Gender Affects Caregiver Support

Women with Parkinson's disease (PD) have a tougher time getting support for their PD issues than men, according to new research from the National Parkinson Foundation's (NPF) Parkinson's Outcomes Project.

In a study presented at the American Academy of Neurology Annual Meeting in April, NPF researchers reported that women with PD have fewer informal caregiving resources to rely on and are more likely to use formal, paid caregiving than men.

“We are looking at how important the informal caregiving role is. For instance, if you put a monetary value to it—the number of hours spent helping with activities of daily living, administering medicine and going to doctor’s appointments—it’s substantial,” said study co-author Nabila Dahodwala, MD, Director of the Parkinson's Disease and Movement Disorders Center at the University of Pennsylvania in Philadelphia. “And the fact that women don’t have as much access to it as men is a major concern that we need to think about on a societal level.”

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For the study, NPF researchers analyzed data on more than 7,000 men and women receiving care at NPF Centers of Excellence. They looked at whether patients were accompanied by a caregiver for a doctor’s visit and at the relationship between caregiver and patient. Here are the findings:

- Compared with women, men were significantly more likely to have a regular care partner (88.3 percent vs. 80.1 percent), and less likely to have a paid caregiver when they first enrolled in the study (2.2 percent vs. 4.9 percent).

- Women were 26 percent less likely to have a caregiver accompany them to a regular doctor’s visit. And women were using a paid caregiver at a faster rate than men, which is significant because research suggests that health-related quality of life declines when a family caregiver is replaced by a paid caregiver.

- Caregiving is harder on women than men (20.2 vs. 16.9, respectively, as measured on the Multidimensional Caregiving Strain Index), even after adjusting for potential confounders.

“What was surprising is that even when the disease was more severe in women, caregivers of female patients still reported less burden than the caregivers of male patients,” Dr. Dahodwala said. “One hypothesis is that a male caregiver may be more open to inviting someone into the house to provide extra support whereas women may be more resistant to doing that, even when they need more help.”

Getting Support
Why aren’t women caregivers getting adequate support, given its pivotal role in Parkinson’s treatment? During the average 30-minute office visit, doctors are so focused on patient treatment that they often don’t have time to address the needs of the caregiver, Dr. Dahodwala said. Often it’s not even on their radar.

Women—whether stressed caregivers or PD patients with inadequate social support—need to talk to their doctors about these issues. Seeking information about caregiving and community resources might be helpful, explained Dr. Dahodwala.

“If most are really passionate about doing the best they can,” Dr. Dahodwala said. “But caregiver strain actually affects the caregiver’s health. The caregivers are less likely to visit a doctor or take their medicine because they are caring for someone else.”

NPF regards caregiving education and support as a top priority. That’s why NPF developed a new guide for caregivers called Caring and Coping. It includes a comprehensive set of recommendations and tips to help caregivers cope with daily activities and relationships.

Dr. Dahodwala’s center recently introduced “Caregiver to Caregiver,” a telehealth caregiver mentor program. “This is just another strategy to provide extra support,” she said. “It helps to know that you are not alone, that others have similar issues.”

Researchers will continue to study the support needs of women with PD. The aim is to better understand what drives these differences so that remedies can be developed and quality of care can be improved for men and women alike. “There are probably a lot of reasons underlying this lack of caregiver support for women with Parkinson’s disease,” Dr. Dahodwala said. “Certainly, we know it affects many women, and it’s a big problem.”

SIGNS A CAREGIVER NEEDS HELP

Caregiver strain refers to a high level of stress experienced by a person caring for someone with a chronic illness or disability. A caregiver with any signs of strain should seek help.

