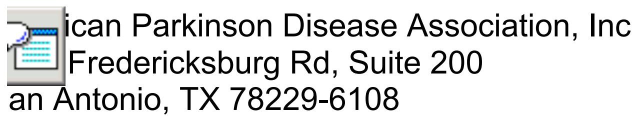
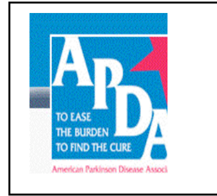


ican Parkinson Disease Association, Inc
Fredericksburg Rd, Suite 200
an Antonio, TX 78229-6108



NON-PROFIT ORG
U.S. POSTAGE
P A I D
San Antonio, Texas
Permit No. 3999

:ETURN SERVICE REQUESTED

APSG Support Groups
ll Support Group Meetings are for PD Patients, ıeir Caregivers, Family and Supportive Friends.

lamo Area Parkinson's Support Group
econd Monday every month, 1 PM
unset Ridge Church of Christ, 95 Brees Blvd, San ntonio

oung-Onset Parkinson's Support Group
econd Saturday every month, 10 AM
lewforest Estates, a Wellstone Retirement ommunity, "Auditorium", 5034 New Forest Dr, an Antonio, (Behind Sam's store at the Summit arkway exit on Loop 410 NW)

oerne Parkinson's Support Group (LOCATION HANGED) Third Saturday every month, 11:00AM, t Heritage Place 120 Cross Point Dr., Boerne, TX. larta Maley will coordinate meeting and can be eached at 830-249-2799 or call Dianne Johnson, N, at 210-567-6688, or E-mail iannejohnsonrn@aol.com for info.

DBS Support Group "Live Wires"
Fourth Saturday every month, 10 AM - Locatio varies; call Sandra Farris, 830-257-3811 sandyfar@omniglobal.net or Judy Hoopman 8: 997-7705 ralanh@ktc.com for current location

Caregivers Only Support Group,
Third Friday every month, 1 - 2 PM
Warm Springs Rehabilitation Facility, room132 resource center, 5101 Medical Dr, San Antonic
POC: Dianne Johnson, 210-567-6688, 651-98:
E-mail diannejohnsonrn@aol.com .

Lower Rio Grande Valley PD Support Grour
Third Tuesday in Sept–Nov, & Jan-May 2:30 P
Golden Palms Retirement Center,
2101 Treasure Hills Blvd, Harlingen, TX.
For more information call Pauline and Bill Frink 956-421-3360, E-mail mrspgfrink@rgv.rr.com .

Poteet PD Support Group
Has stopped meeting

American Parkinson's Disease Association, Inc
Alamo Area Parkinson Support Groups
5368 Fredericksburg Rd, Suite 200, San Antonio, Texas 78229-6108
Phone 210-344-8828, www.aapsg.org
Save Phone 210-567-6688

Quarterly Newsletter, October 2006

Editor: Dianne Johnson

Local News

Executive Board, 2005-2007

President	Fred Dyas
Vice President	Rob Rodriguez
Secretary	Carol Bertsch
Treasurer	Joan Duval

At-Large Members

Cliff Hall	Melinda Rodriguez
Sandra Ganske	Amelia Nieto-Duval
Carolyn Deel	Brad Sledge

You may leave a message for any AAPSG Officer or Board Member at 210-344-8828.

THIS NEWSLETTER IS SPONSORED BY TEVA PHARMACEUTICALS

POP is moving

The Parkinson's Outreach Program (POP) is moving to Warmsprings Hospital. The new address will be 5101 Medical Drive SA, TX 78229. Access Quality Therapy Services (AQTS) will still be keeping the Fredericksburg office for administrative offices. The POP mailing address will remain the same and the phone number will stay at the old office at this time.

The home of specialized Parkinson's rehab intervention of physical therapy, occupational therapy and speech therapy will be moving to a bigger facility, with more parking facilities, more accessible space for wheelchair and the physically challenged patients and an enhanced Parkinson's program with an inpatient rehab component.

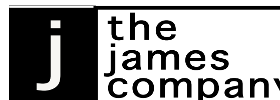
Effective Sept. 6, 2006, the move will facilitate improved services from wellness to each specific rehab intervention to better serve the Parkinson's population and the care partners. The rehab services will still be provided by Access Quality Therapy Services.

