

Parkinson's Disease (PD) and Nonmotor Dysfunction

There are many areas of non-motor dysfunction associated with Parkinson's disease. This article will attempt to summarize the key issues, the incidence where that is available, and the corrective action where that is known. To understand the issues in greater detail a good reference is Parkinson's Disease and Nonmotor Dysfunction edited by Ronald F. Pfeiffer, MD and Ivan Bodis-Wollner, MD, DSc; Humana Press. Furthermore, Dr. Holly Shill, a movement disorder neurologist, will be discussing Nonmotor dysfunction in some detail at the upcoming Mo Udall Symposium in 2006. Don't miss it.

ANXIETY & DEPRESSION

Two of the most significant nonmotor dysfunctions are anxiety and depression. Interestingly, there is growing data that suggests that neurochemical and neuroanatomical changes of PD itself drive anxiety and depression rather than a psychological reaction to a chronic condition. In other words, the condition appears to be physiologic rather than psychologic.

- **Depression**—is the most common psychological problem with PD
 - 43% incidence is associated with initial diagnosis and throughout the disease.
 - Optimized dopaminergic therapy is a prerequisite for successful management of depression. In addition, there are antidepressant drugs which have proven useful.
- **Anxiety** – panic attacks, agoraphobia (fear of places where escape might be difficult) and generalized anxiety disorder.
 - 92% of PD patients with anxiety also have depression and 67% of depressed PD patients have anxiety.
 - Education, counseling, stress reduction and pharmacologic intervention are all recommended treatment approaches

OBSESSIVE COMPULSIVE DISORDER (OCD)

- Obsessions are recurrent intrusive thoughts, impulses or images. Compulsions are repetitive behaviors or mental acts. In the PD patient, compulsions predominate with the most likely involving sex, gambling, shopping and eating.
 - Mirapex and Requip are two drugs shown to create compulsive behavior in some patients with PD.

DEMENTIA

- **Dementia** – the estimated prevalence of cognitive impairment and dementia is 20 to 40% in Parkinson's disease (PD).
 - Symptoms of Cognitive Impairment are:
 - ♦ Executive dysfunction such as attention and concentration issues
 - ♦ Impaired verbal fluency such as “tip of the tongue” problems

- ♦ Visuospatial disturbances that distinguish it from Alzheimer's disease. Example is difficulty parking in small spaces.
- ♦ Memory impairment is a criterion of dementia but since it is a very late development in PD (if at all), cognitive impairment will be diagnosed long before any dementia.
- Treatment should begin with reduction or elimination of anticholinergic medications (e.g. Artane and Cogentin) followed by reduction of dopaminergic medications (e.g. carbidopa/levodopa, pramipexole, amantadine). Cholinesterase inhibitors may help to preserve function in early and moderate stages.

PSYCHOSIS

- Is predominantly a medication-induced condition and is most prominently manifest as visual hallucinations, which may or may not be interpreted as real.
- Hallucinations are usually non threatening images of people, animals or inanimate objects that tend to be recurrent, stereotyped and reflect past experience
- Images are in color or black and white, inside or outside, stationary or moving
- Hallucinations are fleeting and will disappear if looked at directly or if one moves toward them.
- Pure auditory hallucinations are rare but do occur in up to 40% of patients with visual hallucinations
- Clozapine is the drug of choice in treating drug induced psychosis

DYSPHAGIA (swallowing difficulty)

- Prevalence may range from 50-100% in PD.
- Direct therapy methods might include changes in body positioning during meals, altering the quantity, taste, temperature and texture of food and cued instructions i.e. inserting repetitive cycles of mastication, breath holding, chin tucking.
 - Dopamine medication can ameliorate some symptoms.
 - Anticholinergic agents and salivary gland botox can reduce salivary consistency or volume which, in turn, enables better swallowing.

GASTRO-INTESTINAL DYSFUNCTION

- Impairment of gastric motility has been found in 70% of PD patients.
- Constipation
- Motor effects since drug absorption may be impaired
- Early satiety (feeling full and satisfied), upper abdominal fullness, bloating and sometimes pain, nausea and vomiting.

INSIDE

Maintaining a Partnership
Mentality
Page 3

Exercise Helps Slow
Parkinson's Disease
Page 6

Research Corner
Page 13

The Southwest Parkinson News contains information provided as a service and is not intended to constitute medical advice or views. Patients should discuss information regarding medical management with their physician.

Continued on page 2

Continued from page 1

- Small and frequent low fat, high fiber meals (e.g. whole grains)
- Avoidance of anticholinergic medications

SEXUAL DYSFUNCTION

- Impaired sexual function is greater amongst people with PD than the corresponding age correlated normal population.
- Use Sildenafil to correct erectile dysfunction

UROLOGICAL DYSFUNCTION

- Symptoms occur frequently amongst PD patients, particularly among men.
 - Irritation, urgency, urge incontinence in 57-83% of patients.
 - Hesitancy and weak urinary stream in 17-27% of patients.
 - Irritative symptoms (such as burning) are responsive to anticholinergic drugs.

CARDIOVASCULAR AUTONOMIC DYSFUNCTION

- Frequently patients with PD have signs of impaired reflexive cardiovascular regulation, the most significant of which is orthostatic hypotension (decrease of blood pressure on standing or sitting upright).

THERMOREGULATORY DYSFUNCTION

- On average cold intolerance is more common in PD
 - Cold and heat intolerance should be treated with appropriate clothing choices
 - Dry skin is treated with emollients.
 - Seborrheic dermatitis is treated with topical corticosteroids

RESPIRATORY DYSFUNCTION

- Pulmonary complications are the primary cause of morbidity and mortality in PD.
 - Disordered motor control of respiratory musculature causes restrictive and obstructive airways; predisposition to aspiration pneumonia.
 - ♦ 70% have speech problems. Manipulation of dopaminergic medications and voice therapies like Lee Silverman (“think loud, think shout”) and Pitch Limiting Voice Treatment all help.
 - ♦ Every attempt should be made to continue PD medications through any type of procedure or surgery to avoid aspiration pneumonias. This is also necessary for longer hospital stays.
 - ♦ Regular exercise seems to result in better respiratory status.

SLEEP-RELATED DYSFUNCTION IN PD

- Insomnia, Rapid Eye Movement Sleep Behavior Disorder, excessive daytime sleepiness and sleep apnea are all considered aspects of this dysfunction.
 - *Insomnia*
 - ♦ A specific cause for insomnia should be looked for (Restless Leg Syndrome, anxiety, depression) and treated first.
 - ♦ Apply good sleep hygiene (reduce time in bed, increase physical activity, curtail caffeine, alcohol, heavy meals before bedtime).
 - ♦ Observe a fixed wake-up time
 - ♦ Avoid fluids after 5pm and avoid naps
 - ♦ Use aids for getting in and out of bed; keep medications, water and commode chair handy.
 - *Rapid Eye Movement Sleep Behavior Disorder (RBD)*
 - ♦ Dream content during RBD is vivid and often has aggressive themes such as being threatened, chased, and attacked. Both the patient and bed partner are at risk for serious injuries.

