

PARKINSON'S PERSPECTIVE



Published by the Wisconsin Chapter APDA in cooperation with the APDA Information & Referral Center at St. Mary's Hospital, Madison.

UPCOMING EVENTS

Fourth Annual Chapter Picnic

Wednesday, July 14
Invitations for Chapter members are in the mail

Annual Chapter Membership Meeting

Wednesday, September 8
4-4:30 p.m.

St. Mary's Hospital, Bay 1

Immediately followed by

Shaking Up Parkinson's Disease Symposium

Wednesday, September 8
4:30-7 p.m.

St. Mary's Hospital, Bay 1

Mary's Wish Golf Outing

Sunday, September 26
Door Creek Golf Course
Cottage Grove
www.maryswishgolf.com

If you received this newsletter via mail and would like it electronically, please contact Jessica at 608/229-7628 or parkinson_assn@ssmhc.com.

APDA Walk-a-Thon a HUGE Success

By Cindy Douglas and Jessica Olejniczak, Walk Co-chairs



On April 18, 2010, the Wisconsin Chapter held its fifth annual Parkinson's disease walk-a-thon, and we surpassed our \$30,000 goal, raising **\$37,053.81**. All profits after expenses will go to APDA National for Parkinson's research. We could not have had such a successful event without all of you and our generous sponsors.

We extend a heartfelt thank you to our corporate sponsors: Teva Neuroscience, St. Mary's Hospital, Affiliated Engineers, Charter Business, In Step Mobility Products, M & I Bank, High Energy Mobile DJ, Research Products, Brightstar, S&J Home Care, and Kwik Trip, Inc.

Thank you to our wonderful volunteers: Bud Busch, Jane Busch, Gary Crapp, Jeffrey Crapp, Pamela Crapp, Dave Davies, Gwenn Davies, Whitney Davies, Tyler, Barb Dobie, Larry Dobie, Cynthia Douglas, Jimmy Douglas, Lisa Douglas, Jill Dumphy, Bill Freimuth, Lynn Freimuth, Lisa Hahn, Lois Hindhede, Joyce Kaping, Russ Kaping, Jane Leahy, Bob Nasett, Dale Ninmann, Mary Jane Ninmann, Nancy Ninmann, and Mitchell Puryear.

Thank you to the following companies and individuals who donated to our raffle: Trek, Fred Astaire Dance Studio, Mike Maly, UW Athletics, Amanda Nasett, Green Bay Packers, Steve Stricker, Matt Kenseth, Don and Dawn Wood, Maly Ceramic Tile Company, Norski Lawns, Forest Plumbing, Hands in Motion Massage, Blair Family Dental, Jane and Bud Busch, Mark Peters, Dale's Service and Refrigeration, Engelhart Center, Spectrum Brands, Door Creek Golf Course, Walmart, Barnes & Noble, Duluth Trading Company, Jodie Westimayer and Teresa Schuett, and Scott's Brewery Collectibles.



We also extend a huge thank you to Fletcher Keyes, with 94.9 FM, for emceeding our walk and to Pete the Stilt Guy for providing entertainment.

From the President

Michelle Ciucci



This is my first message in my new role as president of the Board of Directors of the Wisconsin Chapter APDA, and I would like to introduce myself. I am an Assistant Professor in the Department of Surgery-Division of Otolaryngology and the Department of

Communicative Disorders at the UW-Madison. The goals of my research are to develop behavioral treatment strategies unique to speech and swallowing deficits associated with Parkinson's disease (PD) as well as to understand the neurobiological processes that affect disease and therapeutic processes. I hope that understanding these differences will lead to better treatments and functional outcomes for persons with PD and other neurologic disorders. I was drawn to this particular research because my grandfather had PD. He died nearly 20 years ago, and I hope that I can make a contribution, albeit small, to improving the lives of those with PD. One of the ways I try to do that is by being part of an organization like the Wisconsin APDA.

I would like to thank Bill Walkington for his hard work for the past year and a half. The Board of Directors is made up of volunteers who donate their time and talents to serve the PD community. Bill has been a great asset to the organization, and although he will step down from the presidency, he will continue to serve on the board. I also would like to thank the other board members and I&R Center coordinator, Jessica Olejniczak, for their outstanding service.

When I joined the board two years ago, our numbers were smaller. We struggled with how to raise money and where to spend that money

to make the biggest impact in our community. We now have some exciting new programs and expanded ideas to raise funds. This is no small task for a grassroots organization! Our main functions are to sponsor support groups, publish a comprehensive resource manual and newsletters, provide free educational symposia, and support research at the national level.

