We Have a Choice - The Impact of Attitude

Peter Gall described Parkinson disease as “a collection of symptoms, not all of which are exhibited in every case. Most of them have to do with our inability to control our personal locomotion system. We command our brain to take a step, and the brain responds, ‘Good luck!’” You can’t change that you have Parkinson disease, but you can change how you live with it.

Charles R. Swindoll’s thoughts on the impact of attitude reinforce this idea. He writes, “The longer I live, the more I realize the impact of attitude on life. Attitude, to me, is more important than facts. It is more important than the past, than education, than money, than circumstances, than failure, than successes, than what other people think or say or do. It is more important than appearance, giftedness, or skill. It will make or break a company…a church…a home. The remarkable thing is we have a choice every day regarding the attitude we will embrace for that day. We cannot change our past…we cannot change the fact that people will act in a certain way. We cannot change the inevitable. The only thing we can do is play on the string we have, and that is our attitude. I am convinced that life is 10% what happens to me and 90% how I react to it.” And so it is with you – we are all in charge of our attitudes.

John O’Leary, a motivational speaker, touched on this same theme in his Rising Above journal entry on November 25, 2013. “Over the last six years I’ve had the honor of sharing my message with hundreds of thousands of people around the world. During this time I’ve met unforgettable individuals with unforgettable stories, remarkable courage and unbreakable spirit. Meeting these people has been amazing, but the most remarkable person I’ve found was not on the road, but at home.” He continues, “For more than two decades one of my heroes, my dad, has battled Parkinson disease. It is a degenerative disorder that gradually impacts everything physically. In time, Parkinson disease rips away one’s ability to work, type, write, drive, walk and speak. As a result, it becomes increasingly difficult to socialize with others or participate in personal hobbies. As obviously difficult as this disease is for my dad, it amazes me that I’ve never heard him complain.

“I asked Dad how he remains so positive when dealing with such difficulty. He responded that he couldn’t possibly be negative when he’s got so much to be grateful for. I then asked him to share with me three things he’s grateful for as a result of Parkinson disease. Dad responded immediately:

- I am grateful it wasn’t a more serious disease.
- I am grateful for the time to reflect on who I am and who God is.
- I am grateful for my relationship with your mom; we’ve grown even closer.

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“Here is a disease that rips everything from the sufferers (and he is grateful it wasn’t worse), forces them into isolation (and he is grateful for time to reflect), and causes them to be dependent on others (and he is grateful for that relationship). I stood to give my dad a big hug. He quietly but firmly said to me, ‘Sit down, John. I’m not finished.’ He continued:

- I am grateful for medical technology – and those who provide it.
- I am grateful for the empathy I’ve gained for others with challenges.
- When I can’t walk or speak, I am grateful for the days I could.
- When we drive, I am grateful for the handicap spot.
- I am grateful to still see, hear, learn, laugh and love.
- I am grateful for being healed, even if not cured.

“This terrible disease, his intense physical pain, the stress on my mom (another one of my heroes), his inability to earn a living, the resulting financial struggle and his immobility have led to some of the greatest gifts in my dad’s life, because he chooses to look for them. “We all know people who have everything and are grateful for nothing. We also know others who have nothing and are grateful for everything.” John concludes that “choosing to seek good each day in their challenges, their opportunities, their relationships and their world will result in the reward of unlocking even greater gifts tomorrow.”

The annual APDA Golf Classic in memory of Jack Buck will take place May 19, 2014, at Algonquin Golf Club in Glendale, MO. Mark your calendars! Invitations will be mailed out soon, so don’t delay in returning your registration as this event sold out early last year.

St. Louis Cardinals GM, John “Mo” Mozeliak, will serve as Honorary Chairperson for the fifth consecutive year. Mo’s Parkinson connection is twofold as both his grandmother and father-in-law were diagnosed with Parkinson disease. One of the highlights of the evening is the Q&A session with John Mozeliak and broadcaster Dan McLaughlin. Last year, over $110,000 was raised to support local patient services and programs and to fund Parkinson research. Participants commented that they enjoyed the sit-down dinner and feasting on Chef Brian Bernstein’s delicious creations. If you don’t golf, there is a dinner-only option, but tickets are limited, so sign up early.

