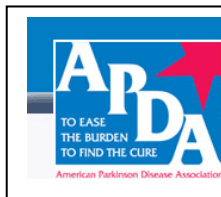


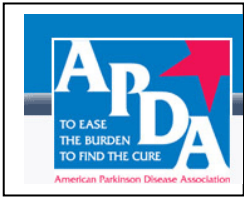
American Parkinson Disease Association, Inc
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San Antonio, TX 78230-5137



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See last page for support group information.



American Parkinson's Disease Association, Inc
 Alamo Area Parkinson Support Groups
 2929 Mossrock, Suite 200, San Antonio, Texas 78230-5137
 Phone 210-349-0096, www.aapsg.org
 APDA I & R Center Phone 210-567-6688

Quarterly Newsletter, April 2008

Editor: Dianne Johnson

Local News

Executive Board, 2005-2008

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You may leave a message for any AAPSG Officer or Board Member at 210-567-6688.

Administrative Office Move

Access Quality Therapy Services home health administrative office has moved. So did the Parkinson's Outreach Program phone and mailing address. The new mailing address is 2929 Mossrock, Ste. 200 San Antonio, Texas 78230-5137

NOTE NOTE NOTE
 THIS MOVE IS **ONLY** FOR THE AQTS ADMINISTRATIVE OFFICE. **ALL PATIENTS WILL STILL BE SEEN AT WARM SPRINGS.**
 POP phone number remains 210-344-8828

Walk-A-Thon 2008

Grab you walking shoes. It is time to raise money for PD research. The AAPSG Walk-A-Thon will be held at Crossroads Mall on 3 May, 0830AM -1200PM. Come help us cure this disease. Bring your family and friends.

The Lower Rio Grande Valley Support Group
 We would like to thank Cheri Horkmann, (phone 956-554-6028) for volunteering as the Group Facilitator. She is a speech pathologist at S Texas Rehab Hospital in Brownsville. We would also like to take this opportunity to again thank Pauline & Bill Frink for their years of service to the Parkinson's community. So far the regular meeting time has not been formalized but the meetings will alternate between the Golden Palms in Harlingen and the South Texas Rehab Hospital in Brownsville.

Thank you for your support

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.

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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.

Help Is Available Locally

The Bexar Agency on Aging is an Alamo Area Council of Governments program that plans, advocates, coordinates, and administers services for persons aged 60 and above and their caregivers in Bexar County.

Call (210) 362-5254 for specific information.

Direct Services - These programs and services are available directly from the Bexar Area:

- Information about area resources*
- Legal Assistance
- Benefits Counseling: Medicare, Medicaid, Insurance *
- Ombudsman: Complaint resolution and advocacy for nursing home and assisted living residents
- Care Coordination: Help arrange services for seniors recently discharged from a hospital, nursing home, or rehab center.
- Homemaker and Personal Assistance
- Respite care
- Ramps and grab bars
- Caregiver Services: Aid to families caring for a senior in the home
 - Caregiver Education and Training
- Grandparents Raising Grandchildren/ Kinship Care

* We also assist persons of any age who may be eligible for Medicare.

Contracted Services – The following services are available through contractors, vendors, and partnerships:

- Caregiver Education and Training
- Congregate and Home-delivered meals
- Guardianship
- Health Screening
- Legal Services
- Mental Health Services
- Grandparent Support Groups
- Transportation
- Volunteer Opportunities

Preventing Falls Quick Tips

Age can make people more prone to dangerous falls, as can neurological disorders that affect movement, such as multiple sclerosis, stroke, and Parkinson's disease.

