

PEP NEWS

SEPTEMBER 2020 Barbara Marquardt, Editor, M.Ed., MCHES, WCP, RYT



September PEP Meeting—Zoom Video Conference Meeting

September—Via ZOOM! – Wednesday, September 2, 2020 at 2-4 p.m.

We welcome **Dr. Benjamin Walter** from **The Cleveland Clinic center for Neuro-Restoration** who will speak on DBS, Focused Ultrasound and Other Advanced Procedures for Parkinson's Disease. Dr. Walter has been very active in the Parkinson community and has spoken many times to our *PEP* group.

If you receive this newsletter via email/PDF copy, just click on this link to join the Zoom Meeting in September: <https://us02web.zoom.us/j/5548150790>

Meeting ID: **554-815-0790**

If you receive this newsletter via USPS mail, and if you have a computer or cell phone, you can join the meeting by entering exactly:

<https://us02web.zoom.us/j/5548150790>

in the address bar of your browser. Add the Meeting ID: **554-815-0790** if requested.

From David Brandt

With in-person events not possible at this time, The Cleveland Clinic has changed their **Empower U, Taking Control of Parkinson's Disease** event to a virtual one. Taking place on Saturday August 29, the event will feature speakers Lisa Shulman, MD, Arman Askari, MD, and Hubert Fernandez, MD along with Empowering Exercises with Ben Rossi, David Zid, and Rock Steady Boxing's Maria Pujolas. The goal of the event will be accomplished through educational sessions on treatments and updates in Parkinson's disease as well as interactive sessions that introduce rehab therapies, exercise programs and wellness concepts to fight back against Parkinson's disease.

The schedule has a connection test and exhibit hall from 8-9 a.m. and then the live streamed programs from 9 a.m.-3 p.m. You must register by going to <https://www.globalcastmd.com/shows/details/empower-u-parkinsons-event> or by calling Shana Spade at 216-444-9380.

Finally, we look forward to having you join us at our next meeting on September 2 at 2 p.m. Dr. Ben

Walter will join us via Zoom, and there is no registration needed – just either go online or join us by phone.

TRIBUTES

Carrie Turk

Here is a perfect way to keep on exercising. InMotion is offering free, weekly, live zoom sessions, please visit their website at: beinmotion.org, click on the Covid-19 Update tab at the top of the page to access videos, or simply scroll down on their cover page and click on InMotion Videos link. You will find a list of videos from strengthening, to yoga, to tai chi, to singing classes, etc. that anyone can do at home. Videos range from three to 20 minutes.

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. No one involved with the newsletter receives financial benefit from any programs/products listed.

Parkinson's Disease Question Corner

Email barbaramarquardt@outlook.com with questions!

Question: My first sign of Parkinson's was the loss of taste and smell, I also read it could possibly be a Zinc deficiency, what are the signs to look for?

Answer: The list of related symptoms for zinc deficiency is a mile long, and can be found online at <https://www.diagnose-me.com/symptoms-of/zinc-requirement.php#G406>, but I think the questionnaire below does a good job of capturing most of the main symptoms. **Answering yes to any of these questions indicates the possibility of zinc deficiency:**

- Have you lost much of your sense of taste and smell?
- Do you have adult acne, even if you didn't have it as a teenager?
- Do you get frequent colds and flu, usually with an ear infection?
- Is your hair going prematurely gray? Does it grow slowly? Is your hair texture dry with brittle ends?
- Do your nails have white flecks? Do they peel and fray easily? Do they grow abnormally slowly? Do they have hard ridges either vertical or horizontal?
- Do you have an enlarged prostate (BPH) or prostatitis?
- Is your skin dry and cracked? Do you get fungal skin infections? Do cuts or rashes heal slowly? Do you sunburn easily?
- Have you been diagnosed with macular degeneration? Are your eyes overly sensitive to sunlight?
- Does your body have trouble with sugar balance? Do you have diabetes or hypoglycemia?
- Do you have a history of low sperm counts? Have you ever suffered from impotence or erection problems?
- Do you often get herpes-type mouth sores? Are your lips regularly dry, cracked or chapped?

Ref.: <https://healthygut.com/articles/could-zinc-deficiency-be-robbing-you-of-your-taste-and-smell/>

October PEP Meeting

October 7, 2020 / 2-4 p.m. – To Be Announced

The Link Between Parkinson's Disease and Toxic Chemicals

(Excerpt from The New York Times)

Michael Richard Clifford, a 66-year-old retired astronaut living in Cary, N.C., learned before his third spaceflight that he had Parkinson's disease. He was only 44 and in excellent health at the time, and had no family history of this disabling neurological disorder.

What he did have was years of exposure to numerous toxic chemicals, several of which have since been shown in animal studies to cause the kind of brain damage and symptoms that afflict people with Parkinson's.

As a youngster, Mr. Clifford said, he worked in a gas station using degreasers to clean car engines. He also worked on a farm where he used pesticides and in fields where DDT was sprayed. Then, as an aviator, he cleaned engines readying them for test flights. But at none of these jobs was he protected from exposure to hazardous chemicals that are readily inhaled or absorbed through the skin.

