

A MONTHLY PUBLICATION OF

## PARKINSON'S RESOURCE ORGANIZATION

Working so no one is isolated because of Parkinson's

### MESSAGE

PRESIDENT'S

**M**y heart runneth over with joy, pride and gratitude. Thank you so much to all who donated to ROSES FOR ROSEN at [ParkinsonsResource.org/news/articles/happy-birthday-jo/](http://ParkinsonsResource.org/news/articles/happy-birthday-jo/) and to those who left messages, I can only say you are so appreciated. I love hearing from you and what you have to say.

The **SUPPORT GROUPS** are now in full session in all locations. Please refer to the back page for information.

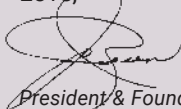
You may have noticed that we just started our campaign of acknowledging the *New And Renewed Wellness Village Members*. We are so pleased to be growing our virtual, vetted, video-driven resource directory for you. The additions can be seen on Page 2 of the Newsletter as well as on the website [ParkinsonsResource.org](http://ParkinsonsResource.org).

Always pleased to PROvide PROvocative and engaging articles. Check out the **ICBI UPDATE ON THE ROAD TO THE CURE** discussing new insights into Parkinson's for which they are ready, on this page. Very interesting is **HOW TO FALL AND GET BACK UP SAFELY** by Michaela Hayward for Liftup Inc. on page 2; **FOREGOING MEDICAL REHAB NEEDS BECAUSE THE THERAPIST DOESN'T TAKE INSURANCE** on page 4; **PALLIATIVE CARE: ADDRESSING NON-MOTOR SYMPTOMS** by Suzanne Karefa-Johnson, MD, HMDC-Physician, Family Hospice Care on page 5; and **10 NUTRITIONAL DEFICIENCIES THAT MAY CAUSE DEPRESSION** by Therese Borchard on page 6; and October's **INSPIRATIONAL** on page 7.

Join us in *making a difference in your life or the life of a loved one* this MONTH by donating. Without YOU, we could never do all that we do. Supporting us is simple: Make monthly donations through our safe PayPal donation page at [ParkinsonsResource.org/#modal-donate](http://ParkinsonsResource.org/#modal-donate) or mail your donation to our office in Palm Desert, California.

Until next month, **REMEMBER** World Smile Day the 5th, Columbus Day on the 8th, Bosses Day on the 16th, National Chocolate Day on the 28th and Halloween on the 31st. The flower is the Calendula (Marigold), and the Birthstone is Opal or Tourmaline. ALWAYS remember to CELEBRATE YOU and PRAY FOR OUR TROOPS!

Love,



President &amp; Founder

### ICBII UPDATE ON THE ROAD TO THE CURE

#### New Insights into Parkinson's Disease

A protein known as the Triggering Receptor Expressed on Myeloid cells 2 (TREM2) is a member of the innate immune receptor of the TREM family. TREM2 manifests on activated macrophages [a type of white blood cell, of the immune system, that engulfs and digests cellular debris, foreign substances, microbes, cancer cells, and anything else that does not have the type of proteins specific to healthy body cells on its surface]. It also manifests on immature dendritic cells [messengers between the innate and the adaptive immune systems]; osteoclasts [a large multinucleate bone cell that absorbs bone tissue during growth and healing]; and microglia [scavengers in the central nervous system]. The TREM2 function is to suppress inflammation while at the same time promote tissue repair through the removal of dying cells and clearance of toxic protein aggregates. Loss of function of TREM2 due to mutations in the gene leads to neurodegeneration.

In particular, the TREM2 mutation R47H has been independently identified by two different research groups as a genetic risk factor for late-onset Alzheimer's disease. Jonson et al [NEJM, 368, 107 (2013)] used whole-genome sequencing data obtained from 2261 Icelandic individuals to identify variants likely to affect protein function. Upon imputation of these variants into a series of late-onset Alzheimer patients and controls using genome-wide association data, they showed that the R47H mutant conferred a significant, **three-fold risk of the late-onset Alzheimer's**. They replicated this association across additional Alzheimer controls from Europe and the US. Additionally, independent whole-genome sequencing in Alzheimer patients by Guerreiro et al [JAMA Neurology, 70, 78 (2013)] further confirmed that Alzheimer patients have an increased burden of mutant TREM2 compared to normal controls. This study reported higher odds of the late-onset Alzheimer's by ~4.5 fold. Together these studies unequivocally implicated TREM2 R47H in Alzheimer's risk; however, its role in other neurodegenerative diseases has yet to be studied.

**Role of R47H Mutant TREM2 in PD** - According to the study reported by Sruti Rayaprolu, et al., North American Parkinson's patients had a three-fold higher prevalence of mutant TREM2 gene than the normal control [Molecular Neurodegeneration, 8, 19 (2013)]. Irish and Polish Parkinson's patients had similar statistics of the R47H variant in TREM2 in the etiology of Parkinson's. Thus, mutant TREM2 is implicated in Parkinson's disease.