Barbara Resnick, Ph.D., professor of nursing at the University of Maryland, has authored guidelines for doctors on helping their patients prevent falls. She says the best prevention is "exercise, exercise, and exercise". Strong muscles help maintain balance. All it takes is about 30 minutes of moderate aerobic, strengthening, and balance exercises a day. To find exercises, she recommends visiting www.easyforyou.info. Dr. Resnick also advises caregivers to keep their loved ones active. "The best thing you can do with mom is go for a walk with her." Here are more tips to prevent falls:

- **MOVE WISELY:** Think about how to move in the safest way possible before actually moving. Don't reach for things in an awkward position or carry large packages as you walk up stairs.
- **SAFE-PROOF YOUR SPACE:** Get rid of floor clutter, throw rugs or electrical cords that you might trip over.
- **WEAR STURDY FOOTWEAR:** Sneakers offer the best support. Slip-on shoes are the worst choice.
- **CHECK THE HEIGHT OF YOUR BED AND CHAIRS:** You should be able to sit up while also having your feet comfortably flat on the floor. To stand, move to the edge of the chair or bed and push up using both hands.

Stephanie Cajigal, Neurology Now, Jan/Feb 2008

Q & A on Music Therapy

Q. Neurology Now (NN). What do we know about the effects of music upon people with Parkinson's?

A. Dr Oliver Sacks (OS) This goes back to what sort of stumped me more than 40 years ago, when I would see these people with very severe Parkinson's who couldn't move a step, couldn't utter a syllable; but, given music, they could dance or sing. They could achieve a sort of flow of movement and speech that wasn't available to them otherwise.

In general, when one has a disease of the basal ganglia—such as Parkinson's—and low levels of

the neurotransmitter dopamine, the flow of movement, speech, thought, and feeling has either stopped or takes on a stuttering, sputtering quality. Music can reorganize this and give the people a pattern and timing and rhythm. So in this way I do think of music as a sort of prosthesis for the injured part of the brain.

Q. NN. The effects of music don't seem to carry over for Parkinson's patients in the same way they do for people with dementia. Parkinson's patients no longer can make the same fluid motions after the notes have faded.

A. OS. People with dementia and aphasia—especially aphasia—are learning something. There is perhaps a permanent change in the brain. For people with dementia, certainly, behaviors can change. I think it's an on/off phenomenon with Parkinson's, although if you can carry an iPod with you, you may be able to call up music most of the time.

Andrea Cooper, Neurology Now, Jan/Feb 2008

Let's Protect Each Other

For all you using a computer for e-mails, let's start protecting each other. When you send or forward an e-mail, use the "Bcc" or blind carbon copy function when addressing your work. That keeps others from seeing the list of e-mail addresses you are sending the message (msg) to. When I send you an e-mail, I send it to myself in the "To" block and put your address in "Bcc". Also, if you are forwarding a msg that has a long list of e-mail addresses shown in the "To" block, then delete them before you forward it. It only takes a second and you are blocking out e-mail addresses on that msg by doing it.

Exelon® Patch Release

The FDA has approved the use of the Exelon® patch for the treatment of PD and Alzheimer's disease dementia.

Application of the once – daily skin patch offers a new approach in the treatment of mild to moderate PD dementia, providing a continuous delivery of drug over 24 hours.

The use of a skin patch rather than oral capsules reduces the gastrointestinal effects commonly seen with this type of drug. APDA Newsletter

Feel the Beauty

Think freely. Smile often.
Tell those you love that you do.
Rediscover old friends. Make new ones.
Hope. Grow. Reach out.
Pick some flowers. Share them.
Keep a promise. Laugh heartily.
Let someone in. Hug a child.
Slow down. See a sunrise. Listen to rain.
Trust life. Have faith. Enjoy! Make mistakes.
Learn from them. Explore the unknown.
Celebrate life! Ardath Rodale, Prevention Feb 2008

Coping with Frustration: Practical Suggestions

If my brain can conceive it,
And my mind can believe it,
Then I can achieve it.

Anonymous

PD interferes to some degree with all the bodily movements that people take for granted. The most ordinary tasks become very difficult, especially toward the end of a dose of medication. Here are a few ways to minimize the problems that can cause frustrations. You will probably have to retrain and reprogram your brain.

