

PSGTC Newsletter

September ~ October 2011

Ann Milam, Editor annmilam@sbcglobal.net

WORD FROM THE PRESIDENT by Linda Tunnell

Welcome to our new members and previous ones to Parkinson Support Group of Tarrant County: PSGTC.

Thanks to the previous officers of 2010-2011. Helen Robertson has done a wonderful job as president, and has volunteered as treasurer this year. Other officers will continue as before: K.T. Wolf as secretary; Doug Day as vice president. As a new member, and with Helen's help, I will try to take her place. Please remember that all of us are volunteers. There are no paid jobs. We need **your** participation. So if you are asked, please **don't** say "no".

Hopefully, the severe, hot days of summer are over, and fall is around the corner, bringing cooler days. Again, welcome to all of you! If you ever have any questions, my phone number is 817-361-8822 or PSGTC, 817-275-1909.

Exercise

*The exercise group meets at 10:30am every Monday, Wednesday and Friday in room 206 at Broadway Baptist Church. Remember the single most important thing you can do for your Parkinson's Disease, is to **exercise**. It is so true that if you don't use it, you will lose it.*

The group is led by Bob Belisle or Vicky Stringer who do a really good job of helping you stretch and strengthen those muscles that try to stop working when you have Parkinson's Disease. Come join in on the fun in the exercise groups.

Exercise class will NOT be held Sept 5, in observance of Labor Day.

Our Meetings are held at:
Broadway Baptist Church
305 W. Broadway, RM 302
Fort Worth, Texas 76104

September 26, 2011~ 11:30am We will have a GARAGE sale to raise money for our treasury. Everyone can bring their trash/treasures they are ready to discard (\$5.00 or less). We will "shop" and all proceeds go to our Parkinson's Support Group.

Additionally, Cathy Collier will challenge us with some "homework" that she wants to give us as a "project" to do for our families in order to have a lasting legacy.

Lunch will be provided by: Brookdale Senior Living, which is the largest provider of Senior housing in the nation. Here is what sets them apart: Brookdale's Optimum Life philosophy can be summed up in one word - wellness. By viewing our residents as whole people, regardless of age or physical limitations, we support their pursuit of living well through the six dimensions of wellness: Purposeful, Emotional, Physical, Social, Spiritual, and Intellectual.

Whether referring someone to, or living at a Brookdale Senior Living community, Brookdale is more than a "place" to live. Our goal is to give each resident the opportunity to live an Optimum Life! For more information on Brookdale Senior Living or a community near you, please contact Karen Cone, Business Development Director, 682.367.6248 or by email at kccone@brookdaleliving.com

October 24, 2011 ~ 1:30pm "There's a Doctor In the House"- Dr. David P. Capper will take questions from the audience and we'll talk about WHATEVER topics you choose. Bring your questions and we'll have an open forum. We'll talk about everything from constipation to medication. Consider it a FREE doctor's visit. Ha ha (You don't get many of those these days!) This will be a great informational discussion and we'll look forward to having Dr. Capper with us in October.

Snacks will be provided by: Doctor's Home Health Care and Sitter Services

~ ~ BOD meets at 1:00 ~ ~

During bad weather, Exercise or other meetings may be cancelled. Call the help line (817/275-1909) if you are in question about a particular day's meeting. Be sure to check our Website at: www.psgtc.org.

The contents or opinions expressed in this Newsletter are those of individual writers and do not constitute an endorsement or approval by Parkinson's Support Group of Tarrant County.

Garage Sale

Sally Day and her Sorority have been so faithful and generous to furnish our table decorations in the past, and have suggested we SALE the decorations as a fund raiser for our group. So, we will have a "Garage" Sale at the next meeting to raise funds for our Parkinson's Support Group of Tarrant County. Anyone wishing to donate an item(s) that you feel someone would buy for up to \$5.00 (\$.25cents up to \$5.00), bring it Sept 24 and there will be a table sat up for donated items. These will be sold at the end of the meeting. Thanks for another great idea, Sally.

Caringbridge.org

Bruce Dougherty, has brought a web site to our attention. This is a FREE site which can be used to keep ones friends and relatives updated on the current condition of a loved one. He shared that he first became familiar with the site when he received a message telling that a friends granddaughter had fallen on her head from a 3rd floor balcony onto concrete. Bruce would log onto the web site (www.CaringBridge.org) and read the frequent updates concerning her condition. Doug Day says that it is used a lot by people at the hospital to keep friends and family aware of a sick members condition. The family doesn't have to spend time returning or receiving phone calls from concerned friends. What a help this tool can be to us as we care for our loved ones.

