

PARKINSON'S RESOURCE ORGANIZATION

Working so no one is isolated because of Parkinson's

MESSAGE

PRESIDENT'S

The Collaboration with MACY'S SHOP FOR A CAUSE that was held throughout the USA August 27th, was super successful for Parkinson's Resource Organization. In our local area, among all of the other charities, we were the purveyor of the most 25% off Coupons. That gave us an "information table" at the MACY'S cosmetic and fragrance entrance (in retail the most highly trafficked area) inside the mall. We hope you were able to participate in this annual event and save money on back to school clothes, back to work clothes, early holiday shopping or whatever. Thank you for giving us an extra hand with your donations for the opportunity.

Our next collaboration takes place 9-11, 2011 with the Bay City Rodders and the 22nd annual BELMONT SHORE CAR SHOW, check ParkinsonsResource.org for information. This show is not to be missed whether you have a car or just come to look at cars. The level of quality of the cars at this show is second to none. **PRO will be there to show and tell** people how they can "drive" through the journey or Parkinson's either in an old jalopy worrying every inch of the way, or in a restored, beautifully unique classic motoring toward "Ultimate Quality of Life".

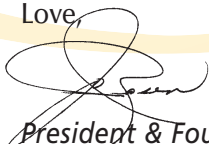
Our Support groups reconvene this month. Check the calendar on Page 2 and also the calendar on the website.

This month PRO is bringing you subjects from; a Harvard University discovery, **NEW FIND MAY CHANGE HOW PARKINSON'S IS TREATED**, an OOPS in the research world on this page; to **HIRING PRIVATE DUTY HOME CARE WORKERS: Why Work through an Agency?** (PROvocative to be certain) on page 3; to **ORAL HYGIENE** stopping bacteria build up and oral consumption of it on page 4; and we're even covering such pooppy subjects as **CONSTIPATION** on page 5; just when we thought that constipation was a Parkinson's symptom, maybe not; plus a request for study help as we continue our efforts in the TMJ world **PARKINSON'S/TMJ SCREENING QUESTIONNAIRE** on the insert page.

Thank you for remembering **we need your donations**. Summer, the slowest time for revenue generation, is almost over. Please continue using the mailing address: 74-478 Highway 111, No. 102, Palm Desert, CA 92260 when making snail mail donations or make donations on line through our secure Website ParkinsonsResource.org/contribute.

Until next month we hope you safely celebrate Labor Day, Patriot Day, the beginning of Autumn, my Birthday and Rosh Hashanah. CELEBRATE YOU and PRAY FOR OUR TROOPS!

Love,



President & Founder

NEW FIND MAY CHANGE HOW PARKINSON'S IS TREATED

August 15, 2011

By Carolyn Y. Johnson, Globe Staff

"It's such a departure from what we thought," said Dr. Dennis Selkoe.

A provocative new study by Harvard Medical School researchers suggests that a basic assumption about a protein involved in Parkinson's disease may need to be revised, providing a new strategy for developing drugs to treat the neurological condition.

Clumps of the protein alpha-synuclein found in the brains of Parkinson's patients are a hallmark of the disease, a progressive movement disorder often characterized by tremors. But it has long been thought that the healthy, natural form of the protein is an unfolded string, like a strand of spaghetti.

Now, a study published online by the journal Nature yesterday makes the case that the healthy protein comes packaged in a very different structure, a "tetramer" that looks something like four winding, helical-shaped staircases standing in a row. The work also suggests a new way to fight Parkinson's – developing a drug that keeps that tetramer structure intact, since that shape does not appear to form clumps.

"It's such a departure from what we thought as scientists" about this protein, said Dr. Dennis Selkoe, a professor of neurologic diseases at Harvard and Brigham and Women's Hospital who led the work with Tim Bartels, a postdoctoral researcher.

"It's as if someone designed elegant staircases in a mansion and put four side by side... . If you're going to study a molecule in biology, you want to make sure you are studying it correctly."

The researchers suggest that it had long been assumed the protein was an unfolded strand because the rough methods traditionally used to study the protein perturb its natural form.

"If this result stands the test of time, which I believe it will based on the data I've seen, then it's a new paradigm for interventions in Parkinson's disease," said Jeffery Kelly, professor of chemistry at the Scripps Research Institute, who was not involved in the research. "I think many drug companies will look at this carefully."

