

# Parkinson's Perspective



## There's Good News and Bad News...

The past year has seen the introduction of two new medications for the treatment of Parkinson's disease, and two other medications could be approved next year. The good news—more options for the patient. The bad news—more options for the physician. Really, it's not bad news, but more options can cause confusion about what treatment to use and when.

More medical options could mean patients may be delayed in receiving more effective therapies, such as Deep Brain Stimulation (DBS) surgery. Evidence shows that DBS surgery in younger and more mildly affected patients is more effective than the best medical treatment. Thirty years ago, managing Parkinson's disease was easier for the physician but much harder for the patient.

With all the medications, new and old, there are nearly a thousand possible combinations. Most of the clinical research on the new treatments does not compare them to other alternative treatments, so the physician is left to his or her judgment as to which medication, or combination of medications, is more appropriate in each patient's situation. The best judgment requires considerable experience and, more importantly, knowledge that goes well beyond information provided by clinical trials. Unfortunately, some physicians are not sufficiently trained in new treatments, and continuing medical education is largely ineffective. Compounding this problem is a recent trend that discourages the exercise of judgment that attempts to fill in the gaps in formal clinical research that is inevitable.

Many physicians still treat newly diagnosed patients with levodopa (such as in carbidopa/levodopa, Sinemet®, and Stalevo). However, for over ten years, data has shown that levodopa makes patients feel better faster than the alternatives, but it greatly increases the risks of long-term complications. Levodopa is an important medication, and most patients will need and benefit from levodopa at some point. However, it is in the best long-term interest of newly diagnosed patients to delay and minimize its use.

It is interesting to hear the reasoning of some physicians regarding the use of levodopa. Some are compelled to use it by a patient's demands to feel better as quickly as possible. However, it has been my experience that most, if not all patients, once the alternatives are explained, will choose options that are best in the long term.

The newest medication approved by the FDA is transdermal

rotigotine (the market name is Neupro). Transdermal means it can be absorbed through the skin when used as a patch. It offers significant advantages over oral medications, the biggest advantage being that it lasts 24 hours and is taken (applied) once a day. The transdermal rotigotine lasts throughout the night and into the next morning. Other medications, such as levodopa, last only a short time, which causes trouble for patients upon awakening during the night and in the morning.

The main disadvantage of the transdermal rotigotine is the chance of skin irritation. This means the patch is a bit complicated (see the article on tips for using transdermal rotigotine [Neupro] on page 5). Fortunately, we have excellent nurses and nurse practitioners, who can educate patients, family members, and caregivers on its proper use.

It is important for patients, family members, and caregivers to have a frank and full discussion with the treating physician. If a patient is not doing well despite the physician's best efforts, it is important to seek a second opinion from an expert in Parkinson's disease.

A handwritten signature in black ink that reads 'Erwin B. Montgomery Jr.'.

Erwin B. Montgomery Jr., M.D.  
Medical Director, APDA Information and Referral Office  
University of Wisconsin-Madison

### Electronic Newsletter

If you would like to receive the newsletter via email, please let Jessica know at [parkinsons@neurology.wisc.edu](mailto:parkinsons@neurology.wisc.edu). Otherwise it will still be delivered via the post office.

*Parkinson's Perspective is published three times a year for Parkinson's patients, their families, and caregivers. It is produced by the APDA Information and Referral Office. If you no longer wish to receive this newsletter, please call 608-263-7991.*

—Jessica Hahn, editor

This newsletter is intended for educational purposes only and should not be interpreted as providing medical recommendations. Patients are advised not to change their treatment without the advice and consent of their treating physician. The editor of the newsletter is solely responsible for its content.

# Parkinson's Patients Who Eat a Balanced Diet Are Better Looking!

OK, this may not be completely true. With daily news reports about the effect of diet on health, it is surprising to realize very little is known about the relationship between eating habits and Parkinson's disease (PD). It is widely accepted that dietary changes alone will not cure PD; therefore, there is not much research about the subject. Experts agree, however, that it is important for their patients to eat well and follow a balanced diet plan, and people with PD should heed this warning more than most, because a poor diet can certainly underscore disabilities. Here is a guide to some of the commonly asked questions about nutrition and PD.

## Loss of appetite

Nausea and loss of appetite are common in PD patients and can lead to malnutrition because of the patient's inability to eat. The disease itself can cause these symptoms, because the stomach is emptying slower than usual, or because the sense of taste or smell is diminished. These symptoms also can be caused by medications prescribed for PD, which may cause nausea or constipation. Eating small, frequent meals and snacks, rather than filling up your stomach at one sitting, may improve a smaller appetite.