Keep this website saved on your favorites!

Take this Barcode to Kroger's grocery store with you and have them scan it to your Rewards Card. Kroger's will donate a percent of everything you spend to our Parkinson Support Group.

PARKINSON SUPPORT GROUP OF TARRANT COUNTY



Caregivers

Meetings are held next to the exercise room on the 2nd and 4th Friday of the month. At 10:30am. You will get great Caregiver support at these meetings which are very informal and we discuss a plethora of subjects. From medications to medical aids, to anything that will assist us in caring for our PWP. We welcome your participation in this group.

Caregiver Information

There is a website for caregivers in Tarrant County that has some helpful information. This outreach effort is sponsored by the Area Agency on Aging of Tarrant County United Way and the Aging Disability Resource Center of Tarrant County. Resources for family members can be found by calling 1-888-730-2372 or by going to tarrantcountyadrc.org. You can also follow them on Twitter at Tarrant Caregiver or on Facebook at Tarrant Caregiver Resources.

Hospitalized Members

We have had several members dealing with illness other than Parkinson's Disease this summer. Let's all remember Ann and Bob Pace in our thoughts and prayers. As you will remember, Ann had a stroke and Bob broke his leg at the beginning of summer. They were in a Rehab center and have been doing well, until a few days ago, Bob fell again and broke the same leg, same bone again, just below where the support rod had been placed after the first break. So he had surgery again and is expected to return to the Rehab Center for recovering.

Helen Robertson was in the hospital a few days after her sweet dog, Teddy, grabbed for a treat in her hand and accidentally pricked her finger. It became infected and she had to go into the hospital for IV antibiotics. She is home now and is using another tool besides her fingers to give Teddy his treats. While Helen was in the hospital, John stayed at Manor Care in Richland Hills. They are both glad to be back home.

Bob Ferguson fell in July and broke his hip. He had surgery and went to Broadway Plaza Healthcare Center for Rehab.

We wish all our members who have been ill, a smooth and speedy recovery.

Coping with a Diagnosis of Parkinson's Disease

“The worst day of this disease was the day I was diagnosed. The best day was when I understood that I could do something about it. It gave me back a sense of control in my life, and some power” said Phyllis, 63, five years after diagnosis.

If you or someone close to you has recently been diagnosed with Parkinson's disease (PD), you are likely experiencing many emotions and have many concerns and questions. Remember that you are not alone. As many as one million people in the US and an estimated seven to 10 million worldwide live with Parkinson's disease. These estimates do not account for cases of PD that are unreported, undiagnosed or misdiagnosed. With a diagnosis now in hand and the freedom to learn at your own pace, you can begin to understand PD and its treatments and the role they will play in your life. Your diagnosis can be the first step to taking charge of your life with Parkinson's disease.

What is Parkinson's Disease?

Parkinson's disease is chronic and progressive movement disorder, meaning that symptoms continue and worsen over time. Nearly one million people in the US are living with Parkinson's disease. The cause is unknown, and although there is presently no cure, there are treatment options such as medication and surgery to manage its symptoms. Parkinson's involves the malfunction and death of vital nerve cells in the brain, called neurons. Parkinson's primarily affects neurons in an area of the brain called the substantia nigra. Some of these dying neurons produce dopamine, a chemical that sends messages to the part of the brain that controls movement and coordination. As PD progresses, the amount of dopamine produced in the brain decreases, leaving a person unable to control movement normally.

The specific group of symptoms that an individual experiences varies from person to person. Primary motor signs of Parkinson's disease include the following.

- ◆ Tremor of the hands, arms, legs, jaw and face
- ◆ Bradykinesia or slowness of movement
- ◆ Rigidity or stiffness of the limbs and trunk
- ◆ Postural instability or impaired balance and coordination

Scientists are also exploring the idea that loss of cells in the areas of the brain and body contribute to Parkinson's. For example, researchers have discovered that the hallmark sign of Parkinson's disease—clumps of a protein alpha-synuclein, which are also called Lewy Bodies—are found not only in the mid-brain but also in the brain stem and the olfactory bulb.

These areas of the brain correlate to nonmotor functions such as sense of smell and sleep regulation. The presence of Lewy bodies in these areas could explain the nonmotor symptoms experienced by some people with PD before any motor sign of the disease appears. The intestines also have dopamine cells that degenerate in Parkinson's, and this may be important in the gastrointestinal symptoms that are part of the disease.

Symptoms

The diagnosis of PD depends upon the presence of one or more of the four most common motor symptoms of the disease. In addition, there are other secondary and nonmotor symptoms that affect many people and are increasingly recognized by doctors as

important to treating Parkinson's.

