



DEPARTMENT OF VETERAN AFFAIRS AND APDA



SPRING 2010 PARKINSON PRESS NEWSLETTER

Consider the environment. Print newsletter as necessary.

Medication Therapy Management

By Laurel Lindstrom, RN, MS

I recently attended a workshop dedicated to medication management and medication alternatives. Medications when appropriately administered and properly managed can make a world of difference in your health and well-being. However, many medications have side effects and may interact with other medications. FY 2009 findings of the Sanford Center for Aging (SCA)'s Medication Therapy Management (MTM) program, found: 75% were at risk for adverse side effects; 57% were at risk of interactions between two or more prescription drugs; 29% were taking a drug not recommended for older adults; and 14% were unknowingly receiving duplicate medications. The Nevada Aging and Disability Services Division and the Marion G. Thompson Charitable Trust provides funding for the program. The SCA offers free medication reviews to **Nevada** seniors taking five or more prescription drugs. The evaluations are conducted by certified geriatric pharmacists who will review your prescriptions, over-the-counter medications, vitamins and herbal supplements for interactions, safety and effectiveness. To participate in the program or for more information, please contact Teresa Sacks, MPH, SCA, University of Nevada, Reno at (775) 784-1612.

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Medication Management at the Reno VA

By Charles L. Quaglieri PharmD

At the Sierra Nevada Health Care System, or better known as the Reno VA, geriatric outpatient care is one of our top priorities in continuing world class care to our nation's aging Veterans. As our population ages the demand for geriatric care seems to be exponentially increasing. To keep up with this fast paced demand, our facility has numerous providers and interdisciplinary team members including geriatric fellows program, medical residents, nutritionists, social workers, pharmacists, occupational therapists, and psychologists. These crucial players create a team of

providers who are all involved in providing world class care to our aging Veterans. Specifically, the pharmacy staff includes one certified geriatric pharmacist who plays a vital role in providing pharmaceutical care to Veterans who are receiving long term care or respite at our Community Living Center. This pharmacist has a myriad of duties including rounding on patients, procuring and reviewing medications and pertinent labs, and preparing treatment plans along with the interdisciplinary team members to name a few. For our Veteran population who are homebound our home based primary care interdisciplinary team manages their homecare in both the Reno and Auburn, California areas. This team has a pharmacist who reviews medication changes and home health nursing notes over the last 90 days. This pharmacist is responsible for reviewing medication interactions, medication/lab discrepancies, and vital sign changes. The pharmacist then formulates any recommendations to present at weekly team meetings. This pharmacist also assists in the order processing of medications, is the primary point of contact for any drug information questions that may arise, and is also engaged in ongoing educational opportunities for all team members.

If a fall happens.....

By David C. King, PT, MS, Kessler Institute for Rehabilitation

Reprinted with permission from The NJ/APDA Winter 2009-2010 Parkinson's Bulletin

So you did everything right. You wore shoes with forgiving soles. You did your exercises and trained your balance as best you could. You were careful about taking your medications properly. Yet somehow you've taken a tumble. How you act now is very important. If you've thought about it in advance recovering from a fall can be a calm and safe experience, but a lack of preparation can lead to panic and possibly an injury that didn't need to happen.

Don't rush to get up

First rule, "Do not rush to get up". Unless you've fallen in a mud puddle or the middle of traffic there is no need to rush. You're on the ground, you can't fall again. It would be better for you to catch your breath, make sure you are unhurt and then do what needs to be done to get up. There is no need to feel embarrassed, but if you do, it is better to suffer a little embarrassment than to hurt yourself by rushing to get up.

Know what you will say

If you've fallen in a public place there is a good chance that someone is going to try to yank you to your feet. This is when you should remember the phrase that pays, "Thank you for coming please let me catch my breath, and then please help me up". This will let your rescuer catch their breath and think about how to safely help you up rather than yanking your arms out of their sockets.

