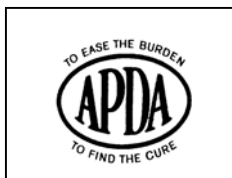


American Parkinson Disease Association, Inc  
5368 Fredericksburg Rd, Suite 200  
San Antonio, TX 78229-6108



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AAPSG Calendar, April 2004 – June 2004

All Support Group Meetings are for PD Patients,  
their Caregivers, Family and Supportive Friends

-- **Alamo Area Parkinson's Support Group**

Second Monday every month, 1 PM

Sunset Ridge Church of Christ, 95 Brees Boulevard

12 Apr – Dr Pappert and General Discussions

10 May – General Discussions

8 Jun -- TBA

TBA Jul -- NO MEETING - Annual Symposium

-- **Young-Onset Parkinson's Support Group**

Second Saturday every month, 10 AM

Thornton Elementary School, 6450 Pembroke

10 Apr – General Discussions

8 May – General Discussions

12 Jun – General Discussions

TBA Jul -- NO MEETING - Annual Symposium

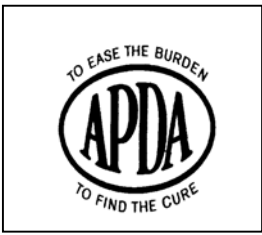
**DBS Support Group “Live Wires”**

Fourth Saturday every month, 10 AM - Location  
varies; call Sandra Farris, 830-257-3811

[sandyfar@omniglobal.net](mailto:sandyfar@omniglobal.net) or Judy Hoopman 830-  
997-7705 [ralanh@ktc.com](mailto:ralanh@ktc.com) for current location.

**PLEASE NOTIFY US IF YOUR LOCAL  
ADDRESS OR E-MAIL ADDRESS CHANGE**

Last date for submitting items for the next  
newsletter is 1 June 2004. Send material to Doak  
Walker, 7650 Hwy 90W #40, San Antonio, TX  
78227-4059 or e-mail to [shalom5@earthlink.net](mailto:shalom5@earthlink.net).



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](http://www.aapsg.org)

APDA Information & Referral Center

VA Hospital Room 312C Phone 210-567-6688

Quarterly Newsletter, April 2004

Editor: Dianne Johnson

Publishers: Carla & Doak Walker

Local News

Executive Board, 2002-2004

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Johnny Jackson	Melinda Rodriguez

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

April is PD Awareness Month

We will host the APDA Stamp Out PD Walk-A-Thon on Saturday 3 April, 8-11 AM at Eisenhower Park, Pavilion 1, 19399 NW Military Dr (1604 & NW Military near Camp Bullis). A minimum \$15 per person donation will Help Stamp Out PD (\$12 per person with groups of over 20 people). There is no need to pre-register. Just show up between 8 and 11 AM. All walkers making the minimum donation will receive a T-shirt and water bottle. If you can't come, please send AAPSG a donation to Shirley Knothe, 107 Mountain View, Boerne, TX 78006-6228.

A special thank you goes to our Walk Sponsors including SAS Shoes, Alterra Sterling House, Access Quality Therapy Services (POP Center), Senior 2000, Choice 1 Medical, and Culligan Water.

Please come out and help raise \$\$\$\$ for PD research. Get involved and help find a cure. Money is the way to find a cure. The disease with the \$\$\$\$\$ resources will be the one where the research is conducted, and from where the cure will come.

Our Web Site [www.aapsg.org](http://www.aapsg.org)



developing creativity

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

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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

### **Parkinson Outreach Program**

The Parkinson Outreach Program (POP) is a rehabilitation facility located in San Antonio endorsed by the Alamo Area Parkinson's Support Group for the treatment of PD. The POP is the only comprehensive rehabilitation program dedicated to the treatment of PD and provides Physical, Occupational, and Speech therapy specifically designed to assist those with functional disabilities resulting from PD.

Education, counseling and socialization, and caregivers training are essential items of the POP. There is an aftercare exercise program which gives participants completing the program the opportunity to return and exercise under supervision and gain motivational and social support from other people living with PD. The POP therapists are all licensed and have undergone extensive training in the treatment of PD, most recently a 5 day course in Chicago sponsored by the National Parkinson's Foundation. This course encompassed all the latest techniques and procedures in caring for PD patients. The POP is also in the forefront of developing and implementing rehabilitative treatment protocols for pre and post implant of the Deep Brain Stimulator (DBS).

