

I N S I D E

- Medications and impulsivity | 2
- Mark your calendar | 3
- Apathy and Parkinson's | 4
- Parkies on the Hill | 5
- Being young with Parkinson's | 5
- Thank you, donors | 7

A B O U T U S

The **Parkinson's Post** is published by the Northwest Parkinson's Foundation, a 501(c)(3) charitable organization.

Our mission is to establish optimal quality of life for the Northwest Parkinson's community.

We welcome comments and inquiries regarding this newsletter and all our activities. Our contact information can be found on the last page of this newsletter. We look forward to hearing from you!



**NORTHWEST
PARKINSON'S
FOUNDATION**



Colleen Molter and Travis Spears will ride their bikes cross-country this summer as part of Team Parkinson's. Each is riding in memory of a family member who had Parkinson's.
Photo courtesy of Colleen Molter

Couple's challenge marks memory of loved ones

By Dav'ne Stahley

Parkinson's affects everyone around the person with the disease, no matter how young or old. Colleen Molter was a teen in 1995 when her grandparents, Nadine and Don Molter, both in their late 70s, were diagnosed with Parkinson's.

Colleen and her parents had known Nadine and Don were ill, but no one knew how ill. Grandma talked often about not being able to control her "noodle arm." And Grandpa had walked with a shuffle for many years.

The diagnosis that something wasn't quite right didn't come as a surprise, but that both had Parkinson's did. As the disease progressed, the Molters suffered diminished quality of life. Eventually both had to be cared for in a nursing home.

Her grandparents died within five years of diagnosis, but Colleen remembers well the impact their disease had on the family.

When Travis Spears was a little boy he knew his Great Uncle Lawrence was mentally handicapped. Lawrence looked grown-up, but his behavior was more like that of a child; he always wanted to play football and other games with his nephew.

Travis didn't learn until later on that his uncle had also had Parkinson's disease.

Last year the couple, who live in Lacey, WA, met a biker who told them about Team Parkinson's and that he was raising money to support Northwest Parkinson's Foundation's work toward improved quality of life for people with the disease.

"As soon as I heard about it, I knew I wanted to join Team Parkinson's," Colleen said. "And when I told Travis about it, he wanted to also."

Both recognized that fund raising for the support of people with Parkinson's is

Continued on Page 6

Medications may factor into impulse control

By **Martha Glisky, Ph.D.**
and **Monique Giroux, M.D.**

Impulsivity-control problems are experienced in some individuals with Parkinson's disease. This article will define these problems, discuss potential causes and provide information about the steps you can take if you are experiencing any of these problems.

What are impulse-control behaviors? Impulse-control behaviors include a reduced ability to resist impulses and an increase in behaviors that impair social or occupational functioning. Common behaviors include an increase in risk-taking activities, compulsive gambling, overeating, compulsive shopping or overspending, and hyper-sexuality.

Repetitive behaviors, such as compulsive manipulating or sorting of common objects, are referred to as "punding" when they are driven by a sense of desire or when the possibility of pleasure is associated with the activity. These behaviors are similar to ritualistic behaviors performed to reduce anxiety, as seen in obsessive-compulsive disorder.

If left untreated, these behaviors can result in such negative consequences as serious financial loss, legal difficulties, excessive weight gain, and social and relationship difficulties.

Medication and impulse control. Research supports a link between the use of dopaminergic medications and problematic impulse-control behaviors in Parkinson's disease. Dopaminergic medications are, of course, the primary treatment for Parkinson's. Although all dopaminergic medicines have been linked to problems of impulse control, these problems are more frequent and more clearly associated with the use of dopaminergic agonists.

The most commonly prescribed dopaminergic agonists are ropinirole and pramipexole (Requip and Mirapex).

These medications stimulate dopaminergic pathways in the brain that both regulate behavior and are a part of our reward and pleasure systems. This suggests a physiological link between dopamine and reward or novelty-seeking activities and addictive and compulsive behaviors.

