

PEP NEWS

JUNE 2019

Barbara Marquardt, Editor, M.Ed., MCHES, WCP, RYT

JUNE MEETING

Wednesday, June 5, 2019 – 2 p.m. till 4 p.m.

We are pleased to welcome Dr. Solomon Zarea, D.O., Psychiatrist for Compassionate Cleveland, who will speak on Medical Cannabis and Parkinson's. Compassionate Cleveland has experienced medical marijuana doctors who provide personalized medical and behavioral health care in order to optimize the treatment and reduce the risks of Cannabis.

Cleveland Heights Recreation Center / One Monticello Boulevard, Cleveland Heights, OH 44118

(Last names A through M, please bring light refreshments)

From David Brandt

With the weather warming up, the number of Parkinson's related events have increased. We had a number of events in the past month and several coming up over the summer. I will devote this column to the events to make sure you are aware of them and hopefully participate in some of them.

June 22 – Moving Day Cleveland

Presented by Parkinson's Foundation Ohio, this event is held at Wade Oval in University Circle. Registration is at 10:30 and the walk start time is at 12:00. Moving Day is more than just a walk. It raises awareness and funds to improve the lives of people living with Parkinson's disease and advance toward a cure. This inspiring event brings together people of all ages and abilities for family-friendly fun and activities. Moving Day highlights movement and exercise as symbols of hope and progress because of their essential role in treating Parkinson's disease. Take part in a variety of movement activities such as yoga, Tai Chi, boxing, dance, and much more.

Don't forget you can donate to our own Team get PEP! As follows:

1. Go to www.movingdaywalk.org
2. Click on DONATE at top near center of the screen
3. In the search box, type Kathy Wendorff team Get PEP
4. Donate

August 7 – PEP Ice Cream Social

Join us for our annual Ice Cream Social at our normal meeting location at the Cleveland Heights Recreation Center.

August 10 – Empower U Taking Control of Parkinson's Disease

Presented by the Cleveland Clinic at the LaCentre Conference & Banquet Facility in Westlake. This education-driven, one-day event provides a positive, interactive approach to helping individuals take control of their disease, maintain their identity, and improve their quality of life. Special guests include Jimmy Choi, American Ninja Warrior Athlete and PD advocate; David Zid, co-founder of Delay the Disease; and Benjamin Walter, MD, Medical Director and Staff Neurologist at the Cleveland Clinic.

August 24 – Tenth Annual Parkinson's Boot Camp

Presented by University Hospitals Neurological Institute at the Doubletree By Hilton Cleveland East in Beachwood. Experience this hands-on event where you will learn exercise techniques, mind and body wellness practices, and invigorating skills to manage your Parkinson's.

September 15 – Third Annual Join the Movement

Presented by Pals In Motion at the Orange High School. 5K Run/Walk, 1 mile walk, Outdoor Yoga, Challenge Obstacle Course, 100-Yard Dash Relay for ages 12-18.

Parkinson's Disease Question Corner

Email barbaramarquardt@outlook.com with questions!

Question: I recently read something about Parkinson's and having your appendix out, could you please explain?

Answer: Yes, the media has recently covered this recent research, and lucky for us the lead author of the study is in Cleveland.

Patients who had their appendix removed were more likely to develop Parkinson's disease than those whose appendix remained in place, according to the largest study to address the relationship between the two conditions. The retrospective study involving more than 62 million patient records from 26 health systems will be presented at Digestive Disease Week® (DDW) 2019.

"Recent research into the cause of Parkinson's has centered around alpha-synuclein, a protein found in the gastrointestinal tract early in the onset of Parkinson's," said Mohammed Z. Sherif, MD, lead author of the study and a physician at Case Western Reserve University and University Hospitals Cleveland Medical Center, Ohio. "This is why scientists around the world have been looking into the gastrointestinal tract, including the appendix, for evidence about the development of Parkinson's."

This recent study concluded that using data collected from 62.2 million Parkinson's patients, researchers discovered a relationship between appendectomies and an increased risk of developing the Parkinson's disease. According to the analysis, patients who had their appendix removed were more than three times as likely to develop Parkinson's than those who had not.

"This research shows a clear relationship between the appendix, or appendix removal, and Parkinson's disease, but it is only an association," Dr. Sherif said. "Additional research is needed to confirm this connection and to better understand the mechanisms involved."

Ref. <https://neurosciencenews.com/parkinsons-appendix-13058/?fbclid=IwAR2wm19WyoB9PHSifr4WNPCKpaIlLqcZEdD P6hNYPiNQCF 2wG zrs95sAJw>

Anxiety and Depression with Parkinson's Disease

(Excerpt from www.michaeljfox.org)

When facing a diagnosis of Parkinson's disease, it is understandable to feel anxious or depressed. But mood disorders such as anxiety and depression are real clinical symptoms of Parkinson's, just as rigidity and tremor. In fact, at least half of all Parkinson's patients may suffer from clinical depression at some point during the course of their disease, according to some estimates.