Sometimes, you may feel nauseated after taking your carbidopa/levodopa. If this is the case, your physician can increase the carbidopa or prescribe donperidone for the nausea. Another reason patients with PD may eat less is because they may need to eat more slowly due to difficulty swallowing. Eating soft foods instead of solids or liquids may cause fewer swallowing problems and less choking. Eating well may take extra effort, but don't skip out on your nutrition because it takes a little extra time at meals.

## Protein intake

You may be aware that there is an interaction between the medication carbidopa/levodopa (Sinemet®) and protein in the diet. When carbidopa/levodopa is taken at the same time a high-protein meal is eaten, the absorption of the drug can be greatly reduced, usually leading to more PD symptoms. It is best to take your medication consistently with regard to meals. Usually, you will be counseled to take it 30 minutes before eating. If this is not possible due to medication side effects, it is still important to avoid taking the medication with a meal or snack high in protein. High-protein foods include meat, fish, nuts, milk, cheese, and yogurt. Lower-protein foods include fruits and vegetables and most breads and pastas. Patients should not stop eating protein altogether, or the body will break down its own tissue to get the essential amino acids. Patients who find that protein in their meals affects their Parkinsonism should consult their physician, who may then make a referral to a nutritionist.

In conclusion, most doctors advise their patients to adhere to a healthy, balanced diet rich in fruits and veggies, 4–8 glasses of liquid per day, and plenty of exercise to keep the body strong and fit. Doctors also counsel against having unreasonable expectations about diet, as it seems unlikely that the cause or treatment of PD resides in nutrition.

*Sheila Aton, Pharm.D*

## Mentor Program

Being newly diagnosed with Parkinson's disease can be frightening and confusing. We are starting a mentor program to pair individuals with others who have the disease. If you would like to be a mentor, please contact Jessica at 608/263-7991 or parkinsons@neurology.wisc.edu.

## Here to Serve You!!

The American Parkinson disease Association Information and Referral Office is here to serve you. We have a wealth of information: books from APDA that are available free of charge; a list of Wisconsin support groups; a list of neurologists who specialize in Parkinson's Disease; and any information you are looking for about Parkinson's Disease. Our mission is "to ease the burden, to find the cure," and that is what we want to do: ease as much of the burden as we can for you. Please contact Jessica Hahn at 608/263-7991 or parkinsons@neurology.wisc.edu for more information.

## For Your Reference:

APDA National Office  
135 Parkinson Avenue  
Staten Island, NY 10305  
800/223-2732

# Low-Tyramine Diet

With the release of the new drug rasagiline (Azilect®), much has been written about the requirement to adhere to a low-tyramine diet. This is a Food and Drug Administration recommendation and not a requirement. It is the opinion of many experts that it is not a significant issue, because this restriction was not part of the drug trial. For those of you interested in information about a low-tyramine diet, information follows.

## GENERAL INFORMATION

**What is it?** Tyramine (TIE-ruh-meen) is a harmless chemical found in all foods. It may be found in larger amounts in aged foods or those that contain a lot of yeast.

Eat fresh, freshly cooked, or canned foods. Do not eat foods that are aged or stored for long periods of time. Foods and ingredients not on these lists are OK to eat.

Avoiding these foods is very important, because they may combine with your drug treatment to cause an unsafe rise in blood pressure. Even after drug treatment has ended, you should avoid these foods for two to three weeks due to small amounts of drug still active in your system.

## These foods should be avoided:

- All aged and fermented cheeses and cheese spreads (Bleu, brick, Brie, Camembert, cheddar, Emmantaler, Liederkranz, mozzarella, Parmesan, Roquefort, Stilton)
- All foods containing the cheeses listed above (pizza, lasagna, salad dressings)
- All aged, smoked, dried, salted, pickled, and fermented (hard) meats and fish (bologna, country-cured ham, salami, summer sausage, pepperoni, pickled herring)
- Broad beans (Chinese pea pods, Italian broad beans, fava beans, English bean pods)
- Fermented soy products, such as miso
- Sauerkraut
- Sourdough, fresh home-baked, and yeast-leavened breads
- Spoiled food. Bacterially contaminated foods must be avoided. All foods should be properly handled, prepared, stored, and served to prevent bacterial contamination. Perishable food should be eaten within 72 hours, because prolonged storage and contamination increases the tyramine levels in foods.
- Overripe fruit, banana peels
- Champagne, ale, sherry, burgundy, Chianti, vermouth, beer that is cloudy with large amounts of yeast
- Meat and yeast extracts that may be found in dry-packed and canned soup mixes, instant soup powders and bases, bouillon cubes, meat tenderizers, liquid and powdered dietary protein supplements, brewer's yeast.

