Neuromuscular Therapy Can
Relieve PD Symptoms

By: Charles Candilora, Certified Neuromuscular Therapist and Licensed Massage Therapist

Did you know that neuromuscular therapy might reduce disabilities caused by Parkinson's disease? It might reduce tremors by 60 percent and dyskinesia by 25 percent, while improving balance and motor function by 8 percent. The therapy also helps relieve pain and stress in the body, while relieving symptoms of depression and anxiety. Neuromuscular therapy may also help improve your reaction to PD medications.

What is neuromuscular therapy?

Neuromuscular Therapy or (NMT) is a very specialized form of massage therapy that is commonly used for its significant ability to treat and prevent soft tissue injuries and chronic pain. Sometimes referred to as a type of medical massage, NMT can be found being practiced in clinical or medical environments worldwide. A therapist certified in NMT is well educated in anatomy, kinesiology, biomechanics, and the physiology of skeletal muscles and their relationship with the nervous system. They are often found working alongside nurses, physical therapists, osteopaths and chiropractors.

For someone living with Parkinson’s, every day can be a struggle. As your signs and symptoms progress, quality of life becomes increasingly difficult to maintain. But some days are better than others. Tremors, rigidity, dyskinesias, loss of balance and motor function can cause physical fatigue and mental stress. In order to have a good day, the body needs relief from this harmful fatigue and stress. PD causes extremely tight—or hypertonic--muscles, muscles that are starved for oxygen. Starved muscles fail to produce the energy they need to perform daily functions.

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as simple as walking up stairs or picking up a grandchild.

When we don’t have enough energy we quickly fatigue. As our muscles use up energy, they create metabolic waste byproducts such as lactic acid. Our circulatory and lymphatic systems carry these waste products out of the muscles, but again, this process can be hindered by muscles made too tight by PD. As metabolic waste builds up, it causes the tissue to spasm, causing soreness and tight, painful knots called trigger points. These trigger points cause muscle spasms, which further restrict blood flow, causing the muscles and surrounding tissues to become very sore and painful to the touch. Hypertonic muscles often impinge underlying nerves, causing extreme pain and numbness along with muscle weakness.

Recognized by The American Academy of Pain Management as an effective treatment for muscular pain, neuromuscular therapy works to soften the muscles, release the trigger points and restore proper blood flow and function to the muscles. If you or someone you know has PD, you know about tight muscles. You also know that PD is a neurodegenerative disorder with such prominent neuromuscular signs as bradykinesia, rigidity, tremor, and postural abnormalities. Symptoms include muscle tension, fatigue, pain, and anxiety.1

A decade worth of research has shown massage therapy as very beneficial to people suffering from neuromuscular diseases. Neuromuscular therapy has been shown to have the greatest effect on reliving PD symptoms.

**How Does NMT help someone with Parkinson’s?**

NMT is a form of massage therapy, complete with all the general benefits of massage: deep muscle relaxation, increased circulation, reduced blood pressure, reduced inflammation and swelling, increased lymph flow, increased flexibility, increased energy, as well as lowering both mental and physical stress levels. The effects of NMT go beyond those of "normal" massage. According to a joint study by Emory University and Atlanta School of Massage, when applied twice a week, NMT can do much to reduce tremor, bradykinesia and other symptoms associated with PD. According to the United Parkinson’s Disease Rating Scale, NMT improves a PD patient's fine motor dexterity by an average of 8 percent, as measured by the Motor subscale.1

When searching for a therapist, look for someone certified in neuromuscular therapy; they are the most qualified. Ask if he/she has ever treated a patient with a neurodegenerative disease such as PD. A certified therapist will focus on common problem areas associated with PD, such as tightness in the neck and forearm, and with muscles in the neck and forearms. He/she will work with specific muscles, and will work each specific muscle from one end to the other, working to restore the muscle to a more natural healthy state.