If you or someone you know would like to receive an invitation to play in this wonderful tournament, become a corporate or individual sponsor, and/or donate a gift for the auction or raffle, we welcome your involvement. Please contact the Greater St. Louis APDA Chapter at 314-362-3299 or send an email to brooksmi@neuro.wustl.edu.

Help us honor Jack’s memory with another winner! The funds generated will assist those living with Parkinson disease in our local communities as well as the researchers hard at work discovering causes and ultimately a cure for Parkinson disease.”
Have you ever looked in the mirror and wondered who on earth is staring back at you? Parkinson disease is slowly stealing away my smile and expression. If I were a poker player, this would give me a distinct advantage, but other than that, it’s very difficult for others to know what I am thinking. I barely recognize myself anymore; the reflection staring back at me has no expression, just a blank empty look.

An experienced doctor, despite spending years specializing in a particular field, can he really visualize and understand what it’s like to live with a degenerative disease? Unless standing in a patient’s shoes, it’s impossible to grasp completely the daily complexities encountered with chronic disease. Parkinson disease, like many neurological diseases, continually persists and never gives up. I’ve long forgotten what it feels like to feel no pain, to move my body freely, walk briskly or dare to run. How I miss those simple pleasures I once took for granted. I mourn the parts of me I’ve lost, my abilities and activities I can no longer do, and things I will never see. Left with no choice, I embrace the “new me” as this is all I can do. I’m someone slightly different, a re-vamped Elaine, still fundamentally “me,” yet changed in many ways.

With Parkinson disease I never know whether I’m going to have a good or bad day, and making arrangements in advance can sometimes be risky, uncertain what state I will be in on that particular day. When having a good day, it’s great, and although my walking is still poor, and I have terrible dexterity in my fingers, I put up with the many symptoms, taking advantage of a good day, and achieve as much as I can. To have a productive day, go out somewhere or have visitors over, is great when I’m feeling good.

On a bad day, it’s an entirely different story and you probably wouldn’t want to be around me; I don’t think I would want to be around me! A bad day is when my voice can hardly be heard and it’s an effort to even talk on the phone, shaking and tremors are exacerbated, walking from one room to another becomes a challenge, and I’m barely able to think or make decisions - it’s all just too much, an overwhelming feeling that I simply can’t take any more. No matter how cheerful and positive I remain, and I’m fairly upbeat most of the time, on occasion, my spirits sink, and Parkinson disease unfortunately gets the upper-hand. At these times, only a fellow sufferer can fully understand. I just want to curl up in bed, pull the covers over my head, and hope to be granted grace and magically disappear from this world. A more honest description of a bad day, I cannot manage.

As strange as it may sound, some things have changed for the good. I no longer worry what people think of me, or need to put on the graces. I have been given the opportunity of being “free” to speak out, to connect with others I may have never had the pleasure to meet, to be part of something so much bigger than myself, a sort of global Parkinson disease family, all fighting for the same cause. Each of us can make a difference; together in numbers we have strength and the power to bring about change. April is Parkinson Awareness Month, which hopefully brings greater public understanding to a disease that millions suffer from around the world.
Recognizing and Treating Non-Motor Symptoms in Parkinson Disease—Part 2

Okeanis E. Vaou, MD, Neurologist, Movement Disorder and Sleep Specialist, Noran Neurological Clinic PA, Minneapolis, MN


While motor symptoms are most common in Parkinson disease (PD) and are used for diagnosis, the non-motor symptoms dominate the Parkinson disease patient’s life and may also be missed in the doctor’s visit. These include fatigue, depression, sleep disturbances, constipation, bladder and other autonomic disturbances (sexual, gastrointestinal, cardiovascular) and sensory complaints, such as pain. Other common complaints include bradyphrenia, confusion, dementia, lack of motivation and apathy, behavioral changes in mood and hallucinations. Based on the Braak theory, olfactory and autonomic disorders predate motor PD symptoms by 20 years.

**Disorders of Behavior**

**Depression**

One of the most common concerns in PD patients is depression, which may precede motor symptoms of PD, or occur as PD progresses. One study showed a 28% prevalence of depression in PD patients. In a different study, depression affected 45% of PD patients. Depression in patients with PD is a factor of impairment of activities of daily living.