The free after care Parkinson's exercise classes will also be relocated to Warmsprings Hospital, every first and third Thursday of the month, the first being on Sept. 7 at 1:30.

PLEASE NOTIFY US IF YOUR LOCAL ADDRESS OR E-MAIL ADDRESS CHANGES

Doak Walker shalom6@peoplepc.com , 210-674-3013, 7650 Hwy 90W #40, SA, TX 78227. **We can't get information to you if we don't know where you are living.**

Our Web Site www.aapsg.org



developing creativity

The AAPSG web site development and hosting is donated by The James Company.

The James Company was founded with the desire to develop creative solutions for business needs. From beginning to end, The James Company combines a passion for technology with an eye for creativity to bring you innovative and customized solutions.

The James Company services include:

- web site design/development
- web site hosting
- custom programming/e-commerce
- small business consulting/solutions

Please visit our web site at: www.thejamescompany.com

This newsletter is provided for informational purposes only The material should not be used for treatment purposes without discussing it with your Doctor. Products, businesses, services, or websites are not endorsed by APDA, or AAPSG.

2-1-1 is a three digit telephone number that families and individuals in need in Bexar, Atascosa, Bandera, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, Medina and Wilson County call to find out where to go for assistance with family and personal "human care" needs. The 2-1-1 call center staff connects people to non-profit charitable, governmental and faith-based services to get assistance with rent/utilities, counseling/mental health issues, food, health care, employment, child and elder care, adult literacy, drug treatment and many other social services. United Way of San Antonio/Bexar, in partnership with the Texas Health and Human Services Commission, operates the regional 2-1-1 call center on a 24/7 basis. United Way maintains a regional human care database of 862 non-profit charitable, faith based and government agencies offering 3,127 human care programs. To find programs that assist with personal or family concerns, call 2-1-1 (3 digit number only). **Note**: When using a cell phone call 210-227-4357.

Mark Scheibler, United Way 2-1-1 Area Info Center

FREE Screenings

The Parkinson's Outreach Program (POP) is offering FREE screenings for:

1. **Balance and Fall Prevention.** More than a third of adults over the age of 65 fall each year. Older adults are hospitalized for fall related injuries five times more often than they are for other injuries. Of those 20 – 30 % suffer moderate to severe injuries that reduce mobility and increase the risk of early death. The balance and fall prevention program treats people who have suffered recent falls, assist caregivers in their assessment of fall risk, and assist caregivers in their management of older patients who are at risk of falling.

2. **Speech Therapy.** Approximately 80% of PD patients will have voice impairment. The Lee Silverman Voice Treatment is an effective treatment that improves speech problems in PD patients. It involves intensive speech therapy designed to increase loudness and intelligibility. Call the POP center at 210-349-0096 for information and scheduling your FREE screening.

- Ask all your doctors for samples of your medicines, especially a new prescription. They probably have them and they are free. On a new prescription it gives you a chance to try it before you spend a fortune buying a pill that doesn't work for you or you can't tolerate.
- If you have a problem of choking or coughing when eating or drinking have a swallowing test done, then try using Thicken Up (or Thick It) or similar product, purchased in a medical supply store. Chopping your food into small pieces and mixing it with a thickening product might solve your problem and delay or prevent using a feeding tube.

Flying?

People with disabilities, those with prosthetic devices, and those with medical conditions **DO NOT** have to remove their shoes during airport security screening. TSO's know this and **should** allow all persons with disabilities to keep their shoes on. (But don't go to jail and miss your flight if your screener doesn't understand his instructions.) Those who keep their shoes on will be submitted to additional screenings, which include a visual/physical and explosive trace detection sampling of their footwear.

Also, questions have been asked about wheel-chair cushions and KY Jelly. Gel wheelchair cushions are allowed at this time. KY Jelly is allowed for medical purposes in a quantity of 4 ozs or less.

Michele Popadynec, RN, Associate Director of Scientific & Medical Affairs, American Parkinson Disease Association

Drug Approvals

AZILECT® (Rasagiline)
TEVA PHARMACEUTICALS

The FDA has approved AZILECT® an oral treatment for PD. The drug is approved for use as initial monotherapy in early PD and as adjunct therapy to levodopa in moderate-to-advanced disease. It is expected to become available later this year in two dosage strengths.