When the recent Medicare Prescription Drug Act was signed into law in November, the Therapy Financial Limitations were placed on hold until 2006. Prior to this law, qualified Medicare beneficiaries were limited to that amount of therapy they received in the amount of \$1,500 per year. Now, a qualified Medicare beneficiary can receive therapy services without limitations as long as their physician recommends and orders such services.

For more information, please call Melinda Rodriguez, PT or Kara Daugherty, PT at (210) 349-0096.

### **Support Groups**

AAPSG conducts two support group meetings every month. Recently there has been a significant reduction in the number of people attending those meetings. We want to provide support for PWP and their caregivers, and be a source of information about PD, but we can't do that if you don't come to the meetings. We

encourage all of you to attend one or both of our meetings.

If you don't attend please take a moment to tell us why you don't. Send me an email at [shalom5@earthlink.net](mailto:shalom5@earthlink.net) or send me a post card or letter to Doak Walker, 7650 Hwy 90W #40, San Antonio, TX 78227-4059. **Help us help you. Include suggestions on ways to improve the support group meetings or the newsletter. Also tell us if you can help with the meetings or help telephone people.**

### **PD Medicine Research Study**

Medical studies are currently underway across the US to investigate a drug that may help with symptoms related to early onset PD. This research study is for adults ages 30 years and older in the early stages of PD.

For more information on this medical research study, go to [www.healthysolutions.tv/parkinsons](http://www.healthysolutions.tv/parkinsons) or call 1-888-788-7425.

If you have any questions about the materials provided here, please call: 561-368-2300, ext. 3028 or email: [lisa@patientinteraction.com](mailto:lisa@patientinteraction.com).

### **Exercise Class**

The POP center has restarted their continuing/follow up exercise classes for the patients that have completed the POP exercise/voice therapy sessions. The classes will be on the 1<sup>st</sup> and 3<sup>rd</sup> Thursdays of the month at Ruble Center, 413 Magnolia at 1:30-2:30 PM. Call Access Quality for details at 349-0096.

### **Caregivers Night Out**

AAPSG is planning for a monthly Caregivers Night Out (CNO) for our members. One regularly scheduled evening a month (To be determined) from 5PM to 10PM caregivers will be able to drop off their PWP at a designated location (Senior 2000 for the first CNO) where they will be served dinner, refreshments, and have activities planned. There will be no cost for this service as long as the PWP is picked up NLT 10 PM. It is hoped that this will give the caregivers as well as PWP a break from their normal routine. The first scheduled CNO is 25 March, which is before this NL will be published, so you

will have to wait for the next NL or attend a SG meeting to find out how it went. Several of the caregivers are getting together for dinner and a movie on the 25<sup>th</sup>. When the exact regularly scheduled day and location is determined; it will be put in the NL and announced at SG meetings.

### Depression

Physical disability has a clear effect on health-related quality of life in patients with PD and has consistently been the focus of therapeutic research. However, it is becoming increasingly apparent that psychiatric disorders have a considerable impact on quality of life. Depression is one of the most common psychiatric disturbances in PD. Previous studies have shown that 40% of the observed reduction in quality of life in PD can be explained by depression. Similarly, in the Global PD Survey 58% of the observed variation in quality of life could be attributed to depression compared with only 17% for the management of physical symptoms. Depression also has a significant impact on the burden of caregivers.

The clinical features of depression include low mood, pessimistic thoughts, lethargy, sleep disturbance, loss of appetite and weight, and depressed facial appearance. Many of these symptoms are common in PD patients who are not depressed, often making the diagnosis of depression in PD difficult.

Interesting though, reviews of studies on depression in PD has revealed that the profile of depressive symptoms observed in PD is not identical to that reported in patients with idiopathic depression. Depression in PD shows some distinct features including relatively preserved short term memory, no association with severity of PD symptoms, and greater anxiety.

If you are depressed, and you may not be the best judge of that fact, it is extremely important that you work with your doctor in coming up with a solution to your depression. The quality of your life and your caregiver's life is suffering, when help is available.