References:
Veteran Update

**Improvement in VA disability claims:** Senate Veterans' Affairs Committee Chairman Daniel K. Akaka (D-Hawaii) recently introduced legislation to make much-needed improvements to VA's disability claims processing. VA provides disability compensation to approximately 3.1 million veterans across the nation. The Claims Processing Improvement Act of 2010 (S.3517) would make various changes to the way VA processes disability compensation claims. To read Senator Akaka's statement in the Congressional Record introducing the bill, visit the [U.S. Senate Committee on Veterans Affairs website](http://veterans.senate.gov/prepared-statements.cfm?action=release.display&release_id=5e1c858d-8698-47c8-bbfe-62556c32881f)

**Veteran Job Board:** Military.com teams with hundreds of military-friendly employers to bring you the largest veteran job board in the world! Search by location, keyword and category for jobs with companies like Raytheon, Accenture, Verizon and more. Go to military.com and search under the Career tab for Veteran Job Board to find employers looking for persons with military experience. [http://www.military.com/Careers/Home/0,13373,,00.htm?ESRC=vr.nl](http://www.military.com/Careers/Home/0,13373,,00.htm?ESRC=vr.nl)

**VA Publishes Final Regulation to Aid Vietnam Veterans Exposed to Agent Orange**

8/31/10: The Department of Veterans Affairs ( VA) published its final regulation establishing Parkinson’s disease, ischemic heart condition, and B-cell leukemias as service-connected disabilities for Vietnam veterans exposed to Agent Orange. The final regulation grants a 100% disability rating for Parkinson's disease, as well as retroactive veteran and survivor payments for qualifying veterans. Accessing health care and disability compensation will be easier for qualifying veterans. If a veteran served in Vietnam from January 9, 1962 to May 7, 1975 and now has been diagnosed with Parkinson’s disease, they are presumed to have been exposed to herbicides. The veteran does not have to prove an association between their disease and their military service. The presumption simplifies and speeds up the application process for disability compensation, and all those awarded service-connection will become eligible to join the VA healthcare system. The VA will now review approximately 90,000 previously denied claims by Vietnam veterans for service-connection for these three conditions. Some additional veterans will be eligible for retroactive benefits. For new claims, VA may pay benefits retroactive to the effective date of the regulation or to one year before the date VA receives the application, whichever is later. For pending claims and claims that were previously denied, VA may pay benefits retroactive to the date it received the claim.

Even though the final regulation is published, the regulation is subject to a 60-day review period by Congress before the VA can begin paying benefits for new claims. The Senate Veterans Affairs Committee is scheduled to hold a hearing on September 23 to review the rule and to discuss how the VA Secretary makes his decision to establish a disease as a service-connected disability. There certainly is no intention for Congress to actually block the implementation of the final rule, but the
VA will have to wait 60 days before they can start compensating veterans. The final rule did not expand the definition of Parkinson’s disease to include Parkinsonism. VA argues that the current medical evidence does not support the expansion of the definition at this time but will reconsider if the Institute of Medicine (IOM) provides additional guidance in future reports. If you are a Vietnam veteran with Parkinson’s and have not applied for benefits, we encourage you to submit your application for compensation now—even before the VA can start paying claims. For more information about applying for VA benefits and Agent Orange, visit the VA Web site (http://www.vba.va.gov/bln/21/AO/claimherbicide.htm)
Source: Parkinson’s Action Network (PAN)

Veterans Day, November 11, 2010
Please join your local community to celebrate America’s Veterans on Veterans Day 2010.
The Parkinson Press Newsletter is going electronic! We need your email addresses now to save on our mailing budget. Receive and view your newsletter by email using adobe reader which can be downloaded free at [www.adobe.com](http://www.adobe.com). Email your name, phone number and address now to [Sue.Gulas@va.gov](mailto:Sue.Gulas@va.gov) and help us to provide more resources.

The Food and Drug Administration launched a new Post market Drug Safety Information website where patients and health care professionals can find safety information about recently approved drugs and vaccines. On the Post marketing Drug Safety Evaluations site, the FDA plans to share what it has learned about the safety of a new drug or biologic, such as a vaccine, 18 months after approval or after 10,000 patients have used it, whichever comes later. The agency is making a "broad sweep" of adverse-event reports, medical studies and research, and drug utilization databases to look for safety problems, Robert Boucher, an official in the FDA's Office of Surveillance and Epidemiology in the Center for Drug Evaluation and Research, said at a news briefing. Check out the information at: [http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/default.htm](http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/default.htm)

Are you wondering what's new with VA Research?