It is not known how common impulse-control problems are in Parkinson's patients because these behaviors are difficult to measure and may not be reported by patients. One study found that the lifetime occurrence of pathologic compulsions (including shopping, hypersexuality and gambling)

It is not known how common impulse-control problems are in Parkinson's patients because behaviors are difficult to measure and may not be reported.

was about 6 percent in the normal population, a rate that increased to almost 14 percent in Parkinson's patients taking dopamine agonists.

Who's at risk? There is no clear way to predict who will experience impulse-control problems associated with medications; these side effects are quite rare for those taking agonists. However, risk may be greater in patients who are just beginning therapy or in those taking higher doses.

In addition, younger patients, individuals with depression, those with novelty- or risk-seeking inclinations, those with a family history of alcohol abuse or bipolar disorder, and men may be at higher risk for medication-induced impulsivity-control problems.

And individuals with prior gambling behaviors (even recreational) are more likely to develop pathologic gambling with dopamine agonists.

What can you do? It can be

difficult or embarrassing to admit to these types of behavioral changes. Because of this, symptoms are likely underreported and may be more common than is realized.

First, it is important to notice changes in behavior that are unusual, out of character for you, lead to a sense of loss of control or interfere with your normal daily activities.

Second, recognize that these symptoms are not your fault and do not reflect a personal flaw. They are related to an alteration in your brain chemistry and may be corrected with an adjustment to your medication.

Third, those with a history of these behaviors may be at risk. It is important to tell your doctor if you've had these problems in the past.

Fourth, discuss any changes with your doctor. Do not stop taking your

medication on your own without consulting your physician.

Fifth, enlist the help of others. Discuss what you are experiencing with your loved ones. If you require additional support or want to confide in someone outside your circle, talk to a therapist. Behavioral strategies may also be explored and implemented.

Finally, keep a list of your past and current medicine. Record the dose and any benefit or side effect experienced. If you stopped a medicine, record the reasoning. This will help you and your doctor make the best medication choice for you in the years to come.

Martha Glisky is a neuropsychologist with the Booth Gardner Parkinson's Care Center in Kirkland, WA. Monique Giroux is director of Movement Disorders Outpatient Services at the Cleveland Clinic in Cleveland, OH. Dr. Giroux will begin serving as medical director of the Booth Gardner Parkinson's Care Center in July.

ON THE CALENDAR



Don't forget there's strength in numbers! A great way to kick the blues is to seek the support of others. Consider educational opportunities, support groups, and events in your area as ways

to build your network and get to know others.

5th Annual "PRO" Charity Golf Tournament

Friday, June 29 | The Reserve Vineyards and Golf Club in Aloha, OR | This event is a benefit for Parkinson's Resources of Oregon and the Michael J. Fox Foundation for Parkinson's Research. Sign up as an individual (\$225) or team (\$900), or sponsor a hole for \$500. Double shotgun start at 1 p.m. | Includes lunch, dinner, fantastic tee prizes, complimentary refreshments and a great time supporting a great cause! | Details: Call Holly Chaimov at 1.800.426.6806.

Parkinson's Communication Group | 1 to 2:30 p.m. the first Wednesday of each month | Booth Gardner Parkinson's Care Center, Kirkland, WA | Monthly program for Parkinson's patients to practice speech volume in a relaxed, welcoming environment with other movement-disorder patients | Facilitated by speech pathologist Shirley Glazer, MS, CCC | \$5 per session; coffee and cookies provided | To register or learn more, call 425.899.3000.

Neurological Exercise Group | Booth Gardner Parkinson's Care Center, Kirkland, WA | Mondays, June 4 to 25 | 12:45 to 1:45 p.m. | Gentle stretch and strength exercises for patients with Parkinson's and other neurological disorders such as multiple sclerosis and stroke | \$20 per four-week session; requires pre-registration | Call 425.899.3000.