Parkinsonism & Related Disorders Vol 10 page 59 (2003)  
T H Chung (lead author)

### Eye Closure

A few patients with advanced PD may keep their eyes closed most of the time. In some people this is called blepharospasm and may be helped by botox. (See [www.blepharospasm.org](http://www.blepharospasm.org)) In some PWP they cannot open their eyes because of what is called apraxia which does not respond to botox (they just don't remember how to open the eyes). There are several other less common causes of such difficulty with the eyelids. They range from a condition called myasthenia to pressure on the nerves that keep the eyelids open, and in some cases the patients just want to keep their eyes shut. A neurologist should be able to sort out the potential causes and help with a solution.

AsktheDr, NPF

### Jaw Problems

If you yawn & open your mouth to wide you can dislocate your mandible....the joint where your jaw hinges on the skull (temporo-mandibular joint --TMJ). If the ligaments are loose or stretched so the top of the jaw joint -- the condyle---slips forward and over a raised bony area, it then may lock in front of this area resulting in an inability to close your mouth.

If this should happen, the way to help someone close his jaw is to stand in front of him while he is in a seated position. Grip his jaw with your fingers placing your thumbs over his lower teeth. Try to have him relax and pull his jaw forward and down and then push it back. It may take a time or two to get it back. The idea is to slide the condyle back over the bony bump to its normal position. If you are unable to do this, have your dentist show you how to do it. **If you are having jaw problems ask your dentist about this possibility before it happens.** Good luck and watch out not to get your thumbs bitten!! (I am serious...not joking)

Howard L. Pranicoff, DDS, MScD Diplomate, American Board of Endodontics

550 Memorial Circle, Suite L, Ormond Beach, FL 32174,  
Off. Phone: 386-677-1844 Fax: 677-1866

E-mail: [Hpranicoff@aol.com](mailto:Hpranicoff@aol.com)

AskTheDr, NPF

### Smoking and PD

The studies showing smoking has a "protective" effect on developing PD are interesting, but there

is a debate about them. The studies on smoking suggest smoking may delay the development of PD in people WHO DO NOT already have PD (and again there is controversy). For one thing, smoking may lead to early death from a variety of causes and so smokers may NOT live long enough to develop PD. Once you have PD, there is NO evidence smoking slows down the already established PD. Nicotine has been tried as a treatment for the symptoms of PD, with mixed and inconclusive results. Using a nicotine patch or a pill to slow down the progression of PD is not recommended, especially without talking to your doctor first. Nicotine can have an adverse effect on your health, which will just worsen your overall condition.

**Fill the world around you with beauty, and there will be no place left for darkness. Let your spirit be filled with joy, and there will be no room available for anxiety. Fill your life, your world, with the best that you can give.**

Ralph Marston

### **Botulinum Toxin and Gait Freezing**

Botulinum toxin type B does not significantly improve freezing of gait (FOG) in patients with PD, investigators announced at the 128<sup>th</sup> Meeting of the American Neurological Association. Hubert H. Fernandez, MD, and associates at Brown Univ, presented results of 14 PD patients who were enrolled in a double blind, placebo-controlled study using botulinum toxin type B injections for FOG. Anti-PD medications were kept constant. Based on the Clinical Global Impressions Scale, 1 patient was markedly improved, and 2 patients had minimal improvement. Nine patients were unchanged and 2 patients were slightly worse. The treatment and placebo groups did not differ in the number of patients improved versus unchanged.

The study used only a single injection of botulinum toxin type B, but the appropriate dose is not known. "Higher doses may have improved FOG symptoms," he added.

Since leg weakness was not noted in any participant, higher doses, injecting both legs and/or including opposing muscles in the anterior

compartment of the leg (as may be done in botulinum treatment of limb dystonia), should be considered in future studies.

Jill Stein

### **Try This One**

Until recently, there were times that I had to use a wheelchair to get around, but I discovered that I could walk if I kicked an object (Like a shoe) in front of me. I haven't used the wheelchair in several days. This might help others become more mobile too. Thanks.

AskTheDr, NPF

### **The Rotigotine Patch**

Rotigotine is a dopamine agonist like mirapex, requip, and permax but it is administered through a patch applied on the skin. It delivers a constant amount of rotigotine through the skin which then by passes metabolism in the liver and reaches the brain. This is almost like getting an intravenous infusion of medication but without the needle. Rotigotine is a short acting drug but because of the way it is administered it acts constantly like a long acting drug. The continuous action of rotigotine is unique and it is believed this will result in fewer complications such as wearing off and dyskinesias. A major advantage of giving a medication by patch is that if there are side effects you can remove the patch. Once you swallow a pill you can't remove the pill.