- ♦ Polysomnography is recommended to confirm diagnosis. Polysomnography is a diagnostic test in which a number of physiologic variables are measured and recorded during sleep.
- ♦ Clonazepam effective in 90% of patients with RBD.
- *Excessive Daytime Sleepiness (EDS)*
 - ♦ Can lead to depression, cognitive impairment and have deleterious impact on work and marriage.
 - ♦ Periodic screening using the 5min Epworth Sleepiness Scale is a reasonable approach.
 - ♦ Underlying causes of EDS can be obstructive sleep apnea, insomnia, RBD.
- *Sleep Apnea*
 - ♦ Two types have been identified: obstructive sleep apnea (OSA) and central sleep apnea (CSA). In OSA there is no airflow, often despite great respiratory effort. In CSA, the transitory cessations of breathing are because of a drop in respiratory capacity – there is no airflow and no respiratory effort. OSA seems to predominate in PD.
 - ♦ In both cases, excessive daytime sleepiness (EDS) is the result.

VISUAL DYSFUNCTION

- ♦ Abnormalities in color perception (blue-green) and visual contrast sensitivity are most common
- ♦ Gait freezing, visual hallucinations and impaired driving may be related to underlying impairment of visual function

OLFACTORY DYSFUNCTION

- ♦ Problems in odor identification, threshold detection and odor recognition memory. Tendency to like sweets and hot, spicy foods.
- ♦ Olfactory dysfunction in PD may precede onset of motor dysfunction by many years and may be contributory to the diagnosis of PD.

PAIN SYNDROMES AND DISORDERS OF SENSATION

- ♦ About 50% of PD patients experience pain e.g. shoulder stiffness, contractures, dystonic spasms
- ♦ Inner restlessness i.e. constant moving and changing position

FATIGUE

- ♦ Is a common complaint among PD patients. More than half rank it among the 3 worst symptoms.
- ♦ Inability to produce adequate force during repeated muscular contractions is one cause
- ♦ Mental fatigue is caused by sustained hyper arousal or hyper vigilance.
- ♦ An active lifestyle has been shown to improve both physical and mental well being and reduce fatigue.

In conclusion, it is obvious that there many non-motor ramifications to Parkinson’s disease that need to be understood by both patient and family. Awareness and identification of symptoms will enable dialog with the Movement Disorder neurologist who can prescribe appropriate treatment to lessen, and in some cases, eliminate annoying and painful symptoms. Continuing education is a key prerequisite to the effective management of some of these symptoms which we hope this edition of the Parkinson’s Newsletter is fulfilling. We will continue to bring new information that pertains to management of both non-motor and motor symptoms of Parkinson’s as it becomes available in the research literature as a service to our regular readers.

Maintaining a Partnership Mentality Supports Healthier Interpersonal Relationships in Care-Giving

In America today chronic diseases are responsible for several million individuals providing care for family members. In the early stages, most chronic conditions including Parkinson's disease may result in minor inconveniences. Life remains fairly unchanged. Relationships stay intact. However, the onset of increased difficulty with activities of daily living results in family assuming the caregiver role to assure a loved one's needs are met. What begins as slight inconveniences may escalate into days of unending caregiver activity, with little time left to acknowledge one's own personal needs. Sleep deprivation, isolation, coping with difficult behaviors, assuming increased responsibility for the running of the household and numerous other stresses effect both the caregiver and care receiver. Long-term loving relationships with either a parent or spouse become tarnished and life can ultimately become meaningless and empty resulting in negative behaviors that are never intended. Sometimes even solving simple problems becomes a struggle. Life is changed dramatically. Interventions become critical in order to re-establish balance in life's journey with a loved one.

With the advent of a new year, 2006, it may be an appropriate time to implement some changes that will lead to a healthier YOU and restored loving relationships. May it be a year when you address that negative "something" that insidiously creeps into relationships within families living with Parkinson's so life can be lived at its fullest. May it be a time when you refrain from feeling like a victim dealing with the Parkinson symptoms and become winners and experience daily victories in all aspects of your lives.

We know that race car drivers never win races alone. They circle a track at dangerously high speeds and win, not just because they may be expert drivers but because they have partnered with a skillful and meticulously synchronized "Pit Crew." The team commitment is to resolve problems with each mile and be successful—through solid partnering. Your journey with Parkinson's was not by choice and while it can't exactly be compared to that of a race care driver, it may occasionally feel as though you are traveling on a rough road. Indeed, it may seem that you are traveling a winding road with deep pot-holes, dead ends, sharp turns and steep hills. With advancing symptoms and medication side effects, you may experience the stress of unexpected detours that take you a few feet from feeling like

you are at the edge of a cliff. How much smoother the ride and richer the journey when there is a loving someone beside you to be your partner when the road get rough.

Let's examine care-giver/receiver dynamics and consider ways that they can become a partnering experience. Care-giving denotes energy directed one way to the receiver. The energy it takes to be intensive in care-giving can, without much warning, result in mental, emotional and spiritual bankruptcy and ultimately lead to a physical breakdown. The care receiver ultimately is anguished with guilt, anger and frustration from feeling like a burden. The negative emotions for both may turn, without awareness, into one of a nurse/patient relationship. What began as a loving relationship can become clinical and meaningless. However, with a partnering mentality the road goes both ways with each giving and receiving. It means reevaluating the daily issues one at a time and deciding what the best approach will be to address them. Even simple changes can be life altering.

Change is not always easy, especially when it comes to embracing new concepts. Thinking as a "partner", which Webster describes as "one who plays on the same team with another" may mean struggling to break some old ways of doing things at home. If you are a fairly controlling caregiver this may be uncomfortable for you as it generally suggests giving up some of those behaviors. As partners the dynamic is to communicate about what areas are working and what is not going well in daily activities, then deciding together ways to address them. Support group leaders realize that many individuals with Parkinson's disease have responsibilities assumed for them far sooner than is necessary. What is healthy in a partnership is that areas of concern can be negotiated. Some sense of independence and dignity is restored. Each is reporting needs and how those needs will be shared and met.

A critical feature of partnering is communication. It means making a conscious effort to spend just ten or more minutes a day, knee to knee, openly and honestly exploring what is important to each of you. A heart to heart sharing of feelings, fears and dreams may foster several new beginnings on the road map of your life journey. Maintaining good relationships is one of the hardest things we humans do in life. But the investment in each other, which generally means making time to communicate, has the potential to bring untold richness to one's days. If the partnering concept is seriously embraced, that time and energy investment may be so fulfilling that hopefully it becomes the norm in your household. Using Webster's definition we are meant to "play" on the same team. That dynamic tends to create an environment of trust, compassion, fun, love

and respect, all healthy ingredients for building strong, joy-filled partnerships.

Think of your physicians as critical partners in maintaining optimum well being. The way you support that partnership is to help your doctors by making notes of any changes, positive or negative, at least a week prior to an office visit. Providing a clear picture of what is happening with motor and non-motor symptoms of your PD benefits you and your physician whose goal is to facilitate successful outcomes.