There have been several suggestions for the reasons for depression experienced by patients with PD. A patient with PD faces many challenges due to his or her motor disabilities, and may have to give up a fraction of his or her independence. This, along with the diagnosis of an incurable, chronic and debilitating disease, increases the risk for depression. On the other hand, the pathology of PD itself may be the cause, affecting the serotonergic and noradrenergic neurons in the limbic system, typically involved in primary depression.

The recognition of depression in PD patients is very important, and treatment can improve activities of daily living. Most commonly, SSRIs are effective in treating depression. Of the dopamine agonists, pramipexole, used to treat motor symptoms of PD, has shown antidepressant activity similar to fluoxetine, and was better than a placebo in 174 patients with PD and depression.

**Anxiety**

Anxiety frequently coexists with depression in patients with PD. Patients feel anxious in social or professional settings, and fear that they will not perform adequately, or that their friends and relatives will notice their motor or verbal disabilities. Anxiety also tends to worsen during “off” states. Treatment with dopaminergic therapy is usually effective in treating anxiety. Depression and anxiety can also occur as the sensory or behavioral “off.” Similar to the motor “off,” this occurs when there is insufficient dopaminergic activity, mostly to the limbic system and therefore responds to dopaminergic therapy aimed at preventing wearing off.

**Lack of Motivation**

Personality disorders may manifest as a lack of motivation and restriction of activities. The patient may find it difficult to multitask or make important decisions at work, and may not be able to continue working. The patients become more passive and dependent on their caregivers. They tend to become less interested in social activities and prefer to stay home. In severe cases, the patient develops apathy and abulia with complete lack of motivation and initiative. Such changes may be related to depression, but most times there is no mood change. Although dopaminergic therapy can be effective, a small study has suggested that stimulants such as methylphenidate have proven to be effective.

**Cognitive Problems**

**Dementia**

Unfortunately, in the late stages of PD, a large portion of patients develop dementia. PD dementia is characterized by impairment in attention, memory, executive and visuospatial functions. In addition, behavioral symptoms such as changes in affect, hallucinations and apathy are frequent. Dementia can affect up to 80% of late stage PD patients. According to one study, patients with akinetic-dominant or mixed tremor/akineti PD have a higher risk of developing dementia. In a different study, it was found that patients with end stage PD who had dementia had worse “on” and “off” motor periods and a smaller response to levodopa. Treating dementia in patients can be challenging at times. Before treating dementia in patients with PD, secondary and potentially reversible causes need to be ruled out. Such causes include infection, metabolic abnormalities, subdural hematoma, hypothyroidism and seizures. Medications which are frequently used in PD and can worsen dementia should be decreased or discontinued. These include selegiline, anticholinergic medication, amantadine and dopamine agonists such as pramipexole and ropinirole. Donepezil and Rivastigmine have been shown to provide moderate benefit in dementia. Hallucinations, which frequently coexist with dementia in PD

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Patients, can be treated with quetiapine without exacerbating Parkinsonian symptoms. Clozapine is also effective in treating hallucinations; however, weekly checking for neutropenia makes this a less favorable choice.

**Hallucinations**

Visual hallucinations are reported in 16-37% of drug-treated Parkinson disease patients, and are the most common hallucinations in PD. Auditory hallucinations are relatively uncommon. Hallucinations are perceptions that are not based on any relevant stimulus. Delusions are false, irrational beliefs that are not based on data. In general, these are distinct phenomena, although both may occur in PD psychosis. They are usually a result of the disease itself, the side effects of medication, and occasional illnesses such as infections or metabolic disorders. Visual hallucinations often start by a sensation of a presence, described as a shadow in the peripheral vision, which quickly disappears once the patient tends to it. More severe hallucinations may take the form of an animal or person with usually retained insight and are generally not bothersome to the patient.

Management of hallucinations most times begins with exclusion of secondary causes such as underlying infection, metabolic derangement, renal, hepatic or endocrine dysfunction, cancer, stroke, etc. Hallucinations in PD patients can be treated with antipsychotics, such as Clozapine or Quetiapine, without worsening PD symptoms. Clozapine is not the preferred medication due to the frequent blood monitoring for side effects of agranulocytosis. Quetiapine is the medication most frequently used to treat hallucinations. Due to sedative properties, Quetiapine is commonly given before bedtime and can serve as a sleep aid and improve sleep. If hallucinations persist, discontinuation of Selegiline, Amantadine and anticholinergics should be considered, and dopaminergic agents should be reduced if possible.