"Three placebo-controlled clinical trials demonstrated that rasagiline showed positive effects on motor impairments and activities of daily living in early PD and in moderate-to-advanced stage patients, and was well tolerated," said Ira Shoulson, MD, professor of neurology at the University of Rochester School

represents important news for people with PD," said Dr. Warren Olanow, professor and chairman of the Dept of Neurology at Mount Sinai School of Medicine. "PD patients can now look forward to an effective new treatment option that improves symptoms and offers the simplicity of once-daily dosing without titration and the flexibility of use as monotherapy in early disease or as adjunct therapy to levodopa as the disease progresses."

Patients should not take AZILECT® if they have moderate to severe liver disease, a tumor of the adrenal gland, or if they are currently taking any of the following medications: meperidine, other MAO inhibitors, tramadol, methadone, propoxyphene, dextromethorphan (*In many cold and cough medicines*), St. John's wort, antidepressants, mirtazapine, cyclobenzaprine, non-prescription cold remedies containing decongestants, and local anesthetics containing ingredients that raise blood pressure. Caution should be used when AZILECT® is taken with CYP1A2 inhibitors such as ciprofloxacin. Patients should talk to their doctor about any medications they are currently taking before starting AZILECT®.

In order to prevent a dangerous increase in blood pressure when patients are taking AZILECT®, they should avoid tyramine-rich foods and beverages and dietary supplements such as aged cheeses, air-dried meats, pickled herring, yeast extract, aged red wines, tap/draft beers, sauerkraut, and soy sauce. Symptoms of this reaction include severe headache, blurred vision, difficulty thinking, seizures, chest pain, unexplained nausea or vomiting, or symptoms of a stroke. Patients should seek immediate medical attention if any of these symptoms occur. Side effects seen with AZILECT® (rasagiline tablets) alone are joint pain and indigestion; and when taken with levodopa are uncontrolled movements (dyskinesias), accidental injury, weight loss, low blood pressure when standing, vomiting, joint pain, nausea, constipation, dry mouth, rash, and sleepiness. Be sure to tell your doctor about these and any other side effects you experience when taking AZILECT®.

Safe Harbor Statement under the U. S. Private Securities Litigation Reform Act of 1995: This release contains forward-looking statements, and involve a number of known and unknown risks and uncertainties tha could cause Teva`s future results, performance or achievements to differ significantly from the results, performance or achievements expressed or implied by such forward-looking statements.. Forward-looking statements speak only as of the date on which they are made and the Company undertakes no obligation to update publicly or revise any forward-looking statement, whether as a result of new information, future developments or otherwise.

Azilect has the potential to cause involuntary movements (dyskinesias), hallucinations and lowered blood pressure. These side effects are described in the product labeling. During development, melanoma was diagnosed in a small number of patients treated with Azilect. Although the FDA has concluded that the available data do not establish that Azilect is associated with an increased risk for melanoma it appears that compared to the general population, patients with PD have an increased risk for this form of skin cancer. In order to address the question of whether or not Azilect itself increases such risk, the drug's manufacturer will perform a Phase 4 (post market) study. The product labeling will recommend that patients undergo periodic dermatologic examinations.

ZYDIS Selegiline (Zelpar)

ZYDIS Selegiline (Zelpar) recently approved by the FDA is different from the old oral Selegiline (Eldepryl) we are used to in that it melts in your mouth and is absorbed by the vessels and the mucosa underneath the tongue and sides of the mouth thereby by-passing gastric absorption. It then allows greater (10 x more) absorption of selegiline and less amphetamine-derived by products. The active ingredient is the same: selegiline.

Oral Selegiline and Zydis Selegiline have not been compared head-to-head so I am not sure how much more "powerful" the new Selegiline is compared to its older brother.