Rotigotine is not more powerful than other agonists that are now available. It is that it is administered continuously day and night replicating what dopamine does in the brain. Two trials, one in Europe and one in the US, will soon be starting on patients with advanced PD who are having wearing off problems. Another trial is underway in Japan.

Schwarz Pharma hopes to have approval of the drug by mid July 2005.

Dr Lieberman, NPF

**NOTE:** There is NO sinemet patch and there will NOT be a sinemet patch. Sinemet is water soluble. It cannot be absorbed through the skin.

**Live Your Life One Day at a Time**

**Live Each Day One Hour at a Time**

### **Use of Rasagiline**

Rasagiline is a new potent, second-generation, irreversible monoamine oxidase type-B (MAO-B) inhibitor that blocks the breakdown of dopamine. According to an abstract presented at the American Neurological Association (ANA) annual meeting in San Francisco, rasagiline added to levodopa at 0.5 and 1 mg doses per day significantly reduced the total time when PD symptoms were not controlled. The average reduction of "off" time was 1.85 hours daily for 1 mg rasagiline and 1.41 hour daily for 0.5 mg rasagiline, while placebo provided a reduction of 0.91 hours daily. Rasagiline was well tolerated during the six months of controlled administration.

APDA Newsletter

### **Microwave Warning**

A 26-year old man decided to have a cup of coffee. He took a cup of water and put it in the microwave to heat it up as he had done numerous times before. When the timer shut the oven off, he removed the cup. As he looked into the cup, he noted that the water was not boiling, but suddenly the water in the cup "blew up". The cup remained intact until he threw it out of his hand, but all the water had flown out onto his face due to the build up of energy. His whole face was blistered and he had 1st and 2nd degree burns which may leave scarring. While at the hospital, his doctor stated that this is a fairly common occurrence and water (alone) should never be heated in a microwave oven. According to General Electric microwaved liquids do not always bubble when they reach the boiling point. They can actually get superheated and not bubble at all. What happens is that the water heats faster than the vapor bubbles can form. If the cup is very new then it is unlikely to have small surface scratches inside it that provide a place for the bubbles to form. As the bubbles cannot form and release some of the heat that has built up, the liquid does not boil, and the liquid continues to heat up well past its boiling point. The super-heated liquid will bubble up out of the cup when it is moved or when something like a spoon or tea bag is put into it. The liquid is bumped or jarred, just enough to cause the bubbles to rapidly form and expel the

hot liquid. The rapid formation of bubbles is also seen when carbonated beverages spew when opened after having been shaken." To prevent this from happening and causing injury, do not heat any liquid for more than two minutes per cup. After heating, let the cup stand in the microwave for thirty seconds before moving it or adding anything into it. Or something should be placed in the cup prior to heating to diffuse the energy, such as a wooden stir stick, tea bag, etc., (nothing metal). It is however a much safer choice to boil the water in a kettle.

### **Sundowning**

Sundowning is a term that refers to the confusion and/or disorientation that some older people with or without PD experience in the evening when the sun goes down. Whether it is actually related to the sun going down or to a change in the body's internal rhythms is unclear.

### **PD Progression**

All of us would like to know how fast our disease will progress. The easy answer is that there is no answer, because everyone is different, but there are a few observations that can be made.

- How old you were when you developed PD. The older you were initially, the more rapidly the disease can progress.
- The duration of the disease. The longer you have PD the more likely it will begin to progress more rapidly.
- Whether you have tremor or non-tremor preponderant PD. The tremor preponderant usually progress more slowly. It is not known why.
- The presence of non dopamine symptoms. (Symptoms which do not respond to dopamine) such as balance and mental changes make the disease worse.
- Do you exercise and eat properly? Lack of exercise and bad diet will lower quality of life.

All of the above are observations they are NOT immutable laws of nature. AskTheDr, NPF

**The best and most beautiful things in the world must be felt with the heart**

Helen Keller

### **Dopamine Agonists**

Many physicians attend seminars in which the best way to treat a newly diagnosed PD patient is discussed. The difference in the effects of each dopamine agonist is usually not recognized. Typically doctors prefer to use dopamine agonists like Mirapex in younger, healthy patients. In terms of hallucination potential, Mirapex has more than Requip, which has more than Permax. In terms of a benefit in mood and motivation, Mirapex has more than Requip, which has more than Permax. In terms of strength per mg for improvement in motor symptoms, Permax has the most. And most important, it is not stressed that older patients do not tolerate dopamine agonists as easily as younger patients. APDA Newsletter

**NOTE:** Be aware that with all the dopamine agonists there have been many cases of sudden compulsive behaviors that the patient has never had before. These include but are not limited to compulsive gambling, compulsive sexual changes such as use of pornography, compulsive eating, shopping or cleaning. In most cases the compulsive behavior stopped when the agonist was stopped.