- Difficulty with writing can be especially frustrating. Parkinsonians can manage a typewriter better than a pen.
- Learn to pace yourself and take frequent rest periods.
- If your PD symptoms are seriously affecting your quality of living, there are two areas to consider: medication and life style. First evaluate your medication with your doctor; then evaluate your lifestyle. Be honest with yourself and be willing to make changes. For example early retirement is not the end of the world. It can open doors to a whole new life.
- Help yourself, but learn to accept help from those around you.

To make life easier, consider:

- A large motionless water bed with temperature controls. It will be more comfortable because it will fit the contours of your body.

- Place a phone beside your bed. You can buy amplified phones if necessary.
- Satin sheets and nightwear for ease of movement.
- Exercise is important. Place a stationary bicycle or rowing machine in your bedroom for convenience.
- Place grab bars/railings by your bathtub and toilet. Place a seat in your tub. Raise your toilet seat.
- Use an electric toothbrush and a water pick. If trying to manage a regular toothbrush put a large foam-rubber hair-curler or a rubber bicycle grip on the handle of the brush. An electric razor might be advisable.
- Using a terry-cloth mitt rather than a washcloth, Use a long-handle brush.
- To prevent dropping soap, use a soap-on-a-rope.
- Use a rubber mat or mesh rubber-soled shoes to prevent slipping.
- Wear a large apron with big pockets to carry items. That frees your hands in preventing a fall. If you use a walker you can put a basket on it to carry items.

Living Well with Parkinson's, An Inspirational, Informative Guide for Parkinsonians and Their Loved Ones, Glenna Wotton Atwood, with Lila Green Hunnewell

The Science and Practice of "Speaking LOUD"

"If you don't talk loud enough people stop listening."

"If I have no voice, I have no life."

These are direct quotes from two individuals who live with PD. They reflect the devastating impact that a speech and voice disorder can inflict on the quality of life of a person with PD.

These two are not alone. Research shows that 89 percent of people with PD experience speech and voice disorders, including soft voice, monotone, breathiness, hoarse voice quality --and imprecise articulation. As a result, people with Parkinson's report that they are less likely to participate in conversations, or to have confidence in social settings, than healthy individuals in their age group.

For years, speech and voice disorders in people with PD were resistant to treatment. The effects

of conventional treatments — whether medical or surgical — were neither significant nor lasting. The recognition that speech therapy could be tailored to the specific problems of the Parkinson's patient led to the development of a method aimed at improving vocal loudness: the Lee Silverman Voice Treatment ("LSVT® LOUD") method. This technique has helped many individuals with Parkinson's disease and speech problems, giving them new hope for improved communication for work, family and social activities.

Speech and voice disorders in PD

There are several reasons why people with PD have reduced loudness, monotone and hoarse, breathy voice. One is directly related to the disordered motor system that accompanies PD, including rigidity, slowness of movement and tremor. For example, the inadequate muscle activation that leads to bradykinesia (slow movement) and hypokinesia (small movements) in the limbs can also trigger a speech disorder. For speaking, the problem with muscle activation can result in reduced movements of the respiratory system (reduced breath support), larynx (reduced vocal loudness), and articulation (reduced clarity of speech).

Another cause of speech and voice impairment in Parkinson's is a deficit in the sensory processing that is related to speech. Clinical observations suggest that people with Parkinson's may simply not be aware that their speech is getting softer and more difficult to understand. When "soft speaking" people are told of this, they will often reply, "No, my voice is not too soft! My spouse complains all the time, but he/she needs a hearing aid!" Furthermore, if people in this situation are asked to bring their voice to normal loudness, they will often complain that they feel as though they are shouting, even though they are perceived by listeners to be speaking normally.

A third cause of this condition is that people with Parkinson's may have a problem with "cueing" themselves to produce speech with adequate loudness. Individuals with PD can respond to an external cue (e.g., an instruction from someone else to "speak loudly!"), but their ability to cue themselves internally to use a louder voice is impaired. These problems can be

frustrating both for the person and the family. Patients feel that they are speaking loudly enough and do not understand why people keep asking them repeat. And because speech loudness responds to external cueing — sometimes soft, sometimes normal — the family may feel that the patient can be louder and clearer if they would only try harder.