Well Spouse Group | 4 to 5:30 p.m. the first Monday of each month | Greenwood Senior Center, 525 N 85th St., Seattle, WA (206.297.0875) | Group addresses needs of the well spouse of a chronically ill partner; group members care for loved ones with a variety of disabilities, including Parkinson's | Facilitated by Carin Mack, MSW, who can be reached at 206.230.0166 or socialwkr@earthlink.net. (Please contact Carin before attending your first meeting.)

Women with Parkinson's Disease | 1 p.m. the first Thursday of each month | Spokane, WA (location varies) | A support group to discuss the particular issues of women with Parkinson's; group members share information, support and laughter | Call Julie Willis at 509.467.2240 or the Parkinson's Resource Center at 509.473.2490 to learn more.

Team Parkinson's 2007 | We're seeking volunteers to support the team during the Group Health Seattle-to-Portland Bicycle Classic in Spanaway and Centralia, WA, and Lexington and Portland, OR | July 14 and 15 | Details: Call Dav'ne Stahley at 877.980.7500 or davne@nwpcf.org.

2007 HOPE for Parkinson's Conference
Presented by the Northwest Parkinson's Foundation, American Parkinson Disease Association, Washington Chapter and APDA Information & Referral Center | Nov. 10 in Seattle | Details: Call 1.877.980.7500 or email info@nwpcf.org.

Got an announcement to share? If you'd like to announce a Parkinson's-focused support group, educational opportunity, or special event relevant to the Northwest Parkinson's community, drop us a line. We will include in "On the Calendar" announcements of 60 words or fewer promoting events in the Northwest. The submission deadline is the first week of each even-numbered month for publication the following month. Items will be placed in the calendar based on space available. Mail your announcement to the Northwest Parkinson's Foundation (400 Mercer St., Ste. 401, Seattle, WA 98109-4641) or email it to davne@nwpcf.org.

We have posted a survey on our website soliciting your feedback on proposed topics for the 2007 HOPE for Parkinson's Conference. Please take a moment to complete the survey. Your responses will let us know what matters the most to you and will help ensure a great conference! To complete the survey, visit www.nwpcf.org.

Who cares? Apathy, motivation in Parkinson's

By Jeffrey Shaw, Psy.D.
and Leigh Randa

We all have trouble with motivation from time to time. Whether it's exercising, preparing our taxes, or cleaning the garage, most of us struggle to do the things we would rather not do.

Two factors generally motivate people: the anticipation of reward and anxiety. Either factor alone may increase motivation, but both factors in unison are the most effective.

First, we are more likely to complete tasks if we anticipate a favorable outcome. For example, the feeling of pride and accomplishment over a job well done can be a driving force. We also may be motivated by the prospect of financial reward, or by completing a project that adds to quality of life (such as building a piece of furniture).

Second, the fear of failure or negative consequences (financial penalty, disappointment, loss of the ability to walk) can be a significant motivational force. Many of us are conditioned to be worriers, a state of being that provides plenty of motivational energy but often a surplus of anxiety.

Apathy is a term reflecting a loss of effort, interest and motivation. Apathy may include a lack of concern about one's problem, increased dependency, and a lack of response to positive and negative events. Studies find that a third to half of individuals with Parkinson's disease have significant apathy.

In Parkinson's motivational problems can stem from a variety of causes. Some causes of apathy are readily treated and others are more stubborn.

Depression is one cause of apathy that is readily treated. Depression can include feelings of negativity, helplessness and hopelessness. These feelings undermine a person's ability to anticipate and visualize positive outcomes.

Low energy levels common to depression (and Parkinson's) further

undermine one's ability to accomplish tasks. People coping with chronic disease often get stuck in the coping process and catastrophize their future, which dashes their dreams and the anticipation of positive outcomes. Some people translate "incurable" to "What's the use?"

While depression is common in Parkinson's patients (estimates range from 25 percent to 70 percent), in a recent study 29 percent of Parkinson's patients showed apathy without signs of depression.

Sometimes the primary issue is caregiver frustration over the assumption that the person with Parkinson's is intentionally foot-dragging.