VA Research Currents is produced 10 times per year by the Office of Research and Development of the Department of Veterans Affairs. The newsletter provides stakeholders of VA research with news about research results, new initiatives, major awards, research funding, and other matters of interest. The June issue discusses shingles vaccination and deep brain stimulation targets. Log on at: [http://www.research.va.gov/currents/](http://www.research.va.gov/currents/) or call (410) 962-1800, ext. 223 to receive hard copy mailing of the newsletter.

**Pallidal versus subthalamic deep-brain stimulation for Parkinson's disease**


BACKGROUND: Deep-brain stimulation is the surgical procedure of choice for patients with advanced Parkinson's disease. The globus pallidus interna and the subthalamic nucleus are accepted targets for this procedure. We compared 24-month outcomes for patients who had undergone bilateral stimulation of the globus pallidus interna (pallidal stimulation) or subthalamic nucleus (subthalamic stimulation).

METHODS: At seven Veterans Affairs and six university hospitals, we randomly assigned 299 patients with idiopathic Parkinson's disease to undergo either pallidal stimulation (152 patients) or subthalamic stimulation (147 patients). The primary outcome was the change in motor function, as blindly assessed on the Unified Parkinson's Disease Rating Scale, part III (UPDRS-III), while patients were receiving stimulation but not receiving antiparkinsonian medication. Secondary outcomes included self-reported function, quality of life, neurocognitive function, and adverse events.

RESULTS: Mean changes in the primary outcome did not differ significantly between the two study groups (P=0.50). There was also no significant difference in self-reported function. Patients undergoing subthalamic stimulation required a lower dose of...
dopaminergic agents than did those undergoing pallidal stimulation (P=0.02). One component of processing speed (visuomotor) declined more after subthalamic stimulation than after pallidal stimulation (P=0.03). The level of depression worsened after subthalamic stimulation and improved after pallidal stimulation (P=0.02). Serious adverse events occurred in 51% of patients undergoing pallidal stimulation and in 56% of those undergoing subthalamic stimulation, with no significant between-group differences at 24 months. CONCLUSIONS: Patients with Parkinson's disease had similar improvement in motor function after either pallidal or subthalamic stimulation. Nonmotor factors may reasonably be included in the selection of surgical target for deep-brain stimulation. (ClinicalTrials.gov numbers, NCT00056563 and NCT01076452.) 2010 Massachusetts Medical Society

Low vitamin D levels 'linked to Parkinson's disease'

*Having low vitamin D levels may increase a person's risk of developing Parkinson's disease later in life, say Finnish researchers.*

Jul 15 2010 - Their study of 3,000 people, published in Archives of Neurology, found people with the lowest levels of the sunshine vitamin had a three-fold higher risk. Vitamin D could be helping to protect the nerve cells gradually lost by people with the disease, experts say. The charity Parkinson's UK said further research was required. Parkinson's disease affects several parts of the brain, leading to symptoms like tremor and slow movements.

The researchers from Finland's National Institute for Health and Welfare measured vitamin D levels from the study group between 1978 and 1980, using blood samples. They then followed these people over 30 years to see whether they developed Parkinson's disease. They found that people with the lowest levels of vitamin D were three times more likely to develop Parkinson's, compared with the group with the highest levels of vitamin D. Most vitamin D is made by the body when the skin is exposed to sunlight, although some comes from foods like oily fish, milk or cereals. As people age, however, their skin becomes less able to produce vitamin D. Doctors have known for many years that vitamin D helps calcium uptake and bone formation. But research is now showing that it also plays a role in regulating the immune system, as well as in the development of the nervous system. Writing in an editorial in the US journal Archives of Neurology, Marian Evatt, assistant professor of neurology at Emory University School of Medicine, says that health authorities should consider raising the target vitamin D level. "At this point, 30 nanograms per milliliter of blood or more appears optimal for bone health in humans. "However, researchers don't yet know what level is optimal for brain health or at what point vitamin D becomes toxic for humans, and this is a topic that deserves close examination." Dr Kieran Breen, director of research at Parkinson's UK, said: "The study provides further clues about the potential environmental factors that may influence or protect against the progression of Parkinson's. "A balanced healthy diet should provide the recommended levels of vitamin D."Further research is required to find out whether taking a dietary supplement, or increased exposure to sunlight, may have an effect on Parkinson's, and at what stage these would be most beneficial."