The good news: Over the past decade, researchers have placed increasing focus on investigating these aspects of the disease, and today we have a better understanding of how to treat mood disorders in Parkinson's and increase quality of life.

On this page you'll find up-to-date information from clinicians and researchers, as well as quotes from our Guide for the Newly Diagnosed, authored by Parkinson's patients themselves as a resource for those just beginning their journey with Parkinson's disease. We've also included various multimedia interviews with Dr. Irene Hegeman Richard, MD, of the University of Rochester School of Medicine and Dentistry and our Scientific Advisory Board, who has done extensive research into depression and Parkinson's disease.

How can I get help for depression or anxiety?

You can view the entire article online at <https://www.michaeljfox.org/understanding-parkinsons/living-with-pd/topic.php?emotions-depression>

PEP July 3, 2019 Meeting

We welcome back Ellen Walter, CNP, at the Cleveland Clinic in the Center for Neurological Restoration. Ellen will be talking on the non-motor symptoms of Parkinson's.

What You Need to Know about Vertigo and Parkinson's Disease

(Excerpt from *Parkinson's Foundation*)

Do you often feel off-balance, dizzy or like the room is spinning? You may be experiencing vertigo. People with Parkinson's disease (PD) commonly report dizziness or vertigo, which are often associated with balance problems and become more frequent in later stages of Parkinson's.

Doctors can misdiagnose these common non-motor symptoms. Causes and treatments of PD-related dizziness and vertigo include:

- ♦ **Orthostatic hypotension:** more than half of people with PD experience a significant blood pressure drop upon standing that can cause lightheadedness, fainting, vision and thinking issues, head and body aches or fatigue.
 - ⇒ Treatment: Drink six to eight glasses of water daily, wear waist-high compression stockings and add salt to the diet to improve this condition. Medications can also help.
- ♦ **Medication-induced dizziness or vertigo:** dopamine agonists, used to improve PD symptoms, are the most common drugs associated with vertigo and dizziness in Parkinson's. Anticonvulsants, anti-hypertensives, antibiotics, antidepressants, antipsychotics, pain medications and anti-inflammatory drugs are commonly associated with dizziness.
 - ⇒ Treatment: Your doctor can slowly wean the dosage of the side-effect causing drug.
- ♦ **Deep Brain Stimulation (DBS):** this surgical procedure can be associated with dizziness or vertigo. Symptoms can emerge soon after surgery. Your doctor can determine if the device is causing dizziness by turning it off and observing reactions.
 - ⇒ Treatment: Your healthcare team may need to check the location of the electrodes (usually by brain imaging) and possibly re-program the device.

- ♦ **Benign Paroxysmal Positional Vertigo (BPPV):** sudden dizziness when turning in bed or dizziness lasting a few seconds. It can be diagnosed using an in-office, non-invasive test.
 - ⇒ Treatment: A physical therapist who is an expert in vestibular (inner ear and balance) rehabilitation can treat this or teach you simple movements to do at home, such as the Semont maneuver, which uses seated and reclined positions to clear the inner ear.
- ♦ **Migraine headaches:** these can potentially cause dizziness or vertigo; sometimes referred to as migraine-induced vertigo.
 - ⇒ Treatment: Treating the headache or migraine usually ends dizziness.
- ♦ **Transient ischemic attack or stroke:** this sudden-onset dizziness, usually present with other neurological signs, could possibly be a brief stroke-like attack or stroke.
 - ⇒ Treatment: If a stroke is suspected, seek medical attention immediately and undergo appropriate imaging and potentially stroke-related therapies.

Dizziness or vertigo can be tied to many causes and is not unique to Parkinson's. Medications, low blood pressure, anxiety, cold and flu, dehydration, heart conditions and more can provoke these symptoms. Tell your doctor immediately if you regularly experience dizziness or vertigo.

TRIBUTES

We 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

TRIBUTES

Hans and Carol Drescher

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PEP NEWS

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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.

(Excerpt from Parkinsons.org)

Sex and gender differences can drastically impact one's health and are important to consider across all diseases, including Parkinson's disease (PD).

Women have not been and are not adequately represented in Parkinson's research. Biological and socio-cultural sex and gender differences are often not considered when determining PD research and care priorities.

The limited research that has been done shows that women with PD have different experiences than men with PD as they relate to risk, symptoms, treatment and care. Research shows differences and disparities including:

- Women have a lower risk of developing Parkinson's disease than men, but research cannot give a clear explanation why women are less often diagnosed.
- Women and men with PD report different symptoms and severity to their provider, but researchers have yet to identify symptoms that preferentially impact women (women-specific symptoms).

- Small changes in medications or schedule can cause women to experience big changes in their symptoms, with dyskinesia's being the most frequently reported side effect.
- Despite greater reported improvements to quality of life than men, women are less likely to receive deep brain stimulation (DBS)
- Women are less likely than men to be cared for by a PD specialist, neurologist or movement disorder specialist.



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