Article appeared in the Minnesota Messenger, Spring 2013 edition and is reprinted with permission from the Minnesota APDA Information & Referral Center. Part 1 appeared in the November 2013 issue of the LINK.

**Fatigue & Sleep Disorders**

Joseph Friedman, MD, Director of the Movement Disorders Program at Butler Hospital and Professor and Chief of the Division of Movement Disorders at the Warren Alpert Medical School of Brown University.

Dr. Friedman first presented this topic as a PD ExpertBriefing, available to view online at www.pdf.org/parkinson briefing sleep fatigue. It is also available as a PDF Fact Sheet and is reprinted here with permission of the author and the Parkinson’s Disease Foundation.

If you are living with Parkinson disease (PD) and find that you experience fatigue and sleep problems, you are not alone. These are common symptoms of Parkinson disease. Fatigue can occur at any stage of PD. In my research, I found that in a group of 100 people with Parkinson disease, one-third reported fatigue as their worst symptom. It was a bigger problem for these individuals than stiffness, slowness, or walking problems. Other studies have had similar results and have shown that sleep disorders affect about 90 percent of people with Parkinson disease. But doctors often overlook these symptoms when caring for people with PD because the disease is defined by problems with movement like rigidity, stiffness, and tremor. So how can you cope with these symptoms to ensure you feel your best? First, it is important to understand the symptoms and then to employ strategies to ease their impact on your Parkinson disease.

**What Is Fatigue?**

People who are fatigued are often sleepy, and sleepy people are often fatigued, but fatigue is different than sleepiness. Fatigue is a feeling of being extremely tired, of being either physically or mentally weary. Most people talk about fatigue as a result of some type of exertion – being tired from working, or from thinking – but sometimes it is there all the time. Fatigue is also a symptom of depression. If a person is depressed, it is important to seek treatment. Although people with Parkinson disease often have both fatigue and depression, they can feel fatigued without being depressed. Most physicians believe that fatigue is a symptom intrinsic to PD, a result of the same brain changes that lead to motor symptoms.

In our recent study, my colleagues and I found that fatigue is a common symptom in the earliest stages of Parkinson disease. The level of fatigue was not found to be related to the severity of motor symptoms, and people who had severe fatigue early in their Parkinson disease tended to stay fatigued.

**Treating Fatigue**

Researchers have found that medications that help motor symptoms do not necessarily improve fatigue, although, in one study, levodopa was shown to slow the worsening of fatigue. So, is there any therapy that can help fatigue? Unfortunately, research in this area is in its early stages. Two therapies – testosterone replacement and modafinil – were tested, but proved unsuccessful. In a small trial, methylphenidate (Ritalin) was found to be effective, but this and other stimulants have not been approved for treating PD. More studies are needed.

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To date, exercise is the best known therapy for fatigue. People with Parkinson disease often say that they are too fatigued to exercise, but paradoxically they feel more energetic afterward. When exercising, you should have reasonable expectations. Start slowly by walking or using an exercise bicycle for five minutes, and build up to 30 minutes a day. There is no downside to exercise, and it is my belief that it will improve fatigue, one’s sense of well-being, depression, and sleep quality at night.

Sleep Problems

Most people with Parkinson disease have trouble getting a good night’s sleep. Both disease symptoms and anti-Parkinson medications can interfere with sleep. The good news is that effective medications for treating most sleep problems are available. The most common sleep issues for people with Parkinson disease are:

- **Insomnia** - Difficulty getting comfortable, whether from pain or because it is hard to turn over in bed, can keep you awake. Napping during the day also may make it difficult to sleep at night.

- **Inverted sleep cycle** - Related to this, napping frequently can lead to a cycle of staying awake at night and spending more time sleeping during the day than at night.

- **Sleeping through the night** - People with Parkinson disease often have nocturia – a frequent urge to urinate. Getting up during the night to go to the bathroom, which may be a struggle, keeps people from sleeping through the night. Tremor also may wake you up. In addition, vivid dreams, a side effect of levodopa-based medications such as Sinemet, can disturb sleep.

