PARKINSON *Pathfinder*

FALL 2013

APDA
TO EASE
THE BURDEN
TO FIND THE CURE

Washington Chapter
American Parkinson Disease Association

FALL 2013

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TO EASE THE BURDEN
TO FIND THE CURE
American Parkinson Disease Association

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coordinator@waparkinsons.org
www.waparkinsons.org

BOARD ADDRESS
P.O. Box 75169, Seattle, WA 98175-0169

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TO THE BOARD ADDRESS

It is officially fall in the Pacific Northwest, and although we've had an incredible summer, I must admit I'm ready for the crisp days, picturesque scenery, and pumpkin spice lattes that fall brings to Seattle.

As I settle into my role as Executive Director, I am reminded of what makes our organization thrive—the many dedicated people who are a part of the Washington Chapter APDA now and who have been over the years. I would like to take a moment to recognize one of our most impactful directors, Suzanne Cameron. Suzanne served on our board close to 15 years and has been absolutely instrumental to many of our successes. She served as Board President more than once, and we are forever grateful for Suzanne's dedication, spirit, and generosity of her time and talent. We are delighted to honor Suzanne as a Director Emeritus.

We've had a busy summer preparing for our First Annual Optimism Walk, which was held on September 28th in West Seattle. Many, many thanks to the over 200 people who joined us and raised over $44,000 for Parkinson's care, support, and critical research! The hope, strength, and love demonstrated that day between family and friends is truly inspirational. I can't wait to see you all again next year.

Looking ahead, we have a number of education programs planned around the state in the coming months, in addition to our annual HOPE Conference on November 16th. This year the HOPE Conference will be held in a new location, the Meydenbauer Center in Bellevue. We are ecstatic about our stellar lineup of guest speakers; check out page 12 for more information.

As always, I look forward to hearing from you, with ideas, suggestions, or just to chat. You can reach me at kristi@waparkinsons.org or 206.419.7872.

Sincerely,

Kristi Murphy

Kristi Murphy
Executive Director

Hi everyone! It has been an exciting time since our last issue. I hope you are all enjoying our new look. As the leaves turn and the holiday season approaches us, I'd like to take a second and express what I am thankful for. In the past six months I have gotten to know some of you; through phone calls, education programs, and support group visits—and it has been an honor. The Parkinson's community is truly a special group of people. Your warmth, kindness, and enduring vitality, inspire me each and every day. I hope you never lose your drive for life and passion for living every day to the fullest.

Those of you who I have not had the pleasure of meeting, I hope to see you at one of our events! We have been busy planning many exciting programs for the upcoming year. Check out our calendar on www.waparkinsons.org for up-to-date information and stay connected. If you have suggestions for what you'd like to see from us, I'd love to hear your thoughts! Feel free to reach out to me by phone or email, my contact information is listed on the inside cover.

I urge you all to remain informed, active, and most importantly—positive! We cannot control what cards we are dealt, but we can control how we play the hand. Take care of yourselves and your loved ones, everything else is secondary.

Until next time!

Zeljka Jurcevic

Connect with the APDA:

Visit our website at **www.waparkinsons.org...**

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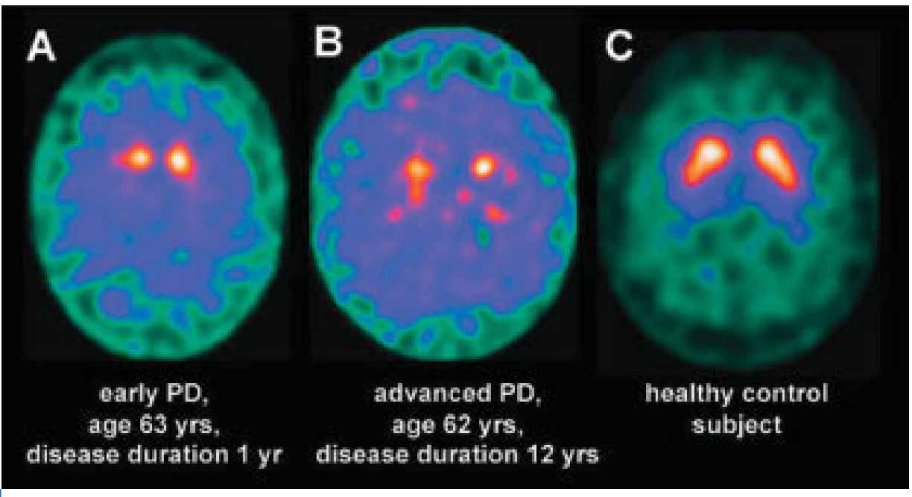
Visit our **website** *by scanning this QR code, and sign up for our emails*

The Stages of Parkinson's Disease

Marie Davis, MD
Movement Disorders Fellow

PARKINSON'S DISEASE (PD) IS CHARACTERIZED BY four main symptoms: rigidity, tremor, slowness of movement or bradykinesia, and axial instability or balance problems. However, all four of these symptoms



are not always present in PD patients, or present throughout the course of PD. In addition, care providers and researchers are increasingly recognizing other non-motor symptoms as part of PD. Each PD patient is different, but generally, PD can be divided into clinical stages that are useful in directing treatment and anticipating symptoms during the disease course. The PD clinical course can be divided into pre-clinical, early, middle and advanced stages.