**What Does This Information Mean?** - The majority of patients, to halt and reverse Parkinson's disease, need treatment with drugs that not only clear the toxic proteins from the brain but also nullify the effect of mutant TREM2 for providing maximum health benefits. **THE GOOD NEWS** is that ICBII has developed the technology of a blood-brain barrier permeable SMART Molecule that will target alpha-synuclein toxic protein clumps and mutant TREM2 in the central nervous system. The Company is very excited to start developing and manufacturing this potentially revolutionary drug to halt and reverse Parkinson's.

**Would You Like To Help** get these drugs to market faster? The joy of being a part of this historical event can be had by helping ICBII find the funds to bring these trials to fruition through your investing, including your IRA, and by finding others with the financial ability and humanitarian mindset to accomplish the—until now—impossible. Please contact Jo Rosen at Parkinson's Resource Organization 760-773-5628 or [jrosen@Parkinsonsresource.org](mailto:jrosen@Parkinsonsresource.org) or by contacting ICBII directly through their website, [ICBII.com](http://ICBII.com), or by phone 858-455-9880.

Imagine the world without Parkinson's, MSA or Alzheimer's disease.  
**JUST IMAGINE.**

# Our Wellness Villagers

## ACUPUNCTURE

- Dr. David Shirazi

## ANIMAL-ASSISTED THERAPY

- Canine Companions


## AROMA THERAPY

- Renee Gauthier

## ASSISTIVE TECHNOLOGY

- California Phones

## BEAUTY

- Younger By Tonight 

## BOXING/EXERCISE

- Rock Steady Boxing  Coachella Valley

## CARE FACILITIES

- Atria Hacienda 
- A&A Home Care Services


## CHIROPRACTIC

- Dr. Curtis Buddingh

## CLINICAL TRIALS




- Parexel International
- Asclepes

## DEEP BRAIN STIMULATION


- Dr. Michel Lévesque 

## DENTISTS

### CMD/TMJ DENTISTS

- (CA) Dr. George Altuzarra
- (CA) Dr. Maryam Bakhtiyari
- (CA) Dr. Dwight Jennings
- (CA) Dr. Steven Olmos
- (CA) Dr. David Shirazi
- (CT) Dr. Patricia A. Richard
- (IL) Drs. Ed and Lynn Lipskis 
- (TX) Dr. Risto Hurme
- (VA) Dr. Brendan C. Stack
- (VA) Dr. Jeffrey L. Brown 
- Dr Alice Sun 

### SLEEP MEDICINE DENTISTS

- (CA) Dr. Maryam Bakhtiyari
- (CA) Dr. Steven Olmos
- (CA) Dr. David Shirazi
- (IL) Drs. Ed and Lynn Lipskis 
- (TX) Dr. Risto Hurme
- (VA) Dr. Brendan C. Stack
- (VA) Jeffrey L. Brown
- (CA) Dr. George Altuzarra
- (CA) Dr. Dwight Jennings

## ELDER LAW ATTORNEYS

- (CA) Zoran K. Basich
- (CA) William R. Remery
- (NY) Ronald A. Fatoullah

## ESTATE PLANNING- LEGAL

- (CA) William R. Remery
- (NY) Ronald A. Fatoullah

## ESTATE PLANNING – FINANCIAL PLANNING

- Cypress Wealth Services

## FELDENKRAIS METHOD® PRACTITIONERS

- LeAnn Brightwell, CM

## FINANCIAL ASSISTANCE

- The Assistance Fund, Inc

## GRAPHIC DESIGN / PHOTOGRAPHY

- G-Aries Visions

## HEALTHY PRODUCTS

- Healthy Chocolate
- Wild Blue-Green Algae
- Nerium Age Defying Formula
- Protandim Nrf2
- Life Wave


## HOSPICE CARE

- Family Hospice (local)
- Gentiva Hospice (regional)
- Vitas Healthcare (nationwide)
- AccessCare, Inc

## INCONTINENCE SUPPLIES

- Geewhiz


## IN HOME CARE PROFESSIONALS

- Cambrian Homecare
- Senior Helpers of the Desert
- A&A Home Care Services
- Brightstar Care 
- AccessCare, Inc