Further opportunities to partner are all around you. Yes, people ARE busy today, but busy families still want to help. With forethought and planning, family members can be your best partners. They know you well, care about you and generally know you may be struggling but are just waiting for you to speak up. Family conferences are a great way for everyone to come together to discuss a plan and often provide creative ideas about what and how they can be supportive. Similar encounters can be had with good friends, neighbors and people in your spiritual community. The possibilities are endless once acceptance for the value of seeking support is realized. You, as partners are just broadening your network of partners and assuring a smoother road for your life journey.

Last, but not least, for those who may not have personal support systems, there are social service agencies designed to support individuals with chronic health problems. However, most people are not fully informed about what is available. Service agencies are either publicly or privately funded. The publicly funded programs are supportive of those with limited income. Both types of agencies provide everything from adaptive equipment to maintaining independence at home, to transportation, home-delivered meals, personal care for bathing and adult day health care for socialization and respite support. The Area Agency on Aging in your county or state is a referral source for most services. Every Agency has help-lines for quick response and support. They are just waiting for your phone call.

It is hoped that wherever you are along the road in your life journey with Parkinson's disease, that there are many loving, caring partners surrounding you and your mate. May the year ahead be rich with meaning, full of fun and pleasant surprises as you embrace the idea of maintaining healthier relationship through partnering experiences.

Parkinson Registry

To enter your data for the first time or as part of the semi-annual update please visit our web site at www.parkinsonsregistry.com. Click on the blue box on the top right for the Parkinson's Disease Registry. If you have any difficulty please e-mail us with questions at info@maprc.com or call toll free at 1-877-287-7122. For people already enrolled in the Registry, you were sent semi-annual notification for data updates in November 2005. This notification was electronic for those enrolled electronically and hard copy mailing for those enrolled via paper questionnaire. The updates will continue every 6 months via both forms of communication.

The Registry questionnaire is designed to collect information on many different aspects of Parkinson's disease (PD) and is a unique opportunity for you to tell your story with your data and experiences. Every day new registrants are entering their data. Don't miss your opportunity to add your unique data by registering if you have not already done so. Everyone needs to give the gift of his or her own data to contribute to a more valid understanding of how best to enable healthy lifestyles for those with PD. Please sign up now by using the information in the box above. Thank you!

This edition of the *Southwest Parkinson News* is focused on non-motor aspects of Parkinson's disease and interestingly, the Registry questionnaire addresses a number of these issues. You will note that these issues are captured in the PD specific Quality of Life survey at the end of the questionnaire as sections related to emotional well being, stigma, social support, cognitions, communication and bodily discomfort. Also, as indicated in the introductory article to this issue on Non-motor aspects of PD, two of the most significant issues, depression and daytime sleepiness, are best handled with measurement scales. The Geriatric Depression scale and the Epworth Sleepiness scale. are contained within the Registry adding substantial benefit to the management of these two critical symptoms.

The Muhammad Ali Parkinson Center plans to use data from the Registry to ask some important questions about depression and PD as well as other aspects of PD. In the future, we will be providing summary data to external investigators studying the motor and non-motor symptoms of Parkinson disease enabling them to make significant additional correlations. The *Southwest Parkinson News* will be one of the vehicles we will use to communicate these findings when they are available.

Keep Your Brain Alive

Written by: Lawrence C. Katz Ph.D. and Manning Rubin

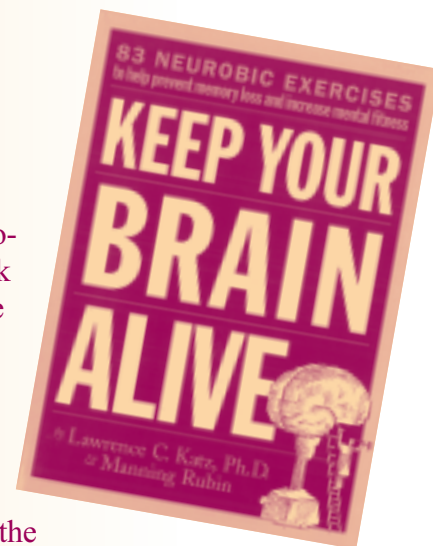
Reviewed by: Malayappa Jeevanandam Ph.D.

Neurobics is an exciting synthesis of substantial findings about the brain that provides a strategy for keeping the brain fit and flexible as one grows older. This book attempts to explain the principles behind Neurobics and the exercises that enhance the overall health of the brain, as one grows older. Creating new associated patterns in the brain is a central part of the Neurobic program. The goal of the eighty-three Neurobic exercises mentioned in the book is to help prevent memory loss and increase mental fitness. They can help you to access the result of memories and experiences whether you are young or old. Simply on its own Neurobics can help your brain to be alive, stronger and in better shape as you grow older. Throughout the course of the day your brain is activated by your senses and it encounters new stimuli all the time. The Neurobics exercises provide a balanced, comfortable and enjoyable way to stimulate your brain. An active brain is a healthy brain, while an inactive brain leads to reduced brain fitness.

The conditions that make an activity a Neurobics exercise are explained. The authors believe that challenging activities strengthens synapses between cells in the brain. In response to these enhanced activities, some of the brain cells begin to produce more brain growth molecules such as neurotrophins.

Similar to the body, the brain needs a balance of activities. As with any exercise, you must be aware of your own limitations. Because routines are so ingrained in our mornings and evenings, they are an ideal time to inject a bit of novelty to awake new circuits. Some ideas on how to transform your daily activities into Neurobic workouts are explained. With a little planning and rethinking, your routine activities can be changed from passive and mindless to activities that strengthen the brain. Evidence clearly shows that the brain does not have to go into a steep decline as we grow older.

No exercise program is going to help you if you are not motivated and can't find time to do it... Neurobics is recommended as a choice.



5th Annual Parkinson's Seminar at Sea

June Hubek

The 5th annual Parkinson's Seminar at Sea cruise set sail on October 16th from Galveston, Texas aboard Carnival Conquest. The seminar was sponsored by the California Neuroscience Institute and featured Dr. Matthias Kurth, Neurology, Movement Disorders as the main presenters. Other speakers included Dr. Janice Kurth, Internal Medicine, Human Genetics; Matt James, author and producer of Vocal Energy and Release; Susan Kline, Outreach Coordinator and Rod Preston, Technical Support California Neuroscience Institute.

Seminar topics included medication, digestion, genetics and inheritance, exercise, deep brain stimulation and vocal release. Matt Jones demonstrated proper breathing techniques and vocal exercises to improve voice production. Workshops were available for care givers.

Over 150 people with Parkinson's and care givers attended the sessions and enjoyed dinner together each night along with other planned activities. The final night of the cruise, Matt James, an accomplished singer, gave a concert exclusively for the Parkinson's group.

Due to Hurricane Wilma, the ship had to change course and sail long the Yucatan Peninsula. Port days were "free time" for the seminar attendees to go ashore or just relax and enjoy activities aboard the ship.

The cruise seminar offers a unique way to learn more about Parkinson's, meet new friends and enjoy the relaxation of a cruise. The 6th Annual Parkinson's cruise will be October 29-November 5, 2006 from Long Beach, Ca to the Mexican Riviera. Anyone interested can contact Gloria Saponaro, Group Coordinator, Travel Syndicate at 800-248-0388, X 270.