Closely aligned with depression in Parkinson's patients is severe clinical anxiety. Occurring in up to 40 percent of Parkinson's patients, this pathological anxiety manifests as constant fear, uncontrollable worry and various physical symptoms such as palpitations, sweating and shortness of breath. This type of anxiety is more likely to immobilize than motivate.

Depression and clinical anxiety can be treated effectively with a combination of counseling and medication. Unfortunately, the de-motivating aspect of depression may prevent people from seeking such services.

Sometimes the primary issue is caregiver frustration over the assumption that the person with Parkinson's is intentionally foot-dragging.

Parkinson's disease causes complex changes to the circuitry of the brain. One cause of apathy is hypothesized to occur because of problems with the frontal lobe and subcortical circuits

associated with arousal and emotions. Individuals with circuitry problems may exhibit high levels of apathy without being depressed, anxious or worried. They truly intend to complete tasks only to experience eternal procrastination. Ultimately, family members step in to wash the dishes or pay the bills.

While this degree of procrastination and amotivation typically bothers caregivers, it does not cause much distress to the person with Parkinson's, who is content to nap and watch television all day.

In cases like this, any anxiety tends to arise from conflict with caregivers frustrated by the lack of accomplishment, but the discomfort might not be sufficient to motivate.

Sometimes, changes are related to cognitive decline, but this amotivational state may occur in the absence of significant cognitive problems.

Treatment with medications helps reduce apathy in some, although research is limited showing the effectiveness of antidepressants, stimulants, dopamine agents, and other medications.

Treating the motivational problems often involves engaging medical professionals in the areas of neurology, psychiatry and psychology.

Motivation problems and apathy are approached variously based on the types of difficulties experienced. Psychological counseling for the individual with Parkinson's is often helpful; in other cases, family and caregivers benefit most from counseling to address appropriate expectations and implement behavioral changes.

Jeff Shaw is a neuropsychologist at the Booth Gardner Parkinson's Care Center in Kirkland, WA. Leigh Randa, an intern at the Center, is a doctoral student in psychology.

Advocates push Parkinson's issues on Capitol Hill

The Parkinson's Action Network (PAN), a national patient-advocacy group, hosted its 13th Annual Research and Education & Public Policy Forum Feb. 11 to 13 in Washington, D.C.

The three-day forum included panelists who discussed Parkinson's research being conducted at the National Institutes of Health (NIH), an update from the Coalition for Advancement of Medical Research about stem cell legislation, a panel discussing emerging Parkinson's therapies, and an update about the Department of Defense's Parkinson's disease program.

Also included this year were workshops led by patient advocates on a variety of topics including

clinical trials, the impact of Parkinson's on relationships, and the role of the environment in Parkinson's.

Washington, Oregon, Alaska and Montana were all represented at this year's forum. Advocates braved the snow and ice that blanketed Capitol Hill to visit their respective senators and representatives and request their help on the 2007 legislative agenda. Expanding stem cell research, increasing funding for the NIH, and strengthening the Parkinson's Caucus on Capitol Hill are among the top issues on this year's agenda.

A highlight of the forum was the keynote address by Dr. William Langston, director of the Parkinson's Institute in Sunnyvale, CA. Langston made a strong argument for redefining Parkinson's as a widely symptomatic disorder based on emerging research. You can hear Langston's address and other forum presentations on the PAN website: <http://www.parkinsonsaction.org/content/view/77/84/>.

Being young with Parkinson's: Three things

By Jackie Hunt Christensen

Despite growing evidence to the contrary, many people—even doctors and nurses—expect people with Parkinson's to be old.

For a lot of reasons, there aren't any reliable statistics, but about 15 percent of people with Parkinson's are diagnosed before age 55.

If you are in that 15 percent, as I am, you know that a whole different set of issues faces us.

Here are three key things I've learned in my journey with this disease. (I was diagnosed nine years ago at age 34.) I hope that some of them are helpful to you.

1) Get thee to a support group!

Call the Northwest Parkinson's Foundation to find out if there is a young-onset group in your area. (If there isn't one, ask to be connected with other young Parkies* in your area. If you can't meet in person, you may be able to chat by phone or computer.)

