

PEP NEWS

JULY 2019

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

JULY MEETING

Wednesday, July 3, 2019 – 2 p.m. till 4 p.m.

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.

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

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

From David Brandt

I am writing this after just returning from my daughter's wedding. It was a beautiful experience as many or most of you I am sure have had. Walking her down the aisle, enjoying the ceremony as she married our new son-in-law who we adore, and having a great reception! I will never forget it. We were also extremely lucky as the forecast called for rain all day but we had the perfect timing of dry weather in time for the outdoor ceremony and pictures. One down and three more to go!

Here are upcoming Parkinson's events in the area:

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. We will have contra dancing with Kathy Wendorff and some of her musician friends.

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 that people with Parkinson's have higher chances of skin cancer, are there any alternatives to surgery?

Answer: Past research does show that people with Parkinson's have a higher risk of developing a skin cancer called melanoma, and melanoma patients have a higher risk of also developing Parkinson's.

I am not aware of an alternative for melanoma; however, Dr. Joseph Mercola believes that an affordable cream, which uses the eggplant extracts known as BEC and BEC5, appears to cure and eliminate non-melanoma skin cancers, such as Basal
(cont'd on page 4)

PEP August 7, 2019 Meeting

Please join us as we are having our annual Ice Cream Social. Kathy Wendorff will show us how to Contra Dance and will bring along some of her musician friends. We will have various flavors and toppings of ice cream to cool us down

PD and Medication: What's New?

(Excerpt from www.parkinson.org)

Since its launch in the late 1960s, carbidopa/levodopa (brand name SINEMET®) is still the most effective Parkinson's disease (PD) **motor symptom** treatment. However, it doesn't address all facets of the disease. Medications to bolster its effectiveness and treat PD-related **non-motor symptoms** are newly available or just on the horizon.

Pioneering Medicine

It's an exciting time for PD drug advances.

While **gene** therapy benefits are still being studied, many new medications are on the market or are soon to be. These new treatments are designed to tackle Parkinson's disease challenges, including:

- **Psychosis** – hallucinations and delusions.
- **Orthostatic hypotension** – a blood pressure drop when rising or standing.
- **"Off" time** – when symptoms and movement difficulties increase.
- **Dyskinesia** – abnormal, involuntary muscle movement.
- **Dementia** – memory and thinking declines.
- **Falls** – PD can cause slowness of movements, increasing falling and other risks.

Current Treatments

Parkinson's Disease Psychosis

PD-associated psychosis can be caused by the disease itself or PD medications. Challenging for people with PD and **caregivers**, symptoms include confusion, **delusions and hallucinations**. Report any changes to your medical team.

Pimavanserin (Nuplazid®), newer to the market, is the only approved treatment for PD psychosis. It does not block dopamine or worsen motor symptoms. It can improve hallucinations, delusions, night-time sleep and daytime sleepiness. Side effects include nausea, confusion and hallucinations.

Orthostatic Hypotension

From 20-50% of people living with PD experience a significant blood pressure drop upon standing, known as orthostatic hypotension; certain medications can

worsen this. This drop can cause lightheadedness or fainting, and other symptoms.

Droxidopa (NORTHERA®) treats lightheadedness. It should not be taken within five hours of bedtime. Side effects include headache, dizziness, nausea, fatigue and high blood pressure when lying down.

"Off"-Time Advancements

Levodopa is synthesized in the brain into dopamine, making it key to PD symptom management. But several factors can interfere with steady, accurate dose delivery. When medication is not taken on time, or absorption is delayed, **freezing** and other sudden and debilitating motor symptoms can occur. These newer medications can help tackle "off" periods.

Carbidopa/Levodopa Enteral Suspension (Duopa™)

Duopa™ therapy, a newer carbidopa/levodopa treatment, can benefit people with advanced PD who respond well to levodopa and experience three or more "off" hours daily. It's delivered in gel form (called enteral suspension). Duopa™ users must first have surgery to place a tube in their intestine that is later connected to a pump that delivers Duopa™.

Safinamide (XADAGO®)

Safinamide tablets (XADAGO®) are an add-on treatment for people with Parkinson's taking carbidopa/levodopa and experiencing "off" times. Safinamide is a monoamine oxidase B (MAO-B) inhibitor that can reduce "off" times up to 55 minutes a day, without dyskinesia. Interactions include other MAO-B class drugs, certain antidepressants and the cold medicine dextromethorphan. Anyone taking a PD medication should talk to their doctor and pharmacist about potential drug interactions.

On-Demand Therapy

Levodopa Inhalation (INBRIJA™)

The levodopa inhalation powder INBRIJA™ is an add-on drug for "off" periods in people taking carbidopa/levodopa. Administered via inhaler, it can be used up to five times a day, improving "off" symptoms as soon as 10 minutes and lasting up to 60 minutes. This can improve symptoms for people with decreased gut motility while waiting for oral carbidopa/levodopa to take effect.