Exercise Helps Slow Parkinson's Disease

Regular Exercise Triggers Important Brain-Preserving Proteins



By Jeanie Lerche Davis, WebMD Medical News
Reviewed By Brunilda Nazario, MD on Monday, October 25, 2004

Exercise may slow the onset of Parkinson's disease, a new animal study shows. A pilot study is under way to test this theory in Parkinson's disease patients.

It's a wake-up call for the rest of us to get some regular exercise, the researchers say.

"The concept is emerging that exercise is not only good for the heart and body weight, but also good for the brain," senior researcher Michael J. Zigmond, PhD, co-director of the Center for Neurosciences at the University of Pittsburgh School of Medicine, tells WebMD.

Zigmond heads the team presenting this newest report at the Society for Neuroscience annual meeting, held in San Diego.

"Studies show consistently that people who lead active lives -- who exercise and walk every day-- are less likely to get Parkinson's disease," Zigmond says. "Studies are also under way to identify individuals with Parkinson's disease, put them on an exercise regimen, to see if it is preventive. In the next few years, we should have a real handle on that."

Parkinson's disease is a mystery, and its cause is unknown but the symptoms are unmistakable. The progression of this brain-wasting disease causes uncontrollable tremors, rigidity of limbs, slow movements, and stooped posture. This results from the slow breakdown of nerve cells in the brain that produce dopamine, a chemical that helps control movement.

While some medications or surgery help relieve symptoms, researchers have searched for ways to prevent the downward spiral of Parkinson's disease. This newest study offers hope for an extremely doable alternative, says Zigmond.

Simulating Parkinson's Disease

In their study, the Pittsburgh researchers first put a cast on a lab rat's forearm and forced the rat to exercise the other "good arm" for seven days. Researchers then removed the cast, and -- to simulate Parkinson's disease -- injected one side of the rat's brain (the same side as the casted limb) with a toxin that triggers brain cell loss, mimicking what is seen in Parkinson's disease.

The side of the brain that was injected was chosen because it controls movement in the free limb. By casting the opposite limb, the researchers were hoping to force exercise in the limb that should have had its movement destroyed by the brain toxin.

Animals that exercised their free limb lost significantly fewer brain cells that contain dopamine-- just 6% of these brain cells. Another group of rats that also received the toxin but were not forced to exercise lost 87% of their brain cells. Parkinson's disease is caused by the destruction of dopamine-producing brain cells.

Two days after the toxin was given, the "exercised" rats still had brain cells that appeared healthy.

Previous research has shown a similar pattern -- that people who lead active lives, who exercise and walk every day, are less likely to get degenerative brain disorders like Parkinson's disease, Zigmond says.

In fact, just last month two studies showed that exercise helps prevent or delay onset of Alzheimer's disease, which also involves brain cell death, Zigmond tells WebMD. Those studies showed that "the more active you are, the older you were when you developed it, and the less severe it was."

Studies have also shown that exercise stimulates production of key proteins -- specifically a nerve growth factor called GDNF that is important for survival of brain cells, he explains.

"Exercise increases concentrations of growth factors that reduce the rate at which nerve cells die," Zigmond explains. "We've known that these growth factors are very important during a child's early years. But now we realize that they can become important again in adulthood."

Several small pilot studies are under way involving patients diagnosed with Parkinson's disease, he says. Researchers plan to enroll 20 patients in a 60-minute exercise program that meets three times a week.

Preventing, Slowing Parkinson's Disease May Be Possible

Zigmond's study is "exciting, very interesting," Spyridon Papapetropoulos, MD, PhD, visiting pro-

Continued on page 11

Recreation and Education — January-June 2006

In order to plan safe and effective classes, **all** classes require pre-registration. Classes are only \$5 per class, payable by class or by session. For further information and to register, please call the Therapeutic Recreation Coordinator, Darolyn O'Donnell, at 602-406-6903

Avondale/Goodyear

Exercise

The Art of Moving Exercise Class
Thursday 10 am;
January 12 - June 29
Skyway Church of the West Valley
14900 W. Van Buren, Goodyear

Carefree / Cave Creek / North Scottsdale

Exercise

The Art of Moving Exercise Class
Monday 2 pm;
January 9 - March 27
Sonrise Community Church
29505 N. Scottsdale Rd.
(Scottsdale & Dixileta Dr.)

Chandler

Exercise

The Art of Moving Exercise Class
Wednesday 3:30 – 4:30pm;
January 11 - June 28
Village Oaks Assisted Living
1919 W Carla Vista Drive
(Dobson & Chandler Blvd)

Mesa / East Mesa

Exercise

The Art of Moving Exercise Class
Wednesday 2 – 3 pm;
January 11 - April 26
Mesa Senior Center Downtown
247 N. MacDonald Classroom 4

Exercise

Mondays 1- 2 pm;
January 9 - April 24
Red Mountain Multigeneration
Center
7550 E. Adobe Road, East Mesa

Tai Chi

Tuesday 11 am - 12pm; April 25

Thursday 10-11 am; April 27
The Springs of East Mesa
6220 E. Broadway
(Between Power & Recker Roads)

Phoenix

Exercise

The Art of Moving Exercise Class
Tuesday 2-3 pm;
January 10 - July 25
Muhammad Ali Parkinson Center
500 West Thomas Road, Suite 720

Voice Class

Tuesday 3 – 3:30 pm;
January 10 - July 25
Muhammad Ali Parkinson Center

Aquatics

Friday 1:30 – 2:30 pm;
April 7 - May 26
Muhammad Ali Parkinson Center

Tai Chi

Thursday 11 am – 12 pm;
January 12 - May 25
Muhammad Ali Parkinson Center

Scottsdale

Exercise

The Art of Moving Exercise Class
Tuesday – 10:00 – 11:00 pm;
January 10 - May 30
Freedom Inn, 15436 N. 64th Street
(Greenway & 64th St.)

Tai Chi

Thursday 10 – 11:00 am;
January 12 - April 27
Pueblo Norte - Auditorium
7090 E. Mescal St., Scottsdale

Sun Cities

Tai Chi

Tuesday – 1 – 2:00 pm;
January 10 - March 28
Care from the Heart
9885 W. Union Hills Drive, Ste.
100
(99th Ave & Union Hills)

Exercise

The Art of Moving Exercise Class
Thursday - 9:00 – 10:00 am;
January 12 - June 29
Care from the Heart
9885 W. Union Hills Drive, Ste.
100
(99th Ave & Union Hills)

Exercise

The Art of Moving Exercise Class
Monday – 2 classes: 9:00-10:00,
10:00-11:00; January 9 - July 30
Shepherd of the Hills United
Methodist Church
13658 Meeker Blvd, Sun City West
(Meeker & R.H. Johnson)

Prescott

Exercise

The Art of Moving Exercise Class
Tuesday 11 am - 12 pm
Yoga Shalla, 322 W. Gurley Street



ART OF MOVING

(Non-MAPRC sponsored)

The following Art of Moving classes are also available year long in the valley at the following locations. The Muhammad Ali Parkinson Research Center does not directly sponsor these classes. If you are interested please call the appropriate contact. Class fees vary.