Attending your first support group meeting is always frightening. Even if

you've had Parkinson's for awhile, you are likely to wonder, "Will I end up looking like those people?" "Will I have those problems in my life?"

The truth is, no one knows.

Parkinson's affects everyone differently, sometimes within the same day or week!

But groups, especially those geared specifically to young-onset folks, can be a tremendous source of support, knowledge and camaraderie. It's great to have at least one place you can go where you don't have to worry about people staring at you if you are shaking, have a blank expression or are too stiff to move.

2) Use it or lose it. This goes for body, voice, and mind. All of them require regular exercise to maintain as much flexibility and stamina as possible.

If you are lucky enough to have health insurance, see if your doctor will refer you for physical therapy, occupational therapy and speech therapy. The Northwest Parkinson's Foundation has information on many of the providers of these services in the Northwest.

Life can still be filled with love, joy, companionship and wonder if our minds are flexible enough to allow this.

A physical therapist can recommend exercises to minimize your particular symptoms and build strength.

An occupational therapist can assess how the disease is affecting your movements and help you identify alternate movements, assistive widgets and other coping strategies that will extend your independence.

A speech therapist can help you maintain the volume and expression in your voice. We Parkies have a tendency to look and sound like we couldn't care less about anything because rigid muscles in our faces give us a blank look and stiff throat muscles reduce the volume and expression. But speech therapy can help.

Continued on Page 7

New specialist joins staff of care center

Pinky Agarwal, M.D., recently joined the staff of the Booth Gardner Parkinson's Care Center in Kirkland, WA, as director of clinical research.



In addition to seeing patients, Dr. Agarwal conducts clinical studies in Parkinson's disease, tremor, dystonia, Huntington's disease and restless leg syndrome. Clinical research is an important phase in the development of new therapies, medications, and diagnostic techniques.

Since 2003, Dr. Agarwal has been a practicing sub-specialist in movement disorders at the Colorado Neurological Institute in Englewood, CO. She completed her residency at the New Jersey Neuroscience Institute in Edison, NJ, and a fellowship in movement disorders at the Neurological Institute at Columbia-Presbyterian Medical Center in New York.

Her areas of clinical interest include Parkinson's disease (idiopathic and atypical), tremor, dystonia, restless leg syndrome, Tourette's syndrome and spasticity. Dr. Agarwal is board certified by the American Board of Psychiatry and Neurology and has been published in a number of peer-reviewed journals.

To make an appointment with Dr. Agarwal, call the Booth Gardner Parkinson's Care Center at 425.899.3123.

Continued from Page 1

a way to honor their memories of Nadine, Don and Lawrence.

This isn't the first time Colleen has raised money for a cause; she participated in a dog walk to raise money for the Humane Society in Florida. But fund raising for a cause is new to Travis.

Team Parkinson's made a lot of sense to Travis. He'd be part of a group of more than 100 people taking part in athletic events and collecting pledges of support from friends and family. But he began to realize that riding the Group Health Seattle-to-Portland Bicycle Classic, an annual event favored by many members of Team Parkinson's, wasn't enough of a challenge for him.

"I've always enjoyed big adventures," said Travis, who once spent six months living in and biking around an isolated valley on the island of Kauai. "I was in a bike shop and found a book that described early cross-country biking enthusiasts who, as soon as Lewis and Clark blazed their Trans-America route, began following that trail riding wooden-wheeled bicycles.

"I figured if they could do it on primitive bicycles, I could certainly do it on my 21st century bike!"

He and Colleen talked it over and their plans for a cross-country bicycle trip this summer began to take shape.

Colleen is a registered nurse in the Progressive Care Unit at St. Clare Hospital in Lakewood, WA, and Travis, who just completed an internship with the Washington House of Representatives, is finishing his last year at Evergreen State College, where he is majoring in pre-law, and working as a cook at a Tacoma restaurant. When they aren't working they are seriously training.