- **Restless Legs Syndrome (RLS)** - People with RLS feel creepy-crawly sensations or discomfort that compels them to move their legs. Several medications are available for treating RLS.

- **Early morning awakening** - Whether it is a habit from old work schedules or because of a very early bedtime, people with Parkinson disease often wake up too early in the morning. If you go to bed at 7 PM, it is going to be hard to stay asleep until 6 or 7 AM the next morning.

- **Sleep apnea** - People with sleep apnea stop breathing for short periods of time. This prevents them from entering the deep restorative stage of sleep. In the general population, sleep apnea is associated with obesity and cigarette smoking. There are several treatments available for sleep apnea.

**REM sleep disorder** - REM stands for rapid eye movement. This is the stage of sleep when dreams take place. People with REM sleep disorder act out their dreams which sometimes are violent. Among people with Parkinson disease, about one third of men but very few women develop the disorder, which is called REM Behavior Disorder. It can be treated with the drug clonazepam (Klonopin).

**Treating Sleep Problems**

If you are experiencing any of these sleep issues, it is best to speak with your doctor to see if there are medications available for your symptoms. There are also several strategies that may help you to sleep more soundly at night. These include:

- First, try to increase your activity and avoid napping during the day. Getting exercise will help you sleep, and it has long-term benefits for your health. Because anti-Parkinson medications can make you sleepy, you may need to adjust your daytime medication, or take a stimulant (with your doctor’s supervision) in order to stay awake.

- Try taking medication for Parkinson disease late in the day, or taking an extra dose (if prescribed by your doctor) as this may help make you sleepy at night.

- Avoid fluids after dinner, which will help prevent having to get up to use the bathroom.

- Finally try to keep a regular sleep schedule – go to bed and get up at the same time each day. If you still have trouble going to sleep and staying asleep after trying these techniques, you may want to consider the possibility of taking a sleep medication recommended by your doctor.

**Conclusions**

If you experience any of these symptoms, it is important to realize that they could be a part of your Parkinson disease and that there are ways to address them. By ensuring you are well rested, you will feel your best.
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Enhancing Communication for People with Parkinson Disease: What’s in Your Toolbox?

Mary Spremulli, MA, CCC-SLP, Voice Aerobics

When better communication is a goal for individuals with Parkinson disease, a multi-modality approach should be used, which considers an individual’s abilities, including memory for instructions, stage of disease, history of prior therapy, and individual goals. When people with Parkinson disease have difficulty with walking and balance, many use canes, wheeled walkers, or wheelchairs depending on the setting or their function on any given day. Similarly, if an individual is having difficulty communicating with others at home or in the community because of changes to speech and voice, and/or cognition, they too may benefit from having access to a variety of tools that can support or enhance communication.

Being a good communicator is more than just having a voice that is loud enough to be heard. It also involves:

- being able to hear and process what another person is saying.
- being able to formulate a thought quickly enough to respond in a timely manner.
- being able to tolerate interruptions and other distractions in the environment like a television or music playing in the background.
- being able to incorporate facial expressions and body language while speaking, and correctly interpret facial expression and other non-verbal aspects of communication like tone of voice in another speaker.

When one looks at the list above, it is no surprise that some individuals with Parkinson disease may eventually have a breakdown in some or all of the components of communication. So what is available to help?

I will use a recent patient example as a way of illustrating how a multi-modality approach might be of benefit.

**Patient:** Robert, a 74-year old male, retired airline pilot with a diagnosis of Parkinson disease approximately four years ago. He is married and has children that live out of state. He attends my weekly Voice Aerobics™ class, and he requested an individual consultation because of changes in his speech and voice that have caused him to speak very softly. He also has fairly severe head drop, and although he can bring his head upright briefly, his usual position is with his head flexed resulting in poor or no eye contact with the listener. He underwent formal speech therapy (LSVT®) three years ago, and although he feels it helped at the time, gradually, over the last three years, his voice has declined. Some days he walks with a cane, and at other times he uses a wheeled walker for balance.