Note: Two classes of drugs can potentially cause serotonin syndrome when mixed with an MAO inhibitor like rasagiline or selegiline. They are SSRIs (like zoloft or paxil) and TCAs (like elavil). Dr Hubert H. Fernandez, NPF

Involuntary Emotional Expression Disorder

Involuntary emotional expression disorder (IEED) is a distinct neurological disorder that

crying, laughing, or other emotional displays. IEED impacts people diagnosed with neurological diseases and brain injuries, and may occur when disease or injury damages the area of the brain that controls normal expression of emotion. This damage can disrupt brain signaling causing a “short circuit,” triggering episodes of involuntary emotional expressions.
IEED can occur in people diagnosed with neurologic diseases and brain injuries such as multiple sclerosis (MS), amyotrophic lateral sclerosis (ALS), Parkinson’s disease, dementias including Alzheimer’s disease, and neurologic injuries such as stroke and traumatic brain injury.
It is estimated that IEED impacts more than 1 million people in the United States alone.
IEED is a distinct neurologic disorder, which can be diagnosed and treated separately from underlying neurologic disease or injury.
Experiencing unpredictable involuntary emotional displays caused by IEED can .cause anxiety and embarrassment particularly in public settings. For some, these episodes can be so disruptive that those affected avoid social situations resulting in isolation, which can appear to be signs of depression. As a result IEED is often misdiagnosed. In contrast to depression, IEED episodes are often sudden, unpredictable, and contrary to the patient’s mood. Some patients have both depression and IEED.
Presently no medications have been approved by the FDA for the treatment of IEED. Current therapy often consists of the off-label use of anti-depressants and anti-psychotics. However, the safety and efficacy of these agents in IEED have not been evaluated in clinical trials. New agents designed specifically for treatment of IEED are needed. Avanir Pharmaceuticals is investigating the utility of an investigational new drug called Neurodex as a treatment for IEED. Neurodex has not been approved for use by the FDA. AVANIR Pharmaceuticals

Handwriting

Think “big strokes” when writing.
Use lined paper.
Vary the size, shape, and weight of your pen.
Change pens when your hand tires.
between your index and middle finger and wrap your thumb around the bottom of the pen for better stabilization and support.
Is it easier to write with a fine point pen? A medium point? Try a roller point, ball point, or fe tip. Decide which one works best.
See an occupational therapist about adaptive writing aids. Practical Pointers for PD, NPF

Yo Tai

A new form of exercise that combines Yoga and Tai Chi. It is a safe and gentile program that uses movements combined with the breath to help increase muscle tone and strength, as well as improve balance, coordination, and overall body control. Yo Tai was developed and is presented by Liz Clark through Access Quality Therapy Services and the POP center. Call 210-349-0096 for more information. The program is available for purchase on CD.

Careful

Neuroleptic malignant-like syndrome is a potentially life-threatening condition that can occur when you abruptly stop your PD medications. If you stop only one, but not the others, you will probably not experience this complication, although it might be uncomfortable as your PD symptoms might worsen when you abruptly stop a drug. It is also more commonly reported if you stop sinemet, not much on requip although I suppose it is possible. Check with your doctor before stopping medications.
Dr Hubert H. Fernandez, NPF

When to Eat

Most people do not have to alter their eating schedule and can take the sinemet with food. In some, protein ties up sinemet absorption and it has to be taken 30-60 minutes before meals.
I recommend to my patients to take the meds at the same exact time each day and not miss doses. If food gets in the way, then we schedule meals around doses. Dr Michael S. Okun, NPF

Help Me

QUESTION: Does PD change a persons mind? My husband has completely changed. He is very abusive and demanding. He wakes me up at

the floor. When I get there which is very fast, he demands that I watch him sleep. During the day he starts fights with me and goes on over nothing. He had hip surgery 20 months ago and this has been going ever since. I wait on him hand and foot. Most of the time, I am so tired I can't move. I am not a caregiver, I am a slave. He does not appreciate anything I do. Then sometimes he can be normal. He is like two different people. He is on Stalevo l50 and requip 4mg 4 times a day. What can I do with him?