**Note:** Cottage cheese, ricotta cheese, and cream cheese are safe. Fresh sausage and processed luncheon meats may be eaten. Baked products with yeast (other than bread) can be eaten freely.

## These foods should be used in moderation:

- Avocados, bananas, canned figs, raisins, raspberries, red plums
- Soy sauce (1/8 cup maximum), teriyaki sauce
- Port wine, red wine, white wine, distilled spirits
- Yogurt (1 cup maximum)
- Coffee, tea, and soft drinks that contain caffeine (Pepsi®, Coke®, Dr. Pepper®, Mountain Dew®) should be limited to two 8-ounce servings per day
- Chocolate (1 ounce maximum), cocoa, chocolate drinks
- Sour cream (1/4 cup maximum)
- Canned meats, canned fish
- Caviar
- Liver sausage and pâté (limit to 1 ounce)

**Note:** Non-cola drinks (7-Up®, Sprite®) can be used freely.

Caffeine and other substances in coffee, tea, cola, cocoa, and chocolate can cause a high blood pressure reaction or jitteriness. Slowly introduce foods and beverages with these ingredients. Start with one cup per day and increase to two cups per day if tolerated.

Food components such as alcohol and caffeine may interact with tyramine to produce adverse reactions and should be restricted or eliminated. Caffeine in coffee, tea, and soft drinks aggravates symptoms of headache and hypertension in many persons. Some alcoholic beverages, chocolate, and products made with chocolate may provoke adverse reactions, because they are high in other amine compounds.

Herbal teas and herbal supplements should be used with caution, because they may interfere with medicine and contain tyramine.

Alcoholic beverages should be used cautiously. When drinking any alcoholic beverage, start with a small amount, such as one tablespoon of liquor. If no unusual effects are evident within one hour, you may drink alcoholic beverages in moderation. If unusual effects occur, stop drinking and call your doctor. Many people find they can have one to two drinks up to three to four times a week without problems.

## Symptoms of high blood pressure (hypertension):

Some symptoms of high blood pressure are nausea/vomiting, facial flushing, ringing in the ears, sweating, weakness, dizziness, headache, apprehension, restlessness, chest pain, shortness of breath, and pounding heartbeat. These symptoms occur in many other illnesses or as the result of anxiety. If you have any of these, see your doctor and have your blood pressure checked.

*Sheila Aton, Pharm.D*

# When the Pills Don't Help Enough

People with Parkinson's disease (PD) will soon have a new treatment option available. Schwarz Pharma has developed a new dopamine agonist, rotigotine, formulated in a transdermal patch delivery system. This new agent has undergone several clinical trials and has shown promising results. It was released in July of this year under the name Neupro.

Rotigotine is a dopamine agonist similar to pramipexole and ropinirole. These agents help treat the symptoms of PD by boosting the failing dopamine system. Whereas carbidopa/levodopa essentially replaces or restores dopamine levels, dopamine agonists go to the dopamine receptors (the sites of action) and activate them similar to the way dopamine would. The result is that motor symptoms such as tremor, rigidity, and slowness (bradykinesia) may improve.

Rotigotine differs from currently available dopamine agonists by its novel delivery system. It is available in a patch that is worn on the skin and is not available as a pill. It has been formulated in a drug-loaded matrix that is applied to skin and left in place for 24 hours. The medication is continuously released, absorbed through the skin and into the blood stream. Additionally, rotigotine differs from pergolide and cabergoline (recently cited as causing significant heart problems) by not stimulating receptors thought to be involved in the development of heart valve problems.

Clinical trials are being done in people with early PD and advanced PD. Currently, improvements in motor symptoms were seen in people receiving rotigotine compared to people receiving placebo. This was measured by seeing a decrease in a subset

of scores in the Unified Parkinson's Disease Rating Scale (UPDRS). In this scoring system, a lower score means better function. The major side effect reported was application site reactions, and in some cases, this did result in discontinuation of the medication. Other common side effects were consistent with other dopamine agonists, including nausea, dizziness, and somnolence.

