

A MONTHLY PUBLICATION OF

PARKINSON'S RESOURCE ORGANIZATION

Working so no one is isolated because of Parkinson's

MESSAGE

P R E S I D E N T ' S

PRO will ring in 2019 with optimism and the energy and spirit of **NEW** beginnings. We ring it in with great appreciation and homage to all those who have and continue to, support the work we do and those we serve. We send best wishes to everyone for a **HAPPY** and abundant, in all areas, **NEW YEAR!**

It is amazing that PRO and I enter our 30th year. Time seems to have passed in the blink of an eye. We are still impatiently waiting for the **cure** for Parkinson's, but we are truly proud of where we are as an organization and how we continue to help those so desperately needing comfort, guidance, and council along their way through Parkinson's. It is our wish that someday **soon** our phones will no longer ring with the devastating news of another person and family touched by Parkinson's, that our inbox will be void of the sad news of yet another friend's passing.

Committed to inspiring news, empowering information and actionable quality of life tips and hints, we bring you January's issue of **Newsworthy Notes**. PRO-vocative indeed, our prayer for you: *"May the New Year be complete with smiles, music, dance, and love. May your days be overflowing with comfort and your heart filled with contentment."*

We love you and thank you for allowing us to be with you, every day, and every month for the past 29 years.

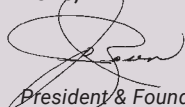
Please keep us in mind when you make your donation of at least \$25 to recognize this milestone.

Enjoy and find inspiration in the **UPDATE ON THE ROAD TO THE CURE** on this page. Enjoy other PRO-vocative and informative news such as: **WHAT ARE THE SIDE EFFECTS OF GOCOVRI?** found on page 2; **ASSISTED LIVING VS. HOME CARE** on page 3; **FDA APPROVES INBRIJA** on page 4; **WHAT YOUR URINE SAYS ABOUT YOUR HEALTH** is on page 5; and **ELECTROCONVULSIVE THERAPY AND OTHER DEPRESSION TREATMENTS** on page 6.

Join us in making a difference in your life or the life of a loved one this **month** by donating. Supporting us is simple: Make monthly donations through our safe PayPal donation page at ParkinsonsResource.org/#modal-donate or mail your donation to our office in Palm Desert, California.

Until next month, **REMEMBER New Year's Day** on the 1st, **Martin Luther King Day** on the 21st, and **National Peanut Butter Day** on the 24th. January's birthstone is the Garnet. The birth flower is the Carnation or Snowdrop. **ALWAYS** remember to **CELEBRATE YOU** and **PRAY FOR OUR TROOPS!**

Love,



President & Founder

ICBII UPDATE ON THE ROAD TO THE CURE

A Real-Time Science Report LOOKING FORWARD TO 2019

Pharm Visit Preparation: ICB International, Inc., ("ICBII"), is excited to be visited by representatives of a European Pharmaceutical company from January 8-9, 2019. For the last couple of weeks, ICBII management has been busy getting ready for their guests preparing due diligence documents to ensure smooth sailing of the diligence process. We have been in discussions with this pharmaceutical company for nearly 15 months; and we maintain high optimism to launch a collaboration deal early next year. Signing a collaborative deal with a pharmaceutical company will provide funds for developing a commercial drug, at least for Parkinson's disease.

We are in discussions with two other international pharmaceutical companies who have intimated to us that they wish to start due diligence on ICBII technology early next year as well.

Invitation by Alzheimer's Society International Congress (ASIC) – ICBII was recently invited by ASIC to present its SMART Molecules technology at the Alzheimer's Society International conference to be held in San Francisco, February 19-21, 2019. The senior management of ICBII is delighted by and has accepted the invitation validating the recognition of ICBII's science by outside institutions and foundations.

Invitation by Michael J. Fox Foundation (MJFF) – ICBII received an invitation to meet representatives of the MJFF in San Francisco from January 7-8, 2019. However, due to the European pharma visit next month, the MJFF meeting had to be postponed. We again are delighted to announce that we are still on the radar of the MJFF.

Testing of Cloned Segment of α -Syn-SM – Before converting a cloned segment into α -Syn-SM, we wanted to test if this segment has a therapeutic effect on Parkinson's (PD) transgenic mice. Since October 15, 2018, PD transgenic mice are being treated once every week with the cloned segment of the SMART Molecule. After 12 treatments, the brain of these animals will be analyzed for the total alpha-syn burden and compare with the untreated mice. We expect to have therapeutic efficacy data on the cloned molecule by March 2019. If the data looks encouraging, we will convert the cloned segment into α -Syn-SM, which will be scaled up to generate large quantities for toxicological studies and then file an IND (*Investigational New Drug*) Application with the USFDA.