Peoria**Exercise**

Tuesday 2:00-3:00 pm

Arrowhead Community Hospital-
Wellness Connection

Instructor and Contact Person:

Ariel 602-973-8693

Scottsdale**Exercise**

Thursday – 2:00-3:00 pm

HealthSouth – Outpatient
(southwest side of the building)

9630 E. Shea Blvd.

Instructor: Melinda Theobald

Contact Person: Melinda Theobald

480- 551-5423

Aquatics

Mondays & Wednesdays

12:00-1:00 pm

HealthSouth – Outpatient

(southwest side of the building)

9630 E. Shea Blvd.

Instructor: Melinda Theobald

Contact Person: Melinda Theobald

480- 551-5423

**Personal Computer
Assistive Technology
Workshop**

This two and a half-hour workshop is designed to help you get the most from your computer's capabilities. Computer applications such as email, the internet and photo sharing are important benefits to people with Parkinson's disease as they help keep you connected to your loved ones, to the rest of the world and to the latest

information about PD. In addition to learning how to make the most from your computer, assistive devices currently available that can minimize difficulties you may encounter will be presented. This workshop is intended to provide both a broad overview of the many options available to you, as well as specific instructions on how to make using your personal computer easier and less frustrating. The presenter of this seminar, Thom Olson, has spent his professional career in information technology, both hardware and software. He has since been diagnosed with Parkinson's disease and has begun focusing his professional services to locate and apply assistive technologies to those with movement disorders or other physical limitations. There is no fee for this class and there will be computers available for use. Seminar size is limited. Please call 602.406.6903 to reserve space.

Location: St. Joseph's Center for
Education & Development

3115 N. 3rd Ave., Ste 132, Phoenix

Date: Monday, March 27th

Time: 10:30 a.m. - 12 p.m.

Golf Clinic

Since you were diagnosed with Parkinson's disease has your golf game suffered or have you stopped playing golf all together? If so then this 4-week golf clinic is for you! Join us for the Muhammad Ali Parkinson Center Golf Clinic. Each session will include 1 hour of group golf instruction with a PGA Professional, 1 hour of education about managing your PD with your golf (nutrition, medication, stretching and strengthening) and a nutrition break. During the last session you will be able to test your game in a skills challenge.

Sun Cities / Surprise

Location: Sun City Country Club
9433 N. 107th Ave., Sun City, AZ
85351

Dates: January 12th - February 16th

Time: Thursdays, 9 a.m. - 12 p.m.

Fee: \$30.00

Mesa

Location: Augusta Ranch Golf Club
2401 S. Lansing (S. Ellsworth &
Baseline)

Dates: January 10th - 31st

Time: Tuesdays, 9 a.m. - 12 p.m.

Fee: \$20.00

**Gardening with Ease
for People with PD**

Come learn how to use your body safely and efficiently by incorporating proper body mechanics and energy that come into play while gardening. Elizabeth Keith will instruct this workshop. Many of you know Elizabeth as an Art of Moving and Tai Chi instructor for the MAPC. Elizabeth is also a Guild Certified Feldenkrais Practitioner™ and has been teaching the Feldenkrais Method to groups and individuals since 1986.

For this particular workshop, participants will learn to alter the use of the body while lifting, bending, pushing and digging - all to help compensate for PD symptoms or years of moving improperly. The Feldenkrais Method® is a sensory-motor educational approach that will help you experience verbally guided movement explorations in order to become more aware of your body parts and how they can work together with more ease and efficiency.

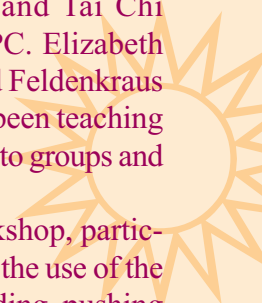
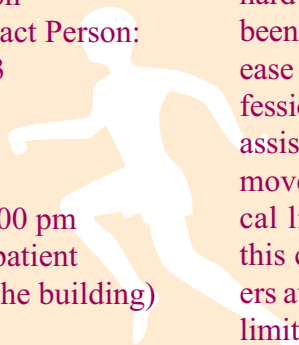
Contact: Darolyn O' Donnell

Fee: \$10.00

Location: Phoenix Desert Botanical
Gardens, Dorrence Hall/Wildflower
Pavillion, Galvin Parkway, Phoenix, AZ

Time: 1-3 p.m.

Date: Wednesday, March 15, 2006



**Fall Prevention
“A Matter of Balance”**

If you have trouble with falling, have a fear of falling or have restricted your activities in hopes of reducing your chances of falling, this session is for you. Based on a group program developed by the Boston University Royal Center Consortium, the purpose of this program is to help people with PD reduce their fear of falling, thereby enhancing activity levels. This program offers a way to help learn more about fall prevention strategies; follow personal plans to carry out fall prevention strategies; and make changes which help reduce the fear of falling.

Sun Lakes / Chandler

Sun Lakes Health Center

10440 E. Riggs Road (Riggs/Alma School), Sun Lakes, AZ
Time: Mondays, 10:00-12:00
Dates: January 23rd, 30th

PD 101

Parkinson’s 101 is a 4-week seminar course, 2 hours each session, for people with Parkinson’s disease and their families. The course covers basic neurology and the symptoms of Parkinson’s disease, medication, nutrition, exercise, mind-body connections such as sleep disorders and depression, caregiving, how to talk to your doctor and any other topics of interest to the group.
Instructors: Margaret Anne Coles & Darolyn O’Donnell

Carefree / Cave Creek / North Scottsdale

Our Lady of Joy Catholic Church

36811 N. Pima Road
Carefree, AZ 85377
Time: Wednesdays, 10:00 am – 12:00 pm
Dates: January 25th - February 15th

Mesa

The Springs of East Mesa

Saguaro Room
6220 E. Broadway Rd
(Between Power & Recker Roads)
Mesa, AZ 85204
Time: Wednesdays, 10:00 am -12:00 pm
Dates: March 1st - 22nd



Support Group Calendar

Contact Kris Watts at (602) 406-4921 for detailed information regarding meeting locations, dates and topics of a support group near you.

Parkinson’s Disease

Specialty Groups

Caregiver Wellness Series

Muhammad Ali Parkinson Research Center
500 W. Thomas Rd Ste 720
Phoenix, AZ 85013
Every Tuesday, 1:30-2:30 pm
Facilitator: Kris Watts 602-406-4921
This is for caregivers only please. Each week a different caregiver needs will be addressed along with discussion time.

