

APRIL 2025

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

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

We welcome back **Dr. 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. We will be providing their small kit for **free** for those in attendance.

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

MAY MEETING / Wednesday, May 7, 2025 2:15 p.m.

We welcome **Joan Meggitt, Senior Manager of Neurological Programs at Playhouse Square** and a **Dance for Parkinson's specialist**. Playhouse Square offers special events for people with Parkinson's and their care partners and will be offering weekly 1-hour classes starting in the fall. She will talk on these programs, provide a sample class, and talk about the benefits of dance for those with PD.

From David Brandt

As explained in last month's newsletter, anyone attending our April meeting will have the opportunity to take home one of the Papa's Path tool kits described in my column at no charge. We believe that there are many useful tools for those with Parkinson's or for that matter, anyone who has some physical challenges. We hope to see you on Wednesday, April 2nd!

Please consider coming to the 25th Annual Parkinson Symposium which is Saturday April 5th at the Embassy Suites in Independence which is where it has been the past couple of years. This event has always been very well attended and people every year have commented on how much they learned as well as enjoyed it.

This year, there will be presentations on the role of mindfulness and music as part of a holistic approach to managing Parkinson's, followed by movement practice. Then put all you have learned to use with the new addition of a live swing band, for listening, or dancing!

There is no cost to this event and you will receive a free lunch, but you will need to register. See details below.

I am saddened to announce the passing of two special PEP people. Darlene Reid who has been a PEP mainstay for many years along with her sister Marlys. She was a PEP Board member and along with Marlys, was a driving

force behind our annual picnics each August.

Joan Schattinger, along with her husband Jim, has attended the majority of our meetings since I have been involved and has been a generous financial supporter. But, just like Darlene and most importantly, they have been great friends to all at PEP. They will be greatly missed.

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/>

Sunday, June 8, 2025 Moving Day Cleveland Put on by the Parkinson's Foundation It will again be at the Cleveland Metroparks Brookside Reservation starting at 9:00 am. Get ready to exercise, explore Parkinson's resources, join in the uplifting We Move Ceremony and enjoy the Moving Day Walk. Please contact Megan Green at 614-918-7307 or at mgreen@parkinson.org

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

Question: Could drinking green tea help Parkinson's?

Answer: Green tea is a beverage consumed around the world that is believed to have substantial health benefits such as reducing the risk of cancer, cardiovascular diseases, diabetes and neurodegeneration.

This beverage is prepared from the leaves (steamed and dried) of the *Camellia sinensis* plant and contains strong antioxidant and neuroprotective phenolic compounds from which the most important is Epigallocatechin-3-gallate.

PD is the second more common neurodegenerative disorders, after Alzheimer's disease, and is characterized by degeneration of dopaminergic neurons in the pars compact of the substantia nigra of the basal ganglia.

It has been shown in pre-clinical and clinical studies that green tea may be able to prevent PD, but its optimal dose or a possible mechanism explaining its health benefit in PD has not been properly established. In this review, they discuss the potential role of green tea's phenolic compounds and their therapeutic effect in modulating key signaling pathways in the PD brain.

To learn more, please visit: [Implication of Green Tea as a Possible Therapeutic Approach for PD.](#)

Ref.: <https://pubmed.ncbi.nlm.nih.gov/26831259/>

Managing Orthostatic Hypotension when you have Parkinson's

Let's face it, we've all experienced dizziness when we stand up too fast. It's typically brief, uncomfortable, but thankfully over fast. You may laugh about it or mention it in passing to a friend. Now imagine this happening any time you stand up, leading to feeling woozy and possibly passing out.

This is an unfortunate reality for some people with Parkinson's and it's due to blood pressure dropping when you stand up, temporarily depriving your brain of necessary nutrients. This condition is called orthostatic hypotension (OH)—orthostatic meaning "caused by standing up" and hypotension meaning "low blood pressure".

If you think you may be experiencing orthostatic hypotension, be sure to check in with your primary care doctor first. Although orthostatic hypotension can be common in PD, it can also be seen in heart, kidney, and other blood vessel disease.

Now, let's discuss the word dizzy. Here is an insider secret—it's one of neurology's least favorite words. It can mean so much—lightheadedness, vertigo, unsteady, off balance, feeling like you're on a boat, feeling drunk, etc. The list goes on and each can have different causes.

When you share that you are feeling dizzy, we neurologists will spend a few minutes trying to clarify the exact sensation you're feeling. Sometimes, what you may describe as dizzy can actually be brain fog, fatigue, exhaustion, blurry vision, or wobbly legs. Try to describe how you're feeling without using the word dizzy. This will help your care team best treat the cause of your symptoms. While waiting to meet with your primary care doctor to discuss your lightheadedness or dizzy symptoms, check your blood pressure. This includes your systolic BP (top number), diastolic BP (bottom number), and heart rate.

Try to check it randomly throughout the day as well as when you are feeling lightheaded. Keep a log and share the results with your doctor. This will be helpful for your care team to determine the cause and treatment plan for your symptoms.

Finally, you can do these things at home to help alleviate your symptoms. It may seem obvious, but many people forget. 1) Drink plenty of water—you gotta fill up the tank. 2) With the approval of your doctor, add a little more salt to your diet. 3) Talk to your doctor about your current blood pressure medications if you are taking any. 4) Get up slowly. And wait a few seconds before taking your first steps. Sometimes there's a delay before the lightheadedness starts. 5) Wear compression socks. 6) Sleep with your head elevated a bit. 7) Exercise. This can improve your blood pressure and your energy levels. Hopefully this adds a little more to your arsenal in your journey with orthostatic hypotension.

