

A MONTHLY PUBLICATION OF  
**PARKINSON'S RESOURCE ORGANIZATION**  
 Working so no one is isolated because of Parkinson's

**M E S S A G E****P R E S I D E N T ' S**

**INCREDIBLE...** that it could be November already! There is so much in store for us as we zero in on the end of a very incredible and unusual year.

During these economically concerning times, PRO has found a way to say **Thank You** and help you save money in your day-to-day activities through more than 300,000 companies that will give discounts through the **AMERICAN SAVER** program, on page 2.

Our **Things To Know Right Now** on our YouTube channel has expanded and we hope you are finding the content really helpful. We are excited to be adding more new interviews that we **know** will be helpful to you. Thank you to the wonderful PROfessionals in our Wellness Village for their time and talents.

The **Road To The Cure** is reporting some very interesting information on this page.

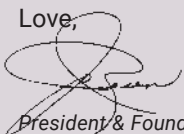
Check out our other PROvocate articles and informative news items such as **NOVEMBER IS NATIONAL CAREGIVERS MONTH: A CAREGIVER'S BILL OF RIGHTS** on page 3; **USING CBD TO AMPLIFY YOUR DAY** on page 4; **BALDNESS INDUCED BY DOPAMINE TREATMENTS MAY BE REVERSIBLE**, also on page 4; **MEDICATION MISTAKES YOU MAY BE MAKING** on page 5, and; **ARE YOU TAKING ADVANTAGE OF THE PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY AVAILABLE TO YOU?** on page 6.

In addition to considering donating, join us in becoming a part of our advocacy efforts. Contact us to "Get Involved." Make monthly donations through our safe PayPal donation page at **ParkinsonsResource.org/donate** or mail your donation to our office in Palm Desert, CA.

Until next month, REMEMBER Daylight Savings Time ends on the 1st (clocks back one hour), Election Day is on the 3rd, Veteran's Day on the 11th, Thanksgiving Day on the 26th, Black Friday on the 27th, and Small Business Saturday on the 28th. The flower is the Chrysanthemum and the Birthstones: Topaz and Citrine.

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**

**THE "HUNGER HORMONE", GHRELIN PLAYS A KEY ROLE IN CONTROLLING APPETITE AND IS PRODUCED**  
**Potential Link between Gut Hormone and Parkinson's Dementia**

Estimated 80% of people with Parkinson's disease will develop dementia during the course of their illness. Also, about 75% of Parkinson's patients will lose weight as a complication of Parkinson's. Those who lose weight are more likely to develop problems with their dementia and have symptoms such as hallucinations than those who do not. Recent studies have found a potential link between a hormone ghrelin playing a role in Parkinson's disease dementia (PDD). Known as the "Hunger Hormone", ghrelin plays a key role in controlling appetite and is produced in the stomach and small intestine, with a little bit of the hormone released in the pancreas and brain. Blood levels of ghrelin are highest before meals when hungry, returning to lower levels after mealtimes.

In addition to controlling appetite, ghrelin appears to play a big role in neurological disorders such as dementia in Parkinson's. A Swansea-led research team says they have discovered that the gut hormone is a key regulator of new nerve cells in the adult brain [*Cell Reports Medicine*, 1, 100120, October 20, 2020].

This hormone exists in two forms: Acylated-Ghrelin, a good form and Unacylated-Ghrelin, a bad form. AG Acylated-Ghrelin, produced in the body by the enzyme ghrelin-o-acyl-transferase (GOAT), crosses the blood-brain barrier (BBB), albeit poorly, and binds to the growth hormone secretagogue receptor (GHS-R) within the hippocampus and stimulates the gene expression of brain-derived neurotrophic factor (BDNF). The BDNF belongs to a family of neurotrophins that have a crucial role in survival and development of functional neurons in the brain. In the adult brain, BDNF also maintains high expression levels and regulates both excitatory and inhibitory synaptic transmission and activity-dependent plasticity.