Keep calm, no shouting aloud

You and many people around you will feel that shot of adrenaline. But you need to keep things calm so people can think about safety. If you are calm it can have a calming effect on others. If someone is a bit panicked and their voice is raised it can quickly spread to others including your spouse and loved ones. So if someone in the area has raised their voice you can reverse the situation by keeping your voice calm and suggesting that everyone stop to take a breath.

Make sure you are not hurt

Take just a minute to feel your body, look for any wounds, and make sure that the legs you are going to try to stand on again are unhurt. The shock of falling may momentarily mask any pain so take a second to see that you are ok. And if an injury is discovered, again try to keep things calm.

If you're the person's spouse or friend

First, all of the above applies to you as well. Don't rush the person who's fallen to get up too soon. Be ready to address others who are moving too quickly – again the phrase that says “Please let us catch our breath, and then please help me get him/her up”. Be calm, keep your voice calm but do assert yourself if necessary – don't let others argue. Keep your instructions simple and give them one step at a time. Make sure the person is unhurt.

1. Ask the person who has fallen “Do you hurt anywhere”?
2. Instruct the person to move different parts of their body while observing for the following signs:
 - Inability to move
 - Guarded movement
 - Facial grimacing
 - Other body language which may be associated with discomfort
3. Inspect any area that is painful for bleeding or obvious fracture
 - If a fracture is suspected, do not move the person
 - If bleeding is present, apply pressure over the source
4. To decrease the risk of injury
 - Allow the person to move independently as much as they are able
 - If possible bring them a chair to use as an assistive device to get up
 - Ask the person to first come to a sitting position and rest in this position before attempting to get up.

Preparedness helps

There are several ways to be prepared for a fall. First is to have the ability to call for help if you are home alone. Personal Emergency Response Systems (PERS) the famous “I've fallen and can't get up” buttons are a good idea to have if you are at risk for falls. In my years as a therapist I have treated several individuals who fell at home and spent several days alone on the floor unable to call for help. A simple button worn like a watch or pendant would have helped them tremendously. Having your phone accessible from the floor can help. If you are unable to rise but able to crawl, a phone on a bed side table or desk top may be in reach when a wall mounted phone may be too high.

Keeping a cell phone with you can be a great relief.

Making neighbors aware of an individual's frailty is important. I have asked my father's neighbors to go knock on his door if he fails to pick up his newspaper from the driveway. And two neighbors who are long time friends have his door key. Letting your neighbors read this article would be a good idea too.

9-1-1

It is ok to dial 9-1-1 for help after a fall. In some areas a police car may be sent around and in others a paramedic may respond. Most emergency responders are more than happy to be of help to someone who has fallen. If you think you or your spouse may be injured in an attempt to get off the floor a call for help is prudent.

While I hope you never have to use the instructions above it is important to think about how to act in an emergency before it occurs. Please share these thoughts with others who may be around you at a time of need.