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)

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

Multiple system atrophy – Multiple system atrophy (MSA), another form of atypical parkinsonism, can cause many of the same motor symptoms as seen in Parkinson's disease. But people with MSA characteristically have more impairment of the autonomic nervous system — the branch of the nervous system that's responsible for regulating unconscious bodily processes, like breathing, sweating, and digestion. Multiple system atrophy also usually progresses much faster than Parkinson's disease.

Like Parkinson's disease, multiple system atrophy typically is marked by toxic clumps of the protein alpha-synuclein in the brain. Formerly, multiple system atrophy has been known as Shy-Drager syndrome, olivopontocerebellar atrophy, or striatonigral degeneration.

Secondary parkinsonism – Several health conditions can cause Parkinson's-like symptoms. People with such symptoms are said to have secondary parkinsonism, as their Parkinson's symptoms occur secondary to other health problems.

Sometimes the term "secondary parkinsonism" also is used to refer to atypical forms of parkinsonism, but experts tend to make a distinction between atypical and secondary parkinsonism.

Drug-induced parkinsonism – 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

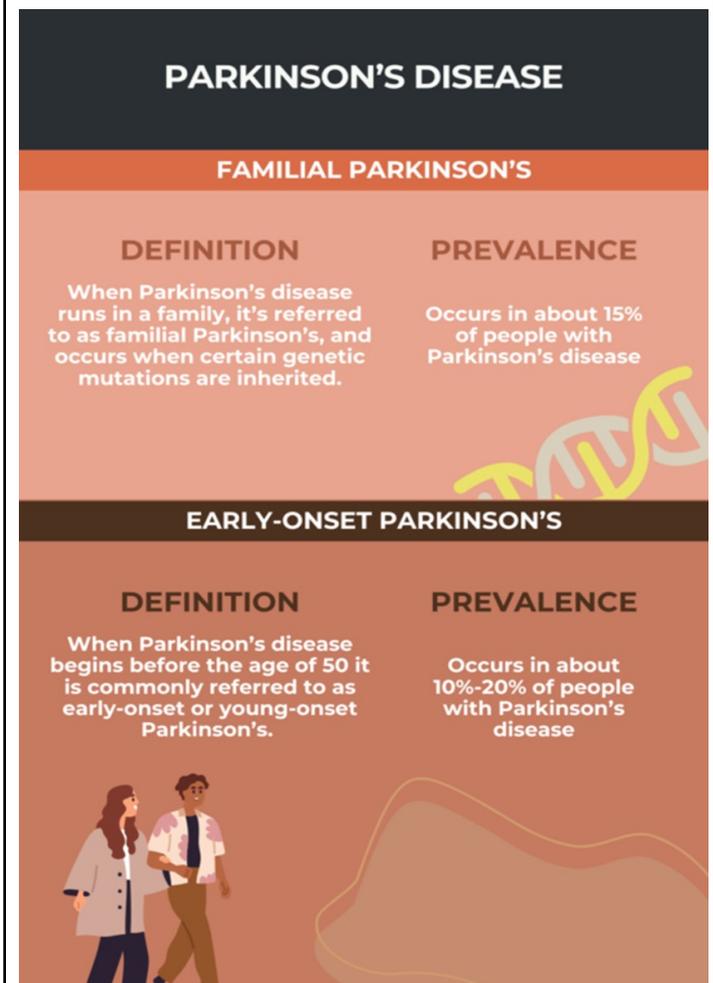
the problematic medication. In rare cases, however, symptoms can persist for months or even years after stopping the medication.

Vascular parkinsonism – Vascular parkinsonism arises when problems with blood flow in the brain lead to brain damage that mimics symptoms of Parkinson's disease. Small strokes are the main cause of vascular parkinsonism. This form of parkinsonism usually affects the lower limbs more than the arms.

Normal pressure hydrocephalus – The brain and spinal cord are surrounded by fluid known as the cerebrospinal fluid or CSF. Normal pressure hydrocephalus develops when the CSF doesn't drain properly, causing swelling in the brain that leads to problems with brain function. The result can be symptoms similar to what's seen in Parkinson's disease or in other neurological disorders like Alzheimer's.

Normal pressure hydrocephalus typically is treated by a procedure to drain the CSF, relieving pressure on the brain.

(Cont'd on last page)



PEP NEWS

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Types of Parkinson’s Disease

(Excerpt from Parkinson’s News Today)

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

(cont’d from previous page)

Infections, toxins, and trauma – Several types of infections in the brain can cause Parkinson’s-like symptoms. Infections known to cause these symptoms include:

- ◆ influenza, which causes the flu
- ◆ Epstein-Barr virus, which causes infectious mononucleosis, or “mono,” as well as other nonspecific diseases
- ◆ Japanese encephalitis virus
- ◆ West Nile virus
- ◆ Herpes zoster, which causes chickenpox and shingles
- ◆ Human immunodeficiency virus (HIV)

Toxins that cause damage to the brain also may result in parkinsonism; for example, parkinsonism is a common complication of carbon monoxide poisoning. Tumors in the brain or physical injury to the brain also may cause Parkinson’s-like symptoms.

Laughter is Medicine

HOW DO BRAND-NEW SPRING FLOWERS GREET EACH OTHER?

“Hey, bud!”

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ohparkinson.com

TRIBUTES

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