Red flags include:
- Feeling burdened by stress
- Feeling depressed, anxious or irritable much of the day
- Being isolated, without much support from family or friends
- Being too busy to engage in daily activities to relieve stress

If you are experiencing caregiver strain, feel free to call our Helpline for assistance and support at 1-800-4PD-INFO, or e-mail helpline@parkinson.org.
Caring for Parkinson’s patients is complex, yet some health care professionals just starting out are rarely given the coaching they need to master their job. That’s something the National Parkinson Foundation (NPF) aims to change with a new program—the NPF Mentoring and Networking Program. This mentorship will help new center coordinators throughout the NPF Centers of Excellence (COE) network acquire the skills and knowledge they need to succeed.

“In today’s workplace, particularly busy NPF Centers of Excellence, mentoring may be more important than ever as we often take on job duties with little or no training,” said Christine Hunter, RN, BSN, Center Coordinator and Director of Clinical Research at the Parkinson’s Disease Center and Movement Disorders Clinic, Baylor College of Medicine, an NPF Center of Excellence.

Center coordinators are pivotal members of the Parkinson’s care team, acting as liaisons between NPF, the COE team and patients, their families and caregivers. The relationship they forge with Parkinson’s team members, patients and NPF is key to the delivery of high-quality Parkinson’s care.

The mentorship lasts for six months. New center coordinators will be matched with a mentor by members of the NPF’s Committee Task Force. The mentoring program was developed through the hard work of members on this committee and inspired by recommendations that came out of NPF’s annual COE Conference. Many conference attendees cited mentoring as a missing part of their training.

“At the annual COE meeting, colleagues learn a lot from talking to each other and return to their centers recharged and armed with strategies, so our goal was to duplicate that energy throughout the year,” said Committee Task Force member Pamela R. Palmentera, LCSW, a Coordinator and Clinical Social Worker at Northwestern Parkinson’s Disease & Movement Disorders Center, an NPF Center of Excellence.

Many center coordinators work independently and autonomously. The program aims to help the coordinators connect with the larger Parkinson’s care community, get informed about current NPF resources available to patients, caregivers and professionals, and stay informed on the latest Parkinson’s research.

NPF seeks to help these health care professionals in the Parkinson’s community get the professional guidance and knowledge they need to grow and succeed in their field.

“I think there is something very positive about networking. For example, if someone has invented a short cut and we share it, it’s beneficial. This way, instead of reinventing the wheel, we can glean the best from other people,” Palmentera said. “When I interact with other disciplines it helps me to expand my paradigm and my knowledge base. And that will translate into better care for patients.”

The NPF Mentoring and Networking Program is launching at five COEs this fall. In 2016, NPF will be rolling out the program to all 41 Centers of Excellence. Introducing the concept of mentorship has gotten very positive feedback, thus far.

“This program will enhance the quality of care and provide the COE coordinators with the necessary support they need for all they do,” Hunter said. “We all come to our positions as center coordinators from a variety of professional experiences. NPF’s mentoring program will build on this cumulative knowledge base to support everybody in providing the most knowledgeable, comprehensive and compassionate care to all those we serve in the Parkinson’s community.”

For more information about NPF’s Mentoring and Networking program, visit Parkinson.org/mentoring.
When Emilia Rodriguez’s mother, Irene, was diagnosed with Parkinson’s disease (PD) in 2004, her first thought was, “What is Parkinson’s?” Because Emilia and her mother live together, Emilia started fielding calls from family members looking for answers. But questions like, “When is Mom going to die?” only fueled her frustration. She knew she had to get informed.

A simple Google search led her to Parkinson.org, where she and her mother found answers to difficult questions. After doing research and consulting with neurologists, Emilia was comforted. “See, Mom,” she said. “Your life is going to change, but you’re not going to die from this disease.”

For Emilia, it’s sad to see people with Parkinson’s struggling to get the care and understanding they need. It’s why Emilia strives to be the best caregiver possible. She saw firsthand how her mother hesitated to go out in public because her tremors and dyskinesia caused people to stare. Her mother’s experiences made her want to advocate for all people with Parkinson’s.

It’s also why Emilia ordered an NPF Aware in Care hospitalization kit. When her mother recently was hospitalized for a broken femur, Emilia was able to keep her care on track. She spoke to each nurse on every shift, making sure hospital staff knew how to treat a person with PD.