Veteran Update



- On December 19, 2009, the Senate gave final approval to the Department of Defense Appropriations bill, sending to President Obama a piece of legislation including \$25 million for the innovative **Neurotoxin Exposure Treatment Parkinson's Research (NETPR) Program**. The NETPR program is the only Parkinson's-specific research program funded by the Federal government. Advocates must work to secure funding for this program every year, and the Parkinson's community rallied through a tough economy to ensure that the NETPR program did not receive a budget cut. Parkinson's Action Network(PAN) requests that you e-mail your representatives and Senators now asking them to sign the NETPR program dear Colleague funding letter@ actionalert@parkinsonsaction.org
- February 8, 2010: President Barack Obama recently signed the **Veterans' Emergency Care Fairness Act of 2009**. The new law will enable the Department of Veterans Affairs (VA) to reimburse veterans enrolled in VA health care for the remaining cost of emergency treatment if the veteran has outside insurance that only covers part of the cost. Previously, VA could reimburse veterans or pay outside hospitals directly only if a veteran has no outside health insurance.
- **Vietnam veterans** with ischemic heart disease, **Parkinson's disease** or B cell leukemia should **file claims now** with the Department of Veterans Affairs for disability compensation. Veteran advocacy groups are urging the swift filing of claims because veterans eventually found eligible for disability pay for these diseases will be able to receive compensation back to the date their claims were filed. To learn more about your state's benefits, visit the Military.com State Veteran's Benefits Directory.
- **Veterans Program:** Veterans Administration program called Aid and Attendance began in 1953, but many veterans are not aware that the program exists. The program can be used to pay for adult day care, skilled nursing care and home care. The program differs from the disability pension provided by the U.S. Department of Veterans Affairs. For more information, visit the Department of Veterans Affairs website at www.va.gov or contact a local veteran's service organization.
- **Providing Access for Priority Group 8 Veterans:** VA is expanding access to benefits for approximately 500,000 Veterans who were previously precluded from receiving benefits due to an income limits policy set in 2003. VA began registering Priority Group 8 Veterans in July 2009, and expects to see over 250, 000 enrollees by 2011.
- **Lowe's military discount now year-round:** Home improvement retailer Lowe's has expanded its 10 percent military discount to all day, every day, for active-duty, National

Guard and reserve, retiree and disabled service members, and their families. Those who want to receive the discount must present a valid military ID card. All other military veterans will receive the 10 percent discount on the holiday weekends of Memorial Day, Fourth of July and Veterans Day. The discount is available on in-stock and special-order purchase of up to \$5,000. It cannot be used on sales at Lowes.com, on previous sales, or on sales of services or gift cards.

- **Home Heating Help:** The U.S. Department of Health and Human Services (HHS) has announced the release of an additional \$490 million in funding to help eligible low-income homeowners and renters meet home energy costs. These Low-Income Home Energy Assistance Program (LIHEAP) contingency funds will provide states, territories, tribes and the District of Columbia with additional assistance to pay heating and electricity costs. Contact the LIHEAP program in your state to find out if you are eligible for help.

questions and answers

What can I do to improve my handwriting? It is getting smaller and smaller.

According to Bill Stamey, MD, micrographia (the small handwriting seen in PD) abates to some extent when the person writes with eyes closed. Breaking the old paradigm and forcing a new way to write is a way of developing new neural pathways. This is based on a study completed at Baylor College of Medicine, TX by William G. Ondo, MD and Pankaj Satija, MD.

Here are more tips for increasing the size of your handwriting received from Tami DeAngelis, PT, GCS, Coordinator at the APDA National Rehab Resource Center at Boston University.

Change something about yourself

- Do the following coordination exercises:
 1. Lay a piece of paper flat on a table. Crumple it up into a wad with one hand. Using only that same hand, place the wad on the table and smooth out the wrinkles until the paper is flat again. (If this is too hard, start with a tissue or a paper towel.)
 2. Turn your palm up so it is facing the ceiling. Take a pencil and rotate it around with your fingertips so that the pencil turns 360 degrees. Go in both directions. When this gets easy, do the same thing with a tennis or golf ball or any object you can grasp and rotate.
 3. Squeeze a stress ball. You can also pinch the ball with your index finger and thumb, then your middle finger and thumb, and then your ring finger and thumb.
- Engage in activities that involve challenging finger movements: play a musical instrument, work on a computer, play cards, do crafts, knead bread or decorate cookies.
- Practice writing every day instead of avoiding writing. Practice is necessary to see improvement.

Change the strategy you use (or the way you write)

- Think about writing **BIG**. Cue yourself to write with large letters. Focusing your attention on writing big often helps you to write big.
- Stop writing once you notice your words are beginning to get small. Lift your pen off of the paper and then resume writing. It might take longer to write but you may find that those breaks help you to avoid writing in small letters.
- Try using different pens and see what works best for you. Many people with Parkinson's disease report that a felt tip pen is easiest to use.
- Consider using a computer and typing instead of writing to communicate with others.
- Frequent practice ensures success!