ANSWER: Often times, PD is associated with behavioral problems. Almost everyone has some form of frustration. Up to 50% are depressed, 20-40% are anxious, 5-10% get panic attacks, almost everyone have some form of sleep disturbance, some has sexual side effects, some get irritable, others are impulsive and some are compulsive. Then, patients have different ways of manifesting these behavioral problems--others do so by eating constantly, others by not eating; some get angry and abusive, other sulk in the dark. The best approach is to find out the root cause of these, whether is it frustration from poor medication control or a true behavioral disorder such as depression or anxiety that may require pharmacologic and/or psychotherapeutic intervention. His care will need to be coordinated by a neurologist, psychiatrist or a psychologist. If he is not grumpy all the time, the best time to ask him about his actions in a nice and gentle manner is when he is feeling good. Just ask, on his light moments, "Was there something wrong I did that made you upset a while ago?" Put the burden of correction on your part and not on him so as to encourage his to talk. Then negotiate a system of asking for help that will be reasonable for you and him. If he violates that, remind him on his light moment again. But you need to be calm and show to him that you are gentle yet not intimidated. Dr Hubert Fernandez, NPF

NOTE: All of you caregivers need to take care of yourselves. Without you our lives would be so much worse.

Antibiotics & PD

The issue of antibiotics and PD is a big one. Many people have written us and told us how antibiotics have worsened PD symptoms. Some have even said specifically Cipro. Unfortunately is muddy as the infection that the antibiotic is for could be making the symptoms worse. Maybe both are causing the problem. Maybe in some people it is one or the other. The bottom line is we don't know but we should be aware. There is a warning on Cipro and rasagiline specifically as Cipro is a CYP1A2 inhibitor and it may cause blood levels of rasagiline to rise when on it.

Dr Michael S. Okun, NPF

New Treatments for the movement problems in Parkinson's Disease

PD is a slowly progressive disorder with symptoms uniformly worsening over time. The pattern of symptoms and the rate and degree of worsening vary among different patients. Early in the disease, symptoms generally respond well to available medical treatments, specifically levodopa/carbidopa (Sinemet). This drug is typically very effective when first used to treat the symptoms of the disease. The time in which the medication is adequately controlling your symptoms is termed “on-time.” Over the subsequent years, fifty percent of patients may begin to see changes in the way their medication controls their symptoms within five years of treatment. After ten years of treatment, nearly all patients will notice these changes. Commonly known as motor fluctuations, these changes consist of different symptoms and complaints. The term “wearing-off” is used to describe the phenomena in which your symptoms begin to come back before it is time to take your next dose of medication. As this problem becomes more noticeable, the amount of “on-time” diminishes and the amount of “off-time” (time that you have a poor response) lengthens. In addition to increasing “off-time,” other unwanted symptoms may be observed including additional involuntary movements, known as dyskinesia (e.g. twisting/turning movements) or dystonia (e.g. prolonged muscle cramping). Recently, a number of new drugs have been developed aimed at diminishing the amount of “off-time” and maximizing “on-time.” These medications have unique modes of action distinct from those previously available by prescription. Numerous active studies are on-going in the San Antonio area involving the use of these new medications.

information, please call the APDA referral center at 210-567-6688.

Fluid Collection

You can get a benign fluid collection around the DBS battery called a seroma. If the skin or the fluids get infected, we usually drain the fluid, culture it, and remove the battery for suspicion of infection. If needed we treat with specific antibiotics usually with a recommendation based on the specific infectious organism with which we are dealing. We then wait a few weeks/months and re-implant another battery.

There is no guarantee that it won't happen again. You may ask for a kinetra and have the battery put on the opposite side (a single battery that can hold two device wires- one from each side). We have never had a problem getting a battery back in because of a seroma/infection as long as we follow the above procedure.

In some patients antibiotics, infection, and stress of any kind can worsen PD, but you should treat the infection aggressively and have your doctor adjust the PD meds around the antibiotic. It is more important to take care of the infection first.

Dr Michael S. Okun, NPF

Constipation

There are drawbacks of chronic laxative intake, so they should only be used intermittently. You can give colace or peri-colace or tablets that promote bulk formation and propulsion regularly so that laxative will only be needed periodically. But sometimes, they are needed. If this is a chronic problem, it is best to be followed by a GI specialist.

University of Florida, Constipation Formula

Constipation is an alteration in stool frequency, consistency, and/or passage of stool. The normal pattern of bowel movements can and will vary by 1 to 3 days. A stool-voiding pattern of every day or every other day is encouraged.