Mice injected with a single intra-peritoneal injection of Acylated-Ghrelin showed increased production of BDNF in their hippocampus, thus stimulating neural plasticity that is the communication between neurons. On the other hand, mice with dysfunctional GOAT enzyme did not produce Acylated-Ghrelin and had compromised neuronal plasticity. The mice with Unacylated-Ghrelin had decreased expression of BDNF in their brain and severely compromised neuronal activity.

**Relevance to Humans** — Of course, we are not mice and how does this mouse study relate to us humans? These researchers examined the role of Acylated-Ghrelin and Unacylated-Ghrelin in the brain, and compared blood collected from Parkinson's disease patients diagnosed with dementia with cognitively intact Parkinson's patients and a control group. The teams found higher levels of Unacylated-Ghrelin, reduced hippocampal neurogenesis and brain plasticity in Parkinson's patients with dementia than the control group with cognitively intact Parkinson's patients.

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# Our Wellness Villagers

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We are partnering with *American Saver* to give you access to thousands of discounts in retail, dining, entertainment, and services across the US. This membership is honored in a variety of businesses, from local hot spots to destinations like Disneyland and Hilton Hotels.

To get started using these discounts for restaurants, retailers, services, travel, and entertainment, donate at least \$30 for a 1-year American Saver membership.

*It can pay for itself on the first use!*

[AmericanSaver.com/Parkinsons](http://AmericanSaver.com/Parkinsons)

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FIND OUT HOW YOU CAN BE AN AMERICAN SAVER  
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## NOVEMBER IS NATIONAL CAREGIVERS MONTH: A CAREGIVER'S BILL OF RIGHTS

Caregiving is a tough job. This November, we remember the people who lovingly give baths, clean houses, shop for, and comfort the millions of challenged and ill people who are family, friends and loved ones.

If you've ever looked after a challenged or disabled loved one, or even an adult child with special needs, you know how difficult it can be to "keep all the balls in the air," doctors' appointments, daily tasks like dressing, feeding, and bathing, and managing finances.

If you currently look after an older or sick loved one, make sure to have the following legal documents created *before a crisis occurs*:

- **Power of Attorney:** *This will allow you to legally manage your loved one's financial affairs, communicate with financial institutions, and apply for any benefits needed when your loved one can no longer do so.*
- **Healthcare Directive:** *This document gives the appointed agent the right to communicate with doctors and make all necessary medical decisions if the patient cannot speak for him or herself.*
- **HIPAA form:** *You'll want to have a HIPAA form signed in advance by your loved one to ensure that you can access any medical records you may need and overcome any other privacy hurdles you encounter.*

These documents are easy to create and something that **all caregivers** should have on file so that they can quickly and legally step in to help their loved one in an emergency.

During this month and all other days and months, a Bill of Rights was established 1986 and there have been many renditions since. Below are snippets from three Caregiver Bills of Rights we found. You can download them, on our website, or send a stamped, self-addressed envelope with a request to receive them, here:

### A CAREGIVER'S BILL OF RIGHTS

#### I have the right . . .

- ◇ To take care of myself. This is not an act of selfishness. It will give me the capacity to take better care of my loved one.
- ◇ To seek help from others even though my loved one may object. I recognize the limits of my own endurance and strength.
- ◇ To maintain facets of my own life that do not include the person I care for, just as I would if he or she were healthy. I know that I do everything that I reasonably can for this person, and I have the right to do some things for myself.
- ◇ To get angry, be depressed, and express other difficult feelings occasionally.

1. *Seek support from other caregivers. You are not alone!*
2. *Take care of your own health so that you can be strong enough to take care of your loved one.*
3. *Accept offers of help and suggest specific things people can do to help you.*
4. *Learn how to communicate effectively with doctors.*

- *Receive enough training in caregiving skills along with accurate understandable information about the condition and needs of the care recipient.*
- *Appreciation and emotional support for their decision to accept the challenge of providing care.*
- *Protect their assets and financial future without severing their relationship with the care-receiver.*
- *Respite care during emergencies and in order to care for their own health, spirit, and relationships.*

To download and print, go to [ParkinsonsResource.org/caregivers-bill-of-rights](http://ParkinsonsResource.org/caregivers-bill-of-rights) to access and download the full sets of all of the Caregiver's Bill of Rights above.