Now Mr. Clifford, a lifelong nonsmoker, believes that his close contact with these various substances explains why he developed Parkinson's disease at such a young age. Several of the chemicals have strong links to Parkinson's, and a growing body of evidence suggests that exposure to them may very well account for the dramatic rise in the diagnosis of Parkinson's in recent decades.

To be sure, the medical literature is replete with associations between people's habits and exposures and their subsequent risk of developing various ailments, from allergies to heart disease and cancer. Such linkages do not — and cannot by themselves — prove cause and effect.

Sometimes, though, the links are so strong and the evidence so compelling that there can be little doubt that one causes the other.

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Ask the MD: Parkinson's Summertime Tips

(Excerpt from www.michaeljfox.org)

Summer looks different this year. Many people have canceled or changed travel plans, adapted get-togethers to meet social distancing guidelines, and found creative ways to be with friends and family. Whether you get outside or out of town, here are tips for making the most of that time:

Protect your skin.

People with Parkinson's have an increased risk of the skin cancer melanoma. Researchers don't know exactly why, but genetics, environmental factors or immune system changes may play a role. Wear sunscreen whenever you're outside and reapply per the bottle instructions. (Ask your doctor which sunscreen is best for you; typically, it's an SPF 30 or higher.) Also consider wearing a hat and sunglasses to protect your eyes. And see your dermatologist at least yearly to check for melanoma.

- **Stay hydrated.** The heat can worsen dehydration and low blood pressure, a common PD symptom, causing dizziness, lightheadedness and fatigue. Doctors recommend drinking six to eight 8-ounce glasses of water per day, so aim for more if you're out for long periods or exercising outdoors.

- **Anticipate travel needs.** Traveling during the pandemic raises many questions: what's the best method (car or plane), where is safest to stay (at a hotel or with family), and how to protect yourself and others along the way. If you are considering travel, talk with your doctor and check local, state and national guidelines. (Some locations may not allow visitors from certain areas or require a two-week isolation on arrival as well as wearing a mask and socially distancing in public.) But pandemic or not, traveling with Parkinson's is smoothest when you plan. Some things to think about:

1. **Medication** Make sure you have enough medication to cover your time away plus a few extra days in case of changes in plans or other delays. Check your bottles a week or two before leaving so you can call your doctor or pharmacy

for refills, if necessary. If you travel by plane, keep medications in your carry-on. If you drive, don't leave medications in a hot car. As you travel, continue taking medications on the same schedule, even if you switch time zones or fly overnight. (If you take medication every three hours, for example, take every three hours throughout the night.) Talk with your doctor about the best way to take medications while traveling.

2. **Deep brain stimulation** Those who have had deep brain stimulation (DBS) will need to take their programmer and device identification card. When flying, most airports will use a "pat-down" check rather than electronic device for screening. If you do pass through the airport screening device, it will not harm your DBS, but could turn it off or very briefly increase stimulation. If you plan to go swimming or do other activities you don't usually do, ask your doctor if DBS imposes any restrictions.
3. **Care** Ask your doctor what to do if you have a problem while away. Keep their phone number and an updated medication list with you and, to be safe, find out where the local urgent care or emergency room is. If you are leaving town for an extended time, check if you can continue care through telemedicine (this may not be possible across state lines) or establish care with a local movement disorder specialist. You can ask your doctor for a recommendation or search online at <https://mds.movementdisorders.org/directory/>

The Link Between PD and Toxic Chemicals *(cont'd from Page 2)*

Based on extensive evidence presented by four experts in a new book, "Ending Parkinson's Disease," it seems shortsighted to deny a causative link between some cases of Parkinson's disease and prior exposure to various toxic chemicals.

The book was written by Dr. Ray Dorsey, neurologist at the University of Rochester; Todd Sherer, neuroscientist at the Michael J. Fox Foundation for Parkinson's Research; Dr. Michael S. Okun, neurologist at the University of Florida; and Dr. Bastiaan R. Bloem, neurologist at Radboud University Nijmegen

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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 2785 Edgehill Rd., Cleveland Heights, OH 44106



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Link Between PD and Toxic Chemicals

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Medical Center in the Netherlands.

The authors called the increasing prominence of Parkinson's "a man-made pandemic." Its prevalence has closely tracked the growth of industrialization and has increased dramatically with the use of pesticides, industrial solvents and degreasing agents in countries throughout the world.

Furthermore, they added, men, who are more likely to work in occupations that expose them to industrial products linked to the disease, have a 40 percent greater risk than women of developing it.

As with smoking, which doesn't cause cancer in all smokers, most cases of Parkinson's are likely to reflect an interaction between environmental exposures and genetic predisposition. But also as with cancer and smoking, criteria that strongly suggest a cause-and-effect relationship apply as well to chemical exposure and the development of Parkinson's disease.

Although Parkinson's is most likely to afflict older people, its rise has far exceeded the aging of the population. In just 25 years, from 1990 to 2015, the number of people afflicted globally more than doubled, from 2.6 million to 6.3 million, and is projected to reach 12.9 million by 2040.