"Believe it or not, I just started biking last summer and had never ridden a decent bike," Colleen said. "Now that I bought a really good one, riding 30 to 40 miles at a crack is nothing! It's a whole new experience for me. I'm riding 30 miles each day during

the week and on weekends Travis and I are doing two 40- to 50-mile rides."

The couple will set out on June 29 and will do 67 days of riding with 21 days of rest interspersed. "We're starting off doing 40 to 50 miles per day in week one and increasing incrementally by 10 miles (per day) each week," Travis explained.

They plan to camp most of the time and occasionally stay in a hotel when they want a "real shower and bed." Each will be carrying about 40 lbs. of equipment, and Travis will be pulling a trailer containing camping gear, repair equipment, bike pump, clothing and other supplies.

They are planning a "blog" about their trip, which they'll update at coffee shops and cyber cafes along the way to keep in touch with their families.

Their route means traveling over the Cascades, the Rockies and, finally, the Adirondacks, arriving in Bar Harbor, ME, the last week of September. They plan to celebrate for a week before returning to Washington by train in time for Travis to start class in October.

Travis, 27, and Colleen, 28, are excited about this adventure and are planning another for the summer of 2008, when they plan to marry.

"We've both been pretty active throughout our life and I'm here (in Washington) specifically for the mountains... and Travis," Colleen joked.

After the trip, she said, "I'll go back to nursing and begin planning the wedding, which will be in Iowa, where Travis' family lives.

"Right now, however, our goal is to support people living with Parkinson's disease in memory of my grandparents and Travis' Uncle Lawrence. We're very excited about being part of the team!"

To learn more about Team Parkinson's or to donate in support of Colleen and Travis, go to www.nmpf.org. At the Team Parkinson's logo, choose the link to sponsor a team member or to learn more about Team Parkinson's.

*G*ifts to the Northwest Parkinson's Foundation support educational programs including our website, email updates, caregiver booklet, newsletter, and annual conference. Donations also help fuel outreach and advocacy efforts on behalf of patients and their families.

We are privileged so many in the Northwest Parkinson's Foundation family support our mission by making gifts throughout the year in honor or memory of special friends and loved ones. As we approach Mothers Day (May 13) and Fathers Day (June 16), we know many of you will be thinking of a parent who has or had Parkinson's disease. A tribute gift is a special way to honor or remember that parent—or to recognize any special individual at any time.

Listed here are those who made tribute gifts between March 12 and April 12, 2007.

Continued from Page 5

3) You are not your disease. Many of us allow what we do to define who we are. If we can't do the things we used to, or don't do them as well, we feel like damaged goods, unworthy of others' love and attention. We get depressed. Life feels meaningless.

Even if our bodies are no longer flexible, our minds need to be. I know so many people who have begun new careers, tried new things, even met new spouses or significant others because they kept their minds open to the opportunities provided by Parkinson's.

I'm not saying life with Parkinson's is easy, but it *can* still be filled with love, joy, companionship and wonder if our minds are flexible enough to allow this.

*I use the term "Parkie" because it's shorter and less pretentious than "Parkinsonian," not to mention we don't need any more acronyms in our lives—so no "PWP" (person with Parkinson's) for me—and it shows a sense of humor, essential for coping with this disease.

Jackie Hunt Christensen is author of the book, "The First Year—Parkinson's Disease: An Essential Guide for the Newly Diagnosed" (2005, Marlowe). She lives with her husband and two sons in Minneapolis.

Bright ideas, helping hands

There are many ways to help the Northwest Parkinson's Foundation achieve its mission to improve quality of life for Parkinson's families. People throughout the region (and beyond!) are finding many creative ways to support our efforts. They're joining Team Parkinson's, starting bowling or golf tournaments, and hosting parties, concerts and recitals to benefit Northwest Parkinson's Foundation programs. Want to help? Call Dav'ne Stahley at 1.877.980.7500 to share your ideas.