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## USING CBD TO AMPLIFY YOUR DAY

We encounter many people each day that would like to enjoy the relaxing benefits of cannabis, but simply do not have the ability or time to be slowed down during the day. Fortunately, you can count on CBD (Cannabidiol) to help solve this issue, however you must find the right product and dosage to fit your lifestyle. Learning how CBD works is a vital step to relieving your anxiety.

Cannabis and close relatives to cannabis, hemp for example, produce a fascinating array of molecules known as cannabinoids. Cannabinoids, like THC and CBD, interact with different receptors in our body and provide a variety of effects. Recent medical studies, (such as Cannabidiol as a Potential Treatment for Anxiety Disorders, published in the Neurotherapeutics Medical Journal), have found that although CBD closely resembles THC on a molecular level, it does not provide euphoric or "high" effect. This makes CBD a perfect anti-anxiety option during your regular day to day.

Using CBD like a vitamin supplement and getting a daily dose of the cannabinoid is the best way to find relief. Finding a CBD product that you can treat as such is key. Looking into products like capsules and tinctures will allow you to attain your daily dosage without breaking the bank.

Now that we have gained a little understanding for how CBD works, let's dive into finding the right product for you! There is a plethora of CBD products, ranging from tinctures that are applied under the tongue, to tasty edible treats, and even pain-relieving creams. As mentioned above, it is best to find a product that you can use each day - so product cost can sometimes play a factor. Always be sure to find a reputable brand that has put in the effort to create a reliable product. We recommend a CBD tincture, as it's a cost-effective option that provides a consistent dose.

When starting out with cannabis products, it's always important to find the right dose (measured in milligrams or 'mgs'). There are many theories of where to begin, but we have found that a good starting CBD dose is equal to 1/4 of your body weight. That means a 200lb person can start with 50mg of CBD per day, and adjust up or down from there, in 10mg increments. We also recommend using a consistent dose for 7-10 days to see if that is the right amount for you. Luckily, using too much CBD at a time can only provide a little sleepiness, so you are able to test out these products and still remain effective throughout the day.

If you would like to learn more about how cannabis works in your body might we suggest that you get in touch with [The Leaf ParkinsonsResource.org/the-wellness-village/directory/the-leaf/](http://TheLeafParkinsonsResource.org/the-wellness-village/directory/the-leaf/) in the Wellness Village to have your questions answered by our professional and highly trained Cannabis Consultants. We are ready to help any PRO member to get more out of your day and kick anxiety on your own terms! They also offer a 10% discount on products when you inform them that you are a PRO Member. They look forward to your stopping in or your call.

## BALDNESS INDUCED BY DOPAMINE TREATMENTS MAY BE REVERSIBLE

Source: American Academy Of Neurology

*Summary: Two women with Parkinson's disease who developed alopecia (baldness) while being treated with the dopamine agonists pramipexole or ropinirole found that the hair loss stopped after the drugs were discontinued and replaced with a new treatment. The study is published in the current issue of Neurology, the scientific journal of the American Academy of Neurology. Date: March 12, 2002*

St. Paul, MN — Two women with Parkinson's disease who developed alopecia (baldness) while being treated with the dopamine agonists pramipexole or ropinirole found that the hair loss stopped after the drugs were discontinued and replaced with a new treatment. The study is published in the current issue of Neurology, the scientific journal of the American Academy of Neurology.

Parkinson's disease is a progressive, neurodegenerative disease that may be caused when a small group of brain cells that control body movement die. These cells, the substantia nigra, normally produce a chemical called dopamine. Loss of dopamine causes the nerve cells to fire out of control, leaving people unable to control their movements normally.