## LEGAL-ATTORNEY-LAWYERS

- (CA) Zoran K. Basich
- (CA) William R. Remery, Esq.
- (NY) Ronald A. Fatoullah

## LSVT LOUD PROGRAM

- Easy Speech Therapy Center 
- Bolden Communication, Inc

## LSVT BIG PROGRAM

- New Beginning Physical Therapy
- Rosi Physiotherapy

## MASSAGE & BODYWORK

- Mot'us Floatation & Wellness Center


## MASSAGE & BODYWORK – (cont)

- Rehab Specialists

## MEDICAL MARIJUANA

- PSA Organica

## MEDI-CAL CONSULTING

- Medi-Cal Consulting Services, LLC 

## MOBILITY PRODUCTS

- In & Out Mobility
- LiftUp, Inc

## MEDICINE

- US World Meds

## NEUROSCIENCE

- Desert Psychology & Neuroscience Center


## NURSING HOME ATTORNEYS

- (CA) Zoran K. Basich

## NUTRITION- WELLNESS CONSULTANTS

- Wayne Myers – Life Wave

## OCCUPATIONAL THERAPY

- Easy Speech Therapy Center 

## PHARMACIES

- Cornerstone Pharmacy

## PHYSICAL THERAPISTS- TRAINING SPECIALISTS

- Arroyo Physical Health
- New Beginning Physical Therapy
- Innergy Therapy Systems
- Rosi Physiotherapy
- Rehab Specialists
- Easy Speech Therapy Center

## PHYSICIANS AND SURGEONS

- Dr. Michel Lévesque

## REAL ESTATE

- John Sloan Real Estate Group 

## RESIDENTIAL CARE FACILITIES

- A & A Home Care

## SENIOR HOUSING

- Atria Hacienda

## SPEECH THERAPY

- Easy Speech Therapy Center
- Bolden Communications

## VISION

- Riverside Institute of Vision Rehabilitation  
Drs. Kohtz & Spurling

## HOW TO FALL AND GET BACK UP SAFELY

Michaela Hayward *For Liftup Inc*

People with Parkinson's Disease often experience problems with balance, rigidity and reduced mobility which can lead to an increased number of falls. Fear of falling can make people not want to go out or do things they normally would do and can severely reduce their activities which can lead to depression. Some key actions we can take to help prevent falls include exercise, good medication management and a safe home environment.

**How to make a safe home environment** – We can manage our homes to provide a safer environment. Many people develop routines to help them manage to move around their home safely. One Parkinson's organization asked people with Parkinson's to

tell them what they do to reduce the risk of falling at home and here are their top 5 ideas:

1. Create a familiar space for yourself. Make sure your furniture is sturdy enough for you to hold onto if you need a little extra support;
2. Remove rugs, arrange power cords to be out of walking areas and add night lights to make your pathways clear and easy to navigate;
3. Avoid multi-tasking while walking. If while walking you drop something and you need to pick it up turn first before going down/leaning over to pick up your things;
4. Make the bathtub safer by adding a grab-bar or mats with a grip;
5. Take your time standing up.

*cont. on next page*

If someone falls, the Raizer by Liftup is a unique patient lift that can help lift a person from the floor to a standing position in a few minutes without hurting the lifter or the person with Parkinson's. It is a valuable resource that helps people stay in their homes for longer.

**What commonly causes a fall?** Sometimes a fall will happen. Statistics show that 1 in 3 people over 65 fall each year and for people with Parkinson's the risk is significantly higher with 70% suffering recurrent falls. A study at the University of Sydney in Australia researched causes of falling experienced by people with Parkinson's. They found that the rate of recurrent falls for people with Parkinson's ranges from 5 to 68 per year. The most common factors include:

1. History of falling: if you've fallen once studies show that you are likely to fall again;
2. The severity of Parkinson's: as the disease progresses, it affects motor function more severely;
3. Impaired attention: Parkinson's can affect our vision and cognitive abilities which makes it hard to concentrate on what we're doing;
4. Reduced mobility: including muscle stiffness, tremors, and freezing;
5. Fear of falling: can make us anxious which in turn can increase the possibility of a fall.

**How to fall and get back up safely** — Falls can result in injuries such as bruises, broken bones, head injuries and may require hospitalization. In some cases, injuries can become fatal. Melissa Cusick wrote for NIFS about how to minimize injuries during a fall and recommended safely practicing how to fall to reduce our fear of falling. When our body knows what to do from practice, we are less likely to be anxious when we fall. These tips can be the difference between a bruise and a broken bone:

1. Don't try to prevent the fall, stay relaxed to prevent further injury.
2. Bend your knees or crouch during the fall.
3. Turn or twist your body if you can to fall onto the outside of your lower leg first.
4. If you can't twist your body, never try to catch yourself with your hands, you might break your wrists. Instead, smack the ground with your hands to lessen the impact.
5. Roll onto your backside to allow the muscles to dissipate energy and lower the impact.

Having a plan and practicing correct falling techniques can help us be less fearful and minimize injury.

After a fall it's normal to feel a little shaken, but we can take steps to get back up safely.