Potential advantages to the rotigotine patch are that the continuous-drug-delivery system will result in better symptom control with decreased symptom fluctuation. The once-daily dosing is more convenient and will improve compliance. There are no pills to swallow, which avoids problems for people with swallowing difficulties. It bypasses the gastrointestinal system for absorption, so there are no issues with food absorption or gut absorption/malabsorption.

One particular area of great interest is to see if the rotigotine patch will result in fewer motor complications, especially dyskinesias. Theoretically, continuous drug stimulation of the dopamine receptors should result in decreased wearing-off episodes. In addition, since it is thought that pulsatile or discontinuous stimulation of the dopamine receptors contributes to dyskinesias, the rotigotine patch should lessen the risk of developing dyskinesias due to its continuous-release delivery system. The ongoing clinical trials are monitoring for these effects as well as any further side effects or adverse events.

Although, it is not a cure and side effects may occur, the rotigotine patch is an exciting new development and treatment option for those living with PD.

—Laura Buyan Dent, M.D., Ph.D.

## Orally Disintegrating Selegiline

This year, Valeant is marketing a new preparation of selegiline, an oral disintegrating tablet called Zelapar. This medication is dissolved under the tongue once daily in contrast to the selegiline pill, which is swallowed twice daily. Once absorbed into the bloodstream from the stomach and intestines, the (old) pill form of selegiline immediately passes through the liver, where it is broken down, partially into amphetamines. Orally disintegrating selegiline (Zelapar) is absorbed through the mouth into the blood and does not pass through the liver, eliminating this "first pass" breakdown effect. Orally disintegrating selegiline allows less selegiline to be taken at each dose, which can reduce the side effects of selegiline.

Valeant has conducted a study that shows that taking orally disintegrating selegiline reduces symptoms of Parkinson's disease. Patients with advanced Parkinson's who experienced an average of seven hours of off-time per day were enrolled in the study. Of those patients, 94 took orally disintegrating selegiline in addition to their usual treatment regimen, and 46 received placebo. The patients who took orally disintegrating selegiline experienced an average of 2.2 hours per day less off-time than before orally disintegrating selegiline, while patients who took placebo experienced 0.6 hours less off time. Levodopa doses were reduced in about one-fifth of patients in both groups.

Selegiline inhibits breakdown of dopamine and other neurotransmitters in the brain and is useful for treating depression. Selegiline can prevent damage to dopamine neurons from specific toxins. Partly for this reason, selegiline was theorized to potentially slow the progression of Parkinson's disease. This theory was investigated in the large DATATOP study. The results of this study, in terms of the benefits of selegiline in Parkinson's disease, remain controversial. If you have any questions about orally disintegrating selegiline, please consult your physician.

—Catherine Gallagher, M.D.

## Transdermal Rotigotine

1. Where to place patch: Areas that seem to work the best are upper arms, shoulders, stomach, sides below the ribs, thighs, and hips.
2. Press the patch firmly to the skin for 20-30 seconds after applying to make sure there is good contact, especially around the edges.
3. Develop a pattern with a different patch position for every day for 14 days. A simple routine will ensure that patch use is distributed evenly around your body.
4. Curves are okay, folds are not. Look for relatively smooth areas of skin, free of hair, rashes, or other irritation. If you need to shave an area, wait at least three days before applying the patch.
5. Stay away from areas under belts, waistbands, and other tight clothing. These can rub against the edges and loosen the patch.
6. Do not apply creams, lotions, oils, or powders to the skin area where the patch will be placed.
7. Put it on and forget about it until the next day. The patch is designed for continuous wear during all your usual activities, such as swimming and exercising.
8. The patch may be worn during exercise and in the shower or pool. Because applying heat (e.g., a heating pad, sauna, or hot bath) to the patch may increase the amount of drug absorbed, do not apply heating pads or other sources of heat to the patch. Direct sun exposure of the patch should be avoided.

## TRAVEL TIPS

### Traveling Safely With Your Meds

If you are planning a trip, especially if you will be traveling abroad, here are some steps you can take to make your travel as hassle-free as possible:

- **Make sure you have written copies of all your prescriptions, including the generic name of each medication.** The generic name is important because there may be medications with names that sound similar to the brand name of your drug but are completely different medications. If you lose your medication, a local pharmacist should be able to help you if you can present a copy of the prescription, including the generic name.
- **Carry a note from your physician that includes office contact information.** This is especially important if any of your medications is a controlled substance (e.g., Vicodin, Ambien, hydrocodone) or must be injected (e.g., insulin).