Change something about the environment

- When you write, sit in a comfortable chair with your back supported and your feet flat on the ground.
- Clear away clutter from the surface you are writing on and try to relax and be calm.
- Use lined paper to write on. The lines serve as a cue to help you write bigger.
- Use a cardboard template as a guide to tell you how large your letters should be.
- Use a large grip pen or put a foam grip on your writing utensil to make it easier to manipulate.

What's New???

1. **APDA has published** a new educational supplement (#25) discussing constipation and PD.
2. **Are you having trouble typing due to tremors?** Please see www.pdasd.org/site/index.asp?DL=7246&page=104294 where you will find numerous resources for adaptive devices.

In addition: here are some adaptive options that are already integrated into Windows OS - XP or Vista. They will almost always ask you about getting a new keyboard, but a new keyboard won't cure most problems. Take a look at some of the features already installed in their Windows OS. Go to the "Help and Support Center" on the computer and search for the topic to get more information about how to enable these adaptations on your computer.

Key Repeat Rate (may be called bounce key) - This is great for tremors. If you tend to hit a key repeatedly when trying to strike, then Windows allows you to adjust the key repeat rate.

Sticky Keys - If you have difficulty with hitting the shift key and a letter at the same time, or maybe ctrl-alt-delete, then use sticky keys. This allows you to hit these keys in sequence and activate the feature. In other words - hit shift first and then 'a' and the result will be a capital 'A'. Or, hit ctrl, then alt, then delete, and the same result would be if you held down all three at the same time.

Mouse Properties - Mouse keys - There are many different things you can do to make the mouse work easier. Everything from difficulty with click and drag to difficulty just using the mouse and reverting to using the arrow buttons.

3. **Neurology Now Readers:** Browse magazine articles, dating back to premiere issue, search stories based on specific conditions, submit a Speak Up essay for publication, send & share a letter to the editor, email articles to friends and family, find links to resources and other important websites. Sign up at www.neurologynow.com
4. **Brain Banks:** Scientific research on brains from people both with and without Parkinson's is essential to help us move closer to our goal." finding a cure and better treatments for people with Parkinson's. People wanting more information on donating their brains can visit [NIH's website for Regional Brain and Biospecimen Repositories @http://ninds.nih.gov/parkinsonsweb/brainbanks.htm](http://ninds.nih.gov/parkinsonsweb/brainbanks.htm) for a listing by state.
5. **NORTH WALES, Pa. (Jan. 4)** A generic drug maker has announced the availability of a treatment of the signs and symptoms of idiopathic Parkinson's disease. Pramipexole diHCl tablets are available in 0.125-mg strength, in a bottle size of 63, and in 0.25-mg, 0.5-mg, 1-mg, and 1.5-mg strengths, in bottle sizes of 90. The generic is equivalent to Mirapex, which was developed by Boehringer Ingelheim Pharmaceuticals. "Our customers count on Teva for a continuous supply of new generic products," said Maureen Cavanaugh, VP customer operations and marketing. "With the launch of pramipexole dihydrochloride tablets, we add another quality product to our broad line of affordable generic pharmaceuticals.
6. **View the Parkinson's Action Network (PAN) 16th annual Research and Public Policy Forum** on [Webcast archive](#). By simply filling out an information form, the entire Forum Webcast is available for viewing. At this year's Forum, Francis Collins, M.D., Ph.D., Director of the National Institutes of Health (NIH), spoke to Forum participants about Parkinson's research and other initiatives at NIH. A highlight of Dr. Collins's remarks was his announcement of a new Parkinson's disease biomarkers initiative recently approved by the National Institute for Neurological Disorders and Stroke (NINDS). The goal of this much-needed initiative is to pinpoint a biomarker for Parkinson's that would be helpful in the development of disease-modifying drugs. Having a validated biomarker would allow us to conduct clinical trials earlier in the disease progression and much more quickly. The initiative will be conducted at clinical sites and data-biospecimen imaging centers nationwide.
7. **APDA is pleased to announce** a new, free web-based care giving coordination service for PD patients and families called **Lotsa Helping Hands**. The service provides a simple, immediate way for friends, family, colleagues, and neighbors to assist loved ones who have been diagnosed with Parkinson's disease. It's an easy-to-use, private group calendar, specifically designed for organizing helpers, where everyone can pitch in with meals delivery, rides, and other tasks necessary for life to run smoothly during times of medical crisis, end-of-life caring, or family caregiver exhaustion. It's also a place to keep these "circles of community" informed with status updates, photo galleries, message boards, and more. Needs are posted on a private, personalized Web site, where the group calendar is automatically updated. Members sign up to help and the calendar automatically tracks that too. Notification and reminder e-mails are sent to the appropriate parties. It's free and private and getting started is easy. To use this service go to: <http://www.apda.lotsahelpinghands.com>