Dr. Dimitri Krainc, an associate professor of neurology at Massachusetts General Hospital, wrote in an e-mail that the study was likely to be provocative. It adds to the complexity of what is known about the Parkinson's protein, he said, but

ALL MEETINGS BEGIN AT 7:00 PM. EXCEPT AS NOTED.

The current support group meeting locations are listed below. Contact the PRO Office.

~ **West Los Angeles/Brentwood • Caregiver only/ Person with Parkinson's only (two in one)** Meets Sept 1st ~ 1st Thursday of the month ~ at OPICA Adult Day Care Center, 11759 Missouri Avenue, West Los Angeles.

~ **Long Beach • Educational** • Meets Sept 7th ~ 1st Wednesday of the month ~ at Bixby Knolls Towers, 3737 Atlantic Avenue, Long Beach.

~ **Newport Beach • Caregiver Only • (meetings alternate)** Meets Sept 8th ~ Oasis Senior Center • 2nd Thursday of month ~ at 801 Narcissus, Corona Del Mar.

~ **Palm Desert • Caregiver Only** • Meets Sept 12th ~ 2nd Monday of the month 6:30 PM ~ at Portola Community Center, 45-480 Portola Avenue, Palm Desert.

~ **Glendora • Educational • (meetings alternate)** Meets Sept 14th ~ 2nd Wednesday of the month ~ at Foothill Nursing Center, 401 W. Ada Avenue, Glendora.

~ **West Los Angeles/Brentwood • Educational Only** • Meets Sept 15th ~ 3rd Thursday of the month ~ at OPICA Adult Day Care Center, 11759 Missouri Avenue, West Los Angeles.

NEW DATE!

~ **Beach Cities • Caregiver Only** • Meets Sept 20th ~ 3rd Tuesday of the month ~ at the Keller Williams offices, 1601 Pacific Coast Highway, Suite 265, Hermosa Beach.

~ **Encino • Caregiver Only** • Meets Sept 21st ~ 3rd Wednesday of the month ~ at the Providence Tarzana Outpatient Therapy Center, 5359 Balboa Blvd, Encino.

~ **Palm Desert • Educational Only** • Meets Sept 26th ~ 4th Monday of the month 6:30 PM ~ at Portola Community Center, 45-480 Portola Avenue, Palm Desert.

~ **Beach Cities • Educational Only** • Meets Sept 27th ~ 4th Tuesday of the month ~ at the Keller Williams offices, 1601 Pacific Coast Highway, Suite 265, Hermosa Beach.

CAREGIVER MEETINGS (For Caregivers Only. No PWP's please) – Come share the ups and downs of living with Parkinson's. Together there are ways of finding solutions that, when alone, you might never consider. No need to continue with your frustrations because you are not alone. Give yourself a break. This is a confidential forum for sharing and caring.

EDUCATIONAL MEETING – We invite the community, especially the Person with Parkinson's and their family or friends, to attend. Please call contacts listed in each meeting description to make reservations so the coordinator knows how to set up the room. It's the proper and respectful thing to do.

PARKINSON'S MEETINGS "For People with Parkinson's only" – These meetings are for People with Parkinson's or Parkinsonisms ONLY. Come share the ups and downs of living with Parkinson's. Together there are ways of finding solutions that, when alone, might never be considered. No need to continue with your frustrations because you are not alone. Give yourself a break. This is a fabulous forum for sharing and caring.

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- To show you care about someone with
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- To help break the barriers to treatment and support.
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HIRING PRIVATE DUTY HOME CARE WORKERS: WHY WORK THROUGH AN AGENCY?

By Rona S. Bartelstone, LCSW, BCD, CMC

One of the greatest long-term needs of older adults and those with chronic illnesses is for in-home, custodial care services. These workers are often referred to as home health aides, certified nursing assistants and custodial care workers. These in-home workers make it possible for people with functional limitations to remain at home in a comfortable, familiar environment. Home health aides (as we will refer to this class of workers) provide a wide range of assistance with activities of daily living (ADLs), such as bathing, dressing, grooming, assisting with ambulation or transferring, toileting, feeding and providing medication reminders. In addition, home health aides help with what professionals call, instrumental activities of daily living (IADLs), such as shopping, meal preparation, making medical appointments, transportation, laundry and companionship.