Would you like to help get their 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, and by finding others with the financial ability and humanitarian mindset to accomplish the—until now—impossible. Please contact Jo Rosen at 760-773-5628 or jrosen@Parkinsonsresource.org or by contacting ICBII directly through their website **ICBII.com** or by phone, 858-455-9880. **IMAGINE** the world without Parkinson's, MSA or Alzheimer's disease. **JUST IMAGINE.**

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WHAT ARE THE SIDE EFFECTS OF GOCOVRI?

WebMD

The most common side effects of GOCOVRI include hallucinations, dizziness, dry mouth, swelling of legs and feet, constipation, and falls.

Possible serious side effects of GOCOVRI include:

- falling asleep during normal activities, such as driving, talking, or eating, while taking GOCOVRI. You may fall asleep without being drowsy or warning. The risk is greater if you take GOCOVRI with medicines that cause drowsiness;
- suicidal thoughts or actions and depression;

- occurrence or worsening of hallucinations (seeing or hearing things that are not real);
- feeling dizzy, faint or lightheaded, especially when you stand up too quickly, when first starting GOCOVRI, or if your dose has been increased, and;
- unusual urges including gambling, sexual, spending money, binge eating, and the inability to control them.

If you or your family notice that you are developing any new, unusual or sudden changes in behavior or related symptoms, tell your healthcare provider right away.

Generic Name(S): Amantadine Hcl

ASSISTED LIVING VS. HOME CARE

Leann Dale, *Senior Family Advisor at Senior Living Options*

The Senior Tsunami – You’ve probably heard the terms “senior tsunami” or “silver tsunami.” They are terms used to describe the demographic phenomenon of population aging that we are experiencing right now. As the Baby Boomers age during the next 20 years, the number of older Americans will rise dramatically. With age comes less independence and, for many, the need for help with many of the activities of daily living. The question that I get from many people trying to navigate through the myriad of care options is “What are the advantages of assisted living vs. home care? And how do I choose?”

Maybe you are the adult child of a parent who is beginning to lose their ability to remain independent. You’ve noticed that the home is not as clean as it once was. Or, that they are having difficulty performing basic chores, running errands or driving to appointments. What do you do? Since each situation is different, you more than likely have many options. But, for this article, we will look at the options of Assisted Living vs. Home Care.

Assisted Living – Assisted living is a type of care facility that helps seniors with the tasks of daily living. Your loved one becomes part of a community where they can take part in activities, social events and develop a routine. These types of facilities are great for seniors who fear isolation since they will be around a lot of other seniors. People who live in an assisted living facility can have a separate room or share a room with another senior.

Assisted living facilities often provide transportation, housekeeping, laundry, and some medical services. They are designed essentially to help residents stay mobile, active, and safe. They do not have 1-2-1 care giving.

Home Care – Home care allows your loved one to remain in the comfort of their own home. In-home care allows a person to receive help with daily tasks while simultaneously living in the home where they are comfortable and familiar.

Depending on the level of care needed and the number of hours per day, the cost of home care can vary widely. In-home professionals are typically paid by the hour.

Duties can include general chores like helping with organizing things, light housekeeping, laundry, or medical assistance. Staying in one place while receiving care enables a senior to stay with family members who do not need the same level of care that they do.

Which Is Best For You?

The advantage of assisted living is the 24-hour support and supervision. Facilities are built to provide safety for your loved one, nutritious meals, fitness programs, around-the-clock housekeeping, and laundry. On the other hand, in-home care allows your loved one to stay with family in an environment where they are comfortable. In-home care also lets seniors maintain independence and control over their routine.

There are a lot of factors to consider when deciding which is best for you or your loved one. Start reaching out and get information on each option. Contacting a professional family advisor is a great place to start. They will help you evaluate your options and can provide information that will help in making your decision.

In many communities, there are senior living placement services that are a **FREE** service to the consumer. They will provide answers to the following and other equally important questions. They will help you select some viable options and then schedule personal tours for you and your family. They can provide placement assistance for:

- Independent living
- Assisted living
- Residential care home
- Alzheimer’s care

If you need additional senior care services, we can refer you to trusted business partners who can help you with:

- Continuing care
- Hospice care
- Palliative care
- Home health or companion care
- And more

Senior Options of the Desert is a Senior Living Placement service in Palm Desert, CA Serving San Bernardino, and Riverside Counties. They are members of the Wellness Village since October 9, 2018.