- **Keep all medications in their original labeled containers.** This includes over-the-counter products like aspirin, vitamins, and herbal products.
- **Keep all your medications in your carry-on luggage.** This will enable you to access them if there is a delay or if your checked luggage is lost.

Some prescription medications are considered over-the-counter in other countries and will be relatively easy to replace. Others may not be widely available and may be more difficult to replace. If you will be traveling out of the United States, it might be useful to check the Internet to see if your medications are available in countries you will be visiting.

With your regular medications safely at hand and back-up plans to replace them in case of emergency, you'll be able to relax and enjoy your trip.

\* Adapted from "Ask the Pharmacist," in the *Parkinson's Perspective* Newsletter, September/October 2005, *Parkinson's Resources of Oregon*

## MEET THE STAFF

### Pat Wafer, RN

Pat Wafer, RN, has been the nurse clinician for the UW Movement Disorders program since 2004. Prior to that, she was a staff nurse with Meriter Hospital for 27 years. Pat graduated from Franciscan Medical Center School of Nursing in 1975. Her nursing experience includes psychiatric, surgical, and dialysis nursing. UWMC has a commitment to providing clinic patients with a primary nurse, and Pat functions in that role for the Movement Disorders program. Pat spends most of her time helping patients manage their symptoms and movement disorder-related problems over the phone, so she really enjoys a chance to meet patients when they come for clinic visits. She said, "The best part of my job is getting to know patients as individuals and trying to help solve the many problems encountered by patients with movement disorders."

## FROM THE EDITOR

Recently, the Food and Drug Administration (FDA) approved new medications for Parkinson's disease, which is a move in the right direction of easing the burden of people with Parkinson's disease. Since a cure for Parkinson's won't happen as soon as some may like, any medication that will help people now is huge. Why suffer from the symptoms of this disease if you can have some relief to help you get through your day?

People react differently to medications. For instance, most people can tolerate carbidopa/levodopa, but my grandmother discovered she was allergic to it. I learned from Dr. Montgomery that, when this happens, it is most likely the carbidopa or the fillers/dyes that cause an allergic reaction. If this is the case, there are other medications that can be used with the levodopa, so patients can receive relief from their symptoms and not be nauseated.

Contact your doctor any time you have questions about your medication or if you want to know more about new medications on the market. Also, don't hesitate to contact your doctor if you experience any problems with your medications. The more you put off talking to your doctor, the more you may suffer or be unable to move.

*Note: It was recently determined that my grandmother was misdiagnosed; she does not have Parkinson's disease, but essential tremors.*

—Jessica Hahn, Coordinator  
APDA Information & Referral Office

## Greetings

The last few months have been busy. We'll bring you up to date on what's been happening and plans for future activities for our Parkinson's community. In September, we proudly marked the two-year anniversary of the chapter's charter, and membership is increasing steadily. Don't miss the application form in this newsletter if you'd like to be part of our work.

Generous friends of the Parkinson's community have combined civic-mindedness with athletic and recreational activity to benefit the chapter and help in our efforts "to ease the burden, to find the cure." As the chapter grows, we'll be planning more fundraising events. All funds are used for research, chapter activities, and providing educational material to carry out our mission.

## 2007 Fall Symposiums

On Sunday, August 19, Dr. Erwin Montgomery, Jr., Jessica Hahn, and Floyd Carlstrom traveled to Rockford, Illinois, for the year's first Parkinson's symposium. It was held at the Clock Tower Resort and was attended by 102 patients, families, and caregivers. Dr. Montgomery's presentation was followed by a question-and-answer period. Other symposiums were held in Eau Claire, Madison, and West Bend.

## Ironman

The 2007 Ford Ironman Wisconsin triathlon was held Sunday, September 9, a beautiful late summer day, and in our estimation, Greg Kopan of Madison is "Ironman of the Year."

An important part of the Ironman competition is the Janus Charity Challenge, through which athletes can raise money for their favorite cause, using fundraising tools provided by Janus. Greg raised \$16,000 for the Wisconsin Chapter APDA in honor of his brother-in-law, Dale Carlstrom, of Mount Horeb. On Sunday, October 7, the chapter's first Caregiving Spirit Award was presented to Greg and Diane Kopan in recognition of their efforts to solicit dozens of generous sponsors who contributed to our work "to ease the burden, to find the cure."