In both cases reported, the women had been started on pramipexole and subsequently

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## MEDICATION MISTAKES YOU MAY BE MAKING

### Get the full dose of reality on why your prescription may not be working

From *Everyday Health*

Alexis Farah / Medically Reviewed by Sanjai Sinha, MD

Taking multiple prescriptions? Filling them all at the same pharmacy can ensure you get a heads up about any possible drug interactions.

Getting prescribed the right medication from your doctor can mean the difference between feeling run-down or up for anything. The problem is that some people don't take their medications properly. And in some cases, they don't take them at all.

It's estimated that close to half of all patients in the United States don't take their medications as prescribed by their physicians, according to a study published in *The New England Journal of Medicine*.

A national 2013 survey sponsored by the National Community Pharmacists Association found that adults over 40 with chronic conditions earned a C+ when it came to taking their drugs properly — and 1 in 7 were given a grade of F.

If you suspect you're not quite an A student when it comes to taking your prescription drugs, make sure you're avoiding these common medication mistakes.

**1. Mixing Medication With Certain Foods and Beverages** — What you put in your body while on medication matters, so it's important to talk to your pharmacist or doctor about whether you should take your medicine with food or not. "Food can interfere with the way drugs are absorbed and with the extent and rate at which these drugs get into the bloodstream," says Shereen Abou-Gharbia, PharmD.

If the drug concentration changes, the medication could be less effective or cause side effects. Since the extent of these food and beverage interactions varies based on an individual's age, drug dosage, gender, body size, and overall health, check with your doctor about potentially harmful combinations before taking any medication.

**2. Storing Medication Improperly** — The bathroom medicine cabinet may need a name change, since fluctuating temperatures and humidity levels in bathrooms can render pills less effective. Instead, keep them at room temperature, where they'll remain dry, and away from direct sunlight. And most importantly, keep them out of a child's reach, says Abou-Gharbia.

**3. Forgetting to Read the Inserts** — While it can seem labor-intensive to read the lengthy information included with your prescriptions, it's there for a reason. "It is essential to read drug labels and take them as prescribed to avoid any harmful complications and promote a person's well-being," says Abou-Gharbia. If you need a quick translation, ask your pharmacist to summarize key information.

**4. Not Taking Medication as Directed** — Too often, people don't take their medicine as often as they're supposed to, or they decide to stop taking it early. "If you're not taking the medication as prescribed, then you're probably not going to get the benefit that you and your doctor were looking for," says Gerardo Moreno, MD, co-director of the MyMeds program at UCLA Health in Los Angeles. Be sure to follow the correct dosage, timing, and any additional instructions to get the most out of your prescription.

**5. Not Timing Your Medication for Optimal Efficacy** — For some medications, when you take them during the day may be important. Some drugs clearly should be taken before bed, such as those intended to help you sleep, according to a study published in December 2019 in the *Journal of Biological Rhythms*. Long-acting insulin and some statins should also be taken at bedtime.

Other medications are more suited for the morning, including some drugs that treat acid reflux and attention deficit hyperactivity disorder, according to the authors of the study.

Research also shows that blood pressure medication might work better if taken at a specific time. A study published in October 2019 in the *European Heart Journal* found that patients who took at least one of their blood pressure medications at night had a lower risk of heart attack, stroke, heart failure, and overall cardiovascular death.

Why does it matter? Normally, blood pressure is lowest in the overnight hours, according to Jim Liu, MD, a cardiologist and assistant professor of cardiovascular medicine at the Ohio State University Wexner Medical Center in Columbus. Previous research has shown that patients who do not have this normal dipping pattern had worse overall cardiovascular outcomes, says Dr. Liu. "Therefore, one possible explanation for the results of this study

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WE INTEND IT TO SERVE AS  
AN INFORMATION GUIDE.