Deep Brain Stimulation (DBS)

Medtronic Neurological
2343 W Medtronic Way
Tempe, AZ 85284
Meets Every Other Month
This is for those who have, are going to have or would like to have the DBS surgery

Young Onset Families PD Groups

Downtown Phoenix
2nd Thursday of the Month,
7:00-8:30pm
This is for those with PD age 30-50

Young Onset Men’s Group

Meets every other month
Call for meeting date, time, location and activity
This is for those with PD age 30-50

Young Onset Carepartner Group

Meets every other month
Call for meeting date, time, location and activity
This is for those whose spouse/partner are age 30-50 with PD

Singing Group

“The Tremble Clefs”

Scottsdale Civic Center Senior Center
7375 E. 2nd St.
Scottsdale, AZ 85251
Every Tuesday,
4:00-6:00 pm

East Valley**Ahwatukee/Sun Lakes**

Mountainview Lutheran Church
11002 S. 48th St.
Phoenix, AZ 85044
3rd Thursday of the Month,
1:00-2:30 pm
(Call 602-406-4921 first as some
months the group meets in Sun Lakes)

Chandler

Solera Community
6360 S Mountain Blvd.
Chandler, AZ 85249
3rd Tuesday of the Month,
2:00-3:30 pm

Mesa

Mesa Senior Center East
7550 E Adobe Rd, Mesa, AZ 85207
1st Monday of the Month,
1:00-3:00 pm

Mesa Senior Center

247 N. McDonald
Mesa, AZ 85201
3rd Monday of the Month,
1:30-3:00 pm

Central Scottsdale

Brighton Gardens
6001 E. Thomas Rd
Scottsdale, AZ 85251
3rd Friday of the Month,
2:00-3:30 pm

North Scottsdale

HealthSouth Rehab Center
9630 E Shea Blvd.
Scottsdale, AZ 85260
2nd Friday of the Month, 1:30 pm

Phoenix**North Central**

Beatitudes Center D.O.A.R.
555 W. Glendale Ave.
Phoenix, AZ 85021
2nd Thursday of the Month,
1:30-3:00 pm

Black Mountain

Classic Residence Care Center
7501 E Thompson Peak Prky
Scottsdale, AZ
3rd Tuesday of the Month,
10:00-11:30 am

West Valley**Sun City West**

*Shepherd of the Hills United
Methodist Church*
13658 Meeker Blvd.
Sun City West, AZ 85375
3rd Tuesday of the Month,
3:00-4:30 pm

Goodyear

Revolving location, call 602-406-
4921 for details
2nd Tuesday of the Month,
6:30-8:00 pm

Northern Arizona**Prescott**

Trinity Presbyterian Church
630 park Ave.
Prescott, AZ 86303
3rd Thursday of the Month,
9:30-11:00 am

VA Hospital

ECRCII Conference Room
2nd Floor
Prescott, AZ 86303
4th Monday of the Month,
4:15- 5:30 pm

Verde Valley

*Sedona Winds Retirement
Village*
405 Jacks Canyon Road
Village of Oak Creek
3rd Friday of the Month,
2:00pm

Kingman

Kingman Regional Medical Center
Dell Webb Conference Room
1st Wednesday of the Month,
1:00-2:00 pm

Lake Havasu City

Senior Center
450 S Acoma Blvd.
Lake Havasu City, AZ 86403
2nd Wednesday of the Month,
1:30-3:30 pm

Outside of Arizona**El Paso, TX**

Sierra Medical Center Hospital
1625 Medical Center Drive
El Paso, TX. 79902
2nd Saturday of every month
Contact:
Edmundocastaneda@aol.com

**Other Movement
Disorders**

Progressive Supranuclear Palsy
Muhammad Ali Parkinson Research
Center
500 W. Thomas Rd Ste 720
Phoenix, AZ 85013
3rd Friday of the Month,
10:00- 11:30am
Facilitator: Kris Watts 602-406-4921

Continued from page 6

fessor of neurology at the University of Miami School of Medicine, tells WebMD. "All our efforts up to now have been in preventing further degeneration of these nerve cells or restoring brain cells with embryonic stem cells. If exercise can prevent loss, that's very exciting."

However, he advises against getting overly excited about the research just yet. "It's too early to know whether this works in humans. By the time that Parkinson's disease is diagnosed, people have already lost

60% to 80% of their dopamine-producing neurons. One can speculate that if it's caught early enough, it's possible to salvage [brain cells] that have survived."

"It's an intriguing finding. ... We're all looking for interventions to prevent these degenerative diseases, and this growth factor GDEF has looked promising," Burton Scott, MD, professor of neurology at the Duke University Movement Disorders Center, tells WebMD. "But how to deliver this growth factor so it

works in patients hasn't been determined. So far, those efforts have been unsuccessful. This study presents another avenue to explore."

SOURCES: Neuroscience 2004, San Diego, Oct. 23-27, 2004. Michael J. Zigmond, PhD, co-director, Center for Neurosciences, University of Pittsburgh School of Medicine. Spyridon Papapetropoulos, MD, PhD, visiting professor of neurology, University of Miami School of Medicine. Burton Scott, MD, professor of neurology, Duke University Movement Disorders Center.

What is happening at the Parkinson Action Network (PAN)

The main focus at PAN currently is the "Morris K Udall Research Act Amendment" which was introduced by the House of Representatives as H.R. 3550, and the Senate Caucus on Parkinson's disease is expected to introduce similar legislation.

The Amendment works to strengthen the overall coordination and requires more strategic planning of Parkinson's research funds at the National Institute of Health (NIH). It would also secure the existence and funding review process for the Udall Centers program. The bill also requires the Center for disease control and prevention (CDC) and the NIH to address the lack of information we have about who has Parkinson's disease and why, which would aid in better targeting critical research funds.

The original Udall Act of 1997 was passed due to the hard work of many PAN advocates. Here in Arizona a couple of local advocates, Maryhelen Davila from Phoenix, and Bob Dolezal from Tucson, were instrumental in convincing Senator John McCain to support the bill. Once again it is going to take a concentrated group effort from the entire Parkinson disease community to convince their members of Congress to support and pass the Udall Act Amendment.

If anyone would like to contact their Representative or Senate office and is not sure how to go about it or just needs help, feel free to contact either of the PAN state coordinators,

Mike O'Leary in Phoenix, mmkm426@cox.net 602-677-0964, or Margy McGonagil in Tucson, through the APDA information and referral center, (520) 326-5400 or 800-541-4960.

Other News

Available in our resource library is a beautifully produced mini movie affectionately called "The Milly" tape. This 5 minute compilation of the made for TV movie is a wonderful tool for informing the public about Parkinson's disease. It also is an excellent conversation starter for groups. This mini movie has opening and closing statements made by Michael J. Fox. This would be a great opener for a support group. Contact Kris Watts at 602-406-4921 to borrow a copy.

And...

This year in February 2006 The World Parkinson Congress (WPC) and the Parkinson Action Network (PAN) are being held back to back. This allows attendees to pay for only one round trip ticket. For more information on the 4 day WPC check out their website at www.worldpdcongress.org The Parkinson Action Network's informative and motivating website is www.parkinsonsaction.org



Recreation Update

As the MAPC fall exercise and recreation season comes to a close, we reflect back on a successful, healthy 2005 and look forward to spring 2006 with great anticipation.

Exercise and wellness activities are at the forefront of healthy living with or without Parkinson's disease. But within the Parkinson disease community, research around exercise is continuing to gain momentum not only because the results indicate that exercise may slow the progression of PD symptoms, but new research may prove exercise to be neuroprotective.* People with PD are not only listening and paying attention, they are taking exercise to heart. This past fall, attendance in exercise classes jumped 34% from the year prior.

