinson’s respond best if they receive both medication and psychotherapy,” she recalled.

...continued on page 2
Paula provided him with a local referral to a therapist. For Michael, “just being able to talk through the situation with someone knowledgeable and patient” had saved the day.

Sometimes people simply need to be reminded that there’s no reason to give up. And sometimes such support comes by way of a simple telephone call. Since it was established in 2010, NPF’s national toll-free Helpline has responded to over 35,000 telephone and e-mail inquiries about all aspects of PD.

Paula, one of five Information Specialists that staff the Helpline, often responds to questions about depression, a common, but little discussed symptom of PD. One goal is to put the right tools in people’s hands. Another is to separate fact from fiction.

As the statistics show, some 60 percent of all people with PD develop depression, and about 50 percent suffer from anxiety. Yet, research from NPF’s Parkinson’s Outcomes Project indicates that the majority of people with PD—even among those diagnosed with a mood disorder—are not treated for it.

That’s why NPF has stepped up its efforts to build community awareness about the impact of depression on people with PD and the pervasive lack of care. NPF is working with doctors to ensure that patients with depression get the help they need to feel better. The overall mission is to empower people with PD to acknowledge their depression, seek treatment and lead full lives.

Depression and Parkinson’s made headlines with the recent suicide of comedian Robin Williams, who had recently been diagnosed with PD. Calls to the NPF Helpline doubled. Mostly, people wanted to get the facts about this emotional aspect of PD and what could be done to minimize its impact.

Depression in PD often requires a little detective work. Sometimes people who have PD will hold their feelings in about the difficult transitions they face, for example, when they can no longer drive, golf or work as they used to. As a result, they may not even know that they are depressed. Another problem is that other hallmark symptoms of PD, such as facial masking and a soft voice, make recognizing depression much more difficult.

If you suspect your loved one is depressed, confront the issue. The first thing to do is to talk openly about it. However, it’s important to understand that people often feel embarrassed and vulnerable about their inability to deal with their disappointments, which is why they hide their feelings.

Most importantly, seek the help of your neurologist. Depression in PD is serious and needs professional help. It is linked to the changes in brain chemistry that occur in PD and expert care can make a difference. When a person realizes that depression is part of the disease process itself, and not a personal weakness, he or she may be more willing to accept the condition and ask for help.

NPF’s Helpline is a free service staffed by registered nurses (RNs) and social workers who provide personalized support to callers in both English and Spanish. They also help people living with PD and their caregivers across the country find nearby services and support groups.

Call NPF’s Helpline at 1-800-4PD-INFO (473-4636) or e-mail helpline@parkinson.org.

Help Is At Your Fingertips
Join One of Our Free Online “Ask the Expert” Forums

For detailed, step-by-step instructions for registering and logging into the forums, visit www.parkinson.org/forums.

ASK THE DOCTOR:
A team of Parkinson’s specialists answer medical questions about Parkinson’s disease.

ASK THE SPEECH CLINICIAN:
A team of experts answers questions regarding speech and swallowing.

ASK THE PHARMACIST:
Mark Comes, RPh, fields questions about medication management.

PREGÚNTELE AL MÉDICO:
Ramon L. Rodriguez, MD contests preguntas con respecto a la enfermedad de Parkinson y materias relacionadas.
Meet the NPF Researcher: Dr. Anhar Hassan

Call all them the fortunate few, the 200 or so people living with Parkinson’s who live full and active lives 20 years after their diagnosis. And they’re not just surviving—they’re mentally sharp, living at home and physically active. Though they’re not symptom-free, they are holding their own against Parkinson’s.

Although most Parkinson’s specialists see only one or two of those patients, across the NPF Centers of Excellence about one hundred patients report similar experiences and another hundred who, while slowing down, are still doing well.

In 2012, neurologist Anhar Hassan, MB, BCh, then a movement disorder fellow at NPF’s Center of Excellence at the University of Florida, was intrigued by the phenomenon.

“What makes people thrive even 20 years after a diagnosis of Parkinson’s?” she asked. She decided to find out.

“In the past, these patients haven’t been well studied, certainly not in large numbers, so we wanted to first describe their characteristics, and second see if there were any special needs that might improve their quality of life,” she said.

Looking at data from NPF’s Parkinson’s Outcomes Project, the largest ongoing clinical study of Parkinson’s patients to date, Dr. Hassan and colleagues identified 187 individuals who had been living with Parkinson’s for 20 years or longer.