Pre-clinical Stage

Many PD patients realize retrospectively after they have been diagnosed with Parkinson's disease that they have experienced non-motor symptoms of PD for many years prior to diagnosis. Typical non-motor symptoms that often start several years prior to diagnosis are anosmia, or loss of sense of smell; chronic constipation; depression; and REM (rapid eye movement) sleep disorder behavior, or RDB. RDB is due to loss of normal paralysis during REM sleep, the period of dreaming during sleep. This can result in acting out of dreams, including shouting, kicking and sometimes injuring a bed partner. However, none of these symptoms are specific to PD, and are common in the general population

Early Stage

Early motor signs of PD can be subtle, and individuals with these symptoms may not seek medical attention for several years. Early motor symptoms in PD usually involve one side of the body for a few years before spreading to the other side. Typical early signs can be mild rigidity that is only noticeable when walking or running, where one arm does not swing as much as the other. Decreased facial expression or "masked faces" can develop. Voice may soften (hypophonia), which patients sometimes first notice with difficulty singing, playing a wind or brass musical instrument, or public speaking. Handwriting can also become smaller and more illegible, and patients may notice increased difficulty in signing their name. A tremor may emerge only under stress and may be very minimal, such as only involving one finger. Rarely dystonia, or muscle cramping causing an abnormal posture around a joint, may develop and can be painful. Dystonia may start intermittently, and only occur with certain ▸

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activities such as walking, causing a foot to pronate.

In the early and middle stages of the disease course, many patients endorse mild cognitive symptoms such as more difficulty multi-tasking, and short term working memory issues such as remembering a phone number or a shopping list. These mild cognitive issues can impact an individual's ability to work, and may lead to decreasing the intensity or hours of one's job, or even early retirement.

Middle Stage

In mid-stage PD, the main motor symptoms of rigidity and bradykinesia are more prominent and involve both sides of the body, but are usually managed well with medications. Without medication, mid-stage PD patients will notice that their untreated PD symptoms have a significant impact on their ability to do daily activities. Tremor may or may not be present, as not all PD patients have tremor. Mild balance problems are also usually present, but not debilitating. Balance problems are usually most notable with turning quickly. Increased difficulty with walking, such as shuffling steps and freezing with walking, may develop. Physical therapy and use of a cane or walker are often initiated during mid-stage PD to improve walking. Swallowing may also become difficult, and may improve with speech therapy. Speech therapy can also be helpful for hypophonia. Genitourinary symptoms such as erectile dysfunction and urinary incontinence may develop.

As PD progresses, patients may start to feel their levodopa doses "kick in" and "wear off" and gradually increase the frequency and/or amount of levodopa for earlier wearing off. A predictable side effect of levodopa is the development of dyskinesias, which are extra movements that usually occur soon after a dose of levodopa, when the patient is usually feeling "on" with medication. Dyskinesias are variable, and can range from subtle restless movements that last less than an hour to severe debilitating involuntary movements. They can develop within a few years of starting levodopa, or after many years of levodopa treatment.

Other side effects from levodopa may also become more apparent as patients gradually increase the dose of levodopa. For example, low blood pressure and hallucinations are more common side effects with higher doses of levodopa. As PD progresses, patients often develop "motor fluctuations" or significant variation in ability to function depending on whether they feel "on" or "off" of the levodopa medication. Mid-stage PD is often when some PD patients consider DBS therapy as an additional treatment if medical management is inadequate or poorly tolerated. Factors determining which PD patients may benefit from DBS therapy is complex and will not be discussed in this article.