### **First International Stem Cell Action Conference**

You are invited to attend the "First International Stem Cell Action Conference" that will be held on the 5-6<sup>th</sup> of June in Berkeley, California. For more information about the mission and agenda of the conference, please visit the conference website: <http://www.fisca/info> .

The Stem Cell Action Network (SCAN) is a grassroots advocacy group and a member of the Coalition for the Advancement of Medical Research. As advocates of stem cell research, our primary strategy is to educate patients, their families, and the general public about the discoveries, politics, and ethics of this regenerative medicine and to offer ways to influence public policy. SCAN's website is: <http://www.stemcellaction.org> . Contact Cayce Kovacs, home 210-366-2468, cell 210-771-3976 for more information.

### **Multiple System Atrophy Support Mailing List**

Note that Multiple System Atrophy (MSA) includes: MSA-A (autonomic), Shy-Drager Syndrome (SDS), MSA-C (cerebellar), Sporadic Olivopontocerebellar Atrophy (OPCA), MSA-P (parkinsonism), Striatonigral Degeneration(SND)

This electronic mailing list was initiated in 1995 by the Vanderbilt Autonomic Dysfunction Center to provide MSA patients, caregivers and friends the means to communicate with each other through-out the world. Through use of this electronic "party line", anyone can ask a question, answer a question, post info on medication and treatments, share the good and the bad times, etc. Currently there are over 900 patients, caregivers, relatives and friends from over 25 countries providing daily support to one another through this online forum. To SUBSCRIBE go to:

<http://groups.yahoo.com/group/shydrager> You must first register (for free) and then click on "Join this group".

### **B Vitamins**

A recent study concluded Levodopa is responsible for raised levels of homocysteine in people with PD. Normally elevated homocysteine levels can be caused by deficiencies in folic acid, vitamin B-6 and vitamin B-12. Homocysteine is a sulfur-containing amino acid that is a risk factor for heart disease and strokes. High homocysteine levels have also been implicated as a risk factor for Alzheimer's disease, depression and cognitive deficits. This raises the possibility that supplementing your diet with high doses of folic acid, B-6 and B-12 may be beneficial in preventing those high levels. **Check with your doctor before starting high doses of these B vitamins, you may not be deficient.**

Researchers also speculate that riboflavin deficiency may be linked to the brain degeneration found in PD as well as eating excessive amounts of red meat. After a diet containing **little or no** red meat and normalizing riboflavin levels with 30 mg of B-2 every eight hours for six months, in addition to their usual medications, the average motor capacity of the

19 subjects increased from 44% to 71%. **Again check with your doctor.**

HAPs Happening, Feb 2004

### **Fun Ways to Exercise**

- Reach, bend, twist and dance your housework away. Turn on the music and turn your chores into a workout. Dust, vacuum, mop and scrub with GUSTO.
- Spell words or trace letters of the alphabet with your feet while sitting, waiting or watching TV. It promotes coordination and flexibility while strengthening calves, ankles, shins and arches.
- Go to your sporting goods store and buy some thick workout bands (they come in 3 strength levels). While you watch TV exercise your legs and arms.
- Have a ball. Keep a beach ball or soccer ball by your TV chair. Squeeze the ball between your knees and hold for a count of 5. Do 3 sets of 10. This tones the inner thighs. When standing doing dishes or talking on the phone squeeze the ball between your knees. This works the buttocks as well as the inner thighs. Squeeze a tennis ball while watching TV.
- Be "talk active". Do leg lifts or have an exercise bike or treadmill near the phone so you can pedal or walk while talking.
- Do sit ups or push ups during TV commercials.
- Exercise early. Morning exercise isn't apt to interfere with family time and will make you feel better all day. Use exercise videos or find a walking group if you need support to get you moving.