They discovered that nearly all of these patients still lived at home, though most were dependent on a caregiver. Nearly half were still engaging in some form of physical activity and most suffered from only mild cognitive impairment. On average, these patients were diagnosed in their 40s and 50s.

The secret to their good fortune may offer clues for treatment of those less fortunate.

Dr. Hassan’s research challenges the assumption that everyone diagnosed with Parkinson’s will later develop dementia and need nursing home care. She pointed out that while this research describes only a sub-group of patients, and more research needs to be done, the findings are encouraging.

NPF’s Parkinson’s Outcomes Project is very important because this study will follow PD patients over many years, and can help identify additional risk factors that affect longer survival and better outcomes, Dr. Hassan said.

The study revealed that impaired mobility was the principal impediment to quality of life for patients and social constraint was the biggest issue for caregivers. Ideally, clinicians will at some point be able to determine which treatment approaches will be best for each sub-group of Parkinson’s patients and their caregivers.

“The tremendous amount of research going on now in Parkinson’s is very encouraging,” Dr. Hassan said. “There is an aspect of hope, of being able to improve the quality of patients’ lives and improve their function as well.”

Dr. Hassan was recently awarded the prestigious “Young Investigator Award” from the International Parkinson and Movement Disorder Society for this research. Previously she led other studies using NPF’s Parkinson’s Outcomes Project. One study characterized people with PD for 10 years or more; and another showed that PD patients who visit the ER or hospital have a higher risk of this occurring the following year.

“My research is inspired by my patients,” Dr. Hassan said. “Parkinson’s disease changes your identity; it’s not like diabetes, for example, where you can hide it. I think Parkinson’s patients and their families are remarkable in how they adapt and adjust to the diagnosis.”

For more information about NPF’s Parkinson’s Outcomes Project, visit www.parkinson.org/outcomes.

Allied Team Training for Parkinson’s (ATTP)
3 Day Health Professional Course
San Diego, CA   |   November 13-15, 2014
Presented by NPF & International Parkinson & Movement Disorder Society.
Learn more at: www.parkinson.org/attp.
When the Caregiver Takes a Break

Since my Dad’s diagnosis of Parkinson’s disease (PD) over a decade ago, he’s braved tremors, falls, pain and even brain surgery. I’ve always admired my father, but do so even more as I see how he faces these challenges with fortitude, and more often than not, good humor.

Parkinson’s takes a toll on families, too. Right by my father’s side, every step of the way, is my mother. Nurturing to the core, the role of caregiver is second nature to her. But sometimes mom needs a break.

Respite care, the short-term relief for caregivers, is a way that friends and relatives can offer a tangible service. While a respite care provider is meeting the needs of the person with Parkinson’s, he or she is also supporting the caregiver.

When I provide respite care, my mom gets a hiatus—an afternoon to relax, a time to catch up on errands, or a weekend trip to New York City with her gal pals. It also offers her peace of mind knowing that should anything complicated arise someone is there to help.

I also like to think of respite care as an opportunity for the person receiving care to have enjoyable, new experiences. In any healthy relationship, a little time away from each other is good. If you’re going to provide respite care for a friend, neighbor or loved one with Parkinson’s, here are some things to keep in mind:

Do little things. You don’t have to commit to big blocks of time. Even a short respite for an hour or two on a weekly or monthly basis can make a big difference.

Know the routine. Modifications are common in activities of daily living for people who have Parkinson’s. Dad keeps a chair in the middle of the kitchen so he can safely sit and reach everything he needs from one spot. He favors a particular cup because it’s easier to grip. Knowing the routine will help you better anticipate the person’s needs.

Keep a medication list handy. Prior to your respite care service, be sure to get a list of all the medications your loved one is taking, the dosage and the schedule. Should any health issues arise during your visit, you will need to provide this crucial information to the medical team.

Focus on what you can do together. Parkinson’s affects everyone differently. But regardless of what form the disease takes, you can do many enjoyable things together. Play a game, go for a scenic drive or prepare a favorite meal. If you plan an activity, be sure to find out what time of day is best for that person.

Just roll with it. When it comes to conversation, follow the lead of your loved one. Allow venting. At times, life with Parkinson’s might be the favored topic of conversation. And sometimes that might be the least favored.

Everyone wants to live with dignity and independence for as long as possible. Respite care can help your loved one do just that.