1. Take time to relax and make sure you're alright.
2. If you can scoot or crawl to a solid piece of furniture, then pull yourself up.
3. Place both hands on the furniture and use your stronger leg to help you stand up.
4. Sit for a while and rest.
5. Don't let anyone lift you unless they are trained to do so.



Sofie cannot get up by herself when she falls. She uses a Raizer to lift herself from the floor.

cont. on page 7

## BOARD OF DIRECTORS

### GOVERNING BOARD

**JO ROSEN**

President & Founder

**WILLIAM R. REMERY, ESQ.**

Elder Law, PRO Secretary/Treasurer

**MICHAEL RUDDER**

Director at Large

**MICHAEL LU**

Director at Large

**KAYA KOUVONEN**

Transportation

### ADVISORY BOARD

**JACOB CHODAKIEWITZ, MD**

**PATRICIA DUNAY**

**DAVID M. SWOPE, MD**

**DR. ANA LORENZ**

**CLAUDE VALENTI, OD, FCOVD**

**DANA BERNSTEIN**

Advertising Director

**SUE DUBRIN**

### HONORARY BOARD MEMBERS

**GREG A. GERHARDT, PHD**

**MICHEL LÉVESQUE, MD**

**STEPHEN MACHT**

Actor/Director

**TRINI LOPEZ**

Int'l Singer/Songwriter

### EMERITUS

**MARIA ELIAS**

**DEBBIE STEIN**

**ROGER RIGNACK, MBA**

### GONE, BUT NOT FORGOTTEN

**ALAN ROSEN, FAIA**

**ELINA OSTERN**

**JERRY BERNSTEIN**

**JACK HISS, MD**

**PHILIP GUSTLIN, ESQ.**

**DR S. JEROME TAMKIN**

**KENNETH SLADE**

**SHIRLEY KREIMAN**

**LEONARD RUDOLPH**

**CAROLE ROBERTS-WILSON, MS-SLP**

### FOUNDING MEMBERS

**JO ROSEN, Founder**

**ARNIE KRONENBERGER (deceased)**

**CATHERINE BUCKINGHAM**

**JENNIFER REINKE**

**DARLENE FOGEL**

**CHUCK KOCH**

**ALAN ROSEN, FAIA (deceased)**

**WAYNE FRIEDLANDER**

**PAUL ROSEN**

**ELAINE VACCA**

## Special Thanks

...TO OUR "SPECIAL" BOOSTERS:

SKY LUNDY

GARY LOPEZ — G-ARIES VISIONS

THE DESERT COMPUTER DOCTOR,  
ROBIN BROWN

SUE DUBRIN

FRANK & MARY BUYTKUS

IRENE MOTTA

JON & MARTHA HANSON

RON BUCKLES

JOHN & JUDITH GUNDERSEN

EVA MYERS

JOHN PERL

RICHARD CORDES, CPA, JD, LLM

IRENE SOMERS

MICHELLE WALDNER

JEREMY SIMON

ADAN OLIVAS

ESTEBAN LAGOS

KANAMI OKABE

MICHAEL LU

TERRY STRALSER

MICHAEL RUDDER

RISA LUMLEY

LINDA BORLAUG

BRENDA WALLACE

"LIKE" US ON FACEBOOK  
AND FOLLOW US ON TWITTER!



Facebook.com/  
ParkinsonsResourceOrganization



twitter.com/ParkinsonsPro

## FOREGOING MEDICAL REHAB NEEDS BECAUSE THE THERAPIST DOESN'T TAKE INSURANCE: WHAT ARE WE MISSING?

Renee Gauthier, RPT, MPH

I have been privileged to be a member of The Parkinson's Resource Organization Wellness Village and speak at the Support Group meetings for the past four years. I've had an opportunity to meet many people with Parkinson's and their caregivers. They love hearing about my approach to wellness because it is crafted specifically for the needs and disease status of the person with Parkinson's and NOT dictated by insurance. When I inform clients or potential clients that I am one of many therapists (Physical, Speech & Occupational) that takes only private pay rather than Medicare or other insurances for payment they elect not to use my services, but rather go for therapy that is less effective because insurance covers it.

### What Are We Missing?

I have clients who have had Parkinson's for over 20 years who attribute their stamina, strength, and longevity with the disease to the amount of personalized work we do together to keep them supple, moving, motivated, and inspired to work for wellness.

Among other modalities, I incorporate massage and the use of personalized essential oils in their therapy, and we do not work in 15-minute increments, our sessions include work until both of us recognize the benefits of our work.