**MISTAKES YOU COULD BE MAKING** – cont. from page 5

could be that taking blood pressure medications at night would restore a normal dipping overnight blood pressure pattern,” he says.

But this isn't true for everyone. Dr. Liu says that some blood pressure medications contain diuretics, so taking them right before bedtime could force you to make a few middle-of-the-night trips to the bathroom. The best approach: Talk with your doctor or pharmacist about the best time to take any medications.

**6. Not Keeping Your Doctor in the Loop** — If you've seen a specialist or visited the hospital recently, it's crucial to keep your primary care doctor, who knows your medical history, in the loop to reconcile any medications that may have been prescribed.

“Sometimes in the hospital, they don't have an accurate history, or list of the medications that have been tried, or a list of the medications that the patient may be on,” says Dr. Moreno. In some cases, the medical center could even provide the same medication a patient is already on, he says, adding “but if there's a generic version and a brand name, the patient won't know.”

**7. Drinking While on Your Meds** — “Alcohol can affect the way your body metabolizes drugs and can lead to increased side effects like nausea, vomiting, sedation, light-headedness, and even serious consequences up to and including death,” says Abou-Gharbia.

The National Institute on Alcohol Abuse and Alcoholism provides a list of many commonly used medicines that interact with alcohol. If you're going to drink, check with your doctor or pharmacist first.

**8. Skipping Doses** — It goes without saying that it's best to not skip a dose of medication, but on the off chance that you don't take the drugs at the right time, you may experience various effects depending on the medication you're taking. “If you miss a dose of medication, it is important to speak with your doctor or pharmacist to assess the best course of action,” says Abou-Gharbia.

**9. Using Multiple Pharmacies** — Filling prescriptions at one central drugstore allows the pharmacist to monitor drug duplications and interactions. “In general, it's better not to use different pharmacies, but sometimes that's hard to avoid because different pharmacies have better prices — and some have different inventory,” says Moreno.

To avoid any confusion, it's crucial to keep your healthcare provider informed about the different pharmacies you're using, including the name, location, and phone number. If you've seen a specialist or visited the hospital recently, it's crucial to keep your primary care doctor, who knows your medical history, in the loop so they can reconcile any medications that may have been prescribed.

**10. Cutting Corners... and Pills.** — “I see a lot of patients

who may be running out of medication, are too busy to come in for a refill, or maybe don't have money for the co-pay start cutting their pills,” explains Moreno. In some cases, it may be acceptable to split a pill with a pill splitter, according to Harvard Health Publishing. However, medications that are coated to help the formula last longer and time-release medications should not be split. Double-check with your pharmacist or provider before making the cut.

If you have a question about your prescriptions and you are in the Coachella Valley, we suggest you contact Greg Collins, PharmD at Cornerstone Pharmacy <https://www.parkinsonsresource.org/the-wellness-village/directory/cornerstone-pharmacy/>. He has helped so many people with Parkinson's and their care partners, working with their doctors, to get medicine issues resolved. Just watched the video you did with Greg. He is beyond the shadow of a doubt one of the best “nuggets” you have passed along. I can't believe how calm he looks in the video – yet I know he's under massive time stress. I keep trying to get the word out about him. He's a Godsend – gave us both pneumonia and flu shots last week – in the middle of all of this! We can't thank you enough for bringing him into our lives – who knew a pharmacist could make such a difference? (Jo knew...). And he got Cort to settle down a bit on his insane amount of supplements, plus Cort's now taking some supplements he's testing that were specifically designed for PD patients... one week into that test.

**ROAD TO THE CURE** – cont. from page 1

**Medical Significance** — Acylated-Ghrelin treatment of Parkinson's patients with dementia is likely to reverse dementia according to these latest findings. Also, these findings highlight that the Acylated-Ghrelin or Unacylated-Ghrelin could serve as a biomarker, which would allow earlier detection of dementia in people with Parkinson's disease.