“I let them know that my mom had special needs and that her medication must be given on time,” Emilia said. “If it wasn’t for the Aware in Care kit, my mom wouldn’t have gotten the proper care she deserved.”

As a breast cancer survivor, Emilia knows the importance of reaching out and raising awareness. Today, she speaks to everyone she encounters about Parkinson’s. Whether she’s talking to hospital board members or to people on the street, she believes that education will lessen the stigma associated with this disease and, ultimately, create a healthier community.

Emilia’s passion for the Aware in Care campaign is evident in everything she does. “I can’t help it,” she said. “It’s like you’ve found buried treasure and you want to share it with everyone—because you know it’s going to help people.”

So far, Emilia has visited three hospitals in Southern California and has shared her experiences with the hospital staff. She’s making sure all the head nurses have an Aware in Care kit and that they ask patients the right questions, like if they need help cutting their food or opening lids. She hopes the relationships she forges with health professionals will help Parkinson’s patients get better care.

“

What pushes me to do this is not only to raise Parkinson’s awareness, but for the love I have for my mother. I want to bring awareness of what Parkinson’s is, what it does to a family, what it does to a person, and what it does to communities, she said.

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At home, Emilia focuses on making her mother feel good about herself. “When I’m cooking and my mom’s having an off day, I’ll ask her to sit down with me and keep me company,” she said. “She thinks it’s not too helpful, but it’s huge—someone’s keeping you company, and keeping you going.”

To order a free Aware in Care kit, visit awareincare.org, or call NPF’s Helpline: 1-800-4PD-INFO (473-4636).
What’s Hot in Parkinson’s Disease?
Discovering New Hope in Existing Drugs

Current research on existing FDA-approved medicines may lead to breakthroughs in the treatment of Parkinson’s disease (PD). Common diabetes and anti-malaria drugs are being studied as potential therapies to slow down the disease progression and potentially improve Parkinson’s symptoms.

A diabetes medicine called pioglitazone (Actos), used to reduce insulin resistance, has recently been studied as a potential neuroprotective therapy in PD. This drug acts on the mitochondria, the part of the cell that produces the body’s energy. It also reduces inflammation. Both mitochondria and inflammation have been implicated as important players in PD.

This multi-center trial assessed the effect of pioglitazone on the progression of PD in 210 patients with early-stage PD. For the study, participants were randomly assigned to three drug groups: 15 mg per day of pioglitazone, 45 mg per day of pioglitazone or placebo (inactive substance). The primary outcome was the change in the total Unified Parkinson’s Disease Rating Scale (UPDRS) score between the start of the study and at 44 weeks follow-up. The UPDRS rates disease progression, and includes measures such as motor function, thinking and mood.

While the study did not find that pioglitazone was effective at slowing disease progression in early PD patients, it’s exciting to explore this line of research, where scientists test already FDA-approved drugs to see if they can be repurposed to treat and slow PD.

Recently, an international team of researchers from Nanyang Technological University in Singapore and McLean Hospital and Harvard Medical School in Boston discovered that two existing anti-malaria drugs could be potential treatments for PD. The research recently was published in the Proceedings of the National Academy of Sciences.

It has been known that a protein called Nurr1 plays a key role in maintaining normal functioning of dopamine neurons. This brain protein may also play a part in cell survival. For their study, the research team screened approximately 1,000 FDA-approved drugs and found that two anti-malaria drugs (chloroquine and amodiaquine) could bind to and activate Nurr1. Until now, scientists had not found a molecule that could directly bind to Nurr1 and activate it.

Among the discoveries made, the researchers observed that by activating Nurr1, the brain’s ability to generate dopamine neurons is protected. When the researchers activated Nurr1 in rats with PD, they found that the animal models appeared to improve in their behavior and showed no signs of the disease. The researchers plan to modify chloroquine and amodiaquine and to pursue clinical trials with these drugs.