These motor sensory and cueing problems have made people with Parkinson's particularly resistant to speech treatment. Conventional wisdom has been that people with PD can improve their speech during the speech therapy session but the improvement "disappears on the way to the parking lot." As a result, conventional speech therapy has not led to sustained benefit, and has not been considered a valuable addition to the treatment of Parkinson's.

Speech therapy: LSVT® LOUD

"My voice is alive again!"

Over the past 15 years, studies supported by the National Institute for Deafness and other Communication Disorders (NIDCD) of the National Institutes of Health have demonstrated that LSVT® LOUD is an effective speech treatment for people who live with Parkinson's. Those who have used it have improved their vocal loudness, intonation and voice quality, and maintained these improvements for up to two years after treatment. Recent research studies have also documented the effectiveness of this therapy in meeting the common problems of disordered articulation, diminished facial expression and impaired swallowing. In addition, two brain-imaging studies have documented evidence of positive changes in the brain following administration of the therapy.

LSVT LOUD improves vocal loudness by stimulating the muscles of the voice box (larynx) and speech mechanism through a systematic hierarchy of exercises. Focused on a single goal — "speak LOUD!" — the treatment improves respiratory, laryngeal and articulatory function to maximize speech intelligibility. It does not train people for shouting or yelling; rather, the treatment uses loudness training to bring the voice to an improved, healthy vocal loudness level with no strain.

The program is administered in 16 sessions over a single month (four 60-minute sessions per

week). This mode of administration — much more intensive than conventional programs — is consistent with theories of motor learning and skill acquisition, as well as with principles of neural plasticity (i.e., the capacity of the nervous system to change in response to signals), and it is critical to attaining optimal results. In addition to stimulating the motor speech system, the treatment incorporates sensory awareness training to help individuals with PD recognize that their voice is too soft, convincing them that the louder voice is within normal limits, and making them comfortable with their new louder voice.

Patients are trained to self-generate (that is, internally cue) the adequate amount of loudness to make their speech understood. While LSVT LOUD has been successfully administered to individuals in all stages of PD, it has been most effective among those who are in the early or middle stages of the condition.

How to get LSVT LOUD

LSVT LOUD is now a globally standardized treatment, and there are speech therapists in 32 countries around the world who are trained and certified by the LSVT® Foundation to deliver the treatment protocol in a standardized and tested way.

If you are experiencing any changes in your speech or voice, be sure to tell your doctor. Ask for a referral and a prescription for a speech evaluation and treatment. If you have not noticed changes in your speech, but a spouse, caretaker or friend has pay attention to their comments. One aspect of the speech disorder is that the person with PD is often unaware of the changes in speech or voice. The sooner you obtain a speech evaluation and start speech therapy, the better.

Speech therapists work in a variety of settings, including hospitals, out-patient rehabilitation centers, and private practice offices.

[NOTE: In San Antonio contact the POP Center at 210-344-8828.]

To locate one in your area, contact the American Speech-Language-Hearing Association (ASHA) www.asha.org , or find an LSVT-certified speech therapist by visiting www.lsvt.org .

Ideally, you should see a speech therapist face-to-face for a complete voice and speech

evaluation and treatment. However, if a speech therapist is not available in your area, LSVT LOUD is now being offered in selected states via internet and webcam technology. The speech therapist interacts with you in your home or office "live" through your computer screen.

Speech disorders can progressively diminish quality of life for a person with Parkinson's disease. LSVT LOUD empowers people with PD to participate in their treatment in fundamental ways and to gain control over one important and burdensome aspect of their PD: the ability to communicate. The earlier a person with PD receives a baseline speech evaluation and speech therapy, the more likely he or she will be able to maintain communication skills as the disease progresses. Communication is a key element in quality of life and can help people with PD maintain confidence and a positive self-concept as they deal with the challenges of the disease.