We enthusiastically raise money through our annual walk-a-thon event in April. This year, we raised over \$37,000! This money goes to the National APDA, where it is pooled with other resources and awarded to the most qualified research programs after a comprehensive scientific review process. On a local level, we support those in our community affected by PD with respite care (in process) and a new exercise program. This summer, we are bringing in an expert on Parkinson's-specific exercise programs to instruct local trainers and physical therapists in order to provide free exercise classes for people with PD. As a neuroscientist and speech-language pathologist, I believe that exercise is an important part of wellness, and I am so glad that our organization is going to support exercise programs in the community.

Of course, all of these endeavors require time and money. Our next major fundraising events to support these local programs include a fall concert featuring local artist Beth Kille and a wine tasting at Blackhawk Country Club in February 2011.

I encourage all of you to get involved in any and all ways that you can. If you are not already, please become a chapter member. You can volunteer for the board or at any of our events. Please donate and encourage others to get involved. Feel free to contact me with any comments. I look forward to continuing to be part of this amazing community.

 FIND US ON FACEBOOK

From the Information & Referral Center

Jessica Olejniczak



No one knows what will happen from day to day, and that is even truer when you've been diagnosed with Parkinson's disease. You might be able to do something one day, and the next day, you might not be able to. This can be discouraging, and sometimes discouragement can make the Parkinson's more

noticeable. In circumstances like this, a positive attitude can come into play. There are people who, despite the disease, keep a positive attitude to get through their days.

Neither can one control everything in life, even without Parkinson's disease. When it comes right down to it, many of the things outside our control are "little things" and unimportant, so why worry about them? You still have your life. There may be bumps in the road, but that's life.

While PD may limit your physical abilities, it also can challenge you mentally by requiring you to find new ways to function. Doing things as you always have may not work as well as in the past. You may have to think of how to do things differently, maybe even a way you've never tried before. This can help you achieve the things you always have achieved and help you accomplish things you never thought you could.

How we choose to deal with what happens in life helps determine the outcome and how people look at us. Feeling sorry for yourself will put you in a bad mood, which may make people uneasy around you. Making light of a situation might be helpful. For example, when making someone a drink, you could say, "I'm sorry, but tonight your drinks will be shaken, not stirred."

Keep busy and try new things. Consider volunteering or taking up a new hobby, like knitting. Working with your hands helps you keep fine motor skills longer. It also could help you have a positive attitude about accomplishing something you've never done before.

A woman told me that she finds her quality of life has improved with Parkinson's. Think about that for a minute. This is a fast-paced world, and people don't take time to "smell the roses." With Parkinson's disease, you now have the time to take things slowly and do the things you have wanted to do but haven't had time for. Not everything has to be perfect; just enjoy doing the things you want to do. Everyone has difficulties, but how we choose to deal with them determines our state of mind.



Wisconsin Chapter Part of Community Health Charities

The Wisconsin Chapter of the American Parkinson Disease Association is proud to announce that the chapter is now a member of Community Health Charities. Community Health Charities is a federation of America's premier health organizations that have joined together to raise charitable contributions in the workplace. Please keep us in mind as a place to donate to in the fall when you receive your annual workplace campaign information.



Racial and Geographic Variation in Parkinson's Disease

From an article in Link, newsletter of the APDA St. Louis, Missouri,

Chapter, February 2010. Used with permission from Deborah D. Guyer, Editor, and Allison Wright Willis, M.D.

*Research by Dr. Willis provided information about Parkinson's disease rates in the United States by race and region of residence. Dr. Willis is an Assistant Professor of Neurology at Washington University School of Medicine. Her clinical areas of expertise include treatment of adults and children with movement disorders. Her main area of research is in the environmental epidemiology of PD. Following are highlights from a recent article in the journal *Neuroepidemiology* (A. W. Willis et al, *Neuroepidemiology* 2010; 34:143-151).*

Dr. Willis' research found that Parkinson's disease affects approximately 1.6% of the U.S. population over the age of 65, with about 480,000 people living with the disease at any time. Approximately 130,000 people are newly diagnosed each year. Men are slightly more

likely to have the disease, with a male:female ratio of 1.55 (155 men have the disease for every 100 women). PD rates increase with age. White men have a much higher rate of Parkinson's disease, up to double that seen in African Americans or Asians. Asian women seem to have the lowest rate of PD in the United States. Geographically, Parkinson's disease rates are highest in the Midwest and Northeast regions of the country, where the rates of new and existing cases are two to ten times greater than that in the West and South.