Over the 30 plus years I have been practicing, I have found that insurance companies, by their pay standards, pay less for my services than I deem fair and appropriate based on my education and experience. By their pay standards, insurance companies limit the services I feel are needed, and that I use, to rehabilitate or keep a person with Parkinson's symptoms at bay. In PRO's July 2017 issues on *Newsworthy Notes* in an article called *Things You Should Know About Medicare* by Dr. Samantha Peters, PT, DPT, ATC, she describes how insurance pays physical therapy services billed in two different ways, "timed codes" and "untimed codes." Just because I gave you a treatment that I told your insurance company was worth \$140, they are not required to pay the entire \$140. They can come back and say, well, that massage that I gave may have felt good (and may have been good for your circulation, may have decreased your stress, may have increased your mobility, and may have a multitude of other benefits), that is not a service that Medicare or insurance reimburses, so we will not pay that \$140. They can also say, well, you said that one unit of the exercise was worth \$30, but we think it's worth only \$20. Yes, this happens all the time. Insurance companies also don't pay your bill until at least six to eight weeks after it's filed. Additionally, insurance pays for a specific period (perhaps 12 weeks) when, because of the progression of Parkinson's, physical therapy rehab is necessary for much longer than 12 weeks.

Together, my clients and I determine the goals that are going to be the focus of treatment. We work toward those goals in a time frame that is suitable for the client. Private therapy can be flexible for changing priorities, goals, and treatment plans as needed. Most insurance programs are NOT that flexible. For insurance coverage, therapists need to adhere to guidelines concerning mode and length of treatment. Parkinson's clients have changing problems over time that need varying degrees of attention, changes in treatments and home exercise program adjustments. Medical insurance is useful but may not be the entire answer for someone trying to stay mobile with a Parkinson's diagnosis.

If you are bypassing therapeutic remedies to maintain your wellness because insurance will not cover them, you quite possibly are missing out.

Find Renee Gauthier, RPT, MPH in the Wellness Village where she's been a member since September 14, 2015. She strives to build relationships with patients that are lifelong and trusting.

Parkinson's Resource Organization (PRO), through its WELLNESS VILLAGE ([ParkinsonsResource.org/the-wellness-village](http://ParkinsonsResource.org/the-wellness-village)) has begun its campaign to populate all categories of professionals that provide services or products to people with Parkinson's or their caregivers. If you refer a professional into the WELLNESS VILLAGE that has helped you or your family gain "quality of life," alleviate symptoms, helped you through the Parkinson's Journey in some fashion and therefore wants to and can help others, and if that professional becomes a subscriber, we will thank you with 100 Parkinson's Resource Organization 47¢ postage stamps.

## PALLIATIVE CARE: ADDRESSING NON-MOTOR SYMPTOMS

Suzanne Karefa-Johnson, MD, HMDC - Physician,  
Family Hospice Care

The World Health Organization defines Palliative Care as: *"...an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual."*

As hospice physicians, we most often see our patients with end-stage Parkinson's disease challenged with both motor and non-motor symptoms that impact their quality of life and overall wellbeing. However, palliative care is not limited to those with end-stage disease. In this piece, however, we will address some of the more common non-motor symptoms. Although pharmacological treatment is beyond the scope of this article, hopefully being able to identify these will prove helpful and encourage seeking prompt medical attention from either primary care, specialist or a hospice /palliative physician as is applicable.

**Pain** — This can present in several ways:

- 1) Dystonia occurs when a muscle contracts for a protracted period—often described as a sensation of spasm, cramping or muscle twisting;
- 2) Pain in the muscles and bones from non-use or limited mobility— may be perceived as an ache;
- 3) Neuropathic pain (damage to nerves) - often feels like pricking, tingling or burning.

### Excessive Sleeping

- 1) May occur with other disorders of sleep, e.g. restless leg syndrome and obstructive sleep apnea among others, which, if present, should be addressed;
- 2) If excessive sleeping is a sudden attack or if excessive sleepiness happens in the day (also known as Narcolepsy or "sleep attacks"), avoid driving;
- 3) Further, if lethargic, or excessive sleeping is a sudden attack and presents with cognitive impairment have your Physician check immediately for a urinary tract infection;
- 4) Non-pharmacologic interventions may include relaxation therapy (e.g., guided imagery, and deep breathing), sleep restriction, and behavioral therapy.

### Neuropsychiatric Symptoms

- 1) Up to 40% of people with advanced Parkinson's disease may experience symptoms such as visual hallucinations;
- 2) Some medications used to treat Parkinson's may provoke psychosis. This causative factor needs to be ruled out or addressed before initiating other medications to address these symptoms.

### Depression

- 1) By itself, depression can increase mortality and morbidity (the state of ill health);
- 2) Anxiety may also be present;
- 3) Lifestyle changes, therapy as well as medications are effective interventions.