While it is true that most people would prefer to remain in their own homes, there are circumstances in which care in a residential or nursing facility is more appropriate and more cost-effective. For example, the individual who needs round the clock care because of treatments or behavioral issues will find a nursing facility or residential setting likely to be more affordable. The biggest proportion of people who utilize home health aide services are those who need several hours per day of assistance, as opposed to those who need full-time care.

Due to the cost and the increasing shortage of home health aides, many families seeking to hire in-home staff turn to private individuals rather than working through an agency. While at first glance this seems reasonable, it can also cause numerous problems and create unexpected liabilities for the family, who becomes the employer.

TAX ISSUES

As a private employer, the individual or family is required to pay Social Security, unemployment and payroll taxes. Many home health aides will represent themselves as independent contractors, ostensibly relieving the hiring individual of these tax obligations. However, it is the responsibility of the hiring individual to be sure that the aide truly is an independent contractor and is therefore paying their own taxes. In many instances, the aide will not meet the legal criteria as an independent contractor. If the aide has not met his or her tax obligations, this responsibility falls to the employer. This can be a serious obligation because it may involve interest on back taxes, civil fines and the possibility of criminal penalties. Potential private employers should seek the advice of a labor lawyer to assure appropriate hiring practices with respect to federal tax laws.

Case Example: Mr. L hired a home health aide for his mother on the basis of a recommendation from a neighbor who also employed this individual. Mrs. L needed help because of a minor stroke that left her unsteady on her feet. Initially, Mrs. L only needed four hours of help per day to assure that she had a bath, that two meals were prepared and that the weekly shopping was completed. Occasionally, the aide also accompanied Mrs. L to some of her many medical appointments.

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The WELLNESS VILLAGE,
ParkinsonsResource.org/wellness-village,
is being populated; check it often for resources in your area.
We would love your feedback on the video on the
WELLNESS VILLAGE Home Page;
we believe it exemplifies our Mission.

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ORAL HYGIENE

A dentist in Arizona, Steven Laughary of Mobile Dentistry of Arizona started a campaign in our LinkedIn social media connection on "having a hygienist train your caregivers in the art of oral care." We thought we would publish something in this area to help people with Parkinson's and their caregivers know about the IMPORTANCE of Oral Hygiene as the disease progresses.

Neurodegenerative disorders are among the most challenging and devastating illnesses in medicine. Dentists faced with patients affected by one of these disorders are confronted with the

major problems of cognition, mobility, and behavior, as well as of dental maintenance. While treatment of patients with progressive neurodegeneration remains daunting, increased knowledge of the etiology and pathogenesis of these diseases has provided new opportunities and a new understanding of their treatment needs. The dental problems associated with these conditions include a decrease in oral hygiene, difficulty in controlling and retaining dentures, and purposeless chewing. Medications can result in xerostomia (unusual dryness of the mouth) and consequent root cavities and recurrent decay. Where possible, individuals with neurodegenerative disorders should always be treated by the same dentist.

According to the Journal American Dental Association (JADA) Oral health may decline because of tremors, muscle rigidity and cognitive deficits. The dentist should consult with the patient's physician to determine the presence of comorbid illnesses. Scheduling short morning appointments that begin 90 minutes after administration of PD medication enhances the patient's ability to cooperate with care. Inclination of the dental chair at 45°, placement of a bite prop, use of a rubber dam, and high-volume oral evacuation enhance airway protection. To avoid adverse drug interactions with levodopa and entacapone (comtan), the dentist should limit administration of local anesthetic agents to three cartridges of 2 percent lidocaine with 1:100,000 epinephrine per half hour, and patients receiving selegiline should NOT be given agents containing epinephrine or levonordefrin. The dentist should instruct the patient and the caregiver in good oral hygiene techniques.