The study suggests several interesting theories. The finding that Whites have substantially higher rates of Parkinson's disease may mean that African Americans and Asians are somehow less susceptible to PD, perhaps due to a protective genetic factor or decreased exposure to key environmental factors. The finding that PD is

more common in the Midwest and Northeast supports previous research that suggests that non-hereditary PD may be associated with environmental factors, such as pesticides or metals. These areas of the country are agricultural and industrial hubs, and future studies may be able to identify specific environmental factors that raise or lower PD risk.



Resource Book

The *Wisconsin Parkinson's Disease Resource Book* has been updated. Printed copies are available from Jessica at 608/229-7628 or parkinson_assn@ssmhc.com. The resource book also is available at the Wisconsin Chapter APDA website, www.wichapterapda.org.

Each of us makes his own weather,
determines the color of the skies in
the emotional universe which he
inhabits.

Fulton J. Sheen



Apathy and Fatigue in Parkinson's Disease

By Laura Marsh, M.D.

Reprinted with permission from APDA National from their Winter 2010 Newsletter

Apathy and fatigue are two common non-motor disturbances in Parkinson's disease (PD) patients, and both contribute substantially to disability. Either can appear as part of another condition or as an independent significant symptom. Both conditions are often not diagnosed, and recognition and adjustment to them by the person with PD, the caregiver, and family members is important in sustaining a good quality of life.

Apathy

Apathy refers to a set of behavioral, emotional, and cognitive features that involve reduced interest and motivation in goal-directed behaviors and indifference. Some studies emphasize a lack of motivation, whereas others focus on a lack of emotional responsiveness as the core feature of apathy.

Patients with apathy typically show poor motivation with reduced initiative, effort, and perseverance as well as indifference to their own circumstances and a lack of curiosity about others. They may resist engaging in activities or withdraw early, show no concern for their health, and lack interest in new experiences.

Apathy can have a considerable impact, generally causing patients to become inactive, leading to further functional decline and greater debility.

Misattributing these signs as laziness or contrariness, family members may become frustrated, which, in turn, can lead to resentment, especially if the condition is not diagnosed.

Fatigue

Fatigue is the single most disabling symptom reported by up to one-third of PD patients.

Fatigue occurs early in PD and may even predate onset of the more familiar motor symptoms, such as at-rest tremors, muscle rigidity, and bradykinesia (slowness). Once

present, fatigue can be chronic or intermittent, but lifetime prevalence increases over time. Fatigue in PD also is associated frequently with depression, cognitive deficits, and daytime



sleepiness. Yet, despite its prevalence and impact, fatigue is under-recognized clinically. There are two main classifications of fatigue: peripheral

and central.

Peripheral fatigue is a physiological phenomenon that involves lack of energy associated with muscular fatigue and can be objectively measured by a clinician.

More relevant in most cases is central fatigue, generally described as an abnormal degree of persistent tiredness, weakness, and mental or physical exhaustion, or both. Central fatigue is a subjective experience (in contrast to apathy, which is generally an observed phenomenon) with two subtypes, physical and mental.

Physical fatigue is a sense of physical exhaustion and lack of energy to perform physical tasks despite the ability to do so.

Mental fatigue refers to the effects experienced during and after prolonged periods of demanding cognitive activities that require sustained mental efficiency. Given its subjective nature, the overlap between physical and mental fatigue is not always clear.

Patients report fatigue onset, duration, and relationship to prior activity as unpredictable, but it is often exacerbated by physical, psychological, or social stress. The inability to initiate and sustain activity associated with fatigue is distinct from sadness, sleepiness, or impaired motor function.

Fatigue has adverse effects on quality of life, depression, and disability in PD and is the primary determinant of work-related disability. It also is associated with higher rates of

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APDA Support Groups

The following support groups are sponsored by the Wisconsin Chapter of the American Parkinson Disease Association. For information on other support groups in the state, please contact Jessica at 608/229-7628 or visit www.wichapterapda.org.