Parkinsonian People, Winter 2004

### **Research Studies**

The reasons for wanting to join a study are:

1. you are not doing well on your current medication
2. You are not likely to do well on the other medications that are available.
3. You are interested in a drug that may do something current drugs cannot do, i.e. slow the progression of PD.
4. You have an interest in furthering PD research and in learning more about the disease.

I tell my patients if they have any doubts do not enter a study because if a side effect develops,

and it always may, you have to be in a position, psychologically, to say I made the right choice. I was not doing well and the side effect was acceptable.

Dr Lieberman, NPF

### **Painkillers May Cut Parkinson's Risk**

Research suggests regular use of over-the-counter (OTC) pain relievers might help delay or prevent PD. The risk of developing the disease was 45 percent lower in people who used drugs such as ibuprofen and naproxen at least twice weekly than it was in nonusers, according to a review of two large studies.

"If replicated in more rigorous research, the findings are potentially significant since there is no proven treatment to prevent or delay the onset of Parkinson's", said lead author Dr. Honglei Chen, a Harvard School of Public Health instructor. The results, however, are too preliminary to warrant recommending painkillers to prevent Parkinson's, Chen said. The report echoes laboratory research in animals suggesting that drugs known as non-steroidal anti-inflammatories, or NSAIDS, might help protect against PD. The new data, based on an analysis of two studies of health professionals, are the first to suggest similar results in humans, Chen said. The analyzed studies involved a total of 142,902 health professionals who provided periodic information on their medical history and lifestyle habits for more than 10 years. Participants were aged 30 to 75 at the outset and were asked about use of NSAIDS including ibuprofen, indomethacin, naproxen and diflunisal. Use of aspirin, also an anti-inflammatory, was determined separately. PD was diagnosed in 415 participants. The risk of developing the disease was 45% lower in those who used NSAIDs other than aspirin at least twice weekly. A similar risk reduction was found in those who used aspirin two or more times daily, but no benefit was found with less aspirin use. Information on exact dosages wasn't available.

The findings suggest that doctors would need to treat 98 people with anti-inflammatory drugs for about 10 years to prevent one additional case of Parkinson's.

Evidence suggests that inflammation might be

involved in Parkinson's nerve-cell degeneration, and Chen's study is "the first convincing epidemiological data for a therapeutic benefit" for Parkinson's from NSAIDs.

But because NSAIDs can cause gastrointestinal bleeding and other problems, more research is needed to determine if any anti-Parkinson's effects they may provide outweigh the risks.

#### **Comment from Dr Lieberman**

Please be cautious when reading such studies. They are what are called retrospective looking after the facts. Whether this will turn out to be true is at this time not known.

The idea (a reasonable one) is that inflammation (in the brain) is in part responsible for PD. There is no indication however, that OTC pain killers will slow the progression of PD.

AskTheDr, NPF

#### **Re-Wired For Life**

Re-Wired for Life Foundation is a non-profit organization created to promote the understanding of deep brain stimulation (DBS) among patients, their families, and medical professionals through dissemination of information, patient support meetings, medical professional meetings, and research development.

Our web site [www.rewiredforlife.org](http://www.rewiredforlife.org) offers assistance to patients in dealing with their day to day condition before, during and after surgery and offers related educational and informational services as they become available.

Re-Wired for Life invites you to complete "The Survey of PD Patients with DBS/STN Surgery". This unique survey is designed to collect and compare the individual circumstances leading up to, through, and after surgery. While the results of the survey have no constraint or standard statistically validated double-blind random protocols, we know that presenting the patients' unadulterated view as a novel and valuable approach that will benefit patients and individuals looking for more information on DBS/STN. Please visit the DBS/STN survey page to download.

If you don't own a computer call us at 1-800-579-8440.

Parkinsonian People

NOTE: AAPSG has a DBS Support Group, called the "Live Wires" that meet the 4<sup>th</sup> Saturday of every month. Call Sandra Farris, 830-257-3811 [sandyfar@omniglobal.net](mailto:sandyfar@omniglobal.net) or Judy Hoopman 830-997-7705 [ralanh@kctc.com](mailto:ralanh@kctc.com) for current location.