The exciting takeaway for patients and families awaiting novel approaches for the treatment of PD is that there may already be many FDA-approved drugs on the pharmacy shelf that can be repurposed.

Researchers will be looking into identifying more potential brain targets and testing drugs that act on those critical and recently identified cell targets. Our hope is that these efforts will lead to life-changing therapies for both early- and later-stage Parkinson’s patients. And, more importantly, that these therapies will reach people with PD at a more accelerated pace.

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

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

Q Recently my mom, who has PD, has been experiencing muscle aches right after consuming vegetable protein (tofu, beans, etc). The aches are usually in her legs. Is there an explanation for this? How should she go about addressing it?

A There are a few possibilities. It could be the constituents in a particular food your mother is eating. She may try avoiding these foods or even changing brands. For some people, eating protein-rich foods limits the effectiveness of levodopa. Most people who experience difficulty with Parkinson’s disease related to a diet high in protein report that their medications are not working. If this is the case for your mom, she should consult with her doctor about changing her daily protein intake. The issue may also be caused by the timing of her pills. Levodopa works best when taken on an empty stomach. Waiting an hour before or after meals may help. If these strategies don’t work, your mom may need to see a gastroenterologist.

Q My husband has had PD for 25 years. So far, he’s managed well. But two weeks ago he started seeing bugs and worms that weren’t there. I thought the hallucinations could be from his medications. What can I do to help him?

A Psychosis in PD generally comes in two forms: hallucinations (when patients see, hear or feel things that aren’t really there) or delusions (which are fixed false beliefs). When hallucinations occur, they are mostly visual. Usually they are non-threatening, and people with PD mostly see small people or animals, or loved ones.

Psychosis occurs in up to 40 percent of people with Parkinson’s. It initially occurs most frequently in the early evening and then carries deeper into the evening. For your husband, the urgency of treatment will depend on the type and characteristics of the hallucinations. When they are mild and benign, and insight is retained, it’s best to maintain the Parkinson’s medication regimen. However, when the person starts experiencing more threatening paranoid delusions, more aggressive treatment is usually warranted. Here’s what the doctor can do:

- Rule out the possibility of reversible causes, such as infections (urinary is most common), metabolic and electrolyte imbalances and sleep disorders.
- Decrease or discontinue adjunctive antiparkinsonian drugs. Typically, when a patient is on several anti-parkinsonian medications, we “peel off” one drug at a time, until the psychosis resolves or further “peeling” is no longer practical because of worsening motor symptoms.
- Simplify your husband’s overall Parkinson’s medication regimen; some patients may retreat to a regimen of levodopa (Sinemet or Madopar) only.
- Add a new or second generation antipsychotic. Clozapine and quetiapine are antipsychotic drugs that can help suppress hallucinations without worsening PD symptoms. A new hallucination drug called Pimavanserin may soon be available for PD patients with psychosis. All other typical and atypical antipsychotics should be avoided.
Q My dad is 79 and has had Parkinson’s for almost 20 years. Initially, he was able to function well with medication. However, these last few years his condition has grown much worse despite his medications. Is deep brain stimulation a worthwhile procedure for him?

A Since your father is over 70, he may or may not be a good candidate for deep brain stimulation (DBS) surgery. We have operated on people over 80, and we consider patients on the merits of their case, not solely on their age. For example, older people with multiple medical conditions and a poor response to dopamine would probably be deemed ineligible for surgery. To determine if your father is a candidate for DBS, he will need to be evaluated by an interdisciplinary team that includes a neurologist, a neurosurgeon, a neuropsychologist and a psychiatrist. Many centers also use rehabilitation specialists. Once this team meets they can assess the risk/benefit ratio of DBS surgery and recommend the most appropriate course of action for your father. It’s very important to understand that only levodopa-responsive symptoms—tremor, rigidity, bradykinesia and motor fluctuations—are likely to improve with DBS. DBS also helps suppress dyskinesia. Gait and balance issues are less likely to improve in someone his age.