For information on LSVT LOUD, contact the LSVT Foundation by calling (888) 606-5788 or email info@lsvt.org.

By Lorraine Ramig, Ph.D., CCC-SLP and Cynthia Fox, Ph.D., CCC-SLP

Dr. Ramig is a Professor at the Univ of Colorado-Boulder, Senior Scientist at the National Center for Voice and Speech (Denver), Adjunct Professor, Columbia Univ, New York City and President of the LSVT Foundation.

Dr. Fox is a Research Associate at the National Center for Voice and Speech in Denver and Research Lecturer in the Department of Neurology at the Univ of Arizona. She is also Executive Vice President of the LSVT Foundation.

Parkinson's Disease Foundation, Fall 2007 Newsletter

Keep Living

You must simply keep living. Embrace whatever God sends your way – sorrow or joy. Trust that you are not here by accident. Every moment, every event in your life has a purpose for the welfare of eternity if you love God.

Jerusalem Vigil - Brock & Bodie Thoene

Veterans with Parkinson's Disease

I ask for your help in getting the following information out to veterans. There is a group called "US Military Veterans with Parkinson's or US MVP. We are working as a group to get the VA to recognize PD as presumptive to exposure to toxin's including Agent Orange and also to deployment to Vietnam.

The group has 120 members and is growing. Each of our members has PD. We have intensely researched the connection of toxins and Parkinson's. We are working on support from congressmen and senators. We have congressmen Tim Walz of Minnesota and Bob Filner of California, (chairman of the Veterans Affairs committee) that have indicated they plan to draw up a bill to place Parkinson's on the presumptive list of diseases caused by Agent Orange. We need each and every veteran who has PD to join us.

Please ask your membership to get the word out to others in your community. Your help can make a big difference in the lives of Veterans suffering from this disease.

To get more information and or to join our group they can contact Steve Fiscus e-mail swfiscus@msn.com or call Steve at 1-612-529-4307 or Alan Oates e-mail oldvet@aol.com or call Alan at 1-540-459-9376. The Group has a wealth of information to pass on to veterans on Agent Orange and Parkinson's.

Alan B. Oates, 1SG, E-8 US Army Retired

General Points to be Aware of When Entering the Hospital

- Provide a list of your medications with exact times, frequencies, and dosages. Be prepared to share your knowledge about Parkinson disease, including on-off fluctuations and the importance of taking medications at specific time intervals.
- Bring medication in original bottles.
- Know which drugs can worsen the symptoms of Parkinson's disease.
- Research study participants should provide information explaining the experimental drugs and phone the study coordinator to let them know you are in the hospital.
- Speak up when medications are wearing off.
- Do not take medication on your own. Unless you have prearranged permission, the staff should administer all medication.
- Let the staff know if you have a deep brain stimulation (DBS) implant. Bring the access review or magnet device to turn the stimulator on and off for procedures.

- Contact your neurologist letting him/her know you are in the hospital and give the phone number of your neurologist to your doctor in the hospital.

Be mobile, especially during prolonged stays!

- Walk around as much as possible.
- Inquire about physical therapy or occupational therapy. Even passive range of motion exercises can help prevent contractures if you are not mobile.

If you have difficulty swallowing:

- Sit up while eating.
- Ask for a speech-swallowing therapist.
- Alert staff that your medications may need to be crushed and administered through a tube. Make sure medications are administered one hour prior to meals or feedings, especially if medications are crushed.
- There is a dissolvable form of carbidopa/levodopa called Parcopa® that can be given by placing on the tongue.

Know what factors may make your symptoms worse:

- Failing to get medications at specific times and coordinated with meals.
- Dopamine blocking drugs such as haloperidol (Haldol), risperidone (Risperdal) and olanzapine (Zyprexa) can worsen symptoms. If absolutely necessary because of hallucinations, behavior, or sleep, only quetiapine (Seroquel) or clozapine (Clozaril) should be used.
- Anxiety, stress, and sleep deprivation.
- Urinary tract, lung, or other infections (and antibiotics).