If you are interested in being a guest blogger for our monthly Caregiving blog, e-mail cwhitlock@parkinson.org.

Author: Erika Stratmann,
Advocate for the 50+ population and the Parkinson’s community

Read archived Caregiving blogs at www.parkinson.org/caregivers.

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November 12th
Practical Pointers:
Caring for Someone with Parkinson’s

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Many Parkinson's patients and family members have been unnecessarily alarmed by continuing reports that Sinemet may accelerate Parkinson's disease (PD) progression.

This phenomenon called "levodopa phobia," or avoidance of dopamine as treatment for PD, is based on reports fueled by sparse human evidence. Over the past two decades, concerns raised about levodopa's toxicity to neurons have likely made some clinicians limit use of this drug. The truth is that dopamine replacement therapies such as Sinemet and Madopar (European Sinemet) remain the single most effective treatment for PD worldwide.

In a 2011 study published in the journal *Neurology*, researchers cited evidence showing that dopamine replacement therapy is not toxic, and does not accelerate disease progression. For the study, British researchers examined pathology in 96 post-mortem PD brain specimens and correlated that tissue analysis with clinical information about prior levodopa use. The study authors concluded that in the human condition "chronic use of L-dopa does not enhance progression of Parkinson's pathology." These results have been confirmed.

Many studies across various countries (including most recently the ELLDOPA study) have consistently found that levodopa is extremely beneficial to Parkinson's patients and has a positive effect on disease course.

More recently, Sinemet was reported as the most commonly administered drug to more than 7,500 Parkinson's patients currently being followed in the NPF's *Parkinson's Outcomes Project*. Expert practitioners reported that they utilized levodopa more than any other drug—including dopamine agonists—and that they used levodopa more, not less, as disease duration increased.

In the newest study, called the PD MED Collaborative Group trial, 1,620 patients with early stage PD were randomized to receive one of three therapies: a dopamine agonist, a monoamine oxidase B inhibitor (MAOBI) or levodopa. The primary outcome was mobility and quality of life as self-reported on the Parkinson's Disease Questionnaire (PDQ-39), the gold standard for assessing improvement.

After three years of follow-up, mobility scores were better in the levodopa group as compared to the dopamine agonist and (MAOBI) groups. Follow-up at seven years showed that levodopa was the best therapy. And treatment-related side effects were less in the levodopa group.

In this study, patient-rated mobility clearly favored levodopa therapy as the first choice. The study reveals that all three therapies should be considered, but ultimately the choice of drug should be tailored to the individual patient.

What all this adds up to for Parkinson's patients is that Sinemet and Madopar should be considered a safe and effective initial treatment for PD. The doses and intervals should be frequently adjusted by an experienced neurologist in order to maximize benefits and tailor the therapy to individual symptoms.

Patients and family members should also think twice about raising these concerns over levodopa during doctor visits. Bringing them up, especially at the start of an appointment, could take precious time away from health concerns that need to be addressed.

Additionally, clinicians should not avoid or under-dose this critical therapy. The weight of the evidence strongly supports that levodopa replacement therapy is not toxic, does not accelerate PD progression and can be used safely as initial therapy.

Author: Michael S. Okun, MD, NPF National Medical Director
Top Questions and Answers from NPF’s “Ask the Doctor” Forum

November is National Family Caregivers Month. Most patients agree that having a supportive spouse or caregiver is the most important factor for living successfully with Parkinson’s disease (PD). In this issue, we will focus on commonly asked questions from caregivers. They are drawn from our free “Ask the Doctor” web forum. NPF also offers a “Caregiving” forum, which is open for discussion. We invite all people living with Parkinson’s, their families and friends to take advantage of this free online resource at www.parkinson.org/forums.

Q My wife has PD and constantly complains of pain, usually in her neck and shoulder. One problem is that she doesn’t exercise, or even stretch. I thought about getting her a massage device or a hot tub for relief, but I don’t want to make it worse. How can I help her manage the problem?

A Pain may be one of the most troublesome symptoms of PD. Neck pain can be due to muscle contraction from dystonia. Higher doses of dopamine drugs, botulinum toxin or medications can be helpful. So can hot tubs, massage therapy and relaxation therapies. Pain in PD can be complex and is not always due to the disease itself. It’s not uncommon to have different pain types, which can interact with chronic conditions such as arthritis or depression. Here are some practical tips:

☞ Ask your wife’s doctor to review her Parkinson’s medications. Some pain in PD is responsive to levodopa or other dopaminergics. If your wife is under-dosed, having her medication adjusted may provide relief. She might need to take an extra Sinemet or an extra dose of the dopamine agonist. If the pain goes away with the dopamine replacement, then it’s most likely Parkinson’s-related.