Causes:

A. Change in diet or activity

B. Medical reasons: cancer, pregnancy, hemorrhoids, neurological disorder, muscular disorders, intestinal inflammation

C. Medications: narcotics, sedatives, antacids, antispasmodics, iron supplements.

A. Fluids - Drink at least 6 to 8 - 8 ounce glasses of fluids per day. This is all inclusive (everything you drink like water, tea, coffee, juice, colas, etc.), but water is best, and we encourage you to drink primarily water. Bladder patients should reduce fluid intake after the evening meal.

B. Activity - Exercise and increased activity wi assist in establishing regular bowel patterns.

C. Diet - Include fiber-rich foods: bran, whole-grain breads - oat, rye, fruits, vegetables (leave peel on), whole-grain cereals, oatmeal, pasta, nuts, popcorn, and brown rice.

Daily recommended fiber intake: 20 - 30 grams

Natural Recipe:

Miller's (unprocessed wheat) Bran* 1 cup

Applesauce _ cup

Prune Juice _ cup

Mix these ingredients together and refrigerate. Replace the mixture each week. Take 1 - 2 Tablespoons daily for one week for desired results. If needed, you may increase dose by 1 Tablespoon each week. Stool frequency and ga may increase the first few weeks but will usually adjust after one month.

*Miller's Bran is unprocessed wheat bran. This can be purchased at most large grocery stores or health food stores and is sold with either the hot cereals or flours and baking goods. The mos commonly found brand name is Hodgson Mill and comes in a brown 14 oz. box. You can also sprinkle bran on food to supplement your fiber intake.

D. Bowel Clean Out - The bowel clean out should only be done after consulting with your physician. This should be done on a day when you will be at home all day to minimize the risk c accidentally soiling your clothes. The bowel clean out is a two-part procedure. In the mornin take 2 oz. Milk of Magnesia and follow that with hot drink. This could be hot coffee, hot tea, or even hot broth. This helps to stimulate the bowe and enhance the effects of the Milk of Magnesia That evening, after dinner, give yourself a Fleets enema. This helps to make sure the rectum is empty. You should be able to rest through the night without worry or discomfort. This procedur can be repeated the next day if needed.

AAPSG Quarterly Newsletter, October 2006

1. Bulk producing: Metamucil, Fibercon, or Citrucel. Mix 1 -2 Tablespoons in juice or water and take by mouth 1 to 2 times daily. Adds consistency or bulk to the stool and facilitates water retention in stool. You must take adequate fluids by mouth to avoid causing constipation.
2. Stool Softeners: Colace. Soften stool by facilitating the admixture of fat and water (detergent activity). Do not use with mineral oil. Take 1 tablet by mouth 1 to 2 times daily.
3. Combinations: Pericolace. Mild stool softener and laxative combined. Take 1 by mouth 1 to 2 times daily.
4. Irritant/Stimulant: Products containing Senna, which is a laxative with direct action on the intestinal mucosa and the nervous plexus of the bowel.
5. Suppositories: Glycerin, Dulcolax. Inserted rectally every other day or when needed. Stimulates rectum and assists with evacuation.

Dr Hubert H. Fernandez, NPF

Caregiver Sites

1. www.nlm.nih.gov/medlineplus/caregivers
2. www.geocities.com/pcsg2005

Young-Onset Person-to-Person

Many people with young-onset PD are uncomfortable going to support groups, but would like to talk to someone who "walks in their shoes." We had thought that the use of computers, and all the opportunities for connection it provides, would supplant the need for our Person-to-Person Program matching program. So we did a survey of people who have used this program over the past year, and we found a high level of appreciation and gratitude for the type of connection Person-to-Person provides. Apparently a need still exists for a one-to-one matching program that matches those looking for a "PD Pal" to those willing to be contacted for this purpose.

This program is only as good as the number of participants in it. In order to make good matches, we need a sizeable pool of people to draw from. A Person-to-Person application form can be either downloaded from our website www.youngparkinsons.org or mailed to you by calling 1-800-223-9776, or 847-657-5787.

Association Young-Onset Information & Referral Center, 2100 Pfingsten Road, Room B100, Glenview, IL 60026, or FAX 847-657-5708, e-mail parkinsonscenter@enh.org .