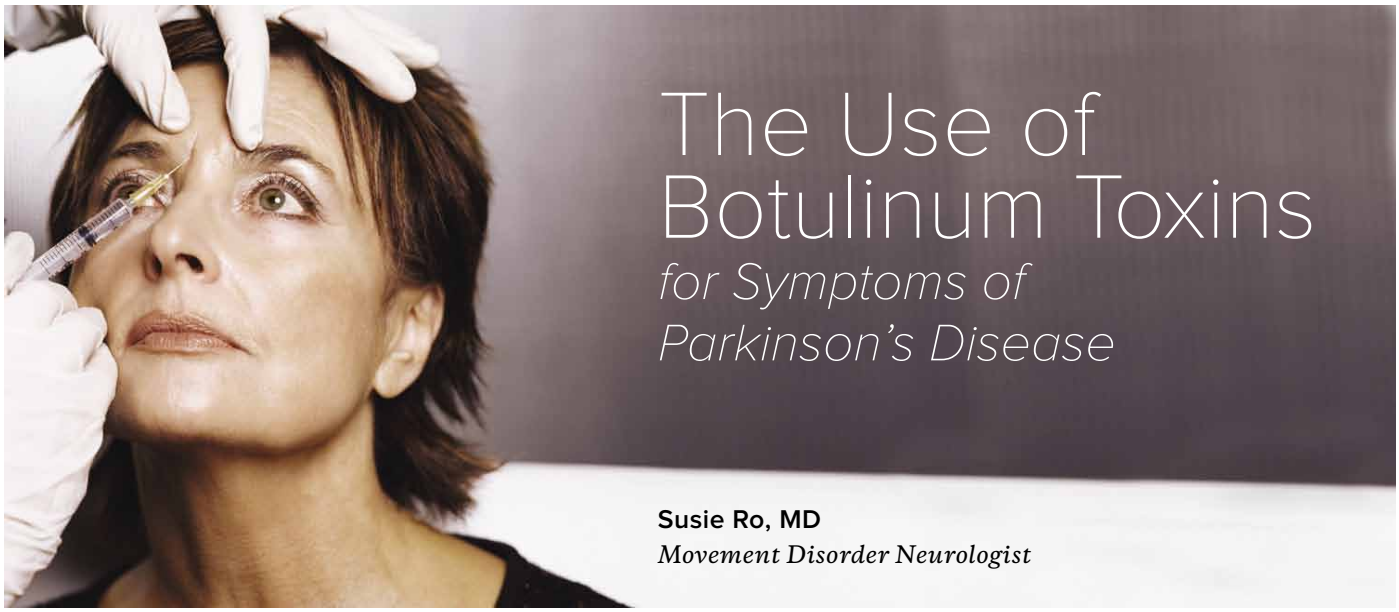
Mild cognitive impairment and cognitive decline is also often seen in mid-stage PD. Cognitive decline associated with PD is now well-recognized, and is distinct from Alzheimer's disease. Patients may need more assistance with remembering to take their medications. Difficulty with multi-tasking or complex tasks and further decline in short term memory is often noted. Cognition involving visuospatial skills is particularly affected in PD. This is also a common time for PD patients to stop driving, as driving is a complex visuospatial skill requiring multi-tasking and quick responses, which are often slowed with PD.

Advanced Stage

Advanced stage PD is characterized by severe disability due to PD symptoms despite optimal medical management. Advanced stage PD patients are no longer independent in their daily activities, and often require 24 hour care, either through a full-time caregiver, assisted living facility, skilled nursing facility, or adult family home. Patients often have severe disability ambulating and may become wheel-chair bound to avoid frequent falls due to severe freezing of gait and loss of postural reflexes maintaining balance and blood pressure with positional changes. Swallowing may become more impaired, requiring softer foods and more careful eating and drinking. Some patients may opt for placement of an alternative route for nutrition, such as a gastrostomy. Urinary incontinence may increase in frequency.

In late stage PD, Parkinson's medications often need to be titrated down, as the benefit of higher doses of medications on motor symptoms decreases and is outweighed by the side effects and complications from the medications. The goal of treatment in late stage PD is comfort and maintaining quality of life and dignity despite significant motor and cognitive disability. P

Dr. Marie Davis *is a Neurologist completing her Movement Disorder Fellowship at the University of Washington and VA Puget Sound in Seattle, WA. Dr. Davis received her medical degree from New York University School of Medicine, as well as a Ph.D. in developmental genetics.*



The Use of Botulinum Toxins
for Symptoms of Parkinson's Disease

Susie Ro, MD
Movement Disorder Neurologist

YOU HAVE PROBABLY HEARD OF BOTOX, popularized by Hollywood stars who get injections to flatten wrinkles. You may not know that the original medical uses of botulinum toxin were not cosmetic. In fact, it has been used for a number of conditions for over 30 years, and may be useful for some symptoms of Parkinson's Disease (PD).

What is Botulinum Toxin, and how does it work?

Botulinum toxin (BT) is a neurotoxin produced by the bacterium C. Botulinum. It causes botulism, which includes flaccid paralysis (weakness, droopy eyelids, double vision, trouble swallowing and breathing) and autonomic symptoms (dilated pupils, dry mouth, absent sweating, drop in blood pressure, constipation, and urinary retention). It exerts its effects by blocking the transmission of signals between nerves and their target tissues, like muscles. It is so potent that it can be lethal even in small doses.

Sounds scary, so who would think of using the stuff to help people? An ophthalmologist first used it in the late 1960s to treat children with strabismus (lazy eyes), and it has been FDA approved since the 1980s. When used cautiously in nano-quantities, BT can partially/temporarily weaken overactive muscles and relieve symptoms of muscle spasm.

What can it be used for?

Dystonia is a movement disorder characterized by sustained or intermittent muscle contractions causing repetitive, abnormal twisting or shaking movements or posturing of a body part which worsen the more a person tries to move. It can occur on its own or as a part of PD. When it occurs as part of PD, it most often occurs when brain dopamine levels are low. However, it may also occur at the peak of a levodopa dose, as in dyskinesia, or be unrelated to fluctuations in levodopa level. It is helpful to note the timing of the dystonic symptoms, as medication adjustments may help. However, if medication adjustments do not work, or if a person cannot tolerate medication side effects, BT injections can help. The following are some examples:

Cervical Dystonia: This usually manifests as tightness of neck muscles and twisting and/or shaking of the head. It can be quite painful, limit neck range of motion, and cause bothersome head shaking.