**Give us the kindness  
to hear with compassion, to offer support,  
loving comfort, and care.  
Give us the courage to do what is needed,  
the wisdom to choose  
what is right and most fair.  
Give us the vision to see what is possible.  
Give us the faith that will help pave the way  
for a present that's hopeful,  
and a future that's peaceful.  
Give us the heart to bring joy to each day.**

Hallmark

#### **Books**

**Care for the Caretaker**, by Henny Backus. How Jim Backus' wife did it, an upbeat guide for those who care for others. Remember the Brady Bunch, Gilligan's Island, and Mr Magoo? Then you may remember Jim Backus and Jim Backus had PD. Henny Backus, now in her 90s, is still as vibrant as ever.

**Lucky Man** — "Life is great. Sometimes, though, you just have to put up with a little more crap" Michael J. Fox. A best seller with 288 pages

**Parkinson's Disease, The Way Forward**, by Dr Geoffrey and Lucille Leader with contributions by Professor Aroldo Rossi and Professor Lia Rossi. Prospero et al. An integrated approach including drugs, surgery, nutrition, bowel and muscle function, self esteem, sexuality, stress control and careers.

Above from three seller's ads for their books

**What your doctor may not tell you about Parkinson's disease: A holistic program for optimal wellness.** By Jill Marjama-Lyons, MD, Neurologist and Movement Disorders specialist. Have you ever wondered whether there is more that you can do for your Parkinson's than take medicine? She is involved in clinical research in

traditional and alternative therapies for PD and encourages her patients to consider adding alternative therapies to conventional medicines for the treatment of PD.

### **AAPSG Membership**

**WE NEED YOU AS A MEMBER.** Membership in AAPSG costs only \$24 **per family** a year, which is only \$2 a month or **less than \$.07 cents a day**. The dues are used to pay for things such as the expenses of printing and mailing this newsletter, support for the Support Group meetings & the upcoming Caregiver's Night out, operating expenses such as postage for other mailings & phone costs, support for the Walk-A-Thon, Annual Gala, and the Annual Symposium, and computer support for the Information & Referral Center. **Without members many of the above items won't happen.**

**To become a member**, send a check made out to AAPSG to Shirley Knothe  
107 Mountain View, Boerne, TX 78006-6228.  
Please include full mailing and email address.

**If you are currently a member Thank You for your support.** Your membership expiration date is after your name on this newsletter mailing label. If there is no date following your name we are not carrying you as an active member.

**If you can't join us please send a donation to Shirley Knothe at the above address.**

## **MEMORIALS**

### **In Memory of James R. Fritz.**

Linda & Raymond Persyn, RG Terry  
Teresa, Matthew and Katherine Ramirez

### **In Memory of Mary Louise Stone**

Frances Jordan Hearn  
Mr. & Mrs. P. H. Swearinger, Jr

### **In Memory of Cyril Aelvoet**

Mr. & Mrs. Fred Wauters  
Linda M & Raymond Persyn Jr  
Sam & Olive Barbatto

### **In Memory of Dennie Adkins**

Carol & Jim Caldwell

### **In Memory of Temple Leslie Bourland**

Mr. & Mrs. Frank Pearce  
Billy & Linda Bourland  
Brian & Devin Keen

### **In Memory of Charles W. McAnally**

Dullnig Family

### **In Memory of Naomi M. Riser**

Mildred D. Morse, Lucy Hamil  
Nat Jefferson

### **In Memory of Bueford W. Crawford**

Lester & Joyce Landrum & Family

### **In Memory of John Martinez**

Edward Paul

### **In Memory of Julius Calle**

Mr. & Mrs. Fred Wauters

### **In Memory of Elvin Voges**

Mel Hillert

### **In Memory of Earl Manning**

Bob & Pat Evertsen

### **In Memory of Maryalyce Sleezer**

Martin & Velta Roberts, John Poteet,  
Susan & Skip Cox, Cookie & Lou Belinsky,  
Christine Fashek, Ed & Sharon Rosane,  
Steve & Janice Stuerke, Robert Dickemper,  
Ken Batchelor Cadillac, Patricia Allain,  
Mr & Mrs. W.K. Whitehead,  
Michael Ray & Debra Lynn Konz-West,  
Don & Betty Woody, Kay & Brent Hughes,  
Bryon & Billie-Kite Howlett, Dale O. Chase,  
Mrs. Wilma Fell, Bill & Juanita Bookish,  
Barbara Haley, Antoinette Ulrich

### **In Memory of Howard L McGuff**

Anne, Andrew, Michael & Hannah Jones

### **In Memory of Alois Joseph Staudt**

Maria G. Flores

### **In Memory of BG William Goade**

Marilyn Vogel