Provide Advance Directives:

- Power of attorney for health care and living will. Choose an advocate who can ask questions and act as your spokesperson. Make sure this person is aware of your medical wishes so (s)he can assist in speaking for you if needed.

Information for Your Nurse and Doctor when You Enter the Hospital

Name of your PD Neurologist:

Phone Number of your PD Neurologist:

The following are some suggestions to make the hospitalization of this person with Parkinson's disease smoother:

- Parkinson's disease medications often need to be given at specific times of the day. Therefore, when writing medications in the orders, instead of writing TID or QID, please write specific times (e.g. q8AM, q11AM, etc.).
- Patients with PD should resume medications immediately following procedures unless vomiting or severely incapacitated.
- If there is confusion, consider urinary or lung infections. Also consider pain medications or benzodiazepines as a potential cause.
- In cases of prolonged confusion, and an antipsychotic is necessary, quetiapine (Seroquel) and clozapine (Clozaril) are the best options. These two drugs minimally affect symptoms. Avoid using haloperidol (Haldol), risperidone (Risperdal), olanzapine (Zyprexa), aripiprazole (Abilify), and ziprasidone (Geodon).
- If the patient has nausea, please avoid the use of prochlorperazine (Compazine), promethazine (Phenergan), or metoclopramide (Reglan), as they can worsen symptoms. Trimethobenzamide (Tigan) and ondansetron (Zofran) are alternatives that can be used safely.
- Do not mix selegiline or rasagiline (MAO-B inhibitors) with meperidine (Demerol) as it can precipitate a serious reaction characterized by blood pressure fluctuations, respiratory depression, convulsions, malignant hyperthermia, and excitation.
- Do not stop carbidopa/levodopa (Sinemet) abruptly, as this can lead to neuroleptic malignant-like syndrome.
- If medications have to be crushed and administered through a tube, give them at

least one hour prior to meals and be aware that CR formulations may not work as well. Protein in meals may interfere with the absorption of carbidopa/levodopa (Sinemet). There is a dissolvable form of carbidopa/levodopa called Parcopa® that may be useful in some patients.

- If you are having trouble getting an EKG, EEG, or using heart rate monitors, consider that the patient may have a deep brain stimulator. You may need to ask the patient or family member to turn the device off to avoid electrical interference.

DBS Question

Q. I had deep brain stimulators (DBS) placed two years ago. I now need to have knee replacement surgery. Will the doctors know how to take care of me?

A. While thousands of patients worldwide have had deep brain stimulation treatment for PD and other movement disorders, many medical professionals and hospitals may still not be familiar with this treatment. Many patients with DBS undergo knee replacement surgery, and other procedures without difficulty. However, there are a few things you and your doctors should be aware of. First, if you have had DBS surgery, you can only get an MRI of the brain, and it must be done with something called a head—receive coil. You cannot get an MRI of any other part of the body. This situation exists because the DBS device can become heated and damage the brain tissue during MRI. There are also certain precautions that the radiologists must be aware of while performing a brain MRI. These are available from the FDA. Furthermore, the voltage on your stimulator should be turned down to 0 prior to having an MRI performed. Only an experienced programmer should supervise the procedure. If there is not an experienced member of the DBS team available in the hospital where you are being treated, and/or if the institution is not familiar with performing MRIs in DBS patients, it is probably best not to have the MRI or to wait and have it at an experienced center.

The stimulators can sometimes interfere with the ability to obtain an electrocardiogram (EKG). This test may be important if you happen to have cardiac problems before, during, or after surgery. Therefore, you should bring your portable Medtronic Access Device or Access Review Device (or a magnet that comes with the device) to turn off your stimulator in the hospital. Make sure you know how to turn your stimulators on and off before going to the hospital, and before having any type of surgery. (Again, do not assume that the medical staff will be able to turn them off for you.) Similarly, if you need a brain wave test called an electroencephalogram (EEG), or will simply be monitored during an inpatient or outpatient procedure, you will need to know how to turn your device off.