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FDA APPROVES INBRIJA

FDA Approves Inbrija (levodopa inhalation powder) for Intermittent Treatment of OFF Episodes in People with Parkinson's Disease

ARDSLEY, NY-(Business Wire) December 21, 2018 — Acorda Therapeutics, Inc today announced that the US Food and Drug Administration approved Inbrija™ for the intermittent treatment of OFF episodes in people with Parkinson's disease treated with carbidopa/levodopa. OFF episodes, also known as OFF periods, are defined as the return of Parkinson's symptoms that result from low levels of dopamine between doses of oral carbidopa/levodopa, the standard oral baseline Parkinson's treatment.

FDA approval of Inbrija was based on a clinical program that included approximately 900 people with Parkinson's on a carbidopa/levodopa regimen experiencing OFF periods. Inbrija is not to be used by patients who take or have taken a nonselective monoamine oxidase inhibitor such as phenelzine or tranylcypromine within the last two weeks.

About the Inbrija (levodopa inhalation powder) Clinical Development Program

The Phase 3 pivotal efficacy trial—SPANSM-PD—was a 12-week, randomized, placebo-controlled, double-blind study evaluating the effectiveness of Inbrija in patients with mild to moderate Parkinson's experiencing OFF periods.

The SPAN-PD trial met its primary endpoint, with patients showing a statistically significant improvement in motor function at the Week 12 visit, as measured by a reduction in Unified Parkinson's Disease Rating Scale (UPDRS) Part III score for Inbrija 84 mg (n=114) compared to placebo (n=112) at 30 minutes post-dose (-9.83 points and -5.91 points respectively; p=0.009). The onset of action was seen as early as 10 minutes.

The most common adverse reactions with Inbrija (at least 5% and greater than placebo) in the pivotal trial were cough (15% vs. 2%), upper respiratory tract infection (6% vs. 3%), nausea (5% vs. 3%) and sputum discolored (5% vs. 0%).

Inbrija was also studied in a Phase 3 long-term, active-controlled, randomized, open-label study (n=398) assessing safety and tolerability over one year. This study showed the average reduction in FEV1 (forced expiratory volume in 1 second) from baseline was the same (-0.1 L) for the Inbrija and observational cohorts. Patients with chronic obstructive pulmonary disease (COPD), asthma, or other chronic respiratory disease within the last five years were excluded from this study.

Inbrija is expected to be commercially available by prescription in the U.S. in the first quarter of 2019 and will be distributed through a network of *specialty pharmacies*.

ADDITIONAL IMPORTANT SAFETY INFORMATION

Before using Inbrija, patients should tell their healthcare provider about all their medical conditions, including:

- asthma, chronic obstructive pulmonary disease (COPD), or any chronic lung disease
- daytime sleepiness from a sleep disorder or if they get drowsy/sleepy without warning or take a medicine that increases sleepiness such as sleep medicines, antidepressants, or antipsychotics
- feel dizzy, nausea, sweaty, or faint when standing from sitting/lying down
- history of abnormal movement (dyskinesia)
- mental health problem such as hallucinations or psychosis
- uncontrollable urges (for example, gambling, increased sexual urges, intense urges to spend money, or binge eating)
- glaucoma
- pregnancy or plans to become pregnant. It is not known if Inbrija will harm an unborn baby.
- breastfeeding or plans to breastfeed. Levodopa (the medicine in Inbrija) can pass into breast milk, and it is unknown if it can harm the baby.

WHAT YOUR URINE SAYS ABOUT YOUR HEALTH

WebMD

You or your doctor may be able to tell some things about your health simply by looking at the color of your pee and how clear it is. But a urinalysis, a test of your urine, can tell a lot more. Your doctor can use it to diagnose or keep an eye on several health conditions.

Blood in Your Urine - Call your doctor right away if you see blood in your urine. It could be caused by something fairly harmless, like hard exercise or medication. Or it may be a sign of something more serious like kidney disease, an enlarged prostate, bladder cancer, or sickle cell anemia.

A Closer Look - Some foods and medicines can change the color of your pee. For example, beets can make it reddish or dark brown, asparagus can make it green, and carrots can turn it orange. Certain antacids can turn your pee a shade of blue, and some chemotherapy medicines can make it orange. Sometimes an unusual color can be a sign of a health problem. Talk to your doctor if your pee suddenly changes color and you're not sure why.