Endeavor

Short Circuiting Support Group
Contact: Renee Bloss at 608/566-3379

Fitchburg

Fitchburg Senior Center
5510 Lacy Road
2nd Friday at 9:30 AM
Contact: Mary Hoffman at 608/249-9109

Madison

Parkinson's Disease Caregiver Support Group
(caregivers only)
East Madison/Monona Coalition
4142 Monona Drive
1st Tuesday at 4:00 PM
Contact: Jessica Olejniczak at 608/229-7628

Young Onset PD Support Group
St. Mary's Hospital
700 South Park Street
Conference Center
1st Thursday at 6:00 PM
Contact: Jessica Olejniczak at 608/229-7628

Asbury United Methodist Church
6101 University Avenue
3rd Thursday at 6:00 PM
No meeting in December
Contact: Jessica Olejniczak at 608/229-7628

Portage

Bethlehem Lutheran Church
W8267 Highway 33
3rd Thursday at 2:00 PM
Contact: Elayne Hanson at 608/742-2410

Sun Prairie

Colonial Club Senior Center
301 Blankenheim Lane
Therapy Room
4th Monday at 1:00 PM
Contact: Jessica Olejniczak at 608/229-7628

Waunakee

Village Center of Waunakee
Senior Center Stage
333 South Madison Street
4th Tuesday at 2:00 PM
Contact: Sylvia Engen at 608/850-3658



Helpful Hint

For itchy scalp that can show up with Parkinson's disease, try Neutrogena T/gel shampoo. If you find your face gets itchy, try using either Neutrogena T/gel or hydrocortisone lotion.

This hint comes from Efrain Perez, M.D.

If you have a helpful hint to share, contact Jessica at 608/229-7628 or parkinson_assn@ssmhc.com.

GoodSearch & GoodShop

Search the web with Yahoo-powered GoodSearch.com, and they'll donate a penny to the chapter. Shop at over 600 GoodShop.com merchants, and a percentage of each purchase will go to the chapter.

You can make GoodSearch or GoodShop your home page or add it to your toolbar. Just type in *American Parkinson Disease Association—Wisconsin Chapter* to begin your search.

Questions? Contact Jessica at 608/229-7628 or parkinson_assn@ssmhc.com.

Apathy and Fatigue . . . *continued from page 5*

of depressive symptoms, sleep disturbances, and cognitive disturbances, but it also is highly prevalent in non-depressed patients. Surprisingly, fatigue is unrelated to exercise efficiency, activity level, or physical fatigue.

Diagnosis

Both apathy and fatigue are diagnostic challenges, because of the co-existence of mood symptoms and cognitive deficits and overlap with PD motor signs. For example, loss of motivation, a lack of effort, and emotional indifference mimic bradykinesia, bradyphrenia (slowed thought process), and masked facial expression of PD in the absence of apathy. Similarly, flattened affect (the absence or near-absence of emotional response to a situation that normally elicits emotion) and passivity can manifest as monotonous and reduced spontaneous speech.

Symptom-rating scales are used to define the presence of apathy, and a number of fatigue-rating scales have been developed for the general population and for specific conditions, such as the Parkinson's Fatigue Scale (PFS), developed as a disease-specific scale taking into account motor symptoms.

Management

Apathy management is often difficult, because patients are indifferent and their inactivity misconstrued. Non-medication strategies involve providing an individualized daily schedule and structure to help maintain a satisfactory activity level and enrichment. Possible medications include dopamine agonists, psychostimulants, modafanil (a wake-promoting drug), and testosterone. Deep brain stimulation effects are inconsistent.

Few studies have investigated fatigue treatment. In placebo-controlled trials, methylphenidate had a favorable effect on fatigue, and levodopa improved physical fatigue. Dopamine agonists have been helpful for some, but fatigue worsened in the placebo group compared to those who initiated levodopa therapy in early-course untreated PD. Modafanil improved excessive daytime sleepiness but not fatigue in a double-blind placebo-controlled trial. Nocturnally administered sodium oxybate improved fatigue and excessive daytime sleepiness in PD.

Dr. Marsh is a professor of psychiatry at Baylor College of Medicine and director of the Mental Health Care Line of the Michael E. DeBakey Veterans Affairs Medical Center, both in Houston, and a member of APDA's Scientific Advisory Board.

Personal Health Record There are many electronic personal health record systems available, so you don't need to be far from your medical information. Here are a few we found.

ER Card Offers various programs to meet people's needs, especially those who don't use a computer. •• **Toll-free, 24/7 hotline.** Health history is available to patients and medical personnel. The service fee is \$96 a year per individual, or the family plan is \$72 a year per person for two or more (same address/phone number). A 5% discount is given when paid in full at enrollment. •• **ER Card USB flash drive.** A one-time fee of \$39.95 plus tax, shipping, and handling. ER Card has no access to the information, nor is it connected to the 24/7 hotline. •• **ER Card flash drive and ER Card.** Annual fee plus the cost of the flash drive. Visit the web site, www.ercardmember.com, or call 1-888-873-2673 for more information.