**Intervention/s:** Since Robert had previously completed the LSVT®, he was aware of the principles of that treatment and the daily exercises it entails. Rather than completing 16 sessions of individual treatment, he elected to participate in a weekly, small group session with three other individuals who had also completed LSVT® in the past, but now require a “refresher” course. Robert also had an opportunity to trial the Speech Vive™, a new device intervention that has been developed for persons with hypophonia (weak/soft voice) due to Parkinson disease. The Speech Vive™ acts upon a reflex (Lombard reflex), which causes most of us to speak louder when there is background noise. (Eg: Imagine that you were listening to the ball game on your portable radio with a headset. If your wife asked you a question, you might answer her in a loud voice, because you are talking over the background noise of the ballgame.) When the Speech Vive™ was placed on Robert, he was instantly louder and speaking at a level that would be considered normal for conversation in a quiet room. Robert wore the device at home for four weeks, and both he and his wife report an improvement in loudness, and even friends have commented that Robert is speaking louder on the phone. Even with a louder voice, however, Robert’s head drop still leaves him at a disadvantage. Since others cannot make contact with his eyes, it is difficult to know if he is listening or even has something to say. So additional strategies were discussed for how he could signal to people that he was listening to the conversation and/or that he had something to say.

Finally, a personal voice amplifier was suggested for Robert which he could use in a group setting. The amplifier gave instant loudness, and because the volume could be regulated, even in a large room with 20 people or more, everyone was able to hear and understand what Robert had to say. Amplification was recommended as a great option when he needed power for his

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voice at social gatherings, at home, or anywhere, or at any time of
day when meds wore off, and voice use was more difficult.
In addition to all of the options mentioned, some people are lucky
enough to be able to participate in community based programs,
and these may include programs such as Voice Aerobics™,
the Loud Crowd® and choral singing. Group programs (post-
therapy) can also be a great way for anyone to continue to use
and strengthen their voice in a fun atmosphere with others.

$50,000 Gift Received

“Why wait until you are no longer
here to appreciate the value of
your gift and the support it
provides with much needed
resources?” That was the question
Jo Oertli posed recently.

“Parkinson disease has had a
personal and devastating effect on my husband’s life, but also
on mine and our children’s lives, as I’m sure it has had on you
and your family.” While only one family member may actually
have the disease, the entire family shares the weighty burden
of its impact, especially those family members who become
caregivers. “Twenty years ago my husband, Fred, was
diagnosed with Parkinson disease. Fred and I are grateful to
have the opportunity to financially support the research Dr.
Perlmutter and his fine staff are doing. As a result of their
dedication and perseverance, perhaps one day, they and
others will discover the causes and a cure for this dreaded
disease.

I sincerely encourage you to participate through your support,
as your assistance, large and small, is so greatly needed to
achieve such a victory.” We thank Jo and Fred Oertli on behalf
of every person whose life will be touched by their generosity
this year and beyond. This gift has enabled Dr. Perlmutter to

Dr. Joel Perlmutter, Fred and Jo Oertli

hire another fellow beginning July 1, 2014, who will spend his
life taking care of people with Parkinson disease and doing
research to find the cure. Dr. Perlmutter reminded us that this
fellowship position will provide another skilled clinician and
scientist specializing in the field of Movement Disorders.
Together we will continue to accomplish much more in 2014,
and we thank Fred and Jo Oertli for their most generous gift to
the APDA Advanced Center for Parkinson Research at
Washington University School of Medicine.

Parkinson Disease and Wearing Off (Clinical Trial)

Dr. Susan Criswell at Washington University School of Medicine is
participating in a research study investigating a medication for
Parkinson disease. The purpose of this study is to test the safety and
effect of an investigational study drug, istradefylline, in patients who
have been optimally or maximally treated with levodopa/carbidopa
therapy. KW-6002 (istradefylline) is an investigational drug which
means that it is not approved for use in the United States of America
(USA) by the Food and Drug Administration (FDA) and therefore has not
been marketed in the U.S.

To qualify for this study, the participant must:

- Be 30 years old or older
- Be diagnosed with idiopathic Parkinson disease
- Be taking levodopa for at least one year
- Be experiencing wearing OFF of your PD medications
- Have no history of Deep Brain Stimulation (DBS)
- Smoke fewer than five cigarettes per day (if smoke at all)
- Satisfy additional criteria that apply

Participation will last approximately 18 weeks and includes
seven office visits. Compensation is provided. For more
information, please contact Karen McDonell at 314-747-0514
or mcdonellk@neuro.wustl.edu.
Tributes & Donations 10/26/13 – 12/31/13

Tributes are a wonderful way to acknowledge the memory of a beloved person as well as honor those who mean so much to you. Tribute envelopes can be obtained from the Center at 314-362-3299. Contributions can be made directly on the APDA Greater St. Louis Chapter website, www.stlapda.org.