Source Publication: BBC News

**Tango May Help Patients with Parkinson's:** (Buenos Aires, Argentina) - Jun 18 2010

Tango lessons may be a novel rehabilitation strategy for patients with Parkinson's disease, according to a study presented here at the Movement Disorder Society 14th International Congress of Parkinson's Disease and Movement Disorders. "One of the critical stages of Parkinson's disease
is the flexion of the trunk, which is frequently associated with starting of loss of postural reflexes," neurologist Giovanni Albani, MD, from the Department of Neurosciences and Neurorehabilitation at the University of Turin and Istituto Auxologico Italiano, Istituto Di Ricovero e Cura a Carattere Scientifico, Piancavallo (Verbania), Italy, noted in an email to Medscape Neurology. After this point, he added, patients begin to fall down, exposing them to risks for bone fractures and hospitalization, with long recovery times. An improvement in posture was one of the benefits of 5 weeks of Argentine tango lessons Dr. Albani’s team noted in a study of 10 patients with middle-stage Parkinson's disease. The lessons included 2 hour-long group classes per week with 2 tango instructors and home practice using a tango DVD. "The DVD includes a series of tango dancing movements believed useful for patients, selected by a scientific committee of neurologists, teachers of tango, patients, bioengineers, physiotherapists, and psychologists after a 1-year study," Dr. Albani noted. After 1 month of this protocol, in addition to improvements in self-esteem and mood, there was an amelioration of motor scores on the Unified Parkinson's Disease Rating Scale, "especially for those items less responsive to dopaminergic therapy or neurosurgery: speech, posture, and gait," Dr. Albani said. "In many of these patients," he noted, "during the 3-dimensional kinematic gait analysis in our lab, we registered significant improvement of cadence of step cycle and a reduction of hip and pelvis flexed posture" (for all, P < .05 pre- vs. post intervention).

Christopher G. Goetz, MD, director of the Movement Disorders Program at Rush University Medical Center, Chicago, Illinois, and member of the Movement Disorder Society, who was not involved in the study, said these findings support "several observations on the benefits of dance therapy in Parkinson's disease. In Chicago, Illinois, the Hubbard Street Dance Company has a fully developed dance program for Parkinson's disease patients and caregivers. "The value of physical therapy that has both rhythmic and unpredictable moves embedded in the therapy," Dr. Goetz added, "suggests that benefits seen are not specific to one dance form or another but, rather, to the composite neurological, muscle, joint and emotional activation of various modalities of intervention that can be adapted to a given environment or culture."

Dr. Albani and Dr. Goetz have disclosed no relevant financial relationships.


Source Publication: Medscape Today

FDA Approves IncobotulinumtoxinA for Cervical Dystonia and Blepharospasm: The US Food and Drug Administration (FDA) has approved incobotulinumtoxinA intramuscular injection (Xeomin; Merz Pharmaceuticals) for the treatment of butulinum toxin-naïve and botulinum toxin-experienced adults with cervical dystonia to decrease the severity of abnormal head position and neck pain. It is also indicated to treat blepharospasm in adults previously treated with onabotulinumtoxinA (Botox; Allergan, Inc.)