Lifeguard 30™ Stores emergency medical information for use at the scene of an accident or medical emergency. Two LifeGuard 30™ devices and an ID bracelet for a one-time fee of \$29 (plus shipping and handling) and a \$7 monthly fee, or the system is free with the \$84 annual plan; 30-day risk-free trial. Visit <http://lifeguard30.com> or call 1-877-411-5430.

Medycard You must have a computer to upload your information onto this USB device, one-time fee of \$59.95. Visit <http://medycard.com> or call 1-800-504-5169.

RESPIRE CARE

*by Greg Trusty, Always There Home Care of Town and Country, Missouri
Reprinted with permission*

For many, the challenges of caring for a loved one are part of daily life. Caregiving is a demanding, difficult job, and no one is equipped to do it alone. Getting help is essential for your health, and your resilience is critical for your loved one. Respite care provides short-term breaks that relieve stress, restore energy, and promote balance in your life. Working with family members or friends may be difficult, but there are many respite care options and strategies.

Respite care basics

Seeking support and maintaining one's own health are key to managing the caregiving years. Using respite care before you become exhausted, isolated, or overwhelmed is ideal, but just anticipating regular relief can be a lifesaver. Respite can take many forms but boils down to two basic ideas: sharing the responsibility for caregiving and getting support for you. Finding the right balance requires persistence, patience, and preparation.

Planning your relief

Planning starts with analyzing needs, both yours and your loved one's. As a caregiver, is support what you need most? Some free time? Help with transportation? Keep track of your daily activities and make a list of the areas and times when you most need help. Identifying your loved one's needs, abilities, and preferences also will help you find the right match. Are social activities primary? Assistance with walking, eating, or medications? Mental stimulation? Exercise? Answering these questions will help you determine which respite options to pursue.

Engaging family members in respite care

Family members and friends may be able to help out while you run an errand, take a break, or even go on vacation. However, just as the burden of caregiving is often more than one

person can handle, it also can be a tough process for families to share. Even the healthiest families can be severely stressed by ongoing care, and the division of labor is frequently lopsided. You can encourage support and participation by:

- **Talking openly and regularly.** Keep everyone up to date on your loved one's needs and condition. Family members who don't share the day-to-day caretaking experience may not fully appreciate the situation.
- **Encouraging family members to evaluate what they can reasonably and honestly do.** Changing roles and varying resource levels can impact family involvement. Welcome different viewpoints, accept limitations, and be willing to try alternate strategies. Share your list of needs and take advantage of all offers to help.
- **Recognizing your own feelings and discussing disproportionate tasks.** Harboring resentment when you need more help can lead to your burnout and impaired health. Ask for concrete support and specific time commitments. Consider establishing an online calendar to organize relief and reconfirm schedules.
- **Using technology to bridge distances.** Try free video-conferencing services to hold family meetings at times that work for everyone. Create a web-based community to share updates and explore options. Sites like carepages.com keep family and friends online and in touch.
- **Participating in support groups.** Learning how other families cope can suggest new options and provide reassurance. When siblings are unable or unwilling to share the load, peer support can be invaluable.

In-home respite care

In-home services can be provided by a trained caregiver, occasionally or on a regular basis. Services may last from a few hours to overnight and may be arranged directly or through an

Continued on page 9

Respite continued from page 8

agency. This popular respite choice enables individuals to remain in their own environments and can be invaluable for caregivers. Services may include:

- **Cognitive stimulation, recreation, and companionship** can be provided by home-care businesses providing trained staff to cover short in-home intervals.
- **Personal care providers** assist with daily living skills, such as bathing, dressing, feeding, or toileting.
- **Homemaker services** support meal preparation, shopping, and housekeeping.

Selecting respite care services and providers

When you devote so much love and energy to caregiving, it may be difficult to entrust your family member to strangers. Whether you engage a provider directly or work through an agency, you can allay your fears by conducting some basic research. Always include the potential care recipient in the screening process if he or she is able to participate to ensure that both parties are comfortable and that your loved one's needs are respected.

Working with agencies

Although independent providers are generally the least expensive, home care agencies and referral services are often easier to use. Use your planning lists to help these professionals better serve you.