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Ken & Tricia Goldman’s 40th Anniversary
Gail & Larry Glenn
Debbie Guyer
Dick & Phyllis Duesenberg
Brian Hantsbarger
Happy Holidays
Conner Ash
Butch & Sharon Heckel
Merry Christmas
Joe & Donna Marshall
Mary Hughes
June Wagner
Steven Hurster
Happy Holidays
Citizens National Bank
Patrick King
Patrick & Sanna King
Ron & Fran Kurtz’s Anniversary
Joe & Elissa Marchbein
Kathi Kurtzman
Gail & Larry Glenn
dave & Ruth Lake
Merry Christmas
Donald & Diane Lange
Margo Maglione
John Maglione
Craig Miller
Dick & Phyllis Duesenberg
Joe & Diana Morgan
Merry Christmas
Bob Morgan
The Movement Disorder Clinic at Washington University
Lowell & Sonda Crow
Dr. Joel Perlmutter’s PEP Presentation
Debbie Guyer
Mary Perisho
Dale & Norma Plank’s 50th Anniversary
Scott Plank
Leroy Wheatley
Robert & Nancy Petter
Jean Fitzgerald
Matter Family Office
John & Margee Powers
Merry Christmas
Joe & Donna Marshall
Mary Noel Prince
Gail & Larry Glenn
Nancy Rapp
Gail Moran
Herb Ribstein’s 95th Birthday
Ralph Goldstickler
Bob & Jackie Sanderson’s 40th Anniversary
Patti Hatridge
Mike Scheller
Anonymous
Martin Shroder
Judith & Stephen Ellenburg
Judith Ugalde
Jack Stronsider
Honorary Chair of the 2013 Fashion Show
Debbie & Karl Guyer
Roland & Barbara Lindhorst
South Side Support Group
Terri & Bill Taylor's Birthdays
Roselyn Gadh
Dr. Muizza Ushe for Speaking at the 2013 Fashion Show
Debbie Guyer
Daniel & Carola VonBerg’s 80th Birthday & Merry Christmas
Janice Raymond
Deanna Wallerstein
Sheldon Wallerstein
Margaret & Peter Wilder
Joe & Laureen Wilder
Remembering
Tony Arnold
Robert Overkamp
Jerald Axelbaum
Gail & Bill Friedman
Opal Bailey
Mittie Ann Mosley
Jim & Alison Bates
Gail Moran
Tom Brais
Bobbie & Keith Hanlon
Albert Brown
Joan & Marvin Marion
Carol & Bruce Rosen
James Buehne
Richard & Marcella Dill
Edward & Janet Ernert
William & Laura Lister
Janis Nickel
Ron & Marilyn Oster
Basil Gordon Byron
Jean Byron
Peter Byron & Betty Cash
Hovace Childress
Rethel Chappelle
Wilma Crow
Laurie Berger
Susaen Kaiser
Lil & Harry Dalin
Karl & Debbie Guyer
Elwood Daugherty
Marilyn Daugherty
Ned Day
Juanita Day
James & Carolyn Day
Kim Day
Russel & Janine Day
Scott & Jennifer Halterman
Helen Dickmeyer
Linda Delk
Fred Fitzgerald
Sugar Maple Condo Assn.
Joan Fitzgerald
Timothy Fitzgerald
Danny Friedman
Mike & Bernice Resnick
Dr. Marvin Gernstein
Cotter Cunningham & Edie Rogat
Bernard & Alice Hart
Amy F. Fritkin
Ben & Susan Uchitelle
Fran Glaser
Mildred Poletsky
Loretta Hesterberg
Rick & Denise Baltz
Judith Lauth Casey
Marvin Goldford
Charlotte Janson
LaMear & Rupert
Mike & Jill Larsen
Janice & Jim Morris
Michael & Nancy Riley
Robyn & Donna Seils
Stephen & Margaret Turk
Stan & Essie Hoffman
Dolores Weinstein
Larry F. Holder
Matt & Jackie Holder
Allan R. Hurwitz
Dolores Weinstein
Dr. Perry Inholf
Susan & Robert Levin
David D. Kennedy
Susan, Jodie & John David Kennedy
Paul Kram
Gail & Larry Glenn
Melvin Kreitzman
Bruce & Sue Gibson
Irene Kullman
Paul & Roberta Van Wagenen
Dr. Marvin L. Lee
Helen Daffron
Arnold Lehrman
Mike & Bernice Resnick
Tecla Leyerle
Jim Leyerle
Meredith Littlejohn
Roberta Hayman
Audrey Kathryn McAlvey
Tim & Diane Broughton
Susan & Brian Camey
Centene Nursewise
James & Paulette Claes
Dottie Corcoran
Barbara Costigan
Dorothy Eshbach
The Gagnepain Family
Myrtle Lauret
John & Margaret Maurer
Robert Mead
The Smith Family
Geraldine Walsh
Mark Wenner
Bill McDade
June Crooter
Clifford M. McNamara
Lois McNamara
Walter O. Meyer
Sally Meyer
Dr. William Mill
Julie & Bob Knodle
“Moe” Moshesky
Lois Moshesky
Fred L. Mueller
Marc Schriever & Frank Viverito
Robert Naumann
Audrey Naumann
James R. O’Brien
James & Glenda Fiala
Wayne & Joyce Fick
Gloria & Gene Fisher
Karen Struemph
Sandra Wendling
Louis Pare
Richard & Betty Duft
Wanda F. Pezzimenti
Roy & Judy Aubuchon
Gary & Diane Cottet
Richard Edwards
Brandon, Helen & Kelsey Gray
Maxine Gray
Sandra Lesh
Steve & Janet Luetkenhaus
Peter & Joan Ochoa
James & Elizabeth Trower
Don & Joan Vogt
Wilfred Post
Leslie & Bonnie Hoekelman
Alvin & Katherine Post
The Ranchero Drive
Neighbors
Joyce Smith
Mary Reeg
Robert & Charlotte Hanpet
Mike & Lynn Ziegelmeier
continued on next page
continued from previous page