A Closer Smell - Foods, vitamins, and medication can all change the way your pee smells. For example, asparagus causes an ammonia-like odor for some people. Your pee also may smell stronger if you don't drink enough water or you take vitamin B-6 supplements. But some health conditions can do it, too. Diabetes, bladder infections, kidney infections, and liver failure can all change the way your pee smells. Talk to your doctor if there's a sudden change and it doesn't go away.

Urinary Tract Infection (UTI) - If you have one of these, your pee may be red or brownish or have spots of red in it. Or it might be green or cloudy and have a strong smell. UTIs usually happen because bacteria has gotten into your bladder or your urethra, the tube that carries pee out of your body. Your doctor can test a sample of your urine to find out if you have one. If you do, it can be treated with antibiotics.

Hyperglycemia - This is when you have too much sugar (glucose) in your blood. High levels of glucose also can show up in your urine. You can't tell by looking at it, but your doctor can check by testing a sample. It can be a sign of diabetes and can lead to heart disease, stroke, kidney disease, blindness, and other problems.

Dehydration - If your pee looks dark and you're not going as often as usual, that could mean you don't have enough water in your body. You also might feel tired, nauseated, or groggy. Your doctor may test a sample of your urine to see how much water is in it.

Vasculitis - If this affects your kidneys, your pee may be tea-colored and you may have a fever and body aches. It happens when your own antibodies—which your body makes to fight germs—attack the small blood vessels in one of your organs instead. It may lead to blood and protein in your urine and can make your kidneys stop working.

Glomerulonephritis - Bloody or foamy urine can be a sign of this disease. It also can make your face or ankles swell and cause muscle cramps and itchy skin. It happens when the tiny filters in one of your kidneys get inflamed. That can make fluid and waste build up in your body and cause problems like high blood pressure or kidney failure. Glomerulonephritis can be brought on by several health issues, including diabetes, an infection, or an autoimmune disease.

Blockage - If you can't go or you feel like you have to go often but don't pee much when you do, that can mean something is keeping it from coming out. You may also see blood in your urine, or it might look cloudy. A blockage can be caused by an enlarged prostate, kidney stones, bladder cancer, or blood clots, among other conditions.

Kidney Stones - If your doctor thinks you have kidney stones—when certain minerals form tiny rocks that block the tubes you use to pee—she'll test your urine for calcium and a certain kind of acid. These tests can also help find problems with your small intestine, parathyroid glands, or kidneys.

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ELECTROCONVULSIVE THERAPY AND OTHER DEPRESSION TREATMENTS

WebMD

When medication fails to ease the symptoms of clinical depression, there are other options to try. Brain stimulation techniques such as electroconvulsive therapy (ECT), for example, can be used to treat major depression that hasn't responded to standard treatments.

The least invasive of these techniques is called transcranial magnetic stimulation (TMS), in which a magnetic field is created by a device held above the head, causing a weak electrical signal to be applied to the prefrontal cortex, the region of the brain that is connected to mood.

Vagus nerve stimulation (VNS) is another treatment for depression that uses a surgically implanted pacemaker-like device that electrically stimulates a nerve that runs up the neck into the brain. The nerve is called the vagus nerve. With ECT, an electric current is briefly applied through the scalp to the brain, inducing a seizure.

In addition, alternative therapies such as yoga and hypnosis sometimes work for mild depression.

What Is Electroconvulsive Therapy (ECT)? ECT is among the safest and most effective treatments available for depression. With ECT, electrodes are placed on the patient's scalp, and a finely controlled electric current is applied while the patient is under general anesthesia. The current causes a brief seizure in the brain. ECT is one of the fastest ways to relieve symptoms in severely depressed or suicidal patients. It's also very effective for patients who suffer from mania or a number of other mental illnesses.

ECT is generally used when severe depression is unresponsive to other forms of therapy. Or it might be used when patients pose a severe threat to themselves or others and it is too dangerous to wait until medications take effect.

Although ECT has been used since the 1940s and 1950s, it remains misunderstood by the general public. Many of the procedure's risks and side effects are related to the misuse of equipment, incorrect administration, or improperly trained staff. It is also a misconception that ECT is used as a "quick fix" in place of long-term therapy or hospitalization. Nor is it correct to believe that the patient is painfully "shocked" out of the depression. Unfavorable news reports and media coverage have contributed to the controversy surrounding this treatment.

