

**FEBRUARY 2025**

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

**FEBRUARY MEETING / Wednesday, February 5, 2025 2:15 p.m.**

We welcome back **Dr. Steven Gunzler, MD, Parkinson's and Movement Disorders Center, University Hospitals**. Dr. Gunzler will provide updates on new developments in PD with a focus on diagnostic testing for PD.

**Cleveland Heights Senior Activity Center/One Monticello Blvd., Cleveland Heights, OH 44118**

**MARCH MEETING / Wednesday, March 5, 2025 2:15 p.m. – To Be Announced**

**From David Brandt**

I hope everyone enjoyed the holidays. I was fortunate to have all of my children (three are out of town) and my two grandsons stay at our house throughout the Christmas season. A true blessing to have the whole family together.

Here is a reminder regarding Village in The Heights. Paul Carbol, Founder and Executive Director, presented to our group last year and explained how his group is based on neighbors helping neighbors. They have volunteers who can provide transportation to grocery stores, medical appointments and even PEP meetings. They offer many routine In-Home Assistance chores such as moving furniture, changing light bulbs, and making light-duty repairs. This is available to most east side Cuyahoga County suburbs.

The *PEP* Board thought that this would be a welcome service to many of our members and so we offer to cover half of the \$200 annual fee. If interested, please call them at 216-297-3179.

**Upcoming Events**

**Saturday, April 5, 2025 – 25<sup>th</sup> Annual Parkinson Symposium put on by the Ohio Parkinson Foundation Northeast Region** It will again be held at the Embassy Suites in Independence 10:00 a.m. to 2:30 p.m. Door prizes and free brunch provided. More details to follow in the next few months.

**Football & Parkinson's**

*(Excerpt from JAMA Network)*

College playoffs are on the way, the NFL season is wrapping up, and high school championships are happening now. We know head impacts can cause PD, but what about football? This study found a risk between playing football and PD.

**Conclusions**

In this cross-sectional study, there was an association between participation in American football and higher odds of self-reported parkinsonism or PD. Among football players, odds of having a parkinsonism or PD diagnosis were greater with more seasons and higher level of football play. The findings suggest that American football participation might be a risk factor for developing parkinsonism or PD. Prospective research among community-based samples that objectively evaluate parkinsonism and PD in former American football players across different levels of play will clarify the observed associations.

**DISCLAIMER:** The material contained in this newsletter is intended to inform. *PEP* makes no recommendations or endorsements in the care and treatment of PD. Always consult your own physician before making any changes. No one involved with the newsletter receives financial benefit from any programs/products listed.

## PD Question Corner

**Email:** [barbaramarquardt@outlook.com](mailto:barbaramarquardt@outlook.com)

**Question:** Could you please suggest a good Parkinson's book for my winter reading?

**Answer:** Yes, "Parkinson's and the B1 Therapy" by Daphne Bryan, PhD

Also, for additional information on the B1 protocol, scientific evidence, resources, blog, and social media links, please visit [www.b1parkinsons.org](http://www.b1parkinsons.org)

Ref.: <https://b1parkinsons.org/book>

### **Tiny Words, Big Thoughts: How my Parkinson's Led to Micrographia**

*(Excerpt from parkinsonsnewstoday.com)*

**O**ne of the many annoying, frustrating, and mysterious symptoms of Parkinson's disease is micrographia. Micrographia is when your handwriting gets teeny-tiny and illegible over time. Like gait freezing, it's one of those odd motor symptoms of Parkinson's in which your mind knows what it wants to do, but the muscles in your body just can't make it happen. The mind knows what legible handwriting is, and most "normal" people — even those with terrible handwriting — can form readable letters if they try. With micrographia, you just can't. Your mind is thinking "big letters," but your brain just won't make the little illegible squiggles behave.

My handwriting was never spectacular, but I could make it clear and tidy if I paid attention. I took pride in handwriting all of my annual Christmas cards, and even my wedding invitations. But in the 11-plus years since I was diagnosed with Parkinson's disease, that has all changed.