Mary Ann Rielly
Thomas J. Rielly

Elfrieda Roth-Raffy
Paul Roth-Raffy

Dwight C. Rogier
Chris & Jennifer Stephenson

Joanne Rohr
Sarah J. Westover

Maxine Reed Sant
Bryan Middle School

Jackie J. Schmidt
Larry Schmidt

Russell Schuessler
Dean Grapperhaus & Lori Sullivan

Elaine Schultman
Mike & Bernice Resnick

Carl Schutz
James & Anna Stiffler

Harvey Shapiro
Hufford's Jewelry

William A. Solommon, Sr.
Lea Cozort & Matt Bailey
Gerald & Kimberly Beckerle
Daugherty Systems
Patricia & Douglas Debeer
Jim & Connee Finger
Larry & Trish Geldbach
Dave & Jan Guntli
Dr. David & Marsha Kerr
Gregory & Dian Larson
Tom & Debbie Lefield
Mary & Scott Moelling
Audrey Naumann
Edna Parish
Martin Prunty
Nancy & Don Reynolds
Sheet Metal Workers' Local 36
Patricia Solommon
Elizabeth Townsend
Fred & Karen Uhle
Robbin Walsh
Ray & Sue Wicks
Suzi & Mike Wieser
Gayle & Jim Woolf
Mark & Debra Zerman
Teresia Zielonko

Richard Stang
Susan Stang

Gary Strautmann
Peter Sharanmitato

Leroy Ilephonse Strope
Erika & Bill Gerth

Bernard Susman
Gail & Larry Glenn
Bernard Ruthermyer

Andrew Thompson
Gail & Larry Glenn

Dr. Kevin Toal
Dan & Mona Arnow
Barry & Pat Bass
Gail & Allen Derscheid
Edward Dinar
Michael Godfrey, Jr.
Eleanor Hecht
J. Barry & Gayle Mannion
Janine & Michael McGovern
Karen Weissflug
Dr. & Mrs. Horst Zeckert

Robert J. Travers
Lucy Christiansen