Vision Problems

Stiffness and tremor are the hallmarks of PD, bu eye problems can interfere with functioning as well. People with PD usually develop a stare because they don't blink as frequently as they used to. Involuntary closing of the eyelids is alsc a frequent occurrence. Eye movement disorders are apparent on examination, although they do not always cause problems from a functional standpoint. For example, the eyes may not mov much in an upward direction, something that occurs to a lesser degree in many people as they age, but this may not bother most people. The eyes may have difficulty fixating on objects and following them as they move. Occasionally, because of a lack of eye coordination, people experience double vision, which may be present only when looking in certain directions. Most commonly, this occurs at the reading distance and is called convergence insufficiency. Some people who have convergence insufficiency do not complain of double vision but say that their eyes tire quickly when they read or that the words start to run together. These problems are all caused by the degeneration in the brainstem seen in people with PD. This degeneration results in low levels of dopamine.

The degenerative changes may cause other vision problems as well. Special tests measuring electrical activity in the eye and brain, such as the visual evoked potential (VEP) and the electroretinogram (ERG), have shown abnormalities in people with PD. Symptoms caused by these abnormalities include— - reduced vision, poorer color vision, and difficulty appreciating the correct location or orientation o an object. It is not clear whether all of these vision problems are the result of the degeneration in the brain or whether some may be due to lowered dopamine levels in certain cells of the retina (lining of the back wall of the eye that transmits images to the brain via the optic nerve). Although not all vision problems may be treatable, it is important that their cause be recognized so that unnecessary surgical

performed.
Many people, especially those with more advanced PD suffer from visual hallucinations. They may sometimes see people, animals, or objects that aren't really there. The hallucinations may be in color or in black and white, and they may be moving or still. They can cause frustration and can be very debilitating for some people. Again, degenerative changes in the brain play a role, although the drugs used to treat PD can, in themselves, contribute to the problem.
The lack of blinking often causes problems, especially with reading. Blinking is necessary to keep the front surface of the eye moist and to preserve the quality of the tear film that coats the cornea (front surface of the eye). With inadequate blinking, the tears bead up on the cornea with dry spots in between these watery islands, much as you might see on a newly waxed car. This can cause discomfort and interfere with vision. Furthermore, without the windshield wiper-like motions of the eyelids, the quality of the tear film suffers greatly. Oily debris builds up within the tear film, creating a "dirty" tear film. This destabilizes the tear film and allows the dry spots to appear on the eye even sooner than they would otherwise. As a result of these problems, along with the dryness of the eyes that often accompanies aging, people with PD may have difficulty reading and seeing clearly in general. A competent ophthalmologist can measure both the quantity and the quality of the tears. Again, it is important to recognize the cause of these problems so that unnecessary surgery is not done.

TREATMENT

Preservative-free artificial tear eye drops, sold over the counter, can be used as a way of lubricating the eye and temporarily improving the quality of the tear film. However, because of the involuntary spasmodic closing of the eyelids that is often present, it may not always be too easy to instill the drops. And the effect of the drops may be no more than fifteen minutes. It's fine to use the drops frequently, provided they are the preservative-free kind. These drops lack the chemicals that can irritate the eye when drops are used more than 2-3 times per day. They are packaged in single-use containers, usually about terms of their acidity, thickness, salt content, etc Try different ones to see what works best.
Double vision problems may be difficult to treat. Eye muscle exercises are not usually helpful. Prisms, which are special lenses that help keep the eyes in alignment, are worth trying. They ca be part of an eyeglass prescription, but temporary paste on prisms called Fresnel lense can be used on a trial basis. If that doesn't work there is one remedy that never fails to eliminate the double vision; occlusion (covering up) of either eye.
If you have hallucinations, report them to your doctor. Sometimes adjustment of your medication dosage can lesson the problem. If they are becoming debilitating, medication that can suppress the hallucinations without really worsening other PD symptoms can be prescribed. Two of the more promising drugs ar Clozapine and Quetiapine. Like most medications, they can have side effects. For example, Clozapine may rarely cause the bone marrow to stop making certain white blood cells and Quetiapine can occasionally cause dizzines or rarely fainting because of low blood pressure. Therefore, you must be closely monitored by your doctor while taking them.
The ultimate solution to the eye and vision problems seen in PD will be better treatment of the underlying disease or even prevention. Better drugs are being developed and surgical treatments are being investigated. Dietary treatment can be valuable as well. Many patient with PD develop the on-off syndrome, in which the symptoms of the disease come and go. Higher protein diets seem to contribute to the problem, inhibiting the absorption of L-dopa-containing medication such as Sinemet(R) and interfering with its ability to enter the brain. A healthy fiber-rich, plant-based diet, containing large amounts of vegetables, fruits, whole grains and nuts, is lower in protein than the overly rich average American diet and can help alleviate this problem. At the same time, it can lessen constipation and promote heart and bone health