**How can ICB International, Inc., (“ICBII”), transform Acylated-Ghrelin into useful therapy for PDD patients?**

Because Acylated-Ghrelin has a very low brain uptake. ICBII can improve the same by using its SMART Molecules technology as a carrier to deliver Acylated-Ghrelin across the blood-brain barrier into the central nervous system in therapeutically effective concentrations.

**Would you like to help** get ICBII's 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 ICBII directly through their website [ICBII.com](http://ICBII.com), or by phone at 858-455-9880, or contact Jo Rosen at PRO for a personal introduction to the scientists.

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



## ARE YOU TAKING ADVANTAGE OF THE PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY AVAILABLE TO YOU?

BERLIN—Patients with Parkinson's disease are not taking advantage of the physical, occupational, and speech therapy available to them, researchers reported here.

Only about 11% of Parkinson's patients on Medicare had claims for physical or occupational therapy and only about 12% had claims for speech therapy, Michelle Fullard, MD, of the University of Pennsylvania, and colleagues reported at the Movement Disorders Society meeting here.

Multiple studies have demonstrated the efficacy of physical, occupational, and speech therapy—collectively known as allied healthcare—in Parkinson's disease. Physical therapy, for instance, has been shown in randomized controlled trials to improve motor function and independence and reduce falls in this population, the researchers said.

But no study has yet examined allied healthcare utilization among Parkinson's patients in the U.S. So Fullard and colleagues conducted a cross-sectional study using Medicare claims data from 2007 to 2009, totaling 742,846 Medicare beneficiaries with Parkinson's.

The researchers found that there were several factors that were associated with use of allied healthcare. Race was one such factor, with Asian Americans having the highest likelihood of use (adjusted odds ratio 1.52 for physical/occupational therapy, 1.45 for speech therapy, compared with white patients) while African Americans had the lowest (adjusted odds ratio 0.67 for physical/occupational therapy, 0.67 for speech therapy).

Parkinson's patients who were under the care of a neurologist care had increased utilization of allied healthcare. Those who had at least one neurologist visit per year had a higher likelihood of receiving an evaluation for physical/occupational therapy (adjusted odds ratio 1.31) and speech therapy (adjusted odds ratio 1.52) compared with those who hadn't seen a neurologist.

Fullard and colleagues also found lower rates of allied healthcare use were more common in states with reduced availability of allied healthcare providers. The researchers called for further research in order to identify the barriers to these therapies for Parkinson's patients.

Schmidt noted that one such barrier is a therapy cap that limits patients to about a month's worth of occupational therapy, and a similar month's worth of combined physical and speech therapy.

"In order to get patients beyond a month of physical, occupational, or speech therapy, you have to ask for an exception, and the physician has to fill out paperwork, which creates an administrative burden," he said. Schmidt added that there are sufficient data to show that physical therapy in the long run benefits patients with Parkinson's - even if that just means a slower degradation of their condition.

"Occupational and physical therapy can help patients with being able to exercise, and we know that's one of the most effective ways to reverse the course of Parkinson's," he said. "We've also shown that the earlier you get it, particularly with physical therapy, the more effective it is later in the disease."

**Disclosures** — The authors disclosed no financial relationships with industry. **Primary Source:** Movement Disorders Society Source Reference: Fullard M, et al "Underutilization of allied healthcare for Parkinson's disease in the U.S." MDS 2016; Abstract 444.

## BALDNESS – cont. from page 4

switched to ropinirole as dopamine therapy. In the first case, the patient's hair loss stopped within two weeks after she switched to ropinirole. The patient noticed new hair growth one month after switching drugs. After a year of treatment on ropinirole, the alopecia has not returned.

In the second instance, the patient experienced hair loss after being given an increased dosage of pramipexole, which she had been receiving for a year. When her dose was reduced back to previous levels, the hair loss continued. In this case, hair loss continued even after she switched to ropinirole. Ropinirole was finally stopped and she was started on carbidopa/levodopa. Within a week, the hair loss stopped and some of her hair grew back over the next six months.