The Flu Vaccine Is Coming! Four pharmaceutical companies announced they have started shipping vaccines to distributors. For the first time, the CDC is recommending everyone aged 6 months and up – including the usually low-risk 19- to 49-year-olds be vaccinated against the flu. This year’s vaccines protect against the 2009 N1N1 pandemic virus and two other strains of flu, as recommended by the Centers for Disease Control and Prevention (CDC). That means just one vaccination for most people. According to the CDC, more than 200,000 individuals are hospitalized and about 36,000 die each year from influenza-related complications. Those at increased risk for
potentially fatal complications include the elderly, young children, and people with chronic medical conditions, such as Parkinson’s disease. **So, let’s roll up our sleeves!!!**

**Violent dreams may predict illness in advance:** *Laura Sanders; Science News*

Vivid, violent dreams can portend brain disorders by half a century, a new study finds. The result, reported in the Aug. 10 Neurology, highlights how some neurological diseases may take hold decades before a person is diagnosed. Spotting early warning signs of the disease may allow clinicians to monitor and treat patients long before the brain deteriorates. People with a mysterious sleep disturbance called REM sleep behavior disorder, or RBD, experience a sudden change in the nature of dreams. Dreams increasingly become more violent and frequently involve episodes in which an attacker must be fought off. The normal muscle paralysis that accompanies dreams is gone, leaving the dreamer, who is most often male, to act out the dream’s punches, twists and yells. In many cases, a person sharing the dreamer’s bed can be injured. Doctors used to think of RBD as an isolated disorder. But follow-up studies revealed that a striking number of these patients later develop neurodegenerative diseases, including Parkinson’s disease and Lewy body dementia. The exact figures vary, but some studies find that anywhere from 80 to 100 percent eventually get a neurodegenerative disorder. “The consensus among all RBD researchers is that it’s not a matter of if, but when,” says sleep expert Carlos Schenck of the Minnesota Regional Sleep Disorders Center in Minneapolis, who was one of the first researchers to describe RBD. “Basically, the longer you follow these men, the more they will convert to a neurodegenerative disorder.” In the new study, neurologist Bradley Boeve of the Mayo Clinic in Rochester, Minn., and his colleagues wanted to know just how long the interval between RBD and a neurodegenerative disorder can be. “Everybody who sees patients with this knew it could go on for a long time,” Boeve says, but nobody knew just how long. Boeve and his team examined medical records of patients from the Mayo Clinic to identify people diagnosed first with RBD and then with a neurodegenerative disorder at least 15 years later. Of the 27 patients who fit the criteria (of which only three were women, reflecting the curious male predominance of RBD), the median interval between onset of the sleep disorder and of the neurological disorder was 25 years, the team found. For six of these patients, Boeve says, the sleep disorder was first noticed by their spouse on their honeymoon or shortly afterward. In one case, RBD preceded Parkinson’s disease by 50 years. The researchers can’t estimate how frequently this happens in the general population, because patients were selected to have a minimum interval of 15 years between the onset of RBD and diagnosis of neurodegenerative disease. But finding such long intervals between diseases was unexpected. In the neurodegenerative realm, we just don’t know any other clinical manifestations that can start so far in advance,” Boeve says. “There are so few other illnesses that can have a window of decades from one clinical manifestation to another.” The 50-year interval uncovered in the study is an “extraordinarily long and slow lag period,” Schenck says. “That’s the big news.” Such a long interval brings the hope that once a “mysterious and magical neuroprotective agent is identified,” Schenck says, it could be used before the brain is damaged severely. Some researchers think that by the time dementia symptoms appear, it is already too late to undo the damage.

**CBC News - Calgary researchers have created a microchip** that "communicates" with brain cells, a discovery that could help patients with Alzheimer's and Parkinson's diseases. A team at the University of Calgary, led by Naweed Syed, figured out how to refine a so-called neurochip to communicate with animal brain cells. "We have never been able to record the subtle activity from
brain cells that we have now because this is actually the last frontier," Syed explained. The new technology, conducted with the National Research Council and published online this month (August) in the journal, Biomedical Microdevices, improves on a previous chip by Syed's team in 2004 that used brain cells from snails. The neurochip is able to monitor the electrical and chemical dialogue between brain cells, and to track subtle changes in brain activity. Accessing those areas means researchers could test drugs to treat several neurological conditions accurately and quickly. In the coming months, the team from the faculty of medicine plans to begin testing drugs using the tiny silicon device, embedded with a network of brain cells surgically removed from patients with epilepsy. Researchers hope a similar chip can one day allow an amputee to control a robotic arm or leg, something only seen currently in movies.