To meet this continual increase in demand the MAPC has expanded programs. Expansion entails locating organizations that are supportive and willing to donate space as well as finding additional instructors who reflect the experience, maturity, commitment and, most importantly, the right heart. This summer we were fortunate to have John Argue, founder of the Art of Moving exercise program for people with Parkinson's disease, provide an instructor training workshop here on campus. Exercise instructors, therapists and fitness professionals from all over the state (and even as far as Idaho and New York) attended the workshop to learn his innovative method. This workshop not only provided the Center with more trained instructors, but also benefited professionals by increasing the awareness of the numerous symp-

tomms specific to PD and subsequently how to help those living with the disease maintain their quality of life.

Last fall exercise classes expanded to the west valley with a well-received Art of Moving program. Tai Chi in the east valley proved to be such a hit it was necessary to hold classes twice a week. Those of you who live in the north Scottsdale area can look forward to a new Art of Moving class in Carefree / Cavecreek. To provide golfers equal opportunities to pursue their love of the game, golf clinics in both the east and west sides of the valley are scheduled to begin in January. (See "Recreation and Education Pull-Out Section" for details on all of the above).

Our goal is to continue to expand programs of different interests throughout this vast valley and state. We hope that you will share our enthusiasm and not just watch us grow, but will be an active part and reap the health benefits that activity and exercise provides.

*Please see details in Jeanie Lerche Davis's article "Exercise Helps Slow Parkinson's Disease" reprinted with permission in this issue of the Southwest Parkinson News

THANKS to all of you who have participated in exercise classes and completed surveys. The compiled data has been accepted as a poster presentation at the World Parkinson Congress in Washington DC this February. Stay tuned for details in the next edition of the Southwest Parkinson News.

Skiing and PD

Letter from Patrick McIvor

I am sorry that you have not had anyone sign up for skiing as yet. You mentioned that a number of people feel that they do not believe that they would be able to ski because of their Parkinson's condition.

For anyone who is capable of walking I can assure them that they can learn to ski safely and will find that it is easier than walking! Aside from the fun, excitement and a sense of achievement I am convinced that skiing has a very positive therapy value by helping with balance and muscle control. Last winter I skied with a woman who

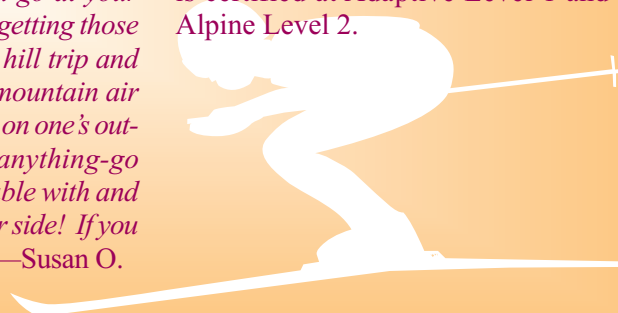
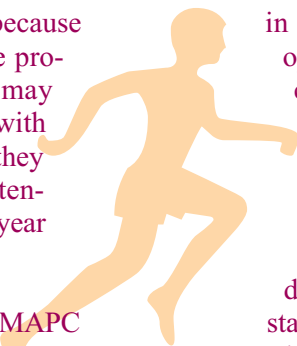
has moderately advanced Parkinson's symptoms including loss of balance and coordination. She learned to ski quickly and well and writes the following:

"Skiing is something you must not rule out! Patrick McIvor is well acquainted with the ups and downs of Parkinson's and will keep you safely sliding along.

You can start small and go at your own speed. Start with just getting those skis on and a short bunny hill trip and work up from there. The mountain air and exercise work wonders on one's outlook! No need to prove anything-go with what you're comfortable with and Patrick will be there at your side! If you think you can you can!" —Susan O.

If you have an interest in learning how to ski or sharpen your skiing skills, please contact Darolyn O'Donnell at 602-406-6903. She can help with facilitating your trip to Durango and put you in touch with Patrick McIvor

Patrick McIvor was diagnosed with Parkinson's disease in 1992. He has been a member of the Professional Ski Instructors of America since 1996 and is certified at Adaptive Level 1 and Alpine Level 2.



Research Corner

Research Studies at Barrow Neurological Movement Disorders Clinic

The research staff at Barrow Neurological Movement Disorders Clinic is continuing to enroll patients in 4 clinical research studies for Parkinson's disease. These research studies include 2 for genetic research, 1 medication "Off" time study and 1 Coenzyme Q10 study that will be starting in the near future.

The "Off" time study is evaluating a medication (Stalevo) that has been approved by the FDA and is available by prescription. The medication study offers an "Open Label" follow up study to all patients who complete the initial study. An "Open Label" study is one in which there is no placebo i.e. every patient receives the study drug.

The purpose of the "Effects of Coenzyme Q10 in Parkinson's Disease Phase #3"(QE3) is to compare with placebo the effect of two doses of coenzyme Q10 on the total score on the Unified Parkinson's Disease Rating Scale (UPDRS) in subjects with early Parkinson's disease. Subjects with early Parkinson's disease who have not yet developed sufficient disability to require treatment with dopaminergic agents are eligible for the study. Patients must have the presence of all 3 of the cardinal features of Parkinson's disease (resting tremor, bradykinesia and rigidity). The diagnosis of Parkinson's disease must have been made within 3 years of

the screening visit. Duration of previous use of symptomatic medication for Parkinson's disease (preceding 60 days before baseline visit) cannot exceed 90 days (e.g., levodopa, dopamine agonist, selegiline, amantadine).

Several studies are planned to start in the late fall/early winter. Barrow Neurological Movement Disorders Clinic will continue to work on projects sponsored by the Parkinson's Study Group (PSG). The PSG will be sponsoring 2 new studies for early untreated Parkinson's disease.

There is no cost for any of the studies. All clinic visits, tests and medications are paid for by the study sponsors. The patients will be followed closely by the clinical research study staff Holly Shill, MD, Richard S. Burns, MD, Anwar Ahmed MD and Lynn L. Marlor BSN.

Barrow Neurological Movement Disorders Clinic is continually starting new research studies. If a patient is interested in participating in a project or receiving further information they should call Lynn L. Marlor, BSN, Research Nurse Clinician at 602-406-6259 for complete details as these listings may change.

The studies currently enrolling are listed below:

DNA Repository for Patients with Parkinson's Disease: NET SS01-2003

The National Institute of Neurological Disorders and Stroke (NINDS) is the sponsor of this project.

The goal of the study is to bank DNA and Clinical data on individuals with Parkin-

son's disease and related disorders and healthy control subjects. The DNA samples in the repository will be available for research into the genetics and epidemiology of PD and related disorders. Investigators with studies deemed to be of scientific merit will be allowed to access the DNA samples and clinical information. Personal identifying information will not be released to any researchers. Healthy control subjects specifically spouses, siblings of spouses and spouses of siblings of participating PD and Parkinsonism patients will be targeted. If a healthy control is unavailable, other healthy controls may participate. The study consists of a single visit with completion of a form and a blood draw.