"For some patients hair loss is unacceptable and detracts substantially from their quality of life. In one case, the patient was distraught and refused to leave her house without wearing a hat," according to the paper's author, Alessandro Di Rocco, MD, Beth Israel Medical Center-Albert Einstein College of Medicine in New York. "If treating physicians can help patients deal with alopecia and other cosmetic symptoms resulting from therapy, without compromising the quality of their treatment, we can do a lot toward helping them maintain a high quality of life throughout their illness," said Di Rocco.

Parkinson's disease progression varies from person to person. For some, the disease can progress slowly over 20 or 30 years and for others, the progression is faster.

The American Academy of Neurology, an association of more than 18,000 neurologists and neuroscience professionals, is dedicated to improving patient care through education and research. For more information about the American Academy of Neurology, visit its web site at [AAN.com](http://AAN.com).

PARKINSON'S RESOURCE ORGANIZATION  
INVITES YOU TO CELEBRATE  
THE 2ND ANNUAL

# DON CAVANAUGH DAY

AT

## THE BLUE COYOTE GRILL

SUNDAY, NOV 8TH 15% OF REVENUE  
OPEN 11 AM TO 9 PM DONATED TO  
445 N. PALM CANYON DR. PARKINSON'S  
PALM SPRINGS, CA RESOURCE  
ORGANIZATION

PATIO DINING | TAKE OUT | DELIVERY

# PRO CALENDAR FOR NOVEMBER 2020

The current, **VIRTUAL ONLY**, support group meetings are listed below.

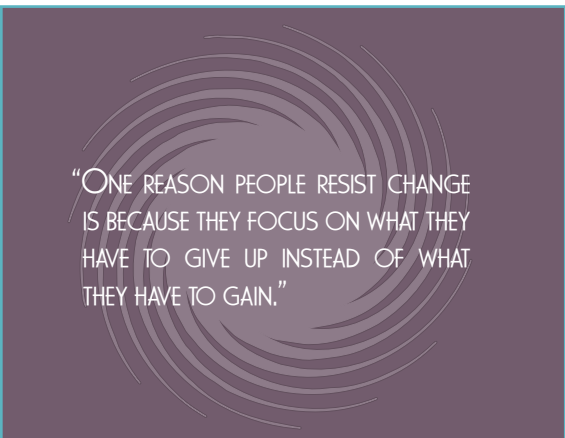
For any information regarding any of these meetings, please contact the PRO Office at 877-775-4111.

1 DAYLIGHT SAVINGS TIME ENDS	2 DAY OF THE DEAD VIRTUAL Partner in Care ONLY Meeting 10:00 AM – 11:30 AM	3 ELECTION DAY	4 VIRTUAL Round Table 6:00 PM – 8:00 PM	5	6	7
8 2nd ANNUAL DON CAVANAUGH DAY CELEBRATION 11:00 AM - 9:00 PM	9 VIRTUAL Round Table 6:00 PM – 8:00 PM	10 DON CAVANAUGH MEMORIAL DAY	11 VETERANS DAY VIRTUAL Village Meeting 4:00 PM – 6:00 PM	12	13	14
15	16 VIRTUAL Partner in Care ONLY Meeting 10:00 AM – 11:30 AM	17	18 VIRTUAL Partner in Care ONLY Meeting 6:00 PM – 7:30 PM	19	20	21
22	23 VIRTUAL Village Meeting 6:00 PM – 8:00 PM	24	25	26 THANKSGIVING	27 BLACK FRIDAY	28 SMALL BUSINESS SATURDAY
29	30 DECEMBER 1ST IS GIVING TUESDAY. PLEASE REMEMBER PRO					

**PARTNER IN CARE MEETING:** (Formerly “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.

**VILLAGE 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. Village 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

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### PARKINSON’S RESOURCE ORGANIZATION

Working so no one is isolated because of Parkinson’s

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