

# PEP NEWS

Newsletter of the Parkinson Education Program of Greater Cleveland

JUNE 2016

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## JUNE MEETING

Wednesday, June 1, 2016 – 2:00 p.m. till 4 p.m.

**W**e welcome Natalie Fountas-Davis, Product manager from Great Lakes NeuroTechnologies. She will talk about high tech innovations they have developed that are being used by doctors and scientists right now, will ask the group to talk about what technologies they use to help with PD, demonstrate a prototype of their latest product, and ask for feedback.

**Cleveland Heights Recreation Center  
One Monticello Boulevard, Cleveland Heights, OH**

*(Last names N through Z, please bring light refreshments)*

### From David Brandt

As I am writing this, it is 75° outside. Spring is here, summer is on the way. Hopefully you are able to get outside regularly to enjoy the weather and get in some exercise. As we are reminded of constantly now, exercise is very beneficial to those with PD. Just taking a walk on a regular basis will do wonders. Of course exercise is just as good for caregivers as well, so take advantage of the weather together.

- More Than Motion is a magazine that features useful information about living well with Parkinson's. You can go to <https://www.facebook.com/parkinsonsmorethanmotion/?fref=ts> to get information online or sign up for the magazine
- Don't forget Moving Day, sponsored by National Parkinson Foundation Ohio, is scheduled for June 18 from 12:30-3:30 p.m. and will be held at Wade Oval in University Circle
- The Eighth Annual Parkinson's Boot Camp put on by University Hospitals will be held Saturday, September 10 at the Huntington Convention Center in downtown Cleveland.
- Shaking With Laughter presents Grammy winning jazz vocalist Kurt Elling and his quartet at the Ohio Theatre Saturday August 27. Opening will be the hysterical Moody McCarthy.
- Big Band Brunch is coming back! Sponsored by Ohio Parkinson Foundation Northeast Region and Come Dance With Me will be held Sunday November 6 at Executive Caterers.

### Parkinson's Disease Question Corner

Email [barbaramarquardt@outlook.com](mailto:barbaramarquardt@outlook.com) with questions!

Question: Could household toxins contribute to Parkinson's?

Answer: Great question! An inspection of your home is very important for people with Parkinson's. It is well worth a weekend commitment to purge your household of toxins that could potentially be contributing to illness. To get started, there are a couple books and a website that could help you build a toxic-free, healthy home:

Clean House Clean Planet by Karen Logan.

Naturally Clean: The Seventh Generation Guide to Safe & Healthy, Non Toxic Cleaning by Jeffrey Hollender.

Environmental Working Group's website: [www.ewg.org](http://www.ewg.org) offers a Guide to Healthy Cleaning, Shopper's Guide to Avoiding Pesticides, Consumer Guide, Cosmetics Database, and much more!

**What You and Your Family Should Know About Parkinson's Disease: Parkinson's 101** – May 21, 2016, 10 a.m.-2 p.m. – Holiday Inn Cleveland South, 6001 Rockside Road, Independence, OH 44131 – For patients, families, caregivers and anyone else learning how to navigate life with Parkinson's disease. Presenter: Dr. Benjamin Walter, Director Parkinson's and Movement Disorders Center, University Hospital. No cost – complimentary lunch – Register at 614.890.1901

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## Exercise and Depression

(Excerpt from [www.health.harvard.edu](http://www.health.harvard.edu))

**C**an a few laps around the block actually solve your emotional problems? Probably not, but a regular exercise program might help. A review of studies stretching back to 1981 concluded that regular exercise can improve mood in people with mild to moderate depression. It also may play a supporting role in treating severe depression.

Another study, published in the *Archives of Internal Medicine* in 1999, divided 156 men and women with depression into three groups. One group took part in an aerobic exercise program, another took the SSRI sertraline (Zoloft), and a third did both. At the 16-week mark, depression had eased in all three groups. About 60%–70% of the people in all three groups could no longer be classed as having major depression. In fact, group scores on two rating scales of depression were essentially the same. This suggests that for those who need or wish to avoid drugs, exercise might be an acceptable substitute for antidepressants. Keep in mind, though, that the swiftest response occurred in the group taking antidepressants, and that it can be difficult to stay motivated to exercise when you're depressed.