HONORING

- | | |
|--|---|
| Gerald Cohen
Mr. Stanley Cohen | Margaret Clift
Mr. James P. Clift |
| David Ensberg
Mr. and Mrs. David N. Ensberg | Louise B. Dougherty
Mr. James R. Dougherty |
| Booth Gardner
Mr. and Mrs. William Baran-Mickle
Mr. and Mrs. Charles T. Collins
Mr. William C. Henry | Dean F. Henry
Mr. and Mrs. Arthur G. Losvar |
| Marcie Gruenewald
Mr. and Mrs. Sam Sewell Jr. | Alalie Johnson
Ms. Bonnie M. Wright |
| Everett Hart
Dr. Daniel Schwartz | The Kerstens' mother, Ruth
Mr. and Mrs. Earl Larson |
| Darrell Nelson
Ms. Helen Mills | Ernest Kline
Mr. and Mrs. Vincent Starkovich |
| Hal Newsom
Mr. and Mrs. James Winton | Derald I. Leen
Mr. and Mrs. Mark Ebbers |
| Michael Shanahan
Mr. Patrick Shanahan | John F. Lewis
Mrs. Carol Lewis |
| John Shields
Ms. Julia Shields | John Marallo
Mr. and Mrs. Gerald D. Marallo |
| Patricia Wall
Mr. John Newlin | Billy Pierocich
Mr. and Mrs. David McMaster |
| | Clytie Sederberg
Mr. and Mrs. Richard Dietz
Mr. and Mrs. William Gross
Walt & Marlis Panchyshyn |

REMEMBERING

- | | |
|--|---|
| Donna C. Barrett
Mr. and Mrs. Ronald E. George
Mr. and Mrs. Jack L. Smith | Tina Troost
Mr. and Mrs. Gordon Hastings |
| Walter Berglund
Mr. and Mrs. Timothy Berglund | John H. Van Dalen
Mr. and Mrs. John Dunne
Mr. and Mrs. Tony Franson
Mr. and Mrs. Tony Lankard
Mr. and Mrs. Vernon Olin
Lt. Col. and Mrs. James P. Plaatsman
Mr. and Mrs. Clarence V. Smith Jr. |
| Jack Bosson
Mrs. Annalee Bosson | William Dudley Vittur
Ms. Nancy M. Vittur |
| Agnes Davis Buckett
Ms. Joni Morishita | |

Ride Team Parkinson's

STP '07
July 14-15, 2007



Turn miles into dollars as you ride the Group Health Seattle to Portland Bicycle Classic. Join the Northwest Parkinson's Foundation and make a real impact on the lives of people living with Parkinson's. Ride Team Parkinson's, ride free. We'll refund your STP 2007 registration fee (up to \$75) if you raise \$500 or more.

For ride details, sign-up info and rider prizes, go to:

www.hopeforparkinsons.org
or call 877-980-7500



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The Northwest Parkinson's Foundation is a cofounder and partner of the **Booth Gardner Parkinson's Care Center** (13030 121st Way NE, Kirkland, WA 98034). This comprehensive care facility is home to physicians, neuropsychologists, physical and occupational therapists, and speech pathologists, all specialists in working with Parkinson's patients. To make an appointment, call **425.899.3123**.

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Plug into safety with red bulbs

Here's a tip from Parkinson's Post reader Mr. Carol D. Greene, who emailed us from his home of Bellevue, WA. Thanks, Carol! Got a tip for someone with Parkinson's? Send it our way! The authors of published tips will receive a free copy of Hal Newsom's popular book, "H.O.P.E.—Four Keys to a Better Quality of Life with Parkinson's."

Mariners and the U.S. Navy have used low-level red night lighting for many years on bridges and in passageways for adequate visibility without compromising the eye's dark adaptation. Parkinson's patients (I am one) can safely navigate bedrooms and bathrooms at night by simply replacing the clear bulb in an ordinary plug-in nightlight with a red Christmas bulb. These are easily tucked into luggage for use in hotel rooms and on cruises. Be sure you get the 110-volt screw-base bulb. You won't need many, and they last a long time in night-after-night service. The red low-level lighting does not interfere with sleep like white night lights can. Great fall prevention!