I've always been a list keeper and a planner. We used to joke in my family that it wasn't a party until my clipboard, which was full of lists, made an appearance. I still have every day planner and to-do list notebook since middle school. My clipboard and lists are a defense against chaos. If it's on the list, it will happen. If it's not written down, it doesn't exist. So, what does it mean when I write something down but can't read my writing anymore?

**The writing on the wall** — A few years ago, a good friend helped me reorganize my home office. She's known me since seventh grade and has been on the receiving end of literally thousands of cards, letters, messages, and passed school notes from me. She was helping me sort through a stack of old notebooks and handed me two of them. One was from college, and the other was from about 2018, five years into my diagnosis. She noticed that my writing went from filling the space between the horizontal lines to going only halfway up. As I would write a sentence, we could both see the letters shrinking as the words trailed off at the end of a line.

I knew my handwriting was deteriorating, but to see the before and after in front of me like that was startling. For many years since then, I've learned to make do with typed documents on my computer, and I've worked hard to make legible letters when I had to write something by hand. But about a year ago, I realized that I truly couldn't rely on my handwriting anymore. If I need an envelope addressed, I have to ask my husband to do it. If I want to send a note of condolence or congratulations — sentiments that mean so much more when written by hand — I must type and print them. And my beloved to-do lists are now all electronic — and much less satisfying to cross off!

I'm learning to adapt to my non handwriting status. Technology has been an enormous help. Luckily, I still type pretty well, although that may be the next thing to go. Tools like transcriptions of Zoom meetings and artificial intelligence summaries of conversations have come in handy for work meetings. I carry a printout of all my medications and medical history because I can't legibly fill out the forms at a doctor's office. And I'm thankful every day for the Notes app on my phone, as well as the voice-to-text feature. I know these tools are helpful to people without Parkinson's, too, but they can be especially handy when you have a condition like micrographia.

Losing my handwriting is just another small loss of who I was before Parkinson's and another step toward who I am becoming.

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

## Types of Parkinson's Disease

(Excerpt from Parkinson's News Today)

First of a 3-part Series over PEP Issues of  
February, March, April 2025

**P**arkinson's disease is a neurological condition characterized by motor symptoms that include bradykinesia (slowed movement), tremor, rigidity, and problems with balance. These symptoms are caused by the progressive dysfunction and death of neurons, nerve cells that are responsible for making the chemical dopamine in the brain.

The term "parkinsonism" is used to describe any condition that is marked by motor symptoms similar to those seen in Parkinson's disease. Parkinson's disease is the most common form of parkinsonism, but there are other types, namely atypical and secondary parkinsonism.

**Primary parkinsonism** – Parkinson's disease is known as primary parkinsonism. It's also sometimes called idiopathic Parkinson's, meaning it's not clear what caused the disease to develop. Primary parkinsonism is caused by the death and dysfunction of dopamine-making cells in the brain.

Parkinson's disease is by far the most common form of parkinsonism; about 80% of all instances of parkinsonism are due to Parkinson's disease.

While the most commonly recognized symptoms of primary parkinsonism are those that affect movement and motor skills, nonmotor symptoms such as cognitive impairment, difficulty swallowing, gastrointestinal problems, anxiety and depression, loss of smell, and sleep issues are also common.

Treatment with levodopa and its derivatives, which are medicines that work by providing the brain with more of the raw material needed to produce dopamine, is usually effective for easing Parkinson's disease symptoms. Other forms of parkinsonism generally don't respond as well to these treatments.

The disease can be divided further into subtypes, such as familial Parkinson's and early-onset Parkinson's.

**Familial Parkinson's** – Most cases of Parkinson's disease are sporadic, meaning that Parkinson's affects only one person in a family. However, about 15% of Parkinson's patients have a family history of the disease. When Parkinson's runs in a family, it's referred to as familial Parkinson's disease.

Familial Parkinson's disease is usually associated with certain genetic mutations that either can cause Parkinson's outright, or they increase an individual's risk of developing the disease. These mutations are passed from parents to their biological children, and that is thought to mainly explain why the disease runs in families.