Genetic Linkage Study in Parkinson's disease: Gene-PD

The sponsor of this study is the National Institute of Health, National Institute of Neurological Disorders

The purpose of this study is to examine changes in DNA caused by Parkinson's disease to see how inheritance may play a role in neurological disease. Eligible subjects are sibling pairs and parents and children diagnosed with PD. A child with a deceased parent who has been diagnosed with PD is also eligible. Family members can be local or out of the area. If the relative is out of state the questionnaire can be administered by telephone and the blood samples drawn at their local lab. The study consists of one visit where subjects are asked to respond to a questionnaire and have blood samples drawn. *There are no limits to the number of participants.*

A prospective, multi-

center, randomized, open-label study with blinded raters to evaluate the effects of immediate versus delayed switch to Stalevo on motor function and quality of life in patients with Parkinson's disease with end of dose wearing off: Stalevo/CELC200A

This study's purpose is to evaluate the effects of immediate versus delayed switch to Stalevo on motor function and quality of life in patients with Parkinson's disease with end of dose wearing off. All patients will receive open-label treatment with Stalevo tablets. Patients will be randomized on a 1:1 ratio into 2 groups; the immediate-switch group and the delayed switch group. The treatment phase will last up to 20 weeks. All patients completing this phase will be eligible to continue Stalevo for an additional 8 weeks.

Brain Bank Project

In an effort to learn more about PD, we are currently enrolling individuals with PD willing to donate their brains to science upon their death. There is no charge to enroll, all individuals will undergo yearly assessments of motor and cognitive function, and upon death a brain autopsy report will be provided to your family and doctors at no charge. Scientists at the Sun Health Research Institute in collaboration with Mayo Clinic Scottsdale will then proceed with neuropathologic and neurochemical studies of the brain looking for answers to many of the questions that surround the causes and improved treatment of PD. Contact the Brain Donor Program at 623-876-5328 for more information.

An Affair to Remember 2006



A Black Tie Event featuring

*Elegant Dining
Music
Silent and Live Auctions*

Benefiting
the Muhammad Ali Parkinson Center

February 4, 2006 6:00-11pm

Palmbrook Country Club
9350 Greenway Road
Sun City, AZ

Tickets \$125 each
Contact (602) 406 - 4208

Hold the Date!!! Mark your Calendar!!!

The annual Mo Udall
Educational Symposium dates have been set.

Thursday, March 9, 2006
Glendale Civic Center
12:00 – 3:30 pm

Friday, March 10, 2006
Mesa Centennial Hall
9am - 12:30 pm

Rasheda Ali, one of Muhammad Ali's daughters will be there to share her story. Her book "I'll Hold Your Hand So You Won't Fall – A Child's Guide to Parkinson disease" will be available and she will be very happy to sign a copy for you.

The focus of this year's symposium
is non-motor symptoms.

Come and hear:

- **Dr. Holly Shill**, Medical Director of the Muhammad Ali Parkinson Center, provide an overview of non-motor symptoms and their treatment
- **Dr. Lauren Bonner**, from the Sun Health Research Institute, provide pointers to deal with depression and anxiety
- Dietician, **Jackie Neilsen**, from Colorado speak about Nutrition

Bring your walking shoes so you can visit the display booths and see what is new in the world of Parkinson disease.

Keep a look out - Flyers and registration information should be at your door soon !



World Parkinson Congress February 22-26, 2006 Washington, D.C.

The World Parkinson Congress, is a nonprofit organization dedicated to providing an international forum for the best scientific discoveries, medical practices and caregiver initiatives related to Parkinson's disease. By bringing physicians, scientists, allied health professionals, caregivers and people with Parkinson's disease together, a worldwide dialogue will be created that will help expedite the discovery of a cure and best treatment practices for Parkinson disease

The purpose of the Congress is to reach out to all segments of the Parkinson's community. The Congress will address an array of approaches to cur-

ing Parkinson's disease in the spirit of global cooperation. Governments, professional associations, and voluntary organizations representing patients and families will collaborate to share knowledge, exchange resources and develop collaborative partnerships. The Congress promises to be a unique and valuable experience for everyone who attends.

To find out more, view the program and register go to www.worldpdcongress.org

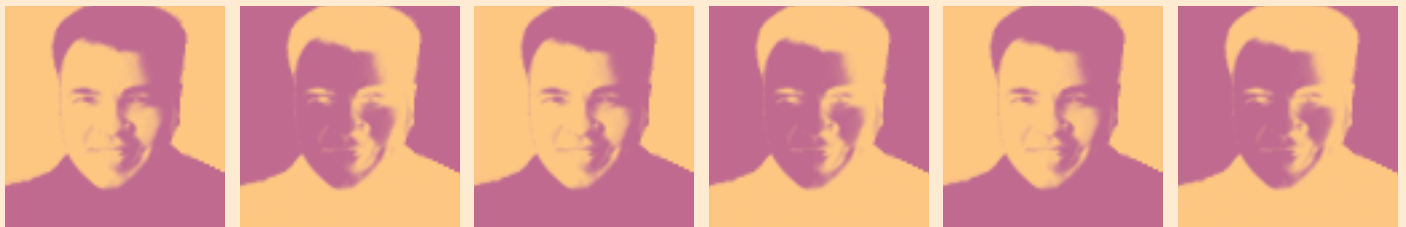
Fighting Parkinson's Together

Celebrity Fight Night XII

Celebrity Fight Night XII is sure to be a knockout. The star-studded celebrity event has raised more than \$32 million in 11 years with a majority of the funding supporting the Muhammad Ali Parkinson Center at Barrow Neurological Institute. The 12th annual Celebrity Fight Night, March 18th at the JW Marriott Desert Ridge Resort, promises to be the biggest smash yet with confirmed attendance from Robin Williams, Magic Johnson and Tony Hawk to name a few.

"This year is particularly special," says Sean Currie, Executive Director of the Celebrity Fight Night Foundation. "In addition to the exciting line-up of celebrities and rocking entertainment, we are proud to announce that Barrow Neurological Institute will receive all of the undesignated net proceeds of the event."

Celebrity Fight Night and the Muhammad Ali Parkinson Center team support Muhammad Ali's vision of providing medical care, information and support to every patient with Parkinson's disease, regardless of ability to pay. For more information about Celebrity Fight Night, call 602-956-1121 or visit www.celebrityfightnight.org. To contact the Muhammad Ali Parkinson Center, call 602-406- or go to www.maprc.com.





Without these gentlemen,
there would be no Barrow Neurological Institute.

Charles Barrow's gift in 1959 enabled Dr. John Green and St. Joseph's to build the Barrow Neurological Institute.

Philanthropy works.

Our job is to show you how. Please contact the Office of Philanthropy at St. Joseph's Hospital and Medical Center (602-406-3041) for more information.

P.S. We are very tax deductible.

Southwest Parkinson Report, 500 West Thomas Road, Ste. 720, Phoenix, AZ 85013, (602) 406-4931

Margaret Anne Coles, Editor, Program Coordinator

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Kristina Watts, Patient Services Coordinator

St. Joseph's Hospital and Medical Center Marketing Department, layout

The Southwest Parkinson Report contains information provided as a service and is not intended to constitute medical advice or views. Patients should discuss information regarding medical management with their physician.

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CHW Arizona Muhammad Ali Parkinson Research Center Resource Center

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