How Is ECT Performed? Prior to ECT treatment, a patient is given a muscle relaxant and is put to sleep with a general anesthesia. Electrodes are placed on the patient's scalp and a finely controlled electric current is applied. This current causes a brief seizure in the brain.

Because the muscles are relaxed, the visible effects of the seizure will usually be limited to slight movement of the hands and feet. Patients are carefully monitored during the treatment. The patient awakens minutes later, does not remember the treatment or events surrounding it, and is often confused. The confusion typically lasts for only a short period of time.

ECT is usually given up to three times a week for a total of two to four weeks.

Who Might Benefit From ECT? According to the American Psychiatric Association, ECT can be beneficial and safe in the following situations:

- when a need exists for rapid treatment response, such as in pregnancy;
- when a patient refuses food and that leads to nutritional deficiencies;
- when a patient's depression is resistant to antidepressant therapy;
- when other medical ailments prevent the use of antidepressant medication;
- when the patient is in a catatonic stupor;
- when the depression is accompanied by psychotic features;
- when treating bipolar disorder, including both mania and depression;
- when treating mania;
- when treating patients who have a severe risk of suicide;
- when treating patients who have had a previous response to ect;
- when treating patients with psychotic depression or psychotic mania;
- when treating patients with major depression, and;
- when treating schizophrenia.

What Is Transcranial Magnetic Stimulation (TMS)?

While ECT uses an electric current to induce seizure, TMS creates a magnetic field to induce a much smaller electric current in a specific part of the brain without causing seizure or loss of consciousness. The current is caused by the magnetic field created by an electromagnetic coil that delivers the pulses through the forehead.

Approved by the FDA in 2008 for treatment-resistant depression, TMS works best in patients who have failed to benefit from one, but not two or more, antidepressant treatments. Also, unlike ECT, TMS does not require sedation and is administered on an outpatient basis. Patients undergoing TMS must be treated four or five times a week for four to six weeks.

Research has shown that TMS produces few side effects and is both safe and effective for medication-resistant depression. However, its effectiveness as currently performed appears to be less than that of ECT.

What Is Vagus Nerve Stimulation (VNS)? A vagus nerve stimulator (VNS) device was approved by the FDA for adult patients with long-term or recurrent major depression. Some patients who undergo VNS may have been taking many medications for depression yet continue to suffer with its symptoms.

How VNS works: The small stimulator is implanted under the skin of the collarbone and runs under the skin to the vagus nerve in the neck. The device emits electrical pulses to stimulate the brain. *cont. on next page*

INBRIJA – cont. from page 4

Patients should tell their healthcare provider if they take:

- MAO-B inhibitors;
- dopamine D2 receptor antagonists (including phenothiazines, butyrophenones, risperidone, metoclopramide), or isoniazid;
- iron salts or multivitamins that contain iron salts.

No more than 1 dose (2 capsules) should be taken for any OFF period. No more than 5 doses (10 capsules) of Inbrija should be taken in a day.

Inbrija is for oral inhalation only. Inbrija capsules are not to be swallowed or opened.

Patients are not to drive, operate machinery, or do other activities until they know how Inbrija affects them. Sleepiness and falling asleep suddenly can happen as late as a year after treatment is started.

Inbrija (levodopa inhalation powder) can cause **serious side effects**. Patients should tell their healthcare provider if they experience the following:

- Falling asleep during normal daily activities (such as driving, doing physical tasks, using hazardous machinery, talking, or eating) and can be without warning. If patients become drowsy while using Inbrija, they should not drive or do activities where they need to be alert. Chances of falling asleep during normal activities increases if patients take medicines that cause sleepiness.
- Withdrawal-emergent hyperpyrexia and confusion (symptoms including fever, confusion, stiff muscles, and changes in breathing and heartbeat) in patients who suddenly lower or change their dose or stop using Inbrija or carbidopa/levodopa medicines.

- Low blood pressure with or without dizziness, fainting, nausea, and sweating. Patients should get up slowly after sitting or lying down.
- Hallucinations and other psychosis. Inbrija may cause or worsen psychotic symptoms including hallucinations (seeing/hearing things that are not real); confusion, disorientation, or disorganized thinking; trouble sleeping; dreaming a lot; being overly suspicious or feeling people want to harm them; believing things that are not real, acting aggressive, and feeling agitated/restless.
- Unusual uncontrollable urges such as gambling, binge eating, shopping, and sexual urges has occurred in some people using medicines like Inbrija.
- Uncontrolled, sudden body movements (dyskinesia) may be caused or worsened by Inbrija. Inbrija may need to be stopped or other Parkinson's medicines may need to be changed.
- Bronchospasm – people with asthma, COPD, or other lung diseases may wheeze or have difficulty breathing after inhaling Inbrija. If patients have these symptoms, they should stop taking Inbrija and call their healthcare provider or go to the nearest hospital emergency room right away.
- Increased eye pressure in patients with glaucoma. Healthcare providers should monitor this.
- Changes in certain lab values including liver tests.