Each person with Parkinson's will experience symptoms differently. For example, many people experience tremor as their primary symptom, while others may not have tremors but may have problems with balance. Also, for some people the disease progresses quickly, and in other it does not.

By definition, Parkinson's is a progressive disease. Although some people with Parkinson's only have symptoms on one side of the body for many years, eventually the symptoms begin on the other side. Symptoms on the other side of the body often do not become as severe as symptoms on the initial side.

Read more detailed descriptions of Parkinson's symptoms below:

Primary Movement or “Motor” Symptoms

- ◆ **Resting Tremor:** In the early stages of the disease, about 70 percent of people experience a slight tremor in the hand or foot on one side of the body, or less commonly in the jaw or face. A typical onset is tremor in one finger. The tremor consists of a shaking or oscillating movement, and usually appears when a person's muscles are relaxed, or at rest, hence the term “resting tremor.” The affected body part trembles when it is not performing an action. Typically, the fingers or hand will tremble when folded in the lap, or when the arm is held loosely at the side, ie., when the limb is at rest. The tremor usually ceases when a person begins an action. Some people with PD have noticed that they can stop a hand tremor by keeping the hand in motion or in a flexed grip. The tremor of PD can be exacerbated by stress or excitement, sometimes attracting unwanted notice. The tremor often spreads to the other side of the body as the disease progresses, but usually remains most apparent on the initially affected side. Although tremor is the most noticeable outward sign of the disease, not all people with PD will develop tremor.
- ◆ **Bradykinesia:** Bradykinesia means “slow movement”. A defining feature of Parkinson's, bradykinesia also describes a general reduction of spontaneous movement, which can give the appearance of abnormal stillness and a decrease in facial expressivity. Bradykinesia causes difficulty with repetitive movements, such as finger taping. Due to bradykinesia, a person with Parkinson's may have difficulty performing everyday functions, such as buttoning a shirt, cutting food or brushing his or her teeth. People who experience bradykinesia may walk with short, shuffling steps. The reduction in movement and the limited range of movement caused by bradykinesia can affect a person's speech, which may become quieter and less distinct as Parkinson's progresses.
- ◆ **Rigidity:** Rigidity causes stiffness and inflexibility of the limbs, neck and trunk. Muscles normally stretch when they move, and then relax when they are at rest. In Parkinson's rigidity, the muscle tone of an affected limb is always stiff and does not relax, sometimes contributing to a decreased range of motion. People with PD most commonly experience tightness of the neck, shoulder and leg. A person with rigidity and bradykinesia tends to not swing his or her arms when walking. Rigidity can be uncomfortable or even painful.
- ◆ **Postural Instability:** One of the most important signs of Parkinson's in postural instability, a tendency to be unstable

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when standing upright. A person with postural instability has lost some of the reflexes needed for maintaining an upright posture, and may topple backwards if jostled even slightly. Some develop a dangerous tendency to sway backwards when rising from a chair, standing or turning. This problem is called retropulsion and may result in a backwards fall. People with balance problems may have particular difficulty when pivoting or making turns or quick movements. Doctors test postural stability by using the “pull test.” During this test, the neurologist gives a moderately forceful backwards tug on the standing individual and observes how well the person recovers. The normal response is a quick backwards step to prevent a fall; but many people with PD are unable to recover, and would tumble backwards if the neurologist were not right there to catch him or her.

Secondary Motor Symptoms

In addition to the cardinal signs of Parkinson’s, there are many other motor symptoms associated with the disease.

- ◆ **Freezing:** Freezing of gait is an important sign of PD that is not explained by rigidity or bradykinesia. People who experience freezing will normally hesitate before stepping forward. They feel as if their feet are glued to the floor. Often, freezing is temporary, and a person can enter a normal stride once he or she gets past the first step. Freezing can occur in very specific situations, such as when starting to walk, when pivoting, when crossing a threshold or doorway, and when approaching a chair. For reasons unknown, freezing rarely happens on stairs. Various types of cues, such as an exaggerated first step, can help with freezing. Some individuals have severe freezing, in which they simply cannot take a step. Freezing is a potentially serious problem in Parkinson’s disease, as it may increase a person’s risk of falling forward.
- ◆ **Micrographia:** This term is the name for a shrinkage of handwriting that progresses the more a person with Parkinson’s writes. This occurs as a result of bradykinesia, which causes difficulty with repetitive actions. Drooling and excess saliva result from reduced swallowing movements.
- ◆ **Mask-like Expression:** This expression, found in Parkinson’s, meaning a person’s face may appear less expressive than usual, can occur because of decreased unconscious facial movements. The flexed posture of PD may result from a combination of rigidity and bradykinesia.
- ◆ **Unwanted Accelerations:** It is worth noting that some people with PD experience movements that are too quick, not too slow. These unwanted accelerations are especially troublesome in speech and movement. People with excessively fast speech, tachyphemia, produce a rapid stammering that is hard to understand. Those who experience festination, an uncontrollable acceleration in gait, may be at increased risk

for falls.