Q My father has had Parkinson’s for 22 years. For the last three years he has become more confused. Is there a link between late stage Parkinson’s and dementia? If so, is there anything that can be done to help my wonderful dad?

A As PD progresses, problems with memory loss and cognitive skills can worsen. First, your father should be evaluated by a neurologist for reversible causes of thinking problems such as drug side effects, vitamin levels and thyroid function. When medications such as agonists are removed, there can occasionally be a dramatic improvement in the symptoms you describe. Sometimes, doctors will simplify the drug regimen to more frequent Sinemet dosing and add Seroquel or Clozaril to block hallucinations and drug-induced behavioral problems. Finally, neuropsychological testing can also be beneficial. Many people with PD could possibly develop Alzheimer’s. Currently, there are several useful drugs for treatment of memory problems including cholinesterase inhibitors.

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 website, and NPF does not endorse or recommend any such information.
NPF es feliz de celebrar el mes del patrimonio hispanoamericano, pero también estamos orgullosos de servir a la comunidad hispanohablante en todo momento!

**Línea de Ayuda Bilingüe / Bilingual Helpline:**
Cualquier persona con una pregunta sobre la enfermedad de Parkinson – personas con Parkinson, sus amigos y familia, proveedores de atención de salud y otros – está invitada a llamar a nuestra Línea de Ayuda para recibir la información más actualizada sobre la enfermedad. Puede llamar a nuestra Línea de Ayuda al 1-800-4PD-INFO (473-4636) o correo electrónico helpline@parkinson.org.

**Plan de Acción para el Hospital / Aware in Care Hospital Kit:**
La campaña Aware in Care ayuda a las personas con enfermedad de Parkinson a recibir la mejor atención posible en el hospital. El kit Aware in Care incluye herramientas como el Plan de Acción para el Hospital, la pulsera con identificación de Parkinson y la tarjeta de alerta médica que preparan y empoderan a las personas con Parkinson y sus cuidadores mientras también educan al personal del hospital. Para pedir un kit Aware in Care, visítense Awareincare.org/espanol.

**¡Pregúntele al Médico! (un foro en línea) / Ask the Doctor Online Forum:**
Discuta problemas relacionados con la enfermedad y pregunte de forma anónima a Dr. Daniel Martinez: Forum.parkinson.org.

**Colecciones de Libros, Folletos y Videos / PD Library:**
Nuestros libros, folletos y videos ayudan a las personas con enfermedad de Parkinson a vivir la mejor vida posible. Aquí están algunos de los títulos más populares en español:

- **10 Signos de Alerta Temprana / 10 Early Warning Signs:** Si usted o alguien que conoce tiene más de uno de los síntomas descritos en este folleto, haga una cita con su médico.

- **Lo Que Usted y Su Familia Deben Saber / What You and Your Family Should Know:** Perfecto para las personas recién diagnosticadas, este libro proporciona una visión general de la enfermedad de Parkinson, incluyendo síntomas, diagnóstico, tratamiento y cómo vivir bien con la enfermedad.

- **Mente, Estado de Animo y Memoria / Mind, Mood and Memory:** Estos síntomas pueden tener un gran impacto en la calidad de vida. Lea este libro para obtener información detallada sobre por qué ocurren y cómo puede controlarlos.

- **Estar en Forma Cuenta / Fitness Counts:** El ejercicio regular lenta la disminución en la calidad de vida; este libro proporciona información e ejercicios que le ayudarán a mantener una vida activa.

- **El Cuidado y la Adaptación Necesaria / Caring and Coping:** Si cuida a alguien con enfermedad de Parkinson, no está solo. Este libro ofrece recursos, consejos y apoyo para cuidadores.

- **¿Cómo se Trata el Parkinson? / How Is Parkinson’s Treated?:** Uno de nuestros videos más populares discute cómo se trata la enfermedad de Parkinson y qué medicamentos están disponibles.