If you are undergoing surgery and you have DBS, most anesthetics are safe. However, some precautions need to be taken when using electrocautery. Electrocautery stops bleeding during surgery and could potentially reset your stimulator to its factor settings. As a precaution, only bipolar electrocautery is recommended (with grounding placed below the level of the device). If your neurologist is on staff at the hospital where you are getting surgery, he/she should confirm that your stimulator is on and that the correct settings are reset following surgery. If your neurologist is not at the hospital where you are being operated on, you should schedule a follow-up appointment soon after you are discharged from the hospital to recheck your settings.

Be aware of what procedures can be done safely with DBS, and be ready to assume primary responsibility for turning it on and off for procedures. NPF Parkinson Report, Summer 2007

MEMORIALS

I'd like the memory of me to be a happy one.

I'd like to leave an afterglow of smiles
when life is done.

I'd like to leave an echo, whispering softly down
the way of happy times and laughing times, and
bright and sunny days.

I'd like the tears of those who grieve, to dry
before the sun of happy memories that I leave
when life is done. Mable Tinsley

In Memory of Doris Fisher

Jean Schuyler

In Memory of Fletcher R Veach, Jr

Peggy & Edward Shaifer Jr,
Edward Coffman, LtGen & Mrs James Keck,
Arlene & Knox Miller, Margaret Short,
John Frish, Olivia Sanchez

AAPSG SUPPORT GROUPS

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

Alamo Area PD Support Group San Antonio

Second Monday every month except Oct, 1 PM. Sunset Ridge Church of Christ, 95 Brees Blvd.

Young-Onset PD Support Group San Antonio

Second Saturday every month, 10 AM. Newforest Estates, a Senior Lifestyle Community, Auditorium, 5034 New Forest Dr.

DBS Support Group "Live Wires"

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

sandraf@windstream.net or Judy Hoopman 830-997-7705 ralanh@beecreek.net for current location

Caregivers Only Support Group, San Antonio

Second Tuesday every month, 10 AM. Bob Ross Senior Ctr, 2219 Babcock Rd. POC: Dianne Johnson, 210-567-6688, 651-9835, diannejohnsonrn@aol.com.

Austin (Parsons House) PD Support Group

Third Friday every month, 10 AM. 1130 Camino La Costa, Austin, POC: Jaime Eyer 512-454-0524

Bastrop Argent Court Assisted Living Support Group

Fourth Thursday every month, 2 PM. 508 Old Austin Hwy, Bastrop. POC: Shasta Martini 321-9500 #252, Jenny Bankston 252-1512

Burnet PD Support Group

Second Tuesday every month, 1 PM. Burnet PC Tng Ctr, Highlander Inn, 401 W Buchanan Dr (Hwy 29), Burnet. POC: Mark Vidas, 512-756-4949, info@burnetPC.com

Cedar Park (Ranch Retirement Living) Support Group

Last Friday every month, 1 PM. 1301 Whitestone Bl, Cedar Park. POC 996-0700 Ms Bryson 238-6000

Comal County Support Group

Fourth Saturday every month, 10 AM. 801 W San Antonio St, New Braunfels (McKenna Event Ctr Children's Museum). POC: Tommy Dubuque tommydubuque@yahoo.com or call 830-606-2160

Fredericksburg PD Support Group

First Monday every month, 10 AM. Fredericksburg United Methodist Church in a room off the Fellowship Hall, 1800 North Llano Hwy. Coffee, juice and snacks are served. POC Judy Hoopman 830-997-7705 or ralanh@beecreek.net

Georgetown PD Support Group

Last Thursday every month, 2PM. Scott & White Meeting Rm, 4945 Williams Dr Georgetown, POC: Beverly Edwards 512-863-8443 edwards107@verizon.net

Lower Rio Grande Valley PD Support Group

Call for information on meetings. POC: Cheri Horkmann, (phone 956 554 6028)