- **An agency** finds and places providers, handles payroll, and usually provides substitutes for sick or absent personnel. If problems occur, you also have specific avenues of recourse (complaints, mediation, or arbitration) that are not available when working with individuals.
- **Referral services** work to match your needs with local program options. Use online registries and check newspaper ads or the yellow pages to find specialists who know local programs and can help you navigate their systems.

Paying for respite care

In today's challenging economy, you may think respite services are unattainable. However, thinking creatively can uncover valuable resources:

Traditional funding sources for respite care

- **Personal Assets/Insurance.** Although medical insurance generally does not include respite coverage unless licensed medical professionals are involved, long-term care policies usually fund services up to specific time or dollar limits.
- **Veterans' Benefits.** The VA provides inpatient respite coverage for up to 30 days a year for qualified veterans. In addition, when war-time vets care for their spouses, funding for in-home services are available on a state-by-state basis.

Strategies for successful respite care

Finding and implementing respite care sounds like a lot of work. Relief and revitalization is not important for you alone; it benefits all touched by the caregiving process.

- **Evaluate often.** Observe your care recipient before and after respite sessions. Ask for brief updates and more detailed reports regularly.
- **Expect changes.** Respite care is a process that often requires fine-tuning. Anticipating and accepting changes in personnel or programs can keep you from becoming discouraged.
- **Attend your support group regularly.** Structured and informal groups allow you to meet others in situations much like yours. You can talk, vent, laugh, and exchange tips with people who understand. If you can't easily leave home, online communities, message boards, and forums can provide much-needed support.



TRIBUTES

The following individuals were remembered at the April walk-a-thon and/or through other donations from March through May 2010. Donations support chapter programs and activities, such as this newsletter, educational symposia, support groups, resource manual, caregiver activities, general program expenses, Information & Referral Center, lecture series, walk-a-thon, and APDA research. We apologize if we have missed anyone.

IN MEMORY

Casper Acker
John Ames
Al Anderson
Edmund Anderson
Aunt Corra
Joseph Bellissimo
Rosella Cordes Bents
Melvin Breunig
Albert "Jim" Brom
Jim Cullen
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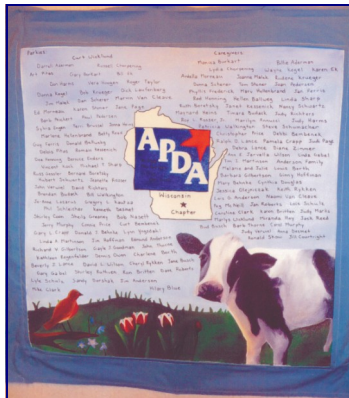
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A Global Quilt Project

The Wisconsin APDA has submitted two beautiful panels for the Parkinson's quilt that will be displayed at the World Parkinson Congress in Glasgow, Scotland, this fall.



The chapter panel, a painting by artist Jill Courtright, features Wisconsin symbols and the Dr. James Parkinson tulip. Most importantly, the names of people with Parkinson's disease and caregivers are listed, representing all of those impacted by PD in our state.



The "Caregivers for Hope" panel, created by Mary Behnke in a tulip motif representative of the Parkinson tulip, features members of the chapter's Caregivers Support Group and represents all PD caregivers in Wisconsin.

Thank you, Jill and Mary, for so generously contributing your time, talent, and the materials to help us make Wisconsin a presence in the global Parkinson's community.

For more information about the project, please go to the chapter website, www.wichapterapda.org. If you're a Facebook user, go to www.facebook.com/parkinsonsquilt.

Thank you to the sponsors of our wine-tasting event



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DIVISION OF OTOLARYNGOLOGY
HEAD AND NECK SURGERY
University of Wisconsin
School of Medicine and Public Health

St. Mary's
HOSPITAL

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Chapter meetings are held the second Wednesday of the month at 5:30 p.m. in Bistro B at St. Mary's Hospital.

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PARKINSON'S PERSPECTIVE

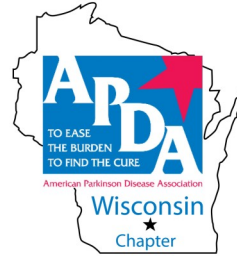
This newsletter is published three times a year for Parkinson's patients, their families, and caregivers by the APDA Information & Referral Center and the Wisconsin Chapter of the APDA.

If you no longer wish to receive the newsletter, please contact Jessica at 608/229-7628 or parkinson_assn@ssmhc.com.

The 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. Newsletter content is the sole responsibility of the editors.

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