Additional secondary motor symptoms include those below, but not all people with PD will experience all of these.

- ◆ Stooped posture, a tendency to lean forward
- ◆ Dystonia
- ◆ Impaired fine motor dexterity and motor coordination
- ◆ Impaired gross motor coordination
- ◆ Poverty of movement (decreased arm swing)
- ◆ Akathisia
- ◆ Speech problems, such as softness of voice or slurred speech caused by lack of muscle control
- ◆ Difficulty swallowing
- ◆ Sexual dysfunction
- ◆ Cramping
- ◆ Drooling

Nonmotor Symptoms

Most people with PD experience nonmotor symptoms, those that do not involve movement, coordination, physical tasks or mobility. While a person’s family and friends may not be able to see them, these “invisible” symptoms can actually be more troublesome for some people than the motor impairments of PD.

Early Symptoms

Many researchers believe that nonmotor symptoms may precede motor symptoms—and a Parkinson’s diagnosis—by years. The most recognizable early symptoms include:

- ◆ Loss of sense of smell, constipation
- ◆ REM behavior disorder (a sleep disorder)
- ◆ Mood disorders
- ◆ Orthostatic hypotension (low blood pressure when stand up)

If a person has one or more of these symptoms, it does not necessarily mean that individual will develop PD, but these markers are helping scientists to better understand the disease process.

Other Nonmotor Symptoms

Some of these important and distressing symptoms include:

- ◆ Sleep disturbances
- ◆ Constipation
- ◆ Bladder problems
- ◆ Sexual problems
- ◆ Excessive saliva
- ◆ Weight loss or gain
- ◆ Vision and dental problems
- ◆ Fatigue and loss of energy
- ◆ Depression
- ◆ Fear and anxiety
- ◆ Skin problems
- ◆ Cognitive issues, such as memory difficulties, slowed thinking, confusion and in some cases, dementia
- ◆ Medication side effects, such as impulsive behaviors

(This article is from the web site “www.pdf.org”)

Be sure to introduce yourself to someone new at the next meeting. We want all our visitors to feel welcome. And we want those who can’t make it to each meeting, to know that we miss them when they are not with us. We each have busy schedules and we appreciate those who volunteer their time to make this group a success. From the Board of Directors, and the Committee members to all those who come to learn about Parkinson’s Disease. Thank you for making the effort to assist in making this Caregivers Group such a friendly and informative group.

September 2011

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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4	5 	6	7	8	9	10
11	12	13	14	15	16	17
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September

Schedule of Events

- Monday, Wednesday and Friday Exercise at 10:30, Room 206 of Broadway Baptist Church. (**Monday Sept. 5 there will be no Exercise class held due to Labor Day Holiday**)
- Second and Forth Friday– Caregivers Meeting at 10:30 in the room adjoining Room 206 .
- Sept 26, PSGTC luncheon at 11:30am in the Third Floor Meeting Room



Boy, oh boy, you know it's hot and dry outside when you go to hang a load of laundry out on the line and by the time you've got that last wet shirt hung up, you can just go back to the first one and start takin' 'em down.

October 2011

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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2	3	4	5	6	7	8
9	10 	11	12	13	◆ 14	15
16	17	18	19	20	21	22
23	24 	25	26	27	◆ 28	29
30	31					

October

Schedule of Events

- Every Monday, Wednesday and Friday Exercise at 10:30, Room 206 of Broadway Baptist Church
- Monday October 10 is Columbus Day, **Exercise will be held as scheduled**
- Second and Forth Friday– Oct. 14 and 28, Caregivers Meeting at 10:30 in the room adjoining Room 206 .
- Monday, October 24 at 1:30pm, Parkinson's Support Group Meeting in the 3rd floor meeting room (BOD 1:00pm)



We have some new Board members. Be sure to offer your help to those who have volunteered to do their part to lead our Support Group.

New Board members are: Linda Tunnell, Debbie Benner and Ken Tucker. They will serve on our Board of Directors until 2014. If you don't know each one, make it a point to meet them. We are truly blessed with good leaders.