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Amantadine ER capsules (GOCOVRI®)

This is the only medication to treat dyskinesia and “off” time in people with PD taking carbidopa/levodopa. It must be taken before bedtime and provides control of dyskinesia upon awakening and throughout the day. It can cause hallucinations and lightheadedness. This medication is different from immediate-release amantadine and amantadine ER tablets (OSMOLEX ER™) which are not approved for dyskinesia or “off” time.

IncobotulinumtoxinA (XEOMIN)

More than 50% of people with PD can have excessive drooling, causing skin breakdown around the mouth, odors, embarrassment or choking. Two injections on the face, every 3-4 months of XEOMIN, can manage symptoms.

Future Therapies

Sublingual Apomorphine

Apomorphine is administered through injections under the skin. Sublingual apomorphine, dissolved under the tongue, can relieve “wearing off” episodes for people with Parkinson’s disease in 15 minutes and lasts up to 90 minutes. Side effects can include nausea, sleepiness, and dizziness.

Rimabotulinumtoxin B (MYOBLOC®)

Rimabotulinumtoxin B is currently approved for **dystonia** and used off-label for drooling. It is undergoing trials to treat drooling. Side effects include dry mouth, mild swallowing difficulty, mild chewing weakness and saliva thickness changes.

Adenosine A2 Antagonist: Istradefylline

A group of brain circuits called the basal ganglia play a role in causing PD symptoms. The basal ganglia have adenosine A2A receptors that are located next to dopamine receptors. Scientists believe that activating the dopamine receptor or blocking the adenosine A2 receptor can improve PD symptoms.

Istradefylline, an adenosine A2A receptor antagonist shows mild motor symptom fluctuation improvements. Approved for use in Japan, Istradefylline has not received U.S. FDA approval.

Subcutaneous Apomorphine Infusion

Available in Europe, subcutaneous apomorphine treatment offers a less invasive motor fluctuation treatment option. A small delivery tube placed under

the skin is connected to an apomorphine-filled pumping device. It can reduce daily “off” time and possibly dyskinesia by reducing needed levodopa dose. Those with hallucinations and dementia might not be candidates.

Subcutaneous Carbidopa/Levodopa Pump

Two companies are currently developing pumps for continuous under-skin carbidopa/levodopa therapy to reduce “off” times and motor symptom fluctuations. The pumps can be used around the clock and don’t require surgery.

Carbidopa/levodopa extended release

New tests are underway for extended-release carbidopa/levodopa therapy to reduce “off” times and motor symptom fluctuations.

- Accordion Pill™, Carbidopa/Levodopa (AP-CD/LD) maker, will begin its Phase 3 clinical trial of new delivery technology. The Accordion Pill slowly releases treatment in the stomach for more steady absorption.

IPX203, an investigational extended-release oral carbidopa/levodopa formulation that increases “on” time, is currently enrolling participants in its Phase 3 clinical study.

Opicapone

Experimental opicapone is a COMT (catechol-o-methyl transferase) inhibitor. This drug class can extend levodopa benefits. Available in Europe, opicapone reduces “off” time for people with PD experiencing levodopa effectiveness fluctuations.

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

In Memory of Raymond H. Brandt
Tina Pittmon-Polk

Michael and Sylvia Brown

PEP NEWS

Parkinson Education Program
of Greater Cleveland
17930 Birch Hill Drive
Chagrin Falls, OH 44023

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Parkinson's Disease Question Corner

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Cell and Squamous Cell Carcinomas in weeks. A mixture of naturally occurring glycoalkaloids found in the plants of the nightshade family, including eggplant, have been shown to be highly effective in treating human skin cancers. The power is in the pigment – its natural chemicals bind to skin cancer cells and is highly toxic to them, yet they cause no harm to healthy cells. One study found that 20 out of 24 skin cancer lesions disappeared after using this eggplant extract cream. There is currently one company that makes this cream – Curaderm; it costs \$125 to \$150. People can purchase online <https://www.drguberman.com/Curaderm-BEC5>, or by phone at 800-333-9942 or 954-722-8086.

Dr. Oz's Bottom Line

Dr. Oz finds this treatment intriguing and believes more research should be done. Do not self-diagnose and do not skip the doctor. You need to have your doctor diagnose a skin lesion. And remember, this cream appears to be effective only on non-melanoma skin cancers. If you get a lot of non-melanoma skin

cancer spots or are worried about surgery and scarring, ask your doctor if it makes sense to pursue this alternative treatment. Be proactive about monitoring your skin. Skin cancer is treatable if caught early.

Ref. <https://www.drguberman.com/Curaderm-BEC5>
<https://www.doctoroz.com/article/dr-mercolas-most-radical-alternative-cures>



**TO REACH US
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440-742-0153

dbrandtpep@gmail.com

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