☞ Schedule a separate doctor’s appointment. If medication changes are not the simple solution, request an appointment with your wife’s doctor to discuss the pain. During the visit, your wife will want to bring up key points, such as how often she experiences the pain, where it’s located, how long it lasts, and what makes it worse. The doctor should also collect your wife’s medical history and perform a thorough physical and neurological examination. A variety of associated medical tests such as x-rays and blood tests may also be performed. The doctor can then recommend other specialists who will perform a more comprehensive evaluation to determine the cause of her pain. In all probability, the plan of care will involve a team approach. Narcotics are usually the last resort.

☞ Commit to regular physical activity. Your wife may worry that exercise will make her aches and pains worse. But regular physical activity, especially gentle stretching, can potentially help her feel better on a daily basis. Personal trainers and physical therapists have been known to be wizards at solving pain issues.

Q Recently, my husband was diagnosed with Parkinson’s. But for years he has been acting out his dreams during sleep: jumping out of bed, talking and flinging his arms and legs. He even tried to choke me once. What can we both do to get a good night’s sleep?

A You’re describing a sleep disorder known as rapid eye movement (REM) behavior disorder (RBD). This problem is common in PD and can be made worse by PD drugs. RBD may develop 10 years or more before the onset of PD. Most people with RBD experience upsetting dreams with violent overtones. These types of dreams can lead to injury to both you and your husband. That’s why we recommend consultation with a sleep expert.
Diagnosis of RBD is made definitively on the basis of an overnight sleep study. There’s no cure for this disorder, but fortunately, a few drugs can minimize the symptoms. The most effective medication is clonazepam (Klonopin). You can take a few steps to prevent injury. Here are a few examples: place foam padding on the floor next to the bed; place foam padding on the headboard; and move furniture with sharp edges away from the bed.

Q My father has been diagnosed with depression. I heard that combining some medications with Parkinson’s drugs could make his symptoms worse or even cause a dangerous reaction. Are there antidepressants he should avoid? How can I prevent future problems?

A Most antidepressant drugs are generally safe and do not worsen the motor symptoms of PD. The most commonly used class of antidepressants is called selective serotonin reuptake inhibitors (SSRIs). These drugs can be helpful for the treatment of depressive symptoms in PD. Tricyclics (TCAs) and newer serotonin norepinephrine reuptake inhibitors (SNRIs) can also be useful. But all three classes of medication require careful monitoring. After starting a medication, your father should see his doctor in four to six weeks to make sure the medication is working properly.

It’s also important to recognize that most people with PD typically take multiple medicines, and this may create an opportunity for drug interactions. Ask your doctor or pharmacist to explain potential interactions. Try to use a single pharmacy and a single pharmacist to avoid errors. Most pharmacists are unaware that low dose MAO-B inhibitors are safe with most antidepressants. PD patients should be careful about taking any depression drug that may block dopamine and thus potentially worsen symptoms.

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.

You’ve heard it before. If you’re a caregiver, you have to take care of you. Megha Nancy Buttenheim, MA, founding director of Let Your Yoga Dance® and senior teacher-trainer at Kripalu Center for Yoga and Health, offers some easy ways to practice soothing self-care and stay energized throughout too-busy days.

✔️ Give yourself a massage. Make a loose fist with your right hand. With your right fist, slowly pummel your left arm from the shoulder to the hand. Switch to your right side and repeat on your chest, belly, back and legs.

✔️ Breathe deep. Sit tall and straight in your chair, close your eyes and begin to take long, slow, deep breaths through your nose. Do this for five minutes.

✔️ Tune in. Play an uplifting piece of music while you go about your daily routine. Research suggests that music helps improve mood and ease anxiety.

✔️ Connect to nature. Spending even a short time outside can recharge your creative energy. Eat lunch on your back porch. Go outside to read. If you have a daily stretching or yoga routine, move it outside.