Maintenance of good oral hygiene is paramount for people with PD. Patients with no cognitive impairments should be given instructions in proper tooth brushing and flossing methods that maximize removal of dental plaque. However, dental professionals must recognize that these patients may have subtle cognitive deficits as well as depression, which may impair their ability to perform all aspects of personal hygiene, and that tooth brushing and flossing may be particularly difficult because of these deficits as well as because the disease often precludes repetitive movements. Use of the Collis-Curve toothbrush (Collis-Curve Toothbrush, Brownsville, Texas) and mechanical toothbrushes, as well as caregiver assistance with brushing, may help these patients maintain their teeth. Caregivers should receive oral and written instructions in proper tooth brushing and flossing methods and how to apply topical sodium fluoride (5,000 parts per million) to the patient's teeth with a toothbrush or sponge applicator. Oral-rinse topical agents such as chlorhexidine gluconate may not be appropriate, because many patients with PD may not be able to swish and expectorate to minimize ingestion. Lastly, artificial salivary products should be prescribed for patients showing signs of xerostomia (dry mouth).

The dentist should provide a clinical examination, oral prophylaxis and application of topical fluorides, including a 5 percent fluoride varnish, to the patient with PD at follow-up visits every three months. He or she also should address defects in the natural dentition or prostheses during these recall visits.

PD represents a growing burden on the health care system because of its occurrence among the increasing proportion of elderly people in the United States. Dentistry, in concert with medicine, has much to offer patients with this disease. Dentists familiar with the manifestations of the illness and its medical management can confidently offer these patients appropriately timed dental treatment options.

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CONSTIPATION

Center for Digestive Diseases, Five Dock, Australia

Prof. Thomas Borody

BSc (MED) (HONS), MBBS (HONS), MD, PhD, FRACP, FACG, FACP, AGAF

Medical Director, Gastroenterologist

Constipation is a common condition in the digestive tract when stool is difficult to pass. Bowel movements may be infrequent, there may be difficulty during defecation including straining or there may be a sensation of incomplete bowel evacuation.

The causes of constipation include medications such as narcotics, low activity of the thyroid and elevated levels of calcium in the blood. There are rare genetic disorders but the most common cause of constipation remains unclear. Certainly lack of fiber is not a cause, lack of exercise or lack of water intake is definitely not the cause of constipation in the general population. It is still under appreciated that constipation may be associated with abdominal pain which is relieved on defecation, with bloating, tiredness, reflux, nausea and increased flatulence.

At the Centre for Digestive Diseases long standing research in this area has indicated that the most likely cause of the common variety constipation found in the majority of patients is caused by an infection with a bacterial agent that has entered the bowel through the mouth and has begun to coexist with normal human bowel flora. Its presence in the bowel flora is marked by the production of molecules within the bowel which affect the enteric nervous system so partially paralyzing the bowel. If the constipation agent produces severe paralysis the bowel may not empty for days or weeks. Most commonly very mild forms are present and people tend to overcome this with simple methods such as excessive fiber or even chemical laxatives such as naturally occurring teas which may contain senna. However, worldwide the research on constipation has been extremely slow because it has been hidden by an overwhelming belief both in the lay and medical population that it is the lack of fiber which causes constipation. We now know that nothing can be further from the truth since removal of fiber from the diet of healthy patients does not cause constipation.

The actual causative agent or agents are yet to be detected. However it appears that constipation is almost certainly caused by agents which respond to antibiotics which also kill clostridia. So there is a high chance that a type of a clostridium (clostridia produced neuro-toxins (e.g. Clostridium tetuni, Clostridium botulinum, Clostridium difficile, Clostridium perfringens) and so constipation may be simply a chronic infection with a clostridium that carries a spore and so it is difficult to eradicate with antibiotics. The most powerful evidence for this is published indication that Vancomycin which is not absorbed in the GI tract when taken by mouth, can dramatically reverse constipation. (The effect of oral vancomycin on chronic idiopathic constipation. Aliment Pharmacol Ther

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**HOME CARE WORKERS – cont. from page 3**

As time went on, Mrs. L continued to have minor strokes that left her increasingly debilitated. After 18 months, Mrs. L was quite incapacitated and had lost her ability to speak. At that point, the family decided to ask the aide to live in full-time and provide total care to Mrs. L. This relationship was very loving and lasted until Mrs. L passed away.

Because the aide had given up all of her other clients to care for Mrs. L full-time, she had no other immediate employment when Mrs. L died. Since she needed income to support her family, the aide filed for unemployment benefits. It was at that point, that the IRS became aware of the employer and filed a lawsuit for back unemployment taxes, penalties and a fine. The family of Mrs. L did not understand their responsibility as an employer and found themselves in a legal action that took over two years and many thousands of dollars to resolve.