## North Central Young Parkinson's

Do you or a family member or a friend have young-onset Parkinson's disease? Do you want to meet and connect with others affected by PD? Do you want to get out and try new activities with a group? Then this is for you.

Lindsey Carlstrom is forming a young Parkinson's activity group in North Central Wisconsin. Participants will meet once a month for different activities, such as hiking, biking, bowling, skiing, boating, volleyball, horseshoes, snowshoeing, and more. If you're interested, please contact Lindsey at 608/843-7696 or lacarlstrom@gmail.com.



## BOARD PROFILE

### Karen Bindl, Treasurer

We are pleased to introduce Karen Bindl, the new board treasurer. Karen is a business consultant at Alliant Energy in Madison. She served in a treasury management role at Dean Health System for ten years prior to joining Alliant Energy. Karen earned her MBA from Cardinal Stritch University and her BBA from UW-Madison. She was granted her CPA license from the State of Wisconsin.

Karen and her family have lived in Sun Prairie for the past 27 years. Her husband, Tom Bindl, teaches at Royal Oaks Elementary School in Sun Prairie. Their son, Aaron, is pursuing a mathematics degree, and their daughter, Sara, is pursuing her accounting degree.

The board is very grateful that Karen chose to lend her expertise, talents, and good humor to the chapter and the Parkinson's community.

## New Support Group

A new Parkinson's support group was formed in Waunakee and met for the first time on October 23. The group meets the fourth Tuesday of the month, 2-4 p.m., at the Village Center of Waunakee, 333 South Madison Street. For more information, please contact Jessica at (608) 263-7991 or parkinsons@neurology.wisc.edu.

## Riding for a Cure

In July, Captain Ron's in Pardeeville sponsored a Parkinson's benefit ride and raised over \$1,300.

On October 20, The Riley Tavern, in rural Verona, sponsored a "poker ride" and raised over \$1,000. Riders took off for Mount Horeb, Blanchardville, Pleasant Ridge, Cross Plains, and Pine Bluff, receiving a playing card at each stop. The rider with the best poker hand at the end of the ride won a prize. A plasma TV was raffled off, and all proceeds were earmarked for the chapter.

Thank you to the participants in these rides and to the proprietors who lent their businesses to benefit our cause.

## Picnic in the Park

Our first annual Membership Recognition Picnic took place July 11, at McKee Farms Park in Fitchburg. Vice President for Public Relations Gwenn Davies coordinated the event. She introduced the board members and spoke briefly about chapter goals. Greg Kopan spoke about the Ironman triathlon. Famous Dave's on Park Street donated sandwiches, plates, and utensils. Board members brought salads and desserts. Turnout was light this year, but we look forward to increasing future attendance.

## Medical Advisory Board

The Wisconsin Chapter APDA invited representatives of the medical community who work with movement disorders to serve on a Medical Advisory Board to assist the chapter in improving professional education around Parkinson's disease. Advisory members are Drs. Laura Buyan Dent, Marina Emborg, and Catherine Gallagher of UW Hospital and Clinics; Dr. Efrain Perez of the Dean System; and Nancy Ninman, RN, MS, APNP, Dr. Erwin Montgomery, Jr., and Sherri Zelazny, MA, CCC-SLP, of UW Hospital and Clinics.

The chapter Board of Directors and the Medical Advisory Board met June 15, 2007. The advisory board will prioritize recommendations from that meeting, and those recommendations will be used to form the work plan for the chapter and assist in determining where funding should be directed.

## GoodSearch

What if the Wisconsin Chapter APDA earned a penny every time you searched the Internet? Well, now we can! GoodSearch.com is a new search engine, powered by Yahoo!, that donates half its revenue, about a penny per search, to the charities its users designate. Use it just as you would any search engine.