Blepharospasm/ Eyelid Apraxia: Involuntary eyelid closure, or trouble initiating eyelid opening. It can be very disabling to vision and cause photosensitivity or an irritating sensation that something is in their eyes. Injections of BT right at the margin of the upper eyelids can be particularly helpful, as opposed to just around the eyebrows.

Foot/ankle dystonia: Toe curling, ankle twisting inward may be painful or make walking or wearing shoes more difficult. Sometimes changing shoes or wearing and ankle brace can be helpful when adjusting medications is not enough, but if the spasms are unrelated to levodopa fluctuations, BT injections can help.

Hand deformities/writer's cramp: BT is most useful to relieve painful spasms and prevent hand deformities from causing skin injury (like fingers digging in to palm) or nerve damage (like carpal tunnel syndrome from wrist curling). Sometimes it can be helpful to relieve ▸

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spasm of the fingers or wrist with actions, but there is a fair chance that BT may not completely restore function and/or may cause finger weakness.

Camptocormia: Bent spine/trunk. Sometimes this can respond to injections in back or abdominal muscles.

Jaw Dystonia: Jaw clenching/grinding, involuntary mouth opening/closing

Facial Dyskinesia: These are usually involuntary facial movements triggered by fluctuations in levodopa levels. Sometimes it can make someone appear angry or in pain/ frightened because facial muscles are being over activated.

Sialorrhea (drooling): Drooling may occur in PD due to slowing of spontaneous swallowing rate. BT injected into the salivary glands can temporarily decrease saliva production roughly 30% without the side effects of medication. Saliva production is not stopped, as only some of the glands are injected.

What are the risks/side effects?

Side effects are mostly local and related to the site of injection, dose, and what is nearby. For example, with neck injections, people may experience neck weakness (head drop) or swallowing difficulties (dysphagia). With eyelid injections, people may experience eyelid drooping, trouble closing the eyes, blurry or double vision, dry or watery eyes. With facial injections people may experience face droop or decreased facial expression; with limb injections, weakness of that limb may occur. However, all of these side effects are temporary. The benefit is also temporary, requiring repeated injections roughly every 3 months to maintain the effects.

There are no known long term side effects, aside from possible muscle atrophy. A small minority of patients may become resistant to repeated injections due to antibody production (1-5% with Botox and Dysport, up to 33% with Myobloc, resistance has not yet been reported with Xeomin). There are always risks of bleeding, bruising, pain, and infection where needle injections are involved, but are usually minor and temporary. There is a very low risk of systemic reaction (botulism) especially with very high doses, or allergy. P

Dr. Susie Ro *is a Movement Disorder Specialist at Swedish Neuroscience Institute in Seattle, WA.*

RESEARCH CORNER

The Parkinson's Genetic Research Study (PaGeR), headed by Dr. Cyrus Zabetian, is searching for genes that increase the risk of developing PD and related disorders. The study is a joint effort by neurologists and researchers across the United States and is sponsored by the National Institutes of Health. **PaGeR is currently looking for families in which there are two or more individuals living with Parkinson's disease.** Study participants are asked to complete a study questionnaire, a blood draw, clinical evaluation and a brief memory exam. Study procedures can be completed at your own home, at the Veteran's Hospital, or through the mail.

The **Gut Microbiome Study: The Link to Healthy Aging and Brain Disease** is attempting to determine how and where PD starts in the body. Many PD patients complain of intestinal complications before other characteristic PD symptoms are observed. By analyzing the genetic information of the micro-organisms in the gut, researchers will test if PD starts in the gut before it affects the brain. Subjects are asked to complete a questionnaire and provide a stool sample on their own time or at a visit to the VA hospital.

Don't have Parkinson's? You may still be able to participate in PD research. Studies often recruit healthy individuals as "controls" to compare symptoms, genetic info, family history, environmental exposures and reactions to stimulus.

The Washington State Parkinson Disease Registry (WPDR) connects people with Parkinson disease to the research community. If you are interested in the above studies, or learning about upcoming research trials contact the WPDR at 206.277.6080 or www.registerparkinsons.org

First Annual

AMERICAN PARKINSON'S OPTIMISM WALK

SEATTLE, WA

A very special thanks to the over 200 people who joined us on September 28th in West Seattle for our First Annual Optimism Walk!

We were blown away by the number of people who turned out despite the wind and the rain, determined to raise awareness and funds for Parkinson's care, support, and critical research. With the overwhelming enthusiasm and generosity of everyone involved, we were able to raise over $44,000, far exceeding our goal of $25,000! It was a day full of hope, community, and strength despite what obstacles mother nature threw our way!

A huge congratulations to our top three fundraisers, Suzie Schofield, Dustin Werner, and Stephen Bergenholtz! The top fundraising team was led by Suzie Schofield, cleverly named the Schofield's Dopa-a-mines, who alone raised over $13,000!

Congratulations to all for an incredible effort. We are ecstatic and so moved by the success of our First Optimism Walk, and are already looking forward to next year!

Photos courtesy Garet Munger

A special thanks to our Walk sponsors:

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A Potential New Class of Drugs for Parkinson Disease: **Adenosine A2A Receptor Antagonists**

Dr. Ali Samii, MD, Movement Disorder Specialist

IN THE 1950S, ANTI-CHOLINERGIC DRUGS were used to treat Parkinson disease (PD). By 1960, the reduction of the neurotransmitter dopamine was found to be the cause of the motor signs of PD; tremor, rigidity, and slowness of movement. After this remarkable discovery, scientists looked for ways to replenish dopamine in order to help alleviate symptoms of Parkinson disease. Levodopa, which converts to dopamine, was first used in 1961 and found to be effective in reducing tremor and rigidity, as well as improving mobility. In the early 1970s carbidopa, which blocks the conversion of levodopa to dopamine in the blood, was added to levodopa to allow more levodopa to cross into the brain. This combination of carbidopa/levodopa is called Sinemet. The addition of carbidopa allowed a much lower dose of levodopa to be used effectively reducing nausea, a side effect that commonly occurs when levodopa converts to dopamine in the blood rather than in the brain.

In the mid-1970s, the first dopamine agonist (bromocriptine) was used in PD. Dopamine agonists are synthetic mimickers of dopamine, and work by binding to dopamine receptors in the brain to mimic what dopamine would do. Over the years more dopamine agonists such as pergolide, pramipexole, ropinirole, injectable apomorphine, and the rotigotine skin patch came onto the market. In the 1980s, a class of drugs called MAO-B inhibitors became available. These drugs block the enzyme MAO-B that breaks down dopamine, thereby increasing brain dopamine levels. The 1990's introduced yet another class of drugs, COMT inhibitors, which limit the breakdown of levodopa, thus prolonging its duration of action.

The major drug classes we currently use to treat the motor symptoms of PD all fall under these three categories. They are all dopamine precursors, mimickers, or enhancers. However, a novel class of drugs called adenosine A2A receptor antagonists have been studied for use in PD over the last decade. The initial reasoning behind studying this class of drugs in the treatment of Parkinson's was based on animal studies in the 1990s. These studies found that adenosine A2A receptors are prevalent in the basal ganglia, the part of the brain that helps coordinate movement, and that adenosine A2A receptor antagonists improved mobility in animals that experienced symptoms of Parkinson disease without worsening dyskinesias (involuntary movements caused by levodopa). Then in 2000, a 30 year follow-up study of more than 8000 Japanese American men in Hawaii showed that the consumption of a common adenosine A2A receptor antagonist, caffeine, reduced the risk of getting PD later in life. Several subsequent studies confirmed the finding that caffeine intake reduces the risk of developing PD.

Today there are a number of adenosine A2A receptor antagonists under investigation. Over the last decade, istradefylline and preladenant have been the most studied as a potential therapy in combination with carbidopa/levodopa. Much of the data has shown that the use of istradefylline or preladenant in patients who have motor fluctuations improves the fluctuations by reducing off periods without worsening dyskinesia. This is advantageous since efforts to reduce off time and lessen motor fluctuations, by increasing carbidopa/levodopa or adding other drugs, frequently lead to more dyskinesia.

These studies suggest that adenosine A2A receptor antagonists may be promising as an added therapy for the treatment of motor fluctuations. This class of drugs seems to be safe and well-tolerated without serious adverse effects. However adenosine A2A receptor antagonists have not yet been approved for use in the United States, and more studies are likely needed for this approval to be granted. If they become available, adenosine A2A receptor antagonists would be the first non-dopaminergic class of drugs (since the anti-cholinergic that drugs were used in the 1950s) to treat the motor symptoms of PD. P

Dr. Ali Samii *is a Movement Disorder Specialist at the University of Washington Medical Center and VA Puget Sound in Seattle, WA.*

Support Groups
in the Pacific Northwest

CITY/REGION	FOCUS	MEETING SITE	TIME	LEADER	CONTACT INFO
ALASKA	General	923 W 11th Ave Anchorage	3rd Saturday of the month at 3:30 pm	Peter Dunlap-Shohl	(907) 350-9691 dunlapshohl@gmail.com
ANACORTES	General	Island Hospital, 1211 24th St.	3rd Thursday of the month at 1:00 pm	Jerry Ramsey and Nola Beeler	(360) 293-2185 njbeeler@yahoo.com
BELLEVUE	Young Onset	North Bellevue Community Center 4063 148th Ave NE	1st Wednesday of the month at 7:00 pm	Suzanna Eller	(206) 938-8298 suzanna.eller@providence.org
BLAINE	General	Blaine UCC, 885 4th Street	2nd Friday of the month at 5:00 pm	Inge Reuter	(360) 332-4564 blaine-pdsg@hotmail.com
BOTHELL	General	North Shore Senior Center 10201 E Riverside Dr.	3rd Tuesday of the month at 10:00 am	Susan Quinn	(425) 488-4821 susanq@seniorservices.org
BREMERTON	General	Canterbury Manor 703 Callahan Dr.	1st Tuesday of the month at 1:30 pm	David Hull	(360) 895-6220
CHEHALIS	General	Bethel Church 132 Kirkland Rd., Napavine, WA	2nd Thursday of the month at 1:00 pm	Jan Erickson	(360) 273-9987
COVINGTON	General	St. John the Baptist Catholic Church 25810 156th Avenue SE	3rd Tuesday of the month at 10:30 am	Stephanie De Leon Lawson	steph.pdgroup@gmail.com
COEUR D'ALENE	General	Lake City Senior Center 1916 N Lakewood Dr.	1st Friday of the month at 1:00 pm	Beth Hatcher	(208) 635-5243 cdapsg@hotmail.com
DES MOINES	General	Wesley Homes, 815 S. 216th St. *contact group leader before attending*	3rd Wednesday of the month at 10:00 am	Rita Lambert	(206) 870-1302 rlambert@wesleyhomes.org
EDMONDS	Deep Brain Stimulation	*group meets quarterly; date, time and location to be determined*		Michelle Bauer	(206) 320-2883 michelle.bauer@swedish.org
EDMONDS	General	Edmonds Senior Center 220 Railroad Ave	2nd Wednesday of the month at 1:00 pm	Carol Agueyo	(425) 743-6029 agua549@frontier.com
ELLENSBURG	General	Rosewood Senior Park Club House	2nd Monday of the month at 2:00 pm	Rhoda Crispin	(509) 962-8283 rhoda.crispin@fairpoint.net
EVERETT	Caregiver (Lewy Body Dementia)	Carl Gipson Senior Center 3025 Lombard Ave	*contact facilitator for date/time info*	Joy Walker	(425) 457-4793 joyincaregiving@yahoo.com
FEDERAL WAY	General	Life Care Center of Federal Way 1045 S. 308th	3rd Tuesday of the month at 1:30 pm	Sandra Machado	(206) 334-8440 Sandra_machado@lcca.com
GIG HARBOR	General	St. Anthony's Hospital 11567 Canterwood Blvd. NW	2nd Wednesday of the month 4:00 pm	Doug Manuel	(253) 858-8741 manuel@harbornet.com
HOQUIAM	General	Hoquiam Library, 420 7th St.	Last Tuesday of the month at 6:00 pm	Betsy Seidel	(360) 533-5968 betsycamel@yahoo.com
ISSAQUAH	General	Our Savior Lutheran Church 745 Front St. S	2nd Monday of the month at 2:00 pm	Suzanna Eller	(206) 938-8298 suzanna.eller@providence.org
KIRKLAND	Caregiver	EvergreenHealth room TAN-121 12040 NE 128th St	2nd & 4th Tuesday of the month at 1:00 pm	Amy Cole	(425) 899-3122 alcole@evergreenhealth.org
LONGVIEW	General	Canterbury Inn/Chateau Dining Room 1324 3rd Ave	3rd Wednesday of the month at 1:45 pm	Barbara Sudar	bnbsudar@msn.com
LOPEZ ISLAND	General	The Gathering Place Lopez Village	3rd Monday of the month at 4:30 pm	Jackie Ashe	(360) 468-2435 jackieashe@centurytel.net
MT VERNON / BURLINGTON	General	Logan Creek Retirement Community 2311 East Division St., Mt Vernon	1st Monday of the month at 10:00 am	Ginger Dollarhide and Tori Kelly	(360) 629-8426/(425) 422-1067 weewiseginger@gmail.com
OLYMPIA	General/ Exercise	Olympia Senior Center 222 Columbia Street NW *membership required* 1 year=$30/individual $55/couple	Every Wednesday at 11:00 am *exercise class meets every 3rd Wednesday*	Joyce Beckwith	(360) 586-6181 admintemp@ southsoundseniors.org
OLYMPIA	General/ Exercise	Olympia Senior Center 222 Columbia Street NW	3rd Tuesday of the month at 11:00 am *exercise class meets every Tuesday at 11 am*	Rozanne Rants	(360) 705-8520
ORCAS ISLAND	General	Orcas Senior Center 62 Henry Rd., Eastsound, WA 98245	Tuesdays at 1:00 pm	Ted Grossman	(360) 376-4979 tfgrossman@yahoo.com
PORT ANGELES	General	328 E. 7th Street (On the SW corner of 7th & Peabody)	4th Wednesday of the month at 10:30 am	Darlene Jones	(460) 457-5352 djones@olypen.com

Photo courtesy DHerrera_96 on Flickr

CITY/REGION	FOCUS	MEETING SITE	TIME	LEADER	CONTACT INFO
PORT ANGELES	General/ Dance	Sons of Norway, 131 West 5th St.	3rd Saturday of the month	Darlene Jones	(460) 457-5352 djones@olypen.com
POULSBO	General	North Point Church 1779 NE Hostmark St.	1st Monday of the month at 1:00 pm	Lana Gills	(360)779-7178 lanagale@earthlink.net
POULSBO	General/ Exercise	Poulsbo Athletic Club 19611 7th Avenue NE	3rd Monday of the month at 1:30 pm	Lana Gills	(360)779-7178 lanagale@earthlink.net
PUYALLUP	General	Life Care Center of Puyallup 511 10th Ave SE	3rd Thursday of the month at 11:45 am	Karen Williams	(253) 845-7566 karen_williams@lcca.com
PUYALLUP	Caregiver	Life Care Center of Puyallup 511 10th Ave SE	1st Tuesday of the month at 1:30 pm	Karen Williams	(253) 845-7566 karen_williams@lcca.com
REDMOND	General	Emerald Heights 10901 176th Cir NE	3rd Weds of the month at 1:00 pm	John Waltner	(425) 556-8140 johnw@emeraldheights.com
RICHLAND	General	Kadlec Neurological Resource Center 560 Gage Blvd, Ste 106	3nd Monday of the month at 1:30 pm	Heidi Hill	Heidi.hill@kadlecmed.org
RICHLAND	General	Kadlec Neurological Resource Center 560 Gage Blvd, Ste 106	3rd Thursday of the month at 4:30 pm	Heidi Hill	Heidi.hill@kadlecmed.org
SEATTLE	Young Onset	*please contact facilitator for current location*	2nd Tuesday of the month at 7:00 pm	Suzanna Eller	(206)938-8298 suzzana.eller@providence.org
SEATTLE	Caregivers of Veterans	Seattle VA Medical Center 1600 S. Columbian Way Room 1D-146gg (near the West Clinic)	Every Monday at 1:00 pm	Kris Fredrickson	(206) 764-2188 kris.fredrickson@va.gov
SEATTLE	Caregiver	Studio Evolve Pilates and Bodywork 333 Wallingford Ave N		Joy Walker	(206) 457-4793 joyincaregiving@yahoo.com
SEATTLE	Caregiver	Greenwood Senior Center 525 North 85th Street	2nd Tuesday of the month at 1:00 pm	Carin Mack	(206) 230-0166 socialwkr@earthlink.net
SEATTLE	General	Horizon House 900 University Street	4th Monday of the month at 1:30 pm	Carin Mack	(206) 230-0166 socialwkr@earthlink.net
SEATTLE	Atypical PD (MSA, PSP, CBD)	Lindeman Pavilion at Virginia Mason 1201 Terry Ave	4th Monday of the month at 11:00 am	Carin Mack	(206) 230-0166 socialwkr@earthlink.net
SEATTLE	General	University House Wallingford Northwest Conference Room, 1st Fl 4400 Stone Way N	2nd Thursday of the month at 2:30 pm	Susanne M. Rossi	(206) 470-8041 Susanne.rossi@eraliving.com
SEATTLE	General	The Hearthstone 6720 East Green Lake Way N	2nd Tuesday of the month at 2:00 pm	Erica Campbell	(206) 774-5173
SEATTLE (WEST)	General	Providence Mt. St. Vincent 4831 35th Ave SW	1st Tuesday of the month at 2:30 pm	Suzanna Eller	(206) 938-8298 suzzana.eller@providence.org
SEATTLE (WEST)	General	The Kenney Retirement Community 7125 Fauntleroy Way SW	4th Monday of the month at 2:00 pm	Michael Byus	(206) 937-2800 ext. 5232 MByus@TheKenney.org
SEATTLE (WEST)	General	Arrowhead Gardens 9200 2nd Ave SW	3rd Thursday of the month at 10:00 am	Dagmar Cronn	cronn@oakland.edu
SPOKANE	General	Deaconess Health & Education Center 800 West 5th Ave	2nd Wednesday of the month at 1:30 pm	Cyndi Cook	(509) 473-2490 center@spokaneparkinsons.org
SPOKANE	Young Onset	*contact group leader for time and location information*		Cyndi Cook	(509) 473-2490 center@spokaneparkinsons.org
STANWOOD	General	Stanwood Senior Ctr; ctr social room 7340 276th Street NW	2nd Monday of the month at 10:00 am	Victoria Kelly and Ginger Dollarhide	(425) 422-1067 kellytori7@gmail.com
TACOMA	General/Voice	Tacoma Lutheran Home 1301 N Highlands Parkway	3rd and 4th Friday of the month at 11:30 am	Sharon Jung	(253) 752-7112 psnhogan@aol.com
VANCOUVER	General	The Quarry Senior Living Marble Room (2nd Floor) 415 SE 177th Ave	2nd Tues. of the month at 12:15 pm *bring brown bag lunch, snacks and drinks provided*	Maria Jokela	(360) 944-6000 office/ (503) 290-4443 cell mjokela@thequarryliving.net
VANCOUVER	Caregiver	The Quarry Senior Living Private Dining Room (1st floor) 415 SE 177th Ave	2nd and 4th Tuesday of the month at 1:30	Maria Jokela	(360) 944-6000 office/ (503) 290-4443 cell mjokela@thequarryliving.net
VASHON	General	Vashon Lutheran Church Fellowship Hall, 18623 Vashon Hwy SW	1st Friday of every month	Steve Steffen	(206) 463-2655 steve_steffen@yahoo.com
WENATCHEE	General	*contact group leader for information*	3rd Tuesday of the month at 2:00 pm	LaVerna Armintrout	(509) 884-6833 condovikings@gmail.com
WENATCHEE (EAST)	Caregiver	Aging and Adult Care Center	4th Tuesday of month at 2:00 pm	Marilyn Jorgensen	(509) 663-2768
WHIDBEY IS. (NORTH)	General	Cherry Hill Clubhouse 549 NW 12th Loop	1st Friday of the month at 1:00 pm	Carolyn Hansen	(360) 279-1785 wchansen192@comcast.net
WHIDBEY IS. (SOUTH)	General	South End Senior Center	2nd Tuesday of the month at 10:00 am	Carolyn Hansen	(360) 279-1785 wchansen192@comcast.net

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for your generous donations

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HOPE.
Parkinson's Disease

Saturday, November 16, 2013

Meydenbauer Convention Center
11100 NE 6th St. Bellevue, WA 98004

Registration: 8:00am–9:00am
Conference: 9:00am–3:00pm

PROGRAM SPEAKERS

KEYNOTE

Anne Udall, PhD

Board Member, Parkinson's Action Network | Daughter of Senator Morris K. Udall | Co-Chair Udall Foundation | Vice President of Professional Development, NWEA in Oregon

Paul Short, PhD, Neuropsychologist

"The Parkinson's Coach"
Maryland Psychological Association

Helen Bronte-Stewart, MD

Movement Disorder Specialist
Director, Movement Disorder Center
Professor of Neurology and Neurosurgery
Stanford University Medical Center

Laurel Beck, PT, MS, NCS

Certified LSVT BIG provider
Physical Medicine and Rehabilitation
Neuroscience Institute
Virginia Mason Medical Center, Seattle Campus

Peter Lynch, RYT

Instructor
Yoga for Parkinson's, Northwest Hospital
Yoga on Beacon

Co-hosted by WA APDA and NWPF

REGISTRATION FORM

Register online at **www.pdhope.org**
or call **206.277.5516**

TO PAY WITH CHECK:
Complete and mail this portion of the form to:

Northwest Parkinson's Foundation
Attn: Conference Office
400 Mercer Street Ste. 504
Seattle, WA 98109-4641

CONFERENCE FEE:
$30.00 ($35.00 after Nov. 9th)
The conference fee includes admittance to speaker presentations, breakfast rolls, lunch, afternoon snack, vendor exhibits and free parking.

ATTENDEE INFORMATION

Attendee 1:
O Mr. O Mrs. _____
Attendee 2:
O Mr. O Ms. _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Email address _____

LUNCHEON SELECTION

Marinated Breast of Chicken with Pesto Aioli and Farro Salad	or	Vegetarian: Marinated Portobello with Pesto Aioli and Farro Salad

Please indicate meal choice:
Attendee 1: _____
Attendee 2: _____

MARK *your* CALENDARS!

Scan this QR code on your smartphone to be linked directly to our **calendar** *of events on our website*

NOVEMBER
16
2013

New location!

HOPE Conference
www.pdhope.org

HOPE. Parkinson's Disease

Join us November 16th for our 8th Annual HOPE for Parkinson's Conference! We are once again partnering with the Northwest Parkinson's Foundation to bring you topnotch national speakers. We are excited to announce we will be in a new location this year, the Meydenbauer Center, in Bellevue, with easy freeway access and parking. We hope you can join us! Register online at www.pdhope.org or by calling us at 206.277.5516.

Patient and Caregiver Education Programs 2013

For the most up-to-date information about upcoming programs check our website at **www.waparkinsons.org**

Fall 2013:

Wenatchee, WA

October 22nd, 2013
11:30 am – 2:30 pm
Wenatchee Convention Center
Grand Apple Ballroom North
121 N Wenatchee Ave
Wenatchee, WA 98801

Ellensburg, WA

October 23rd, 2013
11:30 am – 2:30 pm
Hal Holmes Community Center
209 N Ruby St.
Ellensburg, WA 98926

Lewiston, ID

More information coming soon!

Moses Lake, WA

More information coming soon!

There is no cost to attend, but please register ahead of time! Call us at 206.277.5516.

RECENT EVENTS

Thank you to those who joined us for a day of education in Bellingham and Olympia!

TO EASE
THE BURDEN
TO FIND THE CURE

American Parkinson Disease Association

APDA Information and Referral Center
GRECC-S-182
1660 S Columbian Way
Seattle, WA 98108

SUBSCRIBE TO OUR NEWSLETTER!

Sign up for our newsletter by visiting our website **www.waparkinsons.org** or emailing **coordinator@waparkinsons.org**

YES! I want to help **"ease the burden, and find the cure"** for Parkinson's Disease.

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The Washington State Chapter of the American Parkinson Disease Association is a non-profit 501(c)3 organization. Our tax ID number is 13-1962771.

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