✔️ Call NPF’s Helpline. If you have questions or need to find an NPF Chapter or support group, call 1-800-4PD-INFO (473-4636) for more information.
New Wellness Program Will Launch in 2015

This fall, the National Parkinson Foundation (NPF) announced a joint program with the NYU Langone Parkinson’s and Movement Disorders Center and The Jewish Community Center (JCC) in Manhattan to launch The Edmond J. Safra National Parkinson’s Wellness Initiative. With generous support from the Edmond J. Safra Philanthropic Foundation, this initiative will launch in four U.S. cities across the country, and is designed to help improve the quality of life of thousands of individuals affected by Parkinson’s disease through physical exercise, support, education and socialization opportunities.

This national initiative builds upon the Edmond J. Safra Parkinson’s Wellness Program-NYC, a groundbreaking, community-based partnership founded in 2007 by the NYU Langone Parkinson’s and Movement Disorders Center and The JCC in Manhattan.

Jewish Community Centers across the country will be invited to apply to participate in the initiative, and those chosen will be provided with a grant to develop a Parkinson’s wellness program in their cities. Two sites will be selected for launch in 2015 with two more to follow in 2016.

“The National Parkinson Foundation has long shared the Edmond J. Safra Philanthropic Foundation’s belief in the importance of a holistic approach to fighting the disease,” said Joyce Oberdorf, NPF’s President and CEO. “We are delighted to extend this innovative program that combines the benefits of expert care with wellness in a unique fashion.”

In collaboration with Jewish Community Centers and NPF Centers of Excellence across the country, the mission of this national initiative is to place wellness within reach of individuals and families affected by Parkinson’s. Unique among Parkinson’s programs, it relies upon an evidence-based approach and connects the expert care of an NPF Center of Excellence to intentional wellness, through physical exercise, education and support in community settings. The program’s low-cost services will be open to anyone with Parkinson’s.

“The goal of this new initiative will be to help build energetic, connected, and empowered local communities for individuals and families living with Parkinson’s nationwide,” said Amy C. Lemen, Managing Director of the Edmond J. Safra National Parkinson’s Wellness Initiative, and Associate Director of Community Services at NYU Langone Parkinson’s and Movement Disorders Center.

Rabbi Joy Levitt, Executive Director of the JCC in Manhattan, added: “The JCC in Manhattan is proud to work with the NYU Langone Parkinson’s and Movement Disorders Center and we look forward to partnering with NPF to expand opportunities for wellness for individuals with Parkinson’s throughout the country and beyond.”

“When he was sick with Parkinson’s, my husband Edmond would tell me, ‘Darling, please always protect my dignity.’ I am proud to support programs such as The Edmond J. Safra National Parkinson’s Wellness Initiative, which focus on enhancing quality of life and treating each patient as a human being with inherent dignity. I know my husband would have been deeply honored to have his name linked with such an important effort,” said Mrs. Lily Safra, Chairwoman of the Edmond J. Safra Philanthropic Foundation.

For more information about The Edmond J. Safra National Parkinson’s Wellness Initiative, call the NPF Helpline at 1-800-4PD-INFO (473-4636).
New Resource Hub for Caregivers

Caring for someone with Parkinson’s disease (PD) is an act of love. If you are the one providing that care, day in and day out, chances are you’ve been hit with one of those chaotic days—where a medication mix-up or a visit to the ER left you confused and overwhelmed.

When it comes to caring for someone with advanced PD, those in the trenches usually have more questions than answers. That’s why the National Parkinson Foundation (NPF) is launching CareMAP, (Managing Advanced PD), an online space where people who provide homecare—from family caregivers to paid caregivers to those who provide care from a distance—can get helpful guidance.

“Caregivers need to know a lot of things. The skills part of it is really important, like knowing how to help someone get out of a chair, safely and correctly, but so is having accurate information from experts,” said Joan Gardner, RN, BSN, Clinic Supervisor of the Struthers Parkinson’s Center, an NPF Center of Excellence. “There’s not a lot of specific information available for caregivers of people with advanced-stage Parkinson’s.”

Using a multimedia format that includes video and written articles, the CareMAP website explores the key elements of Parkinson’s care. Since the symptoms of PD progress slowly, with caregivers gradually taking on more responsibilities over time, the site gives caregivers the tools and resources they need to successfully transition from one stage of caregiving to the next.

The biggest challenge for me as a caregiver has been switching from care partnering a little bit to really becoming full-time. In the last 15 years, I’ve learned that I had to give up a lot of things, and it wasn’t really a major challenge, it’s just what we needed to do, said Lyle Lutz, who is providing home care to his wife Lavon.