8. **View the excellent PDF webcast** on “Nutrition and Parkinson’s Disease” at:
<http://event.netbriefings.com/event/pdeb/Archives/nutrition/>
9. **For CME credit register** for the webcast of “Critical Challenges and Landmark Practice Advances in PD” at http://or-live.com/cmeducation/2695/cme/cme_access.cfm

To view “Critical Challenges and Landmark Practice Advances in PD” go to:
<http://or-live.com/cmeducation/2695/player.cfm?speakerID=1&playerID=2&bandwidthID=1>

RESEARCH OPPORTUNITIES RESEARCH OPPORTUNITIES

There is a “Depression and Social Support in Parkinson’s disease” study for PD patients and their families funded by the National Institutes of Health. Dr. Roseanne Dobkin at Robert Wood Johnson Medical School in New Jersey is conducting a 10-week treatment study of depression in PD. **The study treatment does not involve medication** and helps people to change thinking patterns and behaviors that may be related to depression. Participation may take place over the phone for those who are unable to travel. All research care including an extensive psychiatric evaluation is provided at no cost to those who qualify. A friend, family member, or significant other will also be asked to participate in the study. Participants are paid \$20.00 for each study evaluation. For more information, please call Dr. Dobkin at 732-235-4051 or email at dobkinro@umdnj.edu.

Upcoming Educational Events

American Academy of Neurology 2010 Annual Meeting in Toronto, Ontario, April 10-17, 2010.

Parkinson Association of Northern California, Sacramento, CA, April 10, 2010. Understanding Dementia & Lewy Body Dementia, contact www.parkinsonsacramento.org

8th Annual Parkinson’s Awareness Conference or Portland, ME, April 10, 2010, Portland Elks #188, 1945 Congress Street. Portland, Maine. Contact Scennl@mmc.org for information

April 20, 2010 What’s in the Parkinson’s Pipeline? PDF Expert Briefings, 1:00 pm-2:00 pm ET, Contact: info@pdf.org or www.pdf.org

May 13, 2010, Marion Brodie Spring Symposium in San Diego, CA. Contact: www.pdasd.org for more information.

May 21, 2010, Parkinson's Disease Across the Lifespan: A Roadmap for Nurses, New York Academy of Sciences, New York, NY or webcast. For more information: <http://support.pdf.org/nursing> or (800) 457-6676.

June 1, 2010, Fatigue, Sleep Disorders and Parkinson's disease, PDF Expert Briefings, 1:00 pm-2:00 pm ET, Contact: info@pdf.org or www.pdf.org

14th International Congress of Parkinson's disease and Movement Disorders, Buenos Aires, Argentina, June 13-17, 2010.

Disclaimer:

The material in this newsletter is presented solely for the information of the reader. It is not intended for treatment purposes, but rather for discussion with the patient's physician.

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APDA Walk-A-Thon
Ease the Burden. Find the Cure.

American Parkinson Disease Association, Inc.