Notification Card from the Transportation Security Administration (TSA) - a communication card has been issued that a person could use to discreetly inform our Transportation Security Officers that they have a disability, medical condition, or medical device that could affect their screening (e.g. implant, autism, ostomy). This card serves the dual purpose of protecting passenger privacy while facilitating the screening process. The card will not exempt anyone from the screening process – but facilitate the process. Information pertaining to passenger screening including using the Advanced Imaging Technology (AIT) can be found at www.tsa.gov. Should you need additional information contact Rhonda Basha, Director of the Office of Disability Policy and Outreach at rhonda.basha@dhs.gov or at 571-227-5038.

FDA cautions about heart risk with Parkinson’s drug Stalevo: The Food and Drug Administration on August 20, 2010 cautioned that it is investigating the possibility that the combination Parkinson’s drug Stalevo may increase the risk of heart attack, stroke and death in elderly patients who are taking it. The agency urged patients not to stop taking the drug, but warned them to let their physicians know if the patients have risk factors for cardiovascular disease. Stalevo, sold by Novartis, is a combination of three drugs: carbidopa, levodopa and entacapone. The first indication of risk for Stalevo came from a clinical trial called STRIDE-PD. That study found seven heart attacks and one death in the Stalevo group and none in the carbidopa/levodopa group. There are several limitations to the study. Parkinson’s patients have an increased risk of cardiovascular events, the studies were not designed to examine cardiovascular risks, and most of the studies had duration less than six months. The FDA is now trying to find additional ways to quantify the potential risk. Reported by the Los Angeles Times.
Merck announced it is currently managing a temporary global supply shortage of SINEMET (carbidopa-levodopa) and SINEMET CR (carbidopa-levodopa controlled release). Merck is doing its best to restore supplies as soon as possible and sincerely regrets any inconvenience or distress this interruption has caused to people who rely on SINEMET. Any patient or health care professional in the United States who has a medical question about SINEMET should contact Bristol-Myers Squibb’s Medical Information Center at 1-800-321-1335.

Stem Cell Research Update from the Coalition for the Advancement of Medical research (CAMR) on the recent court ruling temporarily halting federal funding for embryonic stem cell research. CAMR Statement on Sherley v. Sebelius Injunction
August 23, 2010 - The following statement may be attributed to Lisa Hughes, president, The Coalition for the Advancement of Medical Research: “Today’s Federal District Court injunction halting federal funding for human embryonic stem cell research is a blow to the hopes of millions of patients and their families suffering from fatal and chronic diseases and disorders. CAMR, and the patients and researchers we represent, remain committed to supporting stem cell research and the search for cures that might be discovered from these essential research tools.” “We have full confidence that the extensive, deliberative process that shaped federal guidelines now in place will be upheld upon further review. We are disappointed, however, that the Court issued a preliminary injunction in response to the latest maneuver by an ideologically driven fringe group.”

APDA National Young Onset Center NEW WEB SITE! Visit us at www.youngparkinsons.org and discover all of the new features including:
- An interactive Young Onset Resource Guide
- A new blog, Uniquely Young Onset
- Your Stories...our newest “faces of experience”
- New or updated articles and information
- More user-friendly navigation system
- Keyword search function and much more...

RESEARCH OPPORTUNITIES

- Participate in “Barriers to Mental Health Care Utilization in Parkinson's Disease (PD)”
  A survey study for PD patients funded by the National Institutes of Health (NIH).

Dr. Roseanne Dobkin, Assistant Professor of Psychiatry, at UMDNJ-Robert Wood Johnson Medical School in New Jersey is conducting a national survey in order to better understand the difficulties that PD patients may experience using the mental health care system. Interested participants will be asked to fill out an anonymous survey which will take 15-30 minutes to complete. The survey can be completed online https://www.surveymonkey.com/s/improvecare4pd, over the telephone, or on paper. A history of mental health treatment IS NOT required for participation. We are interested in responses from participants who have had, as well as from those who have not had mental health treatment in the past. Results from the study may be used...
to develop new strategies to improve the access to and the quality of mental health care for people with Parkinson’s disease. There is no payment for participation in this study.