The website is organized into five key areas of focus. The sections include Caring at Home, Getting Outside Help, Caring from Afar, Caring for the Caregiver, and Approaching End of Life. Visitors can explore the topics that are relevant to them at any particular time.

“We have a motto: the right information at the right time,” said Rose Wichmann, PT, Manager, Struthers Parkinson’s Center. “This website will allow caregivers to get answers quickly, without having to wait until the next doctor’s appointment in two or three months.”

In addition, videos offer practical tips and messages about how to respond to everyday challenges, such as helping someone get out of bed or get dressed. Plus, video interviews with caregivers will feature their stories about how the disease has affected them.

“The videos will share different perspectives from different caregivers, because everyone’s experience with Parkinson’s is unique,” Wichmann said. “Caregivers are a part of the Parkinson’s team, and we want to help them succeed.”

The website will launch in November during National Family Caregivers Month. This project was made possible by grants from AbbVie and ACADIA Pharmaceuticals.

Learn more at: www.caremap.parkinson.org.

To find an NPF Chapter with a Caregiver Support Group near you, please visit www.parkinson.org/search or call NPF’s Helpline at 1-800-4PD-INFO (473-4636).
Moving Day® Gives Back

Due to the overwhelming success of the National Parkinson Foundation’s (NPF) first-ever Moving Day® Atlanta in 2013, a grassroots fundraising and awareness walk, more than $49,000 will be invested locally in programs to help people living with Parkinson’s in the metro Atlanta area improve their quality of life.

“The NPF community grants enable us to partner with local organizations that provide life-changing services to the Parkinson’s community and display our mission in action,” said Amy Gray, Vice President, NPF Chapter Relations & Community Partnerships.

One such local organization is the PD Gladiators, an Atlanta-based nonprofit organization devoted to combating Parkinson’s with vigorous exercise. Like NPF’s Moving Day®, their mission is to focus on the role of exercise in slowing the progression of the disease and to make community-based exercise programs available to people living with Parkinson’s and their partners.

Vigorous exercise has most definitely improved my gait and given me an overall feeling of taking back control over my life. My main goal is to get the attention of the doctors who are delivering a diagnosis of Parkinson’s and encourage them to prescribe exercise to their patients, Kahn said.

Kahn’s wife, Ellie, facilitates a local support group for people with Parkinson’s and their caregivers and she also attends boxing, Zumba and tai chi classes with him. “We’re in this together,” she said. Both Ellie and Larry encourage caregivers to attend PD Gladiators group exercise programs with their spouse or loved one.

PD Gladiators was the recipient of a $15,000 grant this year to subsidize group exercise classes throughout metro Atlanta and to promote the PD Gladiators Metro Atlanta Fitness Network to practicing neurologists, physical therapists, other healthcare providers and the PD community.

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

Come cheer on the PD Gladiators team at Moving Day® Atlanta on Saturday, November 1, 2014. For more information, visit www.movingdayatlanta.org.

Larry Kahn, Chief Executive Officer of PD Gladiators, is personally motivated to see this program succeed—he is living with Parkinson’s and is a true believer in the medicinal value of vigorous exercise.
What is Team Hope for Parkinson's?
Team Hope is a community FUNdraising program for the National Parkinson Foundation. Our members take the lead in creating unique ways to build awareness and raise funds to improve the quality of care for people living with Parkinson's.

Founded in 2008, Team Hope has raised over half a million dollars through events that take place nationwide. Our members host concerts, compete in triathlons, plan golf tournaments and even kayak down the Mississippi River.

Why Should I Join Team Hope?
The National Parkinson Foundation has funded more than $180 million in care, research and support services. Join Team Hope and help contribute by raising funds to improve the quality of care for people living with Parkinson's.

What do I get by joining?
- Easily track your donations and progress on your customized fundraising web page! 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.
- When you raise a certain amount in fundraising, you can earn your very own Team Hope apparel!

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

Member Spotlight

“My father has been living with Parkinson's for over ten years. I know he would like to be able to do the things he loved: play golf, read the paper, dance the cha-cha, but every year he is limited more by this disease. On the other hand, every year I have grown stronger. I have changed habits, began training for triathlons, and three years later here I am... I am doing what he can't, and I am doing it for him and countless others who struggle with this cruel disease.”

Cristina Ramirez, Team Hope Member
WHATEVER IT TAKES
to Beat Parkinson’s
Support NPF and learn how to beat Parkinson’s
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SHOP THE COLLECTION
www.parkinson.org/store