Para más información acerca de los recursos en español de NPF, y para ver la sección en español de nuestro nuevo sitio web, visítense Parkinson.org/espanol.

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Helping the Caregiver Stay Well

As a secondary caregiver your job is to support the primary caregiver. Whether you are providing support from out of town or acting as a backup when your parent, sibling or friend needs time off, there are many ways you can provide love and support. Stepping into a secondary caregiver role can be a positive and rewarding experience, but it also comes with its own unique challenges. Here are some ways you can be helpful:

- **Call every week.** Set a designated day and time, and make the call faithfully. Inquire about both the person with Parkinson’s and the caregiver. Make sure to include some topics not related to Parkinson’s or caregiving to stay connected on multiple levels. Consider setting up Skype so you can see each other on the call. Just be there to listen.

- **Find out if financial help is needed.** Many people will not ask for financial support no matter how dire the situation. Inquire tactfully if expenses are a problem, and then offer a plan that can work for everyone. You could provide a regular monthly subsidy, cover a specific expense such as a month’s supply of medications or pay for housecleaning or yard services.

- **Send a care package once a month.** Try to tailor the surprise to the individual to make it more special. It might be a bouquet of favorite flowers, a magazine subscription or a gift card to buy something just for them. Be creative.

- **Visit the person with Parkinson’s.** Budget time and funds for regular visits. Find your own way from the airport, and book a hotel room if quarters are cramped. Your trip should not add to the responsibilities and strain of the primary caregiver. Make the goal of your visit to provide a listening ear and a helping hand. Try to schedule at least one of your visits when your loved one has an appointment with the neurologist. This will allow you to better understand your loved one’s medical status. During your visit, remember to ask about the health of the caregiver. Are regular check-ups and screenings being overlooked because of caregiving responsibilities?

- **Provide respite for the primary caregiver.** If you cannot fill in personally, locate other options and offer to cover the cost if possible. There may be free or low-cost services available in the primary caregiver’s community. Many people who care for someone with Parkinson’s say that their role started much earlier in the course of the disease than anyone else realized. If your loved one is able to travel, invite him or her for a visit. This allows the person with Parkinson’s to get all your attention and enjoy a change of scenery while the primary caregiver enjoys a welcome break in familiar surroundings.

- **Support the health care team’s and primary caregiver’s decisions.** Express vocal support for the health care team’s care and safety recommendations, such as using a walker, not driving, accepting additional help with personal care or wearing a medical identification bracelet. Similarly, if and when the time comes, affirm the difficult decision to place your loved one in a care facility. Be respectful of the fact that you are not the person providing day-to-day care. You may not fully recognize how caregiving responsibilities have grown. It is a mistake to let worries about cash flow, sibling rivalries or dwindling inheritances get in the way of doing what is best for the people whose lives are most affected.

NPF launched the CareMAP (Managing Advanced Parkinson’s) website to provide practical suggestions for coping with the complex problems that arise as the disease progresses. It is your guide to managing advanced Parkinson’s.

For more tips on caregiving, visit caremap.parkinson.org.
Moving Day® Grant Gets People Dancing

When you step through the door of the dance studio at the Memorial Hospital West in South Florida, you meet a community of welcoming, fun people who have an affinity for dancing and befriending new faces.

As music fills the dance studio, instructor Jeri Beaucaire brings the class to its feet and calls for stretches and foot stomps that build to a booming march. It doesn’t take long before the class explodes in movement, all arms rise and the class gets lost in the music. Beaucaire shouts, “Go, go, go, fight Parkinson’s!” which the group emphatically echoes back.

Earlier this year, Memorial Healthcare System received a Moving Day® community grant from the National Parkinson Foundation (NPF) to provide Parkinson’s disease (PD) dance classes free of charge to underserved and low-income residents within the South Florida area. The Parkinson’s Dance Class, currently offered in two locations, is designed for people with PD and their caregivers.