For more information, please contact Dr. Dobkin at 732-235-4051 or dobkinro@umdnj.edu

Participate in “Depression and Social Support in Parkinson’s Disease (PD)”
A study for PD patients and their families funded by the National Institutes of Health (NIH).

Do you have PD and suffer from these symptoms?
♦ Getting more and more isolated
♦ Feel sad or empty most of the day
♦ Difficulty falling asleep or staying asleep
♦ Loss of interest in daily activities
♦ Unable to concentrate
♦ Feeling tired all of the time

HELP US FIND ANSWERS

Dr. Roseanne Dobkin at the 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

UPCOMING EDUCATIONAL EVENTS

● The American Parkinson Disease Association Inc. of Las Vegas and Nevada Geriatric Education Center presents “Parkinson’s Disease: Hope for the Future”, Wednesday, October 6, 2010, contact Diann Jones at (775) 682-8470 for more information.

● Parkinson’s Action Network, Morris K. Udall Awards Dinner, October 6, 2010, Capital Hilton Hotel, Washington, DC. For further information: e-mail udalldinner@parkinsonsaction.org or (800) 850-4726.

● 2010 SOUTHEASTERN PARKINSON DISEASE CONFERENCE*- October 15-17 in Atlanta, GA. Total Registration Fee: $79 per person (Includes all conference events, welcome reception and breakfast Saturday through lunch on Sunday).
For adults of all ages with a special young onset program track.
To register go to: http://www.youngparkinsons.org/ or call the APDA National Young Onset Center at 877.223.3801

● 7th International Congress on Mental Dysfunction & other Non-Motor Features in Parkinson’s Disease (MDPD 2010), December 9-12, 2010, Barcelona, Spain.

● Young Parkinson’s Retreat at Sea: APDA@youngparkinsons.org is considering a retreat that would involve a 3-day cruise to Mexico, leaving Los Angeles on Friday evening and returning
on Monday morning. The available dates are sailing January 7, 2011 (inside cabin $190 per double occupancy; outside cabin is $240 per double occupancy with third & 4th person in the cabin pay $20 each) and February 11, 2011 (inside cabin $210 per person double occupancy and outside cabin $240 per person double occupancy with 3rd & 4th person in the cabin pay $30 each). Please contact valleyapda@yahoo.com or linda.oconnor@cshs.org if you are interested. These dates and rates are not guaranteed until they make a confirmed reservation.

- **The 10th International Conference on Alzheimer’s & Parkinson’s Diseases**, Barcelona, Spain, March 9-13, 2011.

### Contact Information

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Intranet Site: [www.va.reno.va.gov/parkinsons/parkinsons.asp](http://www.va.reno.va.gov/parkinsons/parkinsons.asp)  
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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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Northern Nevada Support Groups

Contact information: 775-328-1715 or 888-838-6256 ext. 1715
Website: www.reno.va.gov/parkinsons/parkinsons.asp

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<td>Marie Sterkel SP</td>
<td>Advance Care Planning</td>
<td>Dr. Peacock</td>
</tr>
<tr>
<td>Atria at Summit Ridge, 4880 Summit Ridge Drive</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reno</th>
<th>October 19</th>
<th>November 16</th>
<th>December 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Third Tuesday</td>
<td>Ruth Simonis</td>
<td>Home Care</td>
<td>Holiday Lecture/Luncheon</td>
</tr>
<tr>
<td>7:00 pm</td>
<td>Advance Care Planning</td>
<td>Diane Hilscher, RN</td>
<td>Dr. Peacock</td>
</tr>
<tr>
<td>Neuroscience Institute, Suite 325, 10085 Double R Blvd Elevator in lobby</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*This year the Holiday Lecture/Luncheon is going to be held at Renown Medical Center, Mack Auditorium, on Sunday, December 12, 2010 from 11:30a.m.-1:30p.m. The cost of the luncheon per person is $12.00. Please make your check payable Sierra Biomedical Research Corporation and mail it the APDA I&R Center Office, 1000 Locust Street, Reno, NV 89502. Your check must be received by December 3, 2010. The check reserves your seat for the lecture/luncheon.