A follow-up to that study found that exercise's effects lasted longer than those of antidepressants. Researchers checked in with 133 of the original patients six months after the first study ended. They found that the people who exercised regularly after completing the study, regardless of which treatment they were on originally, were less likely to relapse into depression.

A study published in 2005 found that walking fast for about 35 minutes a day five times a week or 60 minutes a day three times a week had a significant influence on mild to moderate depression symptoms. Walking fast for only 15 minutes a day five times a week or doing stretching exercises three times a week did not help as much. (These exercise lengths were calculated for someone who weighs about 150 pounds. If you weigh more, longer exercise times apply, while the opposite is true if you weigh less than 150 pounds.)

How does exercise relieve depression? For many years, experts have known that exercise enhances the action of endorphins, chemicals that circulate throughout the body. Endorphins improve natural immunity and reduce the perception of pain. They may also serve to improve mood. Another theory is that exercise stimulates the neurotransmitter norepinephrine, which may directly improve mood. Besides lifting your mood, regular exercise offers other health benefits, such as lowering blood pressure, protecting against heart disease and cancer, and boosting self-esteem. How often or intensely you need to exercise to alleviate depression is not clear, but for general health, experts advise getting half an hour to an hour of moderate exercise, such as brisk walking, on all or most days of the week.

### **TRIBUTES**

**In Memory of Anton "Tony" J. Iskra**

**Victor and Nancy Archangel**

**Regina Crocker**

**Donald Feldkamp**

**Immaculata Council No 3767 Knights of Columbus**

**Laura Iskra**

**Frank Iskra**

**Bernice Jones**

**Susan & Charlie Martin and Award Solutions**

**George Kistner**

**The Novish Family**

**Helen Pangersis**

**Paul Pestello**

**Dorothy and James Quandt**

**Lisa Rademacher**

**Rose Marie Smith**

**Kathleen and William Witz**

**Barbara and Bob Eckardt**

**Ellen Eichenberg**

**Janet and Bob Hammel**

**Maxine Jacqmin**

**Andreas Koustis**

**Roy Miller**

# Ask The MD: Parkinson's Disease Psychosis

(Excerpt from [www.michaeljfox.org](http://www.michaeljfox.org))

**P**arkinson's disease (PD) psychosis has been in the news since Nuplazid (pimavanserin) — a novel medication to treat this non-motor symptom — was approved by the U.S. Food and Drug Administration in April 2016. Nuplazid is the first drug indicated for PD psychosis and represents an important step in the evolution of therapies for non-motor symptoms of Parkinson's.

## PD Psychosis Comes in Varied Forms

Estimates vary — maybe because symptoms are underreported — but psychosis can eventually affect more than half of people with PD. This symptom is more common in people with a longer duration (and increased severity) of disease, cognitive impairment or dementia, and older age. Other risk factors include mood, sleep and visual (e.g., need for corrective lenses, cataracts, glaucoma) disturbances. Psychosis can appear in a variety of ways, including:

- Hallucinations: seeing things that aren't there
- Delusions: holding false, typically paranoid, beliefs
- Illusions: misinterpreting things that are there
- False sense of presence: feeling that someone is nearby when no one is present

In those with Parkinson's psychosis, hallucinations and delusions occur most often. Visual hallucinations usually consist of people (e.g., small children or deceased relatives) or animals; they happen in the evening (or periods of lower stimulation) and last seconds to minutes. Delusions typically center on themes of spousal infidelity or financial concerns and — despite evidence pointing otherwise — a person cannot be convinced of their falsehood. An illusion is mistaking one object for another (i.e., thinking a garden hose is a snake).

In some cases, psychosis is mild and a person knows that these experiences are not real. In others, symptoms are more severe and can considerably disrupt the lives of the person with PD, his or her caregiver, and family. PD psychosis may even contribute to the need for an alternative living situation, such as a nursing home.

## Parkinson's Disease and Drugs Can Cause Psychosis

Parkinson's psychosis can be caused by the underlying disease and/or the medications used to treat it. As the brain chemical dopamine diminishes in Parkinson's, many PD drugs work to temporarily replenish it. While the increased dopamine can lessen motor symptoms, it can also stimulate brain areas that lead to psychosis.