### Dementia

- 1) Up to 40% of people with Parkinson's will develop dementia. Dementia may be a significant predictor for nursing home placement;
- 2) Some with dementia may go on to develop dysphagia (difficulty swallowing). Studies have not shown any benefit from feeding tubes in reducing aspiration or improving quality of life. Techniques such as chin-tuck and thickened liquids (e.g., honey) are helpful.

## PARKINSON'S RESOURCE ORGANIZATION

### VOLUNTEERS

**SKY LUNDY**

Web Design

**GARY LOPEZ**

Graphic Artist

### AMBASSADORS

**SOPHIE BESHOFF**

**CHERYL EPSTEIN**

**CHARLENE & BOB SINGER**

### GROUP FACILITATORS

**PEGGY SEXTON**

**BARBARA ENGLISH**

**SUE DUBRIN**

**KAY GRAY**

**MARTHA HANSON**

**JOHN MASON**

### VOLUNTEERS/OFFICE SUPPORT

**EVA MYERS**

**JOHN PERL**

**MICHELE WALDNER**

**JEREMY SIMON**

**PAKI HORTON**

**SUSAN MOLLER**

**JAN SEIDEN**

**TERRY STRALSER**

**RISA LUMLEY**

**DYAN WHITE**

**ADAN OLIVAS**

**RISA LUMLEY**

**LINDA BORLAUG**

**BRENDA WALLACE**

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.

## 10 NUTRITIONAL DEFICIENCIES THAT MAY CAUSE DEPRESSION

Therese Borchard, *Everyday Health*

I'm not sure why more psychiatrists don't first test for nutritional deficiencies before dispensing Zoloft or Prozac, and especially antipsychotics like Seroquel and Zyprexa. The good ones will send you to get lab work done before upping your meds or adjusting anything. Sometimes we do need antidepressants. But other times we need spinach — think of Popeye.

In addition to seeing a psychiatrist regularly, I now work with an integrative health physician who tests my nutrition levels every year. If you haven't ever tested your nutrition levels, you might inquire with either your psychiatrist or primary-care physician. The supplements can be expensive, but you can make it back two- or threefold by not having to see your psychiatrist as often. You should talk to your doctor before taking any supplements, especially if you're on prescription drugs.

### 1. Omega-3 Fatty Acids

I was surprised when my results showed an omega-3 fatty acid deficiency because I eat plenty of salmon and take fish oil supplements every day. That shows you just how much fish — salmon, tuna, halibut — or flaxseeds and walnuts we need to consume to be at an optimal level. These essential minerals reduce inflammation and play a critical role in brain function, especially memory and mood. The body can't make them, so you need to either eat them or take supplements. Omega-3 fatty acids are just one of the supplements I take every day for depression.

### 2. Vitamin D

According to Mark Hyman, MD, bestselling author of *The Ultramind Solution*, Vitamin D deficiency is a major epidemic that doctors and public health officials are just beginning to recognize. This deficiency has been linked to depression, dementia, and autism. Most of our levels drop off during the fall and winter months since sunlight is the richest source. Dr. Hyman believes that we should ideally be getting 5,000 to 10,000 IU (international units) a day. However, the National Institutes of Health (NIH) recommends most healthy adults get only about 600 IUs daily.

### 3. Magnesium

The chances are good that you are magnesium-deficient because up to half of Americans are. Our lifestyles decrease our levels: excess alcohol, salt, coffee, sugar, phosphoric acid (in soda), chronic stress, antibiotics, and diuretics (water pills). Magnesium is sometimes referred to as the stress antidote, the "most powerful relaxation mineral that exists," according to Hyman. You can find Magnesium in seaweed, greens, and beans. The NIH recommends a daily intake of about 400 to 420 milligrams (mg) of magnesium for adult men and 310 to 320 mg for adult women.

### 4. Vitamin B Complex

B vitamins like vitamin B-6 and vitamin B-12 can provide some incredible health benefits, including reduced stroke risk and healthy skin and nails. On the other hand, a vitamin B deficiency may impact your mental health. More than a

quarter of severely depressed older women were deficient in B-12, according to one 2009 study.

The best sources of vitamin B-6 are poultry, seafood, bananas, and leafy green vegetables. For vitamin B-6, the NIH recommends a daily intake of 1.7 mg for adult men and 1.5 mg for adult women. You can find Vitamin B-12 in animal foods (meat, fish, poultry, eggs, and milk) and shellfish, such as clams, mussels, and crab. Most adults should need to consume 2.4 micrograms (mcg) of vitamin B-12 daily, according to the NIH.

### 5. Folate

People with a low folate level have only a 7 percent response to treatment with antidepressants. Those with high folate levels have a response of 44 percent, according to Hyman. That is why many psychiatrists are now prescribing a folate called Deplin to treat depression and improve the effectiveness of an antidepressant. I tried it, and it didn't seem to make that much of a difference; however, I have several friends who have had very positive responses to Deplin. You need not try the prescription form of Deplin. You could just start taking a folate supplement and see if you get any results. Your daily recommended folate intake depends on your gender, whether you're pregnant or breastfeeding, and age. However, most adults need at least 400 mcg daily. You can also get your daily folate requirements by consuming foods high in folate, including dark leafy greens, beans and legumes, and citrus fruits and juices.