## Wisconsin Chapter—American Parkinson Disease Association

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 chapter@wischapterapda.org • www.wischapterapda.org  
 National Website: www.apdaparkinson.org

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
 Phone: Cell ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Preferred Method of Correspondence: Email \_\_\_\_\_ Postal \_\_\_\_\_  
 Patient \_\_\_\_\_ Caregiver \_\_\_\_\_ Other \_\_\_\_\_  
 Put me on mailing/membership list: Yes \_\_\_\_\_ No \_\_\_\_\_  
 I would like to be involved with:  
 Support Groups \_\_\_\_\_ Fundraising \_\_\_\_\_ Walk-A-Thon \_\_\_\_\_ Board \_\_\_\_\_  
 Membership Drive \_\_\_\_\_ Other \_\_\_\_\_  
 Membership is renewed annually in September. The optional \$5 membership fee helps the chapter "ease the burden...find the cure."  
 \$5 \_\_\_\_\_ or Other \$ \_\_\_\_\_ (optional)  
 Please send application and donations to the above address or call 608/263-7991.  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

ALL DONATIONS ARE TAX DEDUCTIBLE

Go to www.goodsearch.com and enter American Parkinson Disease Association-Wisconsin Chapter as the charity you want to support. Just 500 of us searching four times a day would raise \$7,300 in a year without anyone spending a dime. Be sure to spread the word!

## Hope Blooms Eternal

The chapter's first annual Parkinson tulip bulb sale was held during the summer. Orders were taken in July, and bulbs were delivered for fall planting. Coordinated by board member Lindsey Carlstrom, we sold 1,470 tulip bulbs and raised about \$300.

The red-and-white Parkinson tulip is a symbol of hope for a cure. A Dutch horticulturalist, who had Parkinson's disease, developed the tulip in 1980, naming it after Dr. James Parkinson, who described the condition in his 1817 "Essay On The Shaking Palsy." We hope our bulbs grow into a successful annual fundraiser, so watch for information on next year's sale in the Spring 2008 issue of Chapter News.

## BECOME A MEMBER TODAY!

*The Wisconsin Chapter APDA is a not-for-profit, voluntary organization committed to raising public awareness of Parkinson's Disease and dedicated to easing the burden on Parkinson's patients, families, and caregivers.*

### PUBLICATIONS

Use this order form or call (608) 263-7991.

- \_\_\_\_\_ **Basic Information about Parkinson's Disease** (4-page brochure)
- \_\_\_\_\_ **Parkinson's Disease Handbook** (symptoms, causes, treatment; 40-page booklet)
- \_\_\_\_\_ **Be Active** (25-page exercise program for people with Parkinson's Disease)
- \_\_\_\_\_ **Be Independent** (32-page booklet on equipment and suggestions for daily living activities)
- \_\_\_\_\_ **Speaking Effectively** (34-page booklet on speech and swallowing problems with Parkinson's)
- \_\_\_\_\_ **Good Nutrition in Parkinson's Disease** (26-page booklet)
- \_\_\_\_\_ **Young Parkinson's Handbook** (78-page booklet)
- \_\_\_\_\_ **How to Start a Parkinson's Disease Support Group** (24-page booklet)
- \_\_\_\_\_ **Aquatic Exercise for Parkinson's Disease** (20-page booklet for patients and families)
- \_\_\_\_\_ **My Mommy Has PD... But It's Okay!** (20-page booklet for young children)

# Much-Needed Resource Book

Are you looking for resources to help with Parkinson's disease? The *Wisconsin Parkinson's Disease Resource Book* is for you. This book covers a wide variety of topics, including attorneys for elderly people, case managers, Lee Silverman Voice Therapists, where to find Medicare information, where to gain respite care, rehabilitation facilities, neuro-ophthalmologists, etc. If you would like to receive one of these books, please contact Jessica Hahn at 608/263-7991 or parkinsons@neurology.wisc.edu. There is no charge for the book, but any amount you are able to contribute to help defray the cost will be most welcome. Donations can be made out to University of Wisconsin. Please include a letter with the donation, indicating that it is for the book.

## QUESTIONS & ANSWERS

**Q:** Should Parkinson's patients avoid caffeine?

**A:** There are studies that suggest caffeine may help protect against PD, but no one would necessarily recommend it.

*\* Questions for this section may be sent to the editors. Answers are provided by Dr. Erwin B. Montgomery, Jr.*

## MEMORY & HONOR

*The following individuals have been recognized through donations to the chapter since the Summer 2007 issue:*

### *In Honor of...*

Neal and Helen Buteyn's 50<sup>th</sup> wedding anniversary  
Dale Carlstrom  
Jerry Luedtke and Pam Schneider's marriage  
Nancy Ninmann's retirement \*

*\*This is Nancy Ninmann, a patient, not Nancy Ninman, a nurse practitioner.*

### *In Memory of...*

Elsa Almeida	Dean Lance
Ed Anderson	Darlene Liptow
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