The mode of inheritance in familial Parkinson's depends on the specific mutation associated with the disease in a family. With almost all genes, everyone inherits two copies, one from each biological parent. With some genes, one mutated copy is sufficient to cause Parkinson's, and this is called autosomal dominant inheritance. Other genes are inherited in an autosomal recessive pattern, meaning both copies need to be mutated to cause the disease.

First of a 3-part Series cont'd on last page

### PARKINSON'S DISEASE

#### FAMILIAL PARKINSON'S

##### DEFINITION

When Parkinson's disease runs in a family, it's referred to as familial Parkinson's, and occurs when certain genetic mutations are inherited.

##### PREVALENCE

Occurs in about 15% of people with Parkinson's disease

#### EARLY-ONSET PARKINSON'S

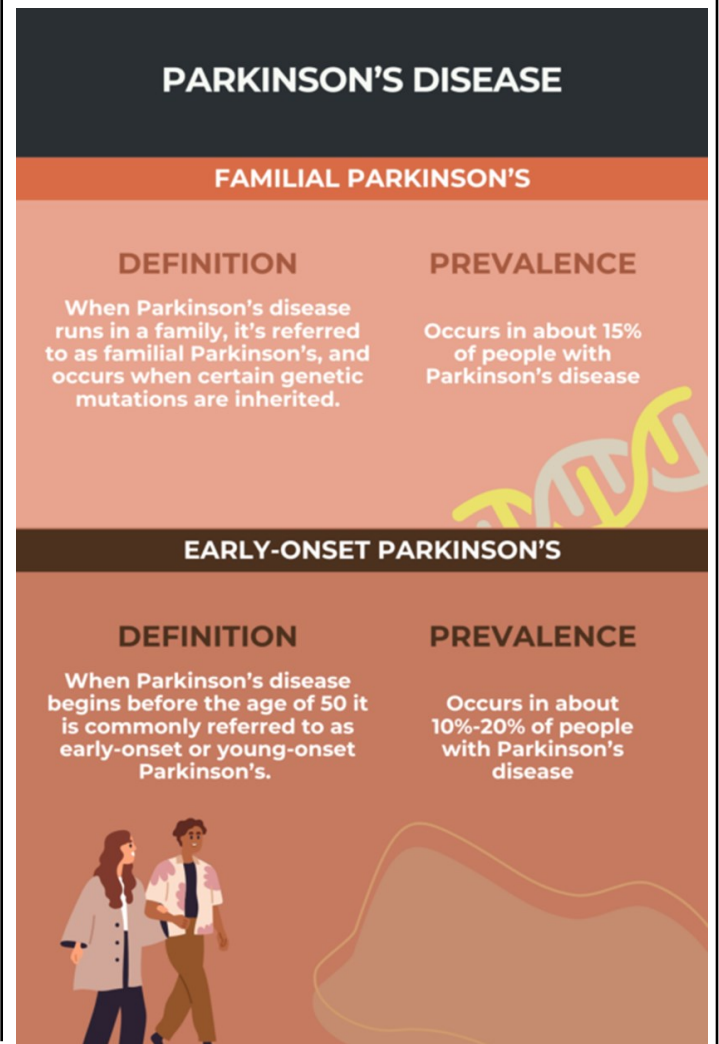
##### DEFINITION

When Parkinson's disease begins before the age of 50 it is commonly referred to as early-onset or young-onset Parkinson's.

##### PREVALENCE

Occurs in about 10%-20% of people with Parkinson's disease

**TO REACH US AT PEP 440-742-0153** [dbrandtpep@gmail.com](mailto:dbrandtpep@gmail.com)  
[Facebook – Parkinson Education Program of Greater Cleveland](#)



**PEP NEWS**

Parkinson Education Program  
of Greater Cleveland  
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**Address Service Requested**

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.

**Laughter is Medicine**

**WHAT DID THE MAN SAY TO HIS BANKER  
ON FEBRUARY 14?**

“You’ve caught my interest.”



Partial grant support provided by OPFNE



ohparkinson.com

**TRIBUTES**

In Memory of Judith Weidenthal

Dr. Daniel Tilles Weidenthal

Marianne and Bob Gooding

Rita Shafer