### 6. Amino Acids

These building blocks of protein help your brain properly function. A deficiency in amino acids may cause you to feel sluggish, foggy, unfocused, and depressed. Good sources of amino acids include beef, eggs, fish, beans, seeds, and nuts.

### 7. Iron

Iron deficiency is pretty common in women. About 20 percent of women and 50 percent of pregnant women are in the club. Only three percent of men are iron deficient. The most common form of anemia — an insufficient number of red blood cells — is caused by iron deficiency. Its symptoms are similar to depression: fatigue, irritability, brain fog. Most adults should consume 8 to 18 mg of iron daily, depending on age, gender, and diet, according to the NIH. Good sources of iron include red meat, fish, and poultry. If you really want to get more red blood cells, eat liver. Yuck.

### 8. Zinc

Zinc is used by more enzymes (and we have over 300) than any other mineral. It is crucial to many of our systems. It activates our digestive enzymes so that we can break down our food, and works to prevent food allergies (which, in turn, averts depression in some people, since food allergies trigger some of our mood disruptions). It also helps our DNA to repair and produce proteins. Finally, zinc helps control inflammation and boosts our immune system. The NIH recommends a daily intake of 11 mg of zinc for adult men and 8 mg for adult women.

### 9. Iodine

Iodine deficiency can be a big problem because iodine is critical for the thyroid to work as it should, and the thyroid affects more than you think: your energy, metabolism, body temperature, growth, immune function, and brain performance (concentration, memory, and more). When it's not functioning properly, you can feel very depressed, among other things. You can get iodine by

**DEFICIENCIES** – cont. from previous page

using an iodine-enriched salt, or by eating dried seaweed, shrimp, or cod. I take a kelp supplement every morning because I have hypothyroidism. The daily recommended amount of iodine for most adults is about 150 mcg.

**10. Selenium**

Like iodine, selenium is important for good thyroid function. It assists in the conversion of inactive thyroid hormone T4 to the active thyroid hormone, T3. It also helps one of our important antioxidants (glutathione peroxidase) keep polyunsaturated acids in our cell membranes from getting oxidized (rancid). Most adults need about 55 mcg of selenium daily. The best food source of selenium is Brazil nuts, which contains about 544 mcg of selenium per ounce.

**FALL AND GET UP SAFELY** – cont. from page 3

Sometimes the symptoms of Parkinson's make it hard for us to have the strength to lift ourselves from the floor. The Raizer chair by Liftup can provide some measure of independence. If you are home alone, you can leave the Raizer assembled and in its prone position. Take the following steps to lift yourself safely:

1. Make your way to the chair and lay across the backrests;
2. Lift your knees over the seat and place your feet between the Raizer legs;
3. Wake the Raizer by pressing one of the up/down buttons on the side of the seat;
4. Keeping your arms close to your sides, use the remote or the buttons on the seat to gently and slowly lift yourself to an almost standing position;
5. Rest for a while before standing.

If you cannot get up by yourself, call for help. After a fall, the Raizer can be easily assembled around you allowing someone with minimal training to safely get you back on your feet without risking injury to themselves or to you.

*Find Raizer by Lift-Up in the Wellness Village. Members since March 21, 2018, Liftup Inc. strives to market products that not only help differently-abled persons; the product must also be a delight to the eye and thus, aesthetically and in a dignified way, please all others as well.*

*Inspirational***THEY WERE ALL WINNERS**

Author Unknown

A few years ago at the Seattle Special Olympics, nine contestants, all physically or mentally disabled, assembled at the starting line for the 100- yard dash. At the sound of the gun, they all started out, not exactly in a dash, but with relish to run the race to the finish and win. All, that is except one boy who stumbled on the asphalt, tumbled over a couple of times and began to cry. The other eight heard the boy cry. They slowed down and looked back. They all turned around and went back. Every one of them. One girl with Down's Syndrome bent down and kissed him and said, "This will make it better." All nine linked arms and walked across the finish line together. Everyone in the stadium stood, and the cheering went on for several minutes. People who were there are still telling the story. Why? Because deep down we know this one thing: What matters in this life is more than winning for ourselves. What truly matters in this life is helping others win, even if it means slowing down and changing our course.

**PALLIATIVE CARE** – cont. from page 5**Sialorrhea**

- 1) Excessive saliva production also represented as the excessive amount of saliva in the mouth.
- 2) Often this leads to drooling. Hard candy or chewing gum may reduce drooling if mild. More severe cases may benefit from prescribed medications.