Date _____ Saturday, May 22, 2010
Time _____ 10:00 a.m. - 1:00 p.m.
Place _____ Virginia Lake
_____ 1980 Lakeside Drive
_____ Reno, Nevada

For more information contact your local APDA chapter at:
_____ Susan Gulas or Laurel Lindstrom
_____ (775) 328-1715

Or call the national APDA office at: 1-800-223-2732

THANK YOU FOR YOUR SUPPORT
American Parkinson Disease Association, Inc.
Walk-A-Thon
Tel: 1-800-223-2732 • www.apdaparkinson.org

Please Help Make the Dreams Come True!

Support your Parkinson's community!

All donations are tax deductible to the full extent of the law.

Contact the office at 775-328-1715 for a pledge sheet.

100% of the proceeds from this event support Parkinson's disease research projects approved by the APDA Scientific Advisory Board.

Support the entire State of Nevada on May 22, 2010.

Northern Nevada Support Groups

Contact information: 775-328-1715 or 888-838-6256 ext. 1715

Website: www.reno.va.gov/parkinsons/parkinsons.asp

Carson City	April 13	May 11	June 8
Second Tuesday	Keri Putnam	Trace Stiegman, PT	TJ, Fitness Define
2:00 pm	NV Talking books	Exercise & PD	Body Stabilization
Carson City Senior Center 911 Beverly Drive			

Reno	April 9	May 14	June 11
Second Friday	Valerie Williams	Susan Gulas	Kim Hathcock NP
2:00 pm	Sleep & PD	Update on PD	Nursing home care
Atria at Summit Ridge 4880 Summit Ridge Drive			

Reno	April 20	May 18	June 15
Third Tuesday	Paula Forgy RPT	Cindy Chorjel	Laurel Lindstrom
7:00 pm	Exercise & PD	ADL's & PD	Update on PD
Neuroscience Institute, Suite 325 10085 Double R Blvd Elevator in lobby			

Spanish Springs	April 7	May 5	June 2
First Wednesday	Bonnie Hamilton	Chris Shea RPH	Keri Putnam
10:00 am	Healing Touch	Are Your Medications Interacting?	NV State Talking Books
Cascades of the Sierra 275 Neighborhood way			

Contact Information

APDA Dedicated Veterans Information and Referral Center

1000 Locust Street

Reno, NV 89502-2597

Telephone: 775-328-1715

Toll Free: 888-838-6256 ext 1715

Fax: 775-328-1816

Internet Site: www.reno.va.gov/parkinsons/parkinsons.asp

Intranet Site: wwwva.reno.va.gov/parkinsons/parkinsons.asp

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We are working on improving our email communications and saving paper, so please email us or call us with your email address and remember to let us know if it changes. Thanks!

Lending Library

The I&R Center has a lending library which includes books, videos, and DVD's. A list is available just contact us at the center.

Telephone Tip: When calling our office, you can skip listening to our phone message and go directly to leave your message by pressing the # key.

pain stiffness balance
slowness tremors falling
APRIL
is Parkinson's Disease Awareness Month
dementia
difficulty swallowing freezing

For more information about Parkinson's disease call:

AMERICAN PARKINSON DISEASE ASSOCIATION
at: **1-800-223-2732**

or call your local APDA representative at: (775) 328-1715
Laurel or Susan

www.reno.va.gov/parkinsonsons/parkinsons.asp

or visit our Web site: www.apdaparkinson.org

Ease The Burden - Find The Cure

You are invited to attend:

Presentation of Governor's Proclamation

April 2010 is declared Parkinson Awareness Month in the State of Nevada

Date: **April 7, 2010**

Time: **2:00 – 3:00 p.m.**

Place: **Atria Summit Ridge**

Address: **4880 Summit Ridge
Reno, Nevada**

Please RSVP: (775) 328-1715

Light refreshments served

Please help us celebrate April as Parkinson Disease Awareness Month!

HELP US CELEBRATE PARKINSON AWARENESS MONTH IN NEVADA!