CONCLUSION

Some of the vision problems occurring in people with PD may seem daunting to some, but don't let them overwhelm you and never give up!
AAPSG Quarterly Newsletter, October 2006

including what you can do for yourself. This is especially important in today's health care environment. And instead of focusing on your limitations, focus on what you can still do and make the most of it! Dr. Jay B Lavine, Reprinted with permission from "The Eye Care Sourcebook" McGraw-Hill Copyright © 2001 - All Rights Reserved, www.drlavine.org APDA Educational Supplement #17

Medications & Diagnostic Tests That May Be Contraindicated in PD

Antipsychotics: Drugs that belong to the class of medications known as "typical," "conventional" or "older-generation" antipsychotics block dopamine and several other receptors in the brain- Examples of these include haloperidol, thioridazine etc. These medications should not be used if at all possible. Other 'atypical" or "newer-generation" antipsychotics drugs have also been reported to worsen parkinsonism and are also best avoided, but if any are needed, quetiapine or clozapine have consistently shown to benefit Parkinson disease patients with minimal worsening,

Nausea/GI Drugs: Drugs such as prochlor-methazine (Compazine), metoclopramide (Reglan), or promenthazine (Phenergan) may block dopamine receptors and worsen PD resulting in the possibility of other movement disorders. Alternate drugs such as domperidone (Motilium), trimethobenzamide (Tigan) and ondansetron (Zofran) should be considered.

Central Nervous System Active Drugs: Drugs such as benzodiazepines, muscle relaxants, bladder control medications and other medications used for sleep and pain are frequently used in PD, but may lead to confusion, hallucinations and other symptoms. While not contraindicated in Parkinson disease, they should be used as necessary under a physician's guidance. While selective serotonin reuptake inhibitors (SSRIs such as fluoxetine, sertraline, paroxetine) have been reported to worsen parkinsonian, this is rare, so most neurologists will frequently use these medications for depression in PD. Only Amoxapine, an older antidepressant, contains dopamine receptor blocking properties, and therefore should be avoided.

brain stimulators implanted to aid in controlling symptoms. The "pacemaker(s)" is located in the chest region with a wire leading to the brain. The device may be switched off by utilizing a strong magnet held over the pacemaker(s) for 2-3 seconds. Patients may also have a remote control device that is capable of turning off the pacemakers(s) so that procedures such as EKGs can be performed without interference. MRIs should not the performed unless your hospital has MRI safe experience and a neurologist turns the device to 0.0 volts. The MR should never be performed below the head (neck, chest abdomen, arms, legs), and in cases where the pacemaker(s) is placed in the abdomen, it is best to consult the implanting physician prior to consideration of any MRI study, or for any procedure requiring electrocautery, ultrasound or diathermy. NPF

Note: Carry a copy of this article in you wallet.

Memorials

In Memory of Phil Aelvoet

Claudia Nasse, Dennis & Joyce Ullrich, Harold & Lillian Woolsey, Calvin & Mildred Galm, Alice Aelvoet, Richard & Vivian Aelvoet, John & Diane Fey, Jim & Arlene Wueste, Fred & Wanda Wauters, Steve & Elaine Persyn, Fritz & Wanda Bohne, Edwin Yanta, Margie Grothues, Irene De Cock Family, John & Irene Fritz, JC & Marynell Zabava, Ron Kunkel, Bob Persyn, Richard Verstraeten, Myrtis Albach, Roger Verstuyft, Ric Aelvoet, Gene Garcia, Paul Ott, Jeff Hoskins, Raymond & Lorraine Wauters, Rene De Winne Bennie & Ruth Steinhausen, Shirley Verstuyft

In Memory of Chief Warrant Officer Howard M. Burke

Mrs CN Micheletti.

In Memory of Robert Rodriguez

Deanie & Arnold Vogel

Pray for a cure