**Orthostatic (Postural) Hypotension**

- 1) Defined as a sudden drop in Blood Pressure, which can occur after a change in position (e.g., standing quickly after sitting).
- 2) Symptoms may be fainting, weakness, dizziness, blurred vision, and confusion.
- 3) Abdominal binders, compression stockings, increased salt, and fluid intake, may be helpful.

The burden of these symptoms on those with Parkinson's disease is significant. They can contribute to increasing functional dependence and the decreasing sense of identity and independent selfhood. They can also impact caregiver wellbeing. However, regardless of when they occur along the disease trajectory, these non-motor symptoms can be addressed, and palliation sought with the hope of increasing well-being and quality of life, even within the context of progressive chronic and terminal disease.

Your primary physician or neurologist is the best clinician to address your symptom management and overall plan of care, and with whom you should have the initial discussion about whether you or your loved one should consider evaluation for hospice, for end-of-life care.

*Find Family Hospice Care in the Wellness Village. Members since July 22, 2015. Family Hospice Care believes and promotes that each of us has the right to die comfortably in our home while receiving the necessary care to maintain dignity.*

# PRO CALENDAR FOR OCTOBER 2018

The current support group meeting locations are listed below.

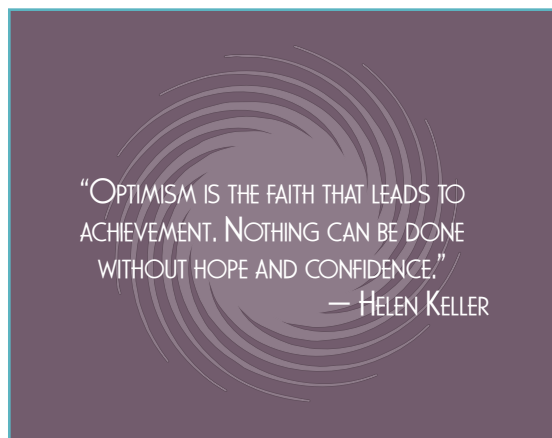
For any information regarding any of these meetings, please contact the PRO Office at 877-775-4111.

	1 PALM DESERT Caregiver Only 10:00 AM PRO Office 74-090 El Paseo Suite 104	2	3 LONG BEACH Speaker Meeting 6:30 PM Cambrian Home Care "Training Center" 5199 Pacific Coast Hwy	4	5	6
7	8 PALM DESERT Round Table For Everyone 6:30 PM Atria Hacienda 44-600 Monterey Ave	9	10 GLENDDORA Caregiver Only 6:30 PM Contact PRO for new location	11 NEWPORT BEACH Caregiver Only 6:30 PM Oasis Senior Center 801 Narcissus Corona Del Mar	12	13
14	15 PALM DESERT Caregiver Only 10:00 AM PRO Office 74-090 El Paseo Suite 104	16	17 ENCINO Caregiver Only 7:00 PM Rehab Specialists 5359 Balboa Blvd	18 SANTA MONICA Speaker Meeting 7:00 pm Rehab Specialists 2730 Wilshire Blvd Ste 533	19	20
21	22 PALM DESERT Speaker Meeting 6:30 PM Atria Hacienda 44-600 Monterey Ave	23 MANHATTAN BEACH Speaker Meeting 6:30 pm American Martyrs Welcome Center 700 15th Street	24	25 SHERMAN OAKS Speaker Meeting 1:00pm East Valley Adult Center 5056 Van Nuys Blvd	26	27
28	29	30	31			

**CAREGIVER MEETING:** (For caregivers only) Come share the ups and downs of living with someone 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.

**SPEAKER MEETING:** We invite the community, especially the Person with Parkinson's and their family or friends, to attend. Speaker Meetings usually feature guest speakers who are professionals servicing the Parkinson's Community. Speaker Meetings are packed with a wealth of amazing information so bring your pencil and notepad!

**"ROSEN ROUND TABLE" MEETING:** Join a loving circle of like-minded individuals including local professionals. Learn what works for others, share what works for you. Find out what doesn't work for certain individuals. Share emotional trials and tribulations. Realize that you are not alone and that others can relate to and learn from your story.



## NEWSWORTHY NOTES

October 2018 / Issue No. 311 / Published Monthly

### PARKINSON'S RESOURCE ORGANIZATION

Working so no one is isolated because of Parkinson's  
74-478 Highway 111, No 102 • Palm Desert, CA 92260-4112

760-773-5628 • 310-476-7030 • 877-775-4111 • fax: 760-773-9803

Email: [info@ParkinsonsResource.org](mailto:info@ParkinsonsResource.org) • web: [ParkinsonsResource.org](http://ParkinsonsResource.org)

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.