The most common side effects of Inbrija include cough, upper respiratory tract infection, nausea, and change in the color of saliva or spit.

ELECTROCONVULSIVE – cont. from page 6**What Alternative Treatments Are Used for Depression?**

Alternative treatments can sometimes provide relief that traditional Western medicine cannot. While some alternative therapies have become accepted as part of modern health care practice, others still have not been proven safe or effective.

Whether or not they are scientifically proven, alternative therapies, by providing forms of relaxation and relief from stress, may have a place in healing and general health and well-being. Examples of alternative therapies include acupuncture, guided imagery, chiropractic treatments, yoga, hypnosis, biofeedback, aromatherapy, relaxation, herbal remedies, and massage.

In general, alternative therapies by themselves are reasonable to use for mild but not more severe forms of clinical depression.

URINE – cont. from page 5

Liver or Gallbladder Problems – If your pee is very dark, something could be going on with one of these organs. Too much of certain drugs, like acetaminophen (Tylenol), can lead to problems. And cancer, a stone blocking the way to your gallbladder, viruses like hepatitis C, and other illness can, too. These issues can cause your body to make a yellow fluid called bilirubin that turns your pee very dark. And it can leak out of your liver and into your blood and make your skin and eyes turn yellow (this is called jaundice). Blood and urine tests can measure your level of bilirubin.

PRO CALENDAR FOR JANUARY 2019

The current support group meeting locations are listed below.

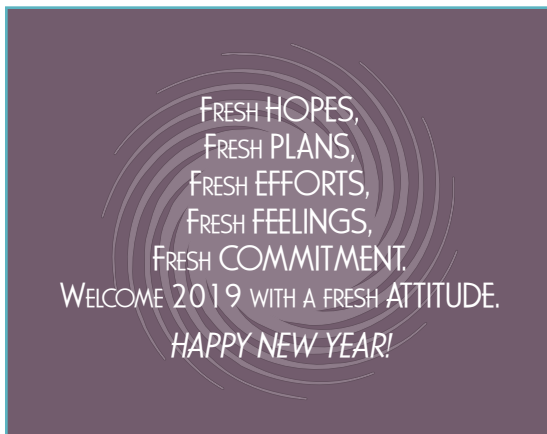
For any information regarding any of these meetings, please contact the PRO Office at 877-775-4111.

		1 NEW YEAR'S DAY	2 LONG BEACH CANCELLED Cambrian Home Care "Training Center" 5199 Pacific Coast Hwy	3	4	5
6	7 PALM DESERT Caregiver Only 10:00 AM PRO Office 74-090 El Paseo Suite 104	8	9 GLENDDORA Caregiver ONLY 6:30 PM La Fetra Senior Center 333 E Foothill Blvd	10 NEWPORT BEACH Round Table/Everyone 6:30 PM Oasis Senior Center 801 Narcissus Corona Del Mar	11	12
13	14 PALM DESERT Round Table For Everyone 6:30 PM Atria Hacienda 44-600 Monterey Ave	15	16 ENCINO Speaker Meeting 7:00 PM Rehab Specialists 5359 Balboa Blvd	17 SANTA MONICA Speaker Meeting 7:00 PM Rehab Specialists 2730 Wilshire Blvd Ste 533	18	19
20	MARTIN LUTHER KING DAY 21 PALM DESERT Caregiver Only 10:00 AM PRO Office 74-090 El Paseo Suite 104	22 MANHATTAN BEACH Speaker Meeting 6:30 PM American Martyrs Parish House 659 15th Street	23	NAT'L PEANUT BUTTER DAY 24 SHERMAN OAKS Speaker Meeting 1:00 PM Sherman Oaks East Valley Adult Center 5056 Van Nuys Blvd	25	26
27	28 PALM DESERT Speaker Meeting 6:30 PM Atria Hacienda 44-600 Monterey Ave	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.



NEWSPORTHY NOTES

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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 • web: ParkinsonsResource.org

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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.