## Management of Psychosis Requires a Stepwise Approach

When psychosis occurs, doctors first look for other medical illnesses — such as infections or electrolyte imbalances — that could be causing symptoms. If these aren't present or psychosis persists after treatment, the next step is to reduce and/or remove Parkinson's drugs. The goal of medication adjustment is to decrease psychosis without significantly worsening motor symptoms. If this cannot be done, an atypical antipsychotic agent may be added. These drugs are used for mood and thought disorders, such as schizophrenia, but they are prescribed off-label for PD psychosis. They generally work by blocking dopamine effects, though, so as they ease psychosis, they may make motor symptoms worse. Clozapine (Clozaril) is the least likely to do the latter, but low doses of quetiapine (Seroquel) are well tolerated too, so doctors typically prescribe one of these medications. Potential risks with these medications include sleepiness and, for clozapine, a decrease of infection-fighting white blood cells (which necessitates regular blood monitoring). In some situations, rivastigmine (Exelon) — which is indicated for PD dementia — is prescribed off-label for psychosis instead.

## Nuplazid Is a New Treatment Option for Psychosis

The approval of Nuplazid (pimavanserin) expands the somewhat limited treatment options for psychosis in Parkinson's. This drug works on the serotonin (rather than dopamine) brain chemical system. Since this is a different mechanism than that of the presently available antipsychotic medications, it could help psychosis without aggravating motor symptoms. In short-term studies, the medication also seemed to improve nighttime sleep and daytime wakefulness while lessening the burden of psychosis on caregivers.

It's important to remember that, like all therapies, Nuplazid has potential side effects and isn't right for everyone. A person who is doing well on his or her current drug regimen doesn't necessarily have to change simply because a newer therapy comes on the market. But, for those with uncontrolled psychosis and/or intolerable side effects on current treatment, trying a different drug may be beneficial. No matter which therapy is chosen, communication about medication benefits and side effects, as well as regular assessment of the challenges psychosis poses for both the person with PD and the caregiver, must be maintained. Optimal management of each Parkinson's symptom (especially psychosis) always requires input from every person on the care team: patient, caregiver, family members and physician.

**DISCLAIMER:** *The material contained in this newsletter is intended to inform. PEP makes no recommendations or endorsements in the care and treatment of Parkinson's disease. Always consult your own physician before making any changes.*

**PEP NEWS**

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**FIRST CLASS MAIL**

We try to keep our roster current. If you no longer wish to receive this bulletin or would like to receive it via email instead, notify Katherine.A.Kaminski@gmail.com or call 216-513-8990.

**3-D Printing Technology Brings Human Brain Modeling Closer to Reality**

*(Excerpt from [www.pcrm.org](http://www.pcrm.org))*

**C**reating a 3-dimensional (3-D) human brain model has been a great challenge given the immense architectural complexity of this organ. Previous attempts to create the layered structure of the brain using 3-D printing have failed to mimic this complex organization. Researchers from the University of Wollongong in Australia and the University of Texas at Dallas recently overcame this challenge to create a multilayered 3-D printed brain model using a modified natural polymer produced from bacteria called gellan gum as ink to build the scaffold. Similar to gelatin and agar in strength, gellan gum also has benefits over traditional hydrogels as scaffold biomaterial, including cost and efficiency. By incorporating protein building blocks or peptides into the gellan gum to stimulate cell survival as well as growth and differentiation, they were able to 3-D model of the brain that replicates its multilayer neural circuit formation, which was confirmed by advance microscopes. Unlike mini-brain organoids grown on a dish, this low cost and simple technique can be easily adopted by many laboratories to quickly produce 3-D brain models to further experimental studies. This model will not only help improve our understanding of normal neurophysiology and neurological disorders but also test drug toxicity to the brain.

**PEP July Meeting – July 6, 2016**

**W**e welcome Lynne Taylor, Senior Staff Occupational Therapist and Driver’s Rehab Specialist from Euclid Hospital, a Cleveland Clinic hospital. She will talk on Driving With Parkinson’s including safety considerations and the Drivers Rehab Program they have. Join us for this informative topic.

**TRIBUTES**

**W**e need your donations to continue bringing you the PEP News and for other expenses. A special thanks to those who contribute at the monthly meetings. To send a donation, please make your checks payable to Parkinson Education Program and mail to – 17930 Birch Hill Drive; Chagrin Falls, OH 44023