WORKERS' COMPENSATION AND LIABILITY ISSUES

As the employer, the individual or family paying for the private home health aide would be held liable for any work-related injury that occurs on the job. This can include the cost of all medical expenses and any disability payments that might become applicable.

Since the home-care industry is noted for work-related injuries, this can be a huge risk, especially if the caregiving tasks include lifting, transferring or bathing. There are also risks related to communicable diseases if the aide does not abide by universal precautions that are required by all licensed agency personnel.

Furthermore, the employer retains any liability that arises out of an injury to the person being cared for or any other person on the premises. If the home health aide were to cause an accident, for example, in which other family members suffered any harm or losses, the employer would

bear the full responsibility for all costs and compensation.

Case Example: Home health aide, Myra Jones had a history of back injuries after many years of work in rehabilitation facilities. Her injuries always responded well to treatment, and were kept at bay with back supports provided by her employer. When Mrs. Jones had the opportunity to follow one of her clients home from rehab as a private aide, she took advantage of the offer and worked privately for Mr. S.

Mr. S didn't need a lot of physical care when he first left the rehab facility. He was there because he had had surgery that left him weak and a little confused. Unfortunately, the confusion did not clear up as the anesthesia left his body. It seemed that he had begun to develop a dementing illness, and would need increasing supervision for safety.

Over time, Mr. S began to need increasing amounts of physical care, especially for transferring and dressing. Mrs. Jones found herself increasingly taxed by the care of Mr. S, but she had become so attached to him that she did not express her concerns to the family that had hired her.

One day, as Mrs. Jones was dressing Mr. S, she bent down to help him with his shoes and her back froze in place. She was unable to straighten up. She managed to creep to the phone to call a friend for help, but she had to insist that Mr. S not move out of her sight for fear that he would wander off.

Mrs. Jones had found herself being treated in the rehabilitation facility in which she used to work. The doctor told her that she would not be able to work as an aide again. As she got stronger, Mrs. Jones filed for worker's compensation and disability insurance.

Once again, the government became aware of the employment situation in which the injury occurred and they pursued the family for medical expenses and for disability coverage. This cost the family many times more than it would have if they had the appropriate insurances or if they had worked through a licensed home health agency.

ABUSE AND EXPLOITATION

Unfortunately, there is the potential for both physical abuse and financial exploitation when work is being done on behalf of a frail, functionally limited, and often cognitively impaired individual. While most individuals who become home health aides do so out of a desire to help others and to contribute to the community, there will always be those who see this type of work as an opportunity to take advantage of someone. This becomes especially easy when the aide and the recipient of care are isolated in a private home setting with little or no supervision.

Families don't fail to provide supervision out of malicious neglect. Supervision is often difficult because of geographic distance, lack of expertise, or the close emotional bonds that often get established between the aide and the person receiving the care. Furthermore, families often do not have the time or the resources to do criminal background checks, or to contact references, if they even think to ask for references. Sometimes families are so grateful for the care provided by an aide that they are also vulnerable to manipulation and exploitation.

AGENCY SUPERVISION

A licensed home care agency has a responsibility to provide ongoing supervision for their employees. This includes helping the aides to understand the changing needs of clients, assuring the proper limits of care according to the practice acts of the various levels of professionals, and mediating difficult relationship issues.

Providing supervision is often as important for the aide as it is for the family. Home health aides often work with very challenging situations in the isolation of the private home situation. There are often issues of different cultural and faith traditions, different expectations about personal schedules, eating preferences and expectations. An agency supervisor can help to clarify the roles of the home health aide,

cont. on next page

NEW FIND – cont. from page 1

many questions remain about the relevance of this healthy form of the protein to the form implicated in disease.

Selkoe said his laboratory embarked on the study when Bartels joined the lab, with an interest in taking approaches that had been used to understand the molecular basis of Alzheimer's disease to probe Parkinson's.

HOME CARE WORKERS – cont. from previous page

and the expectations of both worker and care recipient. Furthermore, the agency can support the aide in setting appropriate limits on the types of care that can be provided. For example, an older adult might expect an aide to help with dressing changes or high tech care that is legally the responsibility of a licensed nurse.

In situations in which there are personality issues because of cognitive changes or a history of challenging relationships, the agency supervisor is available to provide guidance and support to both staff and care recipient. This can be very fragile, especially if there is a lack of trust or behaviors that are strange to the home health aide. The support of a supervisor can help the aide understand that this is part of the disease process and cope with behaviors so that the aide and the client can have a successful relationship. Often, supportive supervision is the key to making a challenging situation work.

Case Example: Mr. B lost his wife who had cared for him for over 60 years. He needed help with shopping, meal preparation, transportation and an appropriate selection of clothing. His family had hired many aides on his behalf. It seemed that Mr. B would fire every aide after only a few days, always stating that they didn't know how to do anything right. When Mr. B came to us, the home health supervising nurse spent time talking with him about his needs and expectations.

She learned that Mr. B was unhappy because none of the aides did things the way his wife had done them and this made him feel uncomfortable in his own home. The nurse supervisor explained that everyone had different ways of keeping house. Mr. B was amazed because he thought that all women learned the same routines. Having realized this, the nurse spent more time with Mr. B to find out what was happening that was different from what his wife had done. Amazingly, small things like letting dishes air dry on the counter, versus drying them and putting them away, were distressing to him. By going through the daily routine and learning about Mr. B's expectations, the supervisor was able to provide clarification to the aide and the first one placed in the home was able to be successful and have a multi-year relationship with Mr. B.

The employer, whether it is a private individual or an agency, has a great deal of responsibility in hiring and managing a home health aide. This includes

CONSTIPATION – cont. from page 5

1995/9:63-68 Vancomycin) Vancomycin can be combined with other agents such as Metronidazole or Rifampicin to strengthen the affect upon a constipating agent and to give the patients relief from there straining and bloating. Interestingly, the paralysis of the large bowel may be accompanied by partial paralysis of the small bowel so preventing gas moving forward and causing bloating. Such circulating active molecules produced in the colonic flora can also partially paralyze the stomach and this causes Gastroparesis and in some patients vomiting and also paralyses the lower esophageal sphincter causing reflux. In a subset of patients' partial paralysis of the gall bladder causes reduced ejection of bile, precipitation of cholesterol and formation of gall stones.

This generalized motility inhibition in the GI tract with one or two geographical areas in the GI tract posing as the symptom inducing area – has puzzled researchers for many years. Diet, allergy, stress and other mechanisms have been invoked to explain all of this. However in patients who respond very well to specialized antibiotics such as Vancomycin or Rifampicin combination the reversal of dysmotility is so dramatic that it is quite clear that the bowel flora plays the major role in this common and chronic condition.

At the Centre for Digestive Diseases we use these principles to treat patient's chronic constipation in an attempt to give them quality of life.

responsibilities that are financial, legal and involve governmental regulations. When a family is ready to hire home health aide services, they need to make a basic decision about the source of such assistance. This decision needs to take into consideration the type of help needed, the financial and tax implications, the need for supervision and the relative vulnerability of the person receiving the care.

If the family is unwilling or unable to assume the full range of responsibilities, they would be better off working through an agency. If the family chooses to hire privately, they need to consult a lawyer and an accountant to assure that they make proper arrangements for all of their obligations. In addition, they need to stay involved in the relationship to assure proper care and a mutually supportive relationship.

Rona S. Bartelstone, LCSW, BCD,CMC has taught the psychology of aging, healthy aging and other courses on coping with aging parents for many colleges and universities throughout South Florida. She is also involved in extensive training and consultation in the area of aging, caregiving and programming for chronic care needs. Rona has worked with the Florida Department of Elder Affairs on a Task Force to develop an Ethics Curriculum in long-term care.

Rona has also been featured in many national media articles about geriatric care management, including The Wall Street Journal, The New York Times and many others.

From Today's Caregiver Magazine August 16, 2011



The Parkinson's Resource Organization has its own US Postage Stamp, the very first charitable organization to do so. You can now show your support for PRO by using this stamp on all your mail! PRO has partnered with PhotoStamps.com to create the PRO Stamp, and now you can order personalized postage stamps with your own favorite photos via the new PRO website! Either way, by using PRO's Partnership with Photostamps.com you'll be helping us and yourself. Just start by using the form below.

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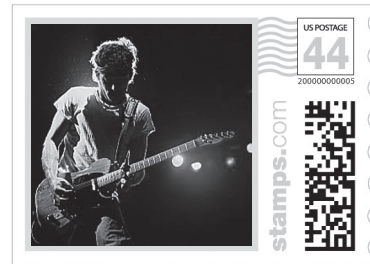
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Signed: _____ City/ST _____

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Looking for the perfect way to honor your Parkinsonian? Or want to celebrate a special anniversary, birthday or any other event? Customize an actual postage stamp with a picture of your choice. Stamps are real. They are accepted by the US Post Office. They not only look great, but they provide a little funding for our many important programs. Remember, PRO is a non-profit, as in we have no profit, and all help will be enormously appreciated.



To order your stamps, go to our website, ParkinsonsResource.Org and click on the PhotoStamps icon in our website store.

"ATTITUDES ARE CONTAGIOUS...
IS YOURS WORTH CATCHING?"

NEWSWORTHY NOTES

September 2011, Issue No. 229, published monthly

PARKINSON'S RESOURCE ORGANIZATION

Working so no one is isolated because of Parkinson's

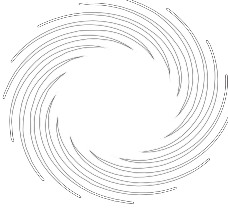
74-478 Highway 111, No 104 • Palm Desert, CA 92260-4112

tel: 760/773-5628 • tel: 310/476-7030 • toll free: 877/775-4111 • fax: 760/773-9803

eMail: info@parkinsonsresource.org • web: www.ParkinsonsResource.org

tax ID: 501(C)(3)#95-4304276

We do not intend the PRO Newsletter as legal or medical advice, nor to endorse any product or service; we intend it to serve as an information guide.



Parkinsons/TMJ Screening Questionnaire

We need your help Pre-trial Data

In light of the wonderful response we have had regarding TMJ/TMD, Sleep Apnea and other oral issues your assistance with the following short survey is **extremely important**.

During the last 3 months have you...

	Never	1 day/wk or less	2-6 days per wk	7 days per week
1. had headaches				
2. had pain in your face				
3. had eye pain				
4. had ear pain				
5. been dizzy				
6. heard ringing sounds				
7. had problems swallowing				

The following questionnaire prepared by Professor David White of Harvard University Medical School will help measure your general level of Sleep Apnea.

Each of the following questions requires a **yes** or **no** answer to use for scoring.

Answer each question as accurately as possible and then grade your score.

- Snoring**
 - Do you snore more than 3 nights per week
Yes (2) No (0)..... _____
 - Is your snoring loud? Can it be heard through a door or wall?
Yes (2) No (0)..... _____
- Has anyone told you that you stop breathing or gasp during sleep?**
Never (0) Occasionally (3) Frequently (5) _____
- What is your collar size?**
Male: Less than 17 inches (0) More than 17 inches (5) . _____
Female: Less than 16 inches (0) More than 16 inches (5) . _____
- Do you occasionally fall asleep during the day when:**
 - You are busy or active? Yes (2) No (0) _____
 - You are driving or stopped at a light? Yes (2) No (0) _____
- Have you had or are being treated for high blood pressure?**
Yes (2) No (0)..... _____

Total number of points..... _____

A score of 5 points or less: Low probability of sleep apnea.
A score of 6-8 points: **Questionable. Please contact your physician.**
A score of 9 points or more: **Contact your physician immediately. A prompt evaluation is important because sleep apnea often leads to strokes, heart attacks, car accidents and a shortened life span.**

Have you been diagnosed with Sleep Apnea? Yes _____ No _____

How long ago were you diagnosed with Parkinson's disease?

Up to 1 year

1-5 years ago

6-12 years ago

More than 12 years ago

Which medication(s) do you currently take for Parkinson's disease?

How long have you taken the most recent medication?

Up to 1 year

1-5 years

6-12 years

More than 12 years

Thank you for completing this questionnaire.

Please mail it to: Parkinson's Resource Organization
74-478 Highway 111, No. 102
Palm Desert, CA 92260

Date: _____

Name: (OPTIONAL) _____

If you have questions, please include them with the return of your survey and give us your mailing information so we can get the answers back to you.

PARKINSONS.PAINSURVEY811S