“Without the NPF grant we wouldn’t have been able to do this. It took away a huge financial barrier for all of these people,” said Robert Herzog, Director of Fitness and Sports Medicine at the Memorial Healthcare System.

The Parkinson’s Dance Class, pioneered by Herzog and run by Beaucaire, combines rigorous dance moves and word play. The aim is to exercise both the body and the mind and help people feel better both physically and emotionally. Beaucaire encourages the often soft-spoken participants to shout as they move their bodies.

The program uses the hospital-based fitness model, which has highly-trained experts and hospital support staff on hand. It incorporates free weights, balls, foot disks and movements that improve coordination. “The environment makes such a big difference because participants feel okay walking in here, they feel part of the community, part of the facility, and that’s huge,” Herzog said.

“One of the benefits of the grant,” Beaucaire explained, “is that we’re in a group setting, and we’re able to use music, and we’re able to use the fitness room. Otherwise, participants might only be able to get physical therapy, which is without music and in a clinical setting, and without camaraderie.”

After nearly a year of dancing, Sandra Rose, a caregiver, has seen significant improvements in her husband’s quality of life. “Seeing him move has been such an inspiration,” she said.

Mary Padilla, who has young onset Parkinson’s, also attributes her good health to the class. “It scared me in the beginning because I saw a lot of older people, but it makes me happy to come here, I’ve made a lot of friends.”

The class not only focuses on improving the physical well-being of its participants, but also on strengthening their spirits and hearts, motivating them to fight back against PD. And the dancers are creating friendships outside the studio. Many are planning on walking together at Moving Day® Miami on November 15, 2015 presented by Terranova Corporation.

Visit memorialfitnesscenter.com to learn more about the Parkinson’s Dance classes offered by the Memorial Healthcare System.

To find a Moving Day® walk near you, visit npfmovingday.org.
Shaping the Future of Parkinson’s Care
NPF Legacy Society

When Nancy Novick was diagnosed with Parkinson’s disease (PD) in her 50s, she knew that she wanted to help others facing similar challenges. Nancy had been a successful real estate agent in California, and the diagnosis of PD took a toll on her quality of life. She worried about people noticing her tremor and grew self-conscious about her more visible symptoms. Nancy felt depressed and, at times, that she was facing the disease alone. That all changed once she joined a local support group for people with Parkinson’s. Nancy realized that she was not alone and that the National Parkinson Foundation (NPF) provided an entire community and a number of resources she could tap into for guidance and support as she faced the daily challenges of living with PD.

“Parkinson’s disease had a profound impact on my sister’s life, and she was determined to give back to the community that helped her. She chose the National Parkinson Foundation in her estate plan because she truly believed in their mission to make life better for people with Parkinson’s and their families, said Linda Larkin, Nancy’s sister and the executor of her estate.

Through the support of Nancy and the other members of NPF’s Legacy Society, NPF has funded nearly $200 million in research and support services to improve the lives of people living with Parkinson’s.

No one should have to face this disease alone, and because of Nancy’s generous contribution to NPF’s mission, she was able to make a difference in the lives of countless others who are suffering from this disease. Would you like to leave a legacy that keeps on giving? Please consider joining the society of people who have already made NPF part of their estate plans.

For more information about NPF’s Legacy Society, please contact Amy Gray, Senior Vice President, Constituent and Community Relations, for a confidential conversation: e-mail her at agray@parkinson.org or call 305-537-9906.

Run to Beat Parkinson’s

Team Hope™ for Parkinson’s 2016 Endurance Events:
- January 24, 2016 – Miami Marathon & Half Marathon
- April 24, 2016 – Big Sur International Marathon
- May 7, 2016 – Santa Barbara Wine Country Half Marathon

For more information, please contact Sara Teeter at teamhope@parkinson.org or call 305-537-9951.
Support our mission to help every person diagnosed with Parkinson’s live their best possible life now. Your gift will help us fund better research, better treatments and better lives.

Give Now: www.parkinson.org/donate