TABLE OF CONTENTS

1 Letter from the Executive Director
2 Letter from the Coordinator
3 The Stages of Parkinson’s Disease
   Marie Davis, MD
5 The Use of Botulinum Toxins for Symptoms of Parkinson’s Disease
   Susie Ro, MD
6 Research Corner
7 First Annual American Parkinson’s Optimism Walk
8 A Potential New Class of Drugs for Parkinson Disease: Adenosine A2A Receptor Antagonists
   Ali Samii, MD
9 Support Groups
11 Donations
12 Hope Conference Registration Form
13 Upcoming Events

Botox beyond cosmetic use page 5
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
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

Visit our website at www.waparkinsons.org... and like us on Facebook.

Visit our website by scanning this QR code, and sign up for our emails.
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
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 wheelchair-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.

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.
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
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.

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

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 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
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-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!
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 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.
<table>
<thead>
<tr>
<th>CITY/REGION</th>
<th>FOCUS</th>
<th>MEETING SITE</th>
<th>TIME</th>
<th>LEADER</th>
<th>CONTACT INFO</th>
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<tbody>
<tr>
<td>ALASKA</td>
<td>General</td>
<td>923 W 11th Ave Anchorage</td>
<td>3rd Saturday of the month at 3:30 pm</td>
<td>Peter Dunlap-Shohl</td>
<td>(907) 350-9691 <a href="mailto:dunlapshohl@gmail.com">dunlapshohl@gmail.com</a></td>
</tr>
<tr>
<td>ANACORTES</td>
<td>General</td>
<td>Island Hospital, 1211 24th St.</td>
<td>3rd Thursday of the month at 1:00 pm</td>
<td>Jerry Ramsey and Nola Beeler</td>
<td>(360) 293-2185 <a href="mailto:njbeeler@yahoo.com">njbeeler@yahoo.com</a></td>
</tr>
<tr>
<td>BELLEVUE</td>
<td>Young Onset</td>
<td>North Bellevue Community Center 4063 148th Ave NE</td>
<td>1st Wednesday of the month at 7:00 pm</td>
<td>Suzanna Eiler</td>
<td>(206) 938-8298 <a href="mailto:suzanna.eiler@providence.org">suzanna.eiler@providence.org</a></td>
</tr>
<tr>
<td>BLAINE</td>
<td>General</td>
<td>Blaine UCC, 885 4th Street</td>
<td>2nd Friday of the month at 5:00 pm</td>
<td>Inge Reuter</td>
<td>(360) 332-4564 <a href="mailto:blaine-pdsg@hotmail.com">blaine-pdsg@hotmail.com</a></td>
</tr>
<tr>
<td>BONITA</td>
<td>General</td>
<td>North Shore Senior Center 10201 E Riverside Dr.</td>
<td>3rd Tuesday of the month at 1:30 pm</td>
<td>David Hull</td>
<td>(360) 895-6220</td>
</tr>
<tr>
<td>CHEROKEE</td>
<td>General</td>
<td>Bethel Church 132 Kirkland Rd., Napavine, WA</td>
<td>2nd Thursday of the month at 1:00 pm</td>
<td>Jan Erickson</td>
<td>(360) 273-9987</td>
</tr>
<tr>
<td>COVINGTON</td>
<td>General</td>
<td>St. John the Baptist Catholic Church 25810 156th Avenue SE</td>
<td>3rd Tuesday of the month at 10:30 am</td>
<td>Stephanie De Leon Lawson</td>
<td><a href="mailto:steph.pdgroup@gmail.com">steph.pdgroup@gmail.com</a></td>
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<tr>
<td>COEUR D'ALENE</td>
<td>General</td>
<td>Lake City Senior Center 1916 N Lakewood Dr.</td>
<td>1st Friday of the month at 1:00 pm</td>
<td>Beth Hatcher</td>
<td>(208) 635-5243 <a href="mailto:cdapsg@hotmail.com">cdapsg@hotmail.com</a></td>
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<tr>
<td>DES MOINES</td>
<td>General</td>
<td>Wesley Homes, 815 S. 216th St.</td>
<td>3rd Wednesday of the month at 10:00 am</td>
<td>Rita Lambert</td>
<td>(206) 870-1302 <a href="mailto:rlambert@wesleyhomes.org">rlambert@wesleyhomes.org</a></td>
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<tr>
<td>EDMONDS</td>
<td>Deep Brain Stimulation</td>
<td>&quot;group meets quarterly, date, time and location to be determined&quot;</td>
<td></td>
<td>Michelle Bauer</td>
<td>(206) 320-2883 <a href="mailto:michelle.bauer@swedish.org">michelle.bauer@swedish.org</a></td>
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<tr>
<td>EDMONDS</td>
<td>General</td>
<td>Edmonds Senior Center 220 Railroad Ave</td>
<td>2nd Wednesday of the month at 1:00 pm</td>
<td>Carol Agueyo</td>
<td>(425) 743-6029 <a href="mailto:ague549@frontier.com">ague549@frontier.com</a></td>
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<tr>
<td>ELLensburg</td>
<td>General</td>
<td>Rosewood Senior Park Club House</td>
<td>2nd Monday of the month at 2:00 pm</td>
<td>Rhoda Crispin</td>
<td>(509) 962-8283 <a href="mailto:rhoda.crispin@fairpoint.net">rhoda.crispin@fairpoint.net</a></td>
</tr>
<tr>
<td>Everett</td>
<td>Caregiver (Lewy Body Dementia)</td>
<td>Carl Gipson Senior Center 3025 Lombard Ave</td>
<td><em>contact facilitator for date/time info</em></td>
<td>Joy Walker</td>
<td>(425) 477-5793 <a href="mailto:joyincaregiving@yahoo.com">joyincaregiving@yahoo.com</a></td>
</tr>
<tr>
<td>FEDERAL WAY</td>
<td>General</td>
<td>Life Care Center of Federal Way 1045 S. 308th</td>
<td>3rd Tuesday of the month at 1:30 pm</td>
<td>Sandra Machado</td>
<td>(206) 334-8440 <a href="mailto:Sandra_machado@lcca.com">Sandra_machado@lcca.com</a></td>
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<tr>
<td>GIG HARBOR</td>
<td>General</td>
<td>St. Anthony’s Hospital 11567 Canterwood Blvd. NW</td>
<td>2nd Wednesday of the month at 4:00 pm</td>
<td>Doug Manuel</td>
<td>(253) 858-8741 <a href="mailto:manuel@harbornet.com">manuel@harbornet.com</a></td>
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<tr>
<td>HOQUIAM</td>
<td>General</td>
<td>Hoquiam Library, 420 7th St.</td>
<td>Last Tuesday of the month at 6:00 pm</td>
<td>Betsy Seidel</td>
<td>(360) 533-5968 <a href="mailto:betsyseidel@yahoo.com">betsyseidel@yahoo.com</a></td>
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<tr>
<td>ISSAQUAH</td>
<td>General</td>
<td>Our Savior Lutheran Church 745 Front St. S.</td>
<td>2nd Monday of the month at 2:00 pm</td>
<td>Suzanna Eiler</td>
<td>(206) 938-8298 <a href="mailto:suzanna.eiler@providence.org">suzanna.eiler@providence.org</a></td>
</tr>
<tr>
<td>KIRKLAND</td>
<td>General</td>
<td>EvergreenHealth room TAN-121 12040 NE 128th St</td>
<td>2nd &amp; 4th Tuesday of the month at 1:00 pm</td>
<td>Amy Cole</td>
<td>(425) 899-3122 <a href="mailto:alcole@evergreenhealth.org">alcole@evergreenhealth.org</a></td>
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<tr>
<td>LONGVIEW</td>
<td>General</td>
<td>Canterbury Inn/Chateau Dining Room 1324 3rd Ave</td>
<td>3rd Wednesday of the month at 1:45 pm</td>
<td>Barbara Sudar</td>
<td><a href="mailto:bbsudar@msn.com">bbsudar@msn.com</a></td>
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<tr>
<td>LOPEZ ISLAND</td>
<td>General</td>
<td>The Gathering Place Lopez Village</td>
<td>3rd Monday of the month at 4:30 pm</td>
<td>Jackie Ashe</td>
<td>(360) 468-2435 <a href="mailto:jackieashe@centurytel.net">jackieashe@centurytel.net</a></td>
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<tr>
<td>MT VERNON / Burlington</td>
<td>General</td>
<td>Logan Creek Retirement Community 2311 East Division St., Mt Vernon</td>
<td>1st Monday of the month at 10:00 am</td>
<td>Ginger Dollarhide and Tori Kelly</td>
<td>(360) 629-8426(425) 422-1067 <a href="mailto:weewiseginger@gmail.com">weewiseginger@gmail.com</a></td>
</tr>
<tr>
<td>OLYMPIA</td>
<td>General/ Exercise</td>
<td>Olympia Senior Center 222 Columbia Street NW <em>membership required</em> 1 year=$30/individual $55/couple</td>
<td>Every Wednesday at 11:00 am <em>exercise class meets every 3rd Wednesday</em></td>
<td>Joyce Beckwith</td>
<td>(360) 586-6181 admintemp@ southsoundseniors.org</td>
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<tr>
<td>OLYMPIA</td>
<td>General/ Exercise</td>
<td>Olympia Senior Center 222 Columbia Street NW</td>
<td>3rd Tuesday of the month at 11:00 am <em>exercise class meets every Tuesday at 11 am</em></td>
<td>Rozanne Rants</td>
<td>(360) 705-8520</td>
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<tr>
<td>ORCAS ISLAND</td>
<td>General</td>
<td>Orcas Senior Center 62 Henry Rd., Eastsound, WA 98245</td>
<td>Tuesdays at 1:00 pm</td>
<td>Ted Grossman</td>
<td>(360) 376-4979 <a href="mailto:tfgrossman@yahoo.com">tfgrossman@yahoo.com</a></td>
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<td>PORT ANGELES</td>
<td>General</td>
<td>328 E. 7th Street (On the SW corner of 7th &amp; Peabody)</td>
<td>4th Wednesday of the month at 10:30 am</td>
<td>Darlene Jones</td>
<td>(460) 457-5352 <a href="mailto:djonnes@olympen.com">djonnes@olympen.com</a></td>
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**Support Groups**

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<th>CITY/REGION</th>
<th>FOCUS</th>
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<td>PORT ANGELES</td>
<td>General/Dance</td>
<td>Sons of Norway, 131 West 5th St.</td>
<td>3rd Saturday of the month</td>
<td>Darlene Jones</td>
<td>(460) 457-5352 <a href="mailto:djones@olyten.com">djones@olyten.com</a></td>
</tr>
<tr>
<td>POUlsBO</td>
<td>General</td>
<td>North Point Church 1779 NE Hostmark St.</td>
<td>1st Monday of the month at 1:00 pm</td>
<td>Lana Gills</td>
<td>(360) 779-7778 <a href="mailto:lanagale@earthlink.net">lanagale@earthlink.net</a></td>
</tr>
<tr>
<td>POUlsBO</td>
<td>General/Exercise</td>
<td>Poulso Athletic Club 19617 7th Avenue NE</td>
<td>3rd Monday of the month at 1:30 pm</td>
<td>Lana Gills</td>
<td>(360) 779-7778 <a href="mailto:lanagale@earthlink.net">lanagale@earthlink.net</a></td>
</tr>
<tr>
<td>PUYALLUP</td>
<td>General</td>
<td>Life Care Center of Puyallup 511 10th Ave SE</td>
<td>3rd Thursday of the month at 11:45 am</td>
<td>Karen Williams</td>
<td>(253) 845-7566 <a href="mailto:karen_williams@dcca.com">karen_williams@dcca.com</a></td>
</tr>
<tr>
<td>PUYALLUP</td>
<td>Caregiver</td>
<td>Life Care Center of Puyallup 511 10th Ave SE</td>
<td>1st Tuesday of the month at 1:30 pm</td>
<td>Karen Williams</td>
<td>(253) 845-7566 <a href="mailto:karen_williams@dcca.com">karen_williams@dcca.com</a></td>
</tr>
<tr>
<td>REDMOND</td>
<td>General</td>
<td>Emerald Heights 10901 176th Cir NE</td>
<td>3rd Weds of the month at 1:00 pm</td>
<td>John Waltner</td>
<td>(425) 556-8140 <a href="mailto:johnw@emeraldeightshights.com">johnw@emeraldeightshights.com</a></td>
</tr>
<tr>
<td>RICHLAND</td>
<td>General</td>
<td>Kadlec Neurological Resource Center 560 Gage Blvd, Ste 106</td>
<td>3rd Monday of the month at 1:30 pm</td>
<td>Heidi Hill</td>
<td><a href="mailto:heidi.hill@kadlecmed.org">heidi.hill@kadlecmed.org</a></td>
</tr>
<tr>
<td>RICHLAND</td>
<td>General</td>
<td>Kadlec Neurological Resource Center 560 Gage Blvd, Ste 106</td>
<td>3rd Thursday of the month at 4:30 pm</td>
<td>Heidi Hill</td>
<td><a href="mailto:heidi.hill@kadlecmed.org">heidi.hill@kadlecmed.org</a></td>
</tr>
<tr>
<td>SEATTLE</td>
<td>Young Onset</td>
<td><em>please contact facilitator for current location</em></td>
<td>2nd Tuesday of the month at 7:00 pm</td>
<td>Suzanna Eller</td>
<td>(206)938-8298 <a href="mailto:suzanna.eller@providence.org">suzanna.eller@providence.org</a></td>
</tr>
<tr>
<td>SEATTLE</td>
<td>Caregivers of Veterans</td>
<td>Seattle VA Medical Center 1600 S. Columbian Way Room 1D-146g (near the West Clinic)</td>
<td>Every Monday at 10:00 pm</td>
<td>Kris Fredrickson</td>
<td>(206) 764-2188 <a href="mailto:kris.fredrickson@va.gov">kris.fredrickson@va.gov</a></td>
</tr>
<tr>
<td>SEATTLE</td>
<td>Caregiver</td>
<td>Studio Evolve Pilates and Bodywork 333 Wallingford Ave N</td>
<td>2nd Tuesday of the month at 1:00 pm</td>
<td>Carin Mack</td>
<td>(206) 230-0166 <a href="mailto:socialwkr@earthlink.net">socialwkr@earthlink.net</a></td>
</tr>
<tr>
<td>SEATTLE</td>
<td>General</td>
<td>Horizon House 900 University Street</td>
<td>4th Monday of the month at 1:00 pm</td>
<td>Carin Mack</td>
<td>(206) 230-0166 <a href="mailto:socialwkr@earthlink.net">socialwkr@earthlink.net</a></td>
</tr>
<tr>
<td>SEATTLE</td>
<td>Atypical PD (MSA, PSP, CBD)</td>
<td>Lindeman Pavilion at Virginia Mason 1201 Terry Ave</td>
<td>4th Monday of the month at 11:00 am</td>
<td>Carin Mack</td>
<td>(206) 230-0166 <a href="mailto:socialwkr@earthlink.net">socialwkr@earthlink.net</a></td>
</tr>
<tr>
<td>SEATTLE</td>
<td>General</td>
<td>University House Wallingford Northwest Conference Room, 1st Fl 4400 Stone Way N</td>
<td>2nd Thursday of the month at 2:30 pm</td>
<td>Susanne M. Rossi</td>
<td>(206) 470-8041 <a href="mailto:susanne.rossi@eraliving.com">susanne.rossi@eraliving.com</a></td>
</tr>
<tr>
<td>SEATTLE</td>
<td>General</td>
<td>The Hearthstone 6270 East Green Lake Way N</td>
<td>2nd Tuesday of the month at 2:00 pm</td>
<td>Erica Campbell</td>
<td>(206) 774-5173</td>
</tr>
<tr>
<td>SEATTLE</td>
<td>General</td>
<td>Providence Mt. St. Vincent 4831 35th Ave SW</td>
<td>1st Tuesday of the month at 2:30 pm</td>
<td>Suzanna Eller</td>
<td>(206) 938-8298 <a href="mailto:suzanna.eller@providence.org">suzanna.eller@providence.org</a></td>
</tr>
<tr>
<td>SEATTLE</td>
<td>General</td>
<td>The Kenney Retirement Community 7125 Fauntleroy Way SW</td>
<td>4th Monday of the month at 2:00 pm</td>
<td>Michael Byus</td>
<td>(206) 937-2800 ext. 5232 <a href="mailto:MBByus@TheKenney.org">MBByus@TheKenney.org</a></td>
</tr>
<tr>
<td>SEATTLE</td>
<td>General</td>
<td>Arrowhead Gardens 9200 2nd Ave SW</td>
<td>3rd Thursday of the month at 10:00 am</td>
<td>Dagmar Cronn</td>
<td><a href="mailto:cron@oakland.edu">cron@oakland.edu</a></td>
</tr>
<tr>
<td>SPOKANE</td>
<td>General</td>
<td>Deaconess Health &amp; Education Center 800 West 5th Ave</td>
<td>2nd Wednesday of the month at 1:30 pm</td>
<td>Cyndi Cook</td>
<td>(509) 473-2490 <a href="mailto:center@spokaneparkinsons.org">center@spokaneparkinsons.org</a></td>
</tr>
<tr>
<td>SPOKANE</td>
<td>Young Onset</td>
<td><em>contact group leader for time and location information</em></td>
<td>2nd Thursday of the month at 7:00 pm</td>
<td>Suzanna Eller</td>
<td>(206)938-8298 <a href="mailto:suzanna.eller@providence.org">suzanna.eller@providence.org</a></td>
</tr>
<tr>
<td>STANWOOD</td>
<td>General</td>
<td>Stanwood Senior Ctr; ctr social room 7340 278th Street NW</td>
<td>2nd Monday of the month at 10:00 am</td>
<td>Victoria Kelly and Ginger Dollarhide</td>
<td>(425) 422-1067 <a href="mailto:kellytori7@gmail.com">kellytori7@gmail.com</a></td>
</tr>
<tr>
<td>TACOMA</td>
<td>General/Voice</td>
<td>Tacoma Lutheran Home 1301 N Highlands Parkway</td>
<td>3rd and 4th Friday of the month at 11:30 am</td>
<td>Sharon Jung</td>
<td>(253) 752-7112 <a href="mailto:psnhogan@aol.com">psnhogan@aol.com</a></td>
</tr>
<tr>
<td>VANCOUVER</td>
<td>General</td>
<td>The Quarry Senior Living Marble Room (2nd Floor) 415 SE 17th Ave</td>
<td>2nd Tues. of the month at 12:15 pm &quot;bring brown bag lunch, snacks and drinks provided&quot;</td>
<td>Maria Jokela</td>
<td>(360) 944-6000 office/ (503) 290-4443 cell <a href="mailto:mjokela@thequarryliving.net">mjokela@thequarryliving.net</a></td>
</tr>
<tr>
<td>VANCOUVER</td>
<td>Caregiver</td>
<td>The Quarry Senior Living Private Dining Room (1st floor) 415 SE 17th Ave</td>
<td>2nd and 4th Tuesday of the month at 1:30</td>
<td>Maria Jokela</td>
<td>(360) 944-6000 office/ (503) 290-4443 cell <a href="mailto:mjokela@thequarryliving.net">mjokela@thequarryliving.net</a></td>
</tr>
<tr>
<td>VASHON</td>
<td>General</td>
<td>Vashon Lutheran Church Fellowship Hall, 18623 Vashon Hwy SW</td>
<td>1st Friday of every month</td>
<td>Steve Steffen</td>
<td>(360) 663-2768 <a href="mailto:steve_steffen@yahoo.com">steve_steffen@yahoo.com</a></td>
</tr>
<tr>
<td>WENATCHEE</td>
<td>General</td>
<td><em>contact group leader for information</em></td>
<td>3rd Tuesday of the month at 2:00 pm</td>
<td>LaVerne Armitrout</td>
<td>(509) 884-6833 <a href="mailto:condovikings@gmail.com">condovikings@gmail.com</a></td>
</tr>
<tr>
<td>WENATCHEE (EAST)</td>
<td>Caregiver</td>
<td>Aging and Adult Care Center</td>
<td>4th Tuesday of the month at 2:00 pm</td>
<td>Marilyn Jorgensen</td>
<td>(509) 663-2768</td>
</tr>
<tr>
<td>WHIDBEY IS. (NORTH)</td>
<td>General</td>
<td>Cherry Hill Clubhouse 549 NW 12th Loop</td>
<td>1st Friday of the month at 1:00 pm</td>
<td>Carolyn Hansen</td>
<td>(360) 279-1785 <a href="mailto:wchansen92@comcast.net">wchansen92@comcast.net</a></td>
</tr>
<tr>
<td>WHIDBEY IS. (SOUTH)</td>
<td>General</td>
<td>South End Senior Center</td>
<td>2nd Tuesday of the month at 10:00 am</td>
<td>Carolyn Hansen</td>
<td>(360) 279-1785 <a href="mailto:wchansen92@comcast.net">wchansen92@comcast.net</a></td>
</tr>
</tbody>
</table>
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Noor & Bibi Aaf
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Marie Anchordoguy
Les Apigian
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Robert Ballinger
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Barbara & John Brassfield
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Aaron & Ginadora Brown
Camie Bruns
Eric Camplin
Beth Carlyle
Arthur Carrier
Lisa Clausen
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Tamera Van Ness & Dean Desilet
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R. Paul Carter (Virginia Davies, Donald & Elane Anderson)
Carol Ruth Erb (Raymond D. & Audrey Gay Geist)
Jerry Grafa (Nancy Courtright)
Ellen Hauge (William & Cora Auerswald)
Joe Jay (Nancy Courtright)
Henry H. Judson Jr. (Phillip Gladfelter)
Stell McNeean (Shirley Custer)
Beverly Murphy (Lois & Alan Sands)
Kathleen Myhre (Glenn Myhre)
Uncle Dick Nies (Patti Nies)
Evelyn Prewitt (Ivan & Betty Hess)
Robert Vernon Unglaub (Anonymous)
Phyllis Hinkins Wilbur (James R. Walesby)
IN HONOR OF (AND DONOR)
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Gordon & Coral Lee Johnson (Betsy Lardent)
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Rock This Sway/Amie Schumer
Seattle Foundation
Swedish
Teva Pharmaceuticals
Trident Seafoods
Virginia Mason

Thank you for your generous donations
Donations received January 2013–August 2013
HOPE Conference Registration

Saturday, November 16, 2013
Meydenbauer Convention Center
11000 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 or Vegetarian: Marinated Portobello with Pesto
Aioli and Farro Salad

Please indicate meal choice:
Attendee 1: __________________________________
Attendee 2: __________________________________
MARK your CALENDARS!

NOVEMBER 16 2013

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

HOPE Conference
www.pdhope.org

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 top-notch 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

<table>
<thead>
<tr>
<th></th>
<th>Wenatchee, WA</th>
<th>Ellensburg, WA</th>
<th>Lewiston, ID</th>
<th>Moses Lake, WA</th>
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<tbody>
<tr>
<td></td>
<td>October 22nd, 2013</td>
<td>October 23rd, 2013</td>
<td>More information coming soon!</td>
<td>More information coming soon!</td>
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<td>11:30 am – 2:30 pm</td>
<td>11:30 am – 2:30 pm</td>
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<td>Wenatchee Convention Center</td>
<td>Hal Holmes Community Center</td>
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<td></td>
<td>Grand Apple Ballroom North</td>
<td>209 N Ruby St.</td>
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<td>121 N Wenatchee Ave</td>
<td>Ellensburg, WA</td>
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<td>Wenatchee, WA 98801</td>
<td>98926</td>
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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!
YES! I want to help “ease the burden, and find the cure” for Parkinson’s Disease.

ENCLOSED IS MY TAX-DEDUCTIBLE GIFT OF: (CHECK BOXES)

☐ $25  ☐ $50  ☐ $100  ☐ $250  ☐ $500  ☐ $1000  ☐ Other amount

☐ My employer will match my gift
☐ Please send me information on wills and how a bequest can support WA APDA.
☐ I’m interested in learning more about Parkinson’s Disease.
   Please send me information.

This gift is given in honor of/in memory of

Please notify the individual(s) listed above

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<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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Donor’s name

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<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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Email address

Please clip and return with your check, made payable to: WASHINGTON APDA

Send checks to us at
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Seattle, WA 98175

To donate by credit/debit card, please visit our website
WWW.WAPARKINSONS.ORG or call 425.243.2732

Thank you for your generosity!

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.