PARKINSON EDUCATION PROGRAM

P E P NEWS

M A R C H 2 0 2 5 **Barbara Marquardt, Editor, M.Ed., MCHES, WCP, RYT**

MARCH MEETING / Wednesday, March 5, 2025 2:15 p.m.

We welcome back **Carolyn Lookabill** of **Caring Services** who will talk on Caregiving Tips. Carolyn has presented to us in the past and her talks have been well received.

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

APRIL MEETING / Wednesday, April 2, 2025 – 2:15 p.m.

We welcome back **Charles Babbush** and **Amy Eisenberg** of **Papa's Path** who will speak on their organization dedicated to helping those with PD and give demonstrations on the tools in their kits.

From David Brandt

At our February meeting, I handed out 10 kits of the Papa's Path tools at no charge to some of those attending our meeting. The *PEP* Board purchased them and it is our intent to hand out more at no charge for those attending our April 2nd Meeting. We felt that these kits were very much welcomed by our members and that they contained a number of tools that would help them in their daily lives.

You can see what tools are available in their small and large kits on their website at www.papaspath.org. But I will give a brief description of them here:

1. **Stress Ball** - textured finish, gumdrop shape
2. **Zipper Pulls** – horizontal sturdy handle design, for clothing, outerwear, handbags, backpacks
3. **Water Bottle Opener** – provides grip and leverage, easy twist off
4. **Nail Clipper** – wide handles, ergonomic, design, 360 degree rotary
5. **Pencil Grippers** – universal, ergonomic, physician designed
6. **Markers** – No roll triangle grip, nontoxic, washable

The larger kits contain the above plus another 8 tools including, **Spin Brush, Auto Cane, Grabber Reacher Tool, Shower Brush Sponge Set, Button Hook, Foam Tubing, Dressing Stick, and Gripper Set.**

So, I hope to see you at our April meeting to see the tools demonstrated and to take home one of these kits. And then follow up by going to the symposium below!

Upcoming Events

Saturday, April 5, 2025 – Music, Movement, and Mindfulness 25th Annual Parkinson Symposium put on by the Ohio Parkinson Foundation Northeast Region: It will again be held at the Embassy Suites in Independence 9:45 a.m. to 3:00 p.m. Enter and park for free on right side of the building. Door prizes and free brunch provided. Registration is required by calling 440-345-6401 or online at https://ohparkinson.com/events

Laughter is Medicine

WHAT DID THE DIRT SAY TO THE RAIN?

You'd better cut it out, or my name will be mud!

PD Question Corner

Email: barbaramarquardt@outlook.com

***Question*:** What is Dementia with Lewy Bodies?

Answer: Dementia with Lewy bodies, (DLB) sometimes also called Lewy body dementia, (LBD) is a form of dementia that is characterized by toxic clumps of protein in the brain called Lewy bodies. These toxic protein clumps are also a hallmark feature in Parkinson's disease.

People with Parkinson's may develop dementia, and those with DLB can experience motor symptoms similar to what's seen in Parkinson's. The main distinction is that, in DLB, cognitive problems become apparent before the development of motor symptoms, whereas in Parkinson's disease, motor symptoms typically develop before cognitive issues.

Ref.: https://parkinsonsnewstoday.com/types-of-parkinsons-disease/?cn-reloaded=1

Drug-Induced Parkinsonism

(*Excerpt from parkinsonsnewstoday.com*)

Some medications can cause Parkinson's-like symptoms as a side effect, which is known as drug-induced parkinsonism. Next to primary Parkinson's disease, this is the most common type of parkinsonism.

Medications associated with the highest risk of drug-induced parkinsonism are antipsychotics, also known as neuroleptics, which are given to help control psychosis. A range of other medications, including some antidepressants, antibiotics, antihistamines, nausea treatments, anti-seizure therapies, and medications that help to regulate blood pressure or heart rate, have been associated with drug-induced parkinsonism in some cases, though the risk of this side effect is generally lower with most of these therapies.

Usually, symptoms of drug-induced parkinsonism will ease within a few weeks after a patient stops taking the problematic medication. In rare cases, however, symptoms can persist for months or even years after stopping the medication.

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

Melatonin Hormone as a Therapeutic Weapon Against Neurodegenerative Diseases

(Excerpt from https://pubmed.ncbi.nlm.nih.gov)

Brain disorders such as Alzheimer's and Parkinson's disease (PD) can include several cognitive problems, including learning disabilities, memory loss, movement abnormalities, and speech problems. These disorders are caused by a variety of factors, mainly due to the toxic pollutants-induced biochemical changes in protein production, uncontrolled neuronal electrical activity, and altered neurotransmitter levels. Oxidative stress and toxicity associated with the increased glutamate levels decreased acetylcholine levels, and brain inflammation is the main contributing factor.

Melatonin hormone is considered one of the potent treatment approaches for neurodegenerative disorders. Melatonin is released from the pineal gland and has a critical role in brain function regulation. Membrane receptors, binding sites, and chemical interaction mediate hormonal actions having multiple phenotypic expressions. It acts as a neurodegenerative agent against some neurological disorders such as Alzheimer's disease (AD), PD, depression, and migraines.

Melatonin inhibits neurotoxic pollutants-induced Tau protein hyperphosphorylation especially in AD. Other pivotal features of melatonin are its anti-inflammatory properties, which decrease pro-inflammatory cytokines expression and factors such as IL-8, IL-6, and TNF. Melatonin also reduces NO (an inflammation factor).

In this review, highlighted are the protective effects of melatonin, mainly spotlighting its neuroprotective mechanisms that will be beneficial to assess their effects in environmental pollution-induced neurodegenerative pathology. To view the full article, please visit: https://pubmed.ncbi.nlm.nih.gov/34933727/

Types of Parkinson's Disease

(Excerpt from Parkinson's News Today)

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

Early-onset Parkinson's – Parkinson's disease usually develops in the later decades of life — most people with Parkinson's first start to notice symptoms when they are age 60 or older. In about 10% to 20% of cases, however, Parkinson's begins before a person turns 50. These cases are commonly referred to as early-onset or young-onset Parkinson's.

Because Parkinson's is more common in older adults, younger patients may have difficulty in getting a correct disease diagnosis.

Compared with those who develop the disease at older ages, people with early-onset Parkinson's more often have a family history of the disease, and they tend to experience slower disease progression. People with early-onset Parkinson's also are more likely to experience involuntary movement problems as a side effect of medications like levodopa, but they are less likely to experience memory loss, confusion, and balance problems.

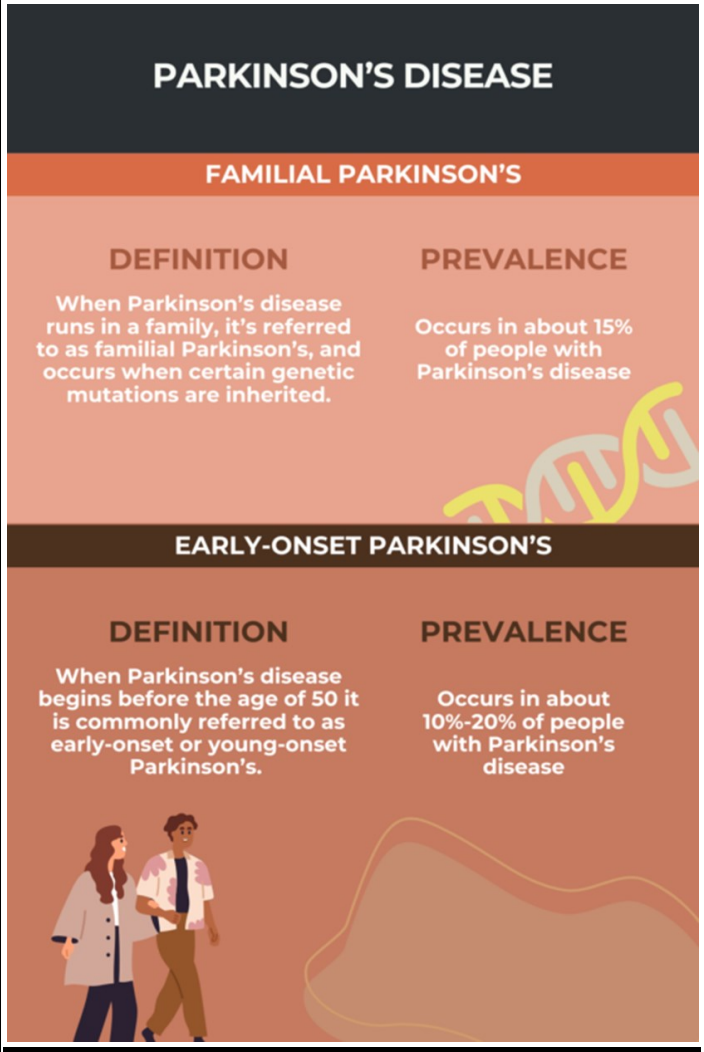
While Parkinson's symptoms are generally similar regardless of age, the disease tends to affect younger people differently. Younger patients are at a different stage in life, and Parkinson's causes unique psychological and social challenges, such as having to coordinate medical care alongside adult responsibilities like work and children.

Atypical parkinsonism (Parkinson's plus) – Atypical parkinsonism, also known as Parkinson's plus, refers to a group of neurological conditions that cause motor symptoms similar to those seen in Parkinson's disease. But atypical parkinsonism also is marked by other symptoms and biological changes that distinguish it from Parkinson's.

Unlike Parkinson's disease, atypical forms of parkinsonism generally don't respond to treatment with levodopa and its derivatives. Atypical forms of parkinsonism also tend to progress faster, and they have a poorer overall prognosis than does Parkinson's disease.

Dementia with Lewy bodies – Dementia with Lewy bodies (DLB) — sometimes also called Lewy body dementia (LBD) — is a form of dementia that is characterized by toxic clumps of protein in the brain called Lewy bodies. These toxic protein clumps are also a hallmark feature in Parkinson's disease.

People with Parkinson's may develop dementia, and those with DLB can experience motor symptoms similar to what's seen in Parkinson's. The main distinction is that, in DLB, cognitive problems become apparent before the development of motor symptoms, whereas in Parkinson's disease, motor symptoms typically develop before cognitive issues.



TRIBUTES

In Memory of Raymond Brandt
Bill and Annette Cappaert

In Memory of Tom Brokaw
Ann Brokaw

In Honor of Marilyn Brandt
Anna Brandt

John and Carol Kealey

***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.

Types of Parkinson's Disease

(Excerpt from Parkinson's News Today)

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

(cont'd from previous page)

Progressive supranuclear palsy – Progressive supranuclear palsy, or PSP, is a neurological disorder that can be characterized by some of the same symptoms seen in Parkinson's disease, like rigidity, cognitive changes, and sleep problems. However, people with PSP tend to have additional symptoms, like abnormal eye movements and a tendency to lean backwards (axial rigidity). Problems with speech and swallowing also are more common and usually more severe in progressive supranuclear palsy than in Parkinson's, whereas tremor is much less common.

Whereas Parkinson's is marked by abnormal clumps of the protein alpha-synuclein in the brain, progressive supranuclear palsy is characterized by toxic clumps of another protein called tau.

Corticobasal degeneration – Corticobasal degeneration (sometimes called corticobasal syndrome) is marked by many of the same motor symptoms seen in Parkinson's disease, such as rigidity, tremor, and balance problems. These motor issues tend to be characteristically asymmetrical, affecting one side of the body substantially more than the other.

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ohparkinson.com

Like progressive supranuclear palsy, corticobasal degeneration is marked by toxic clumps of the protein tau in the brain. There is notable clinical overlap between corticobasal degeneration and PSP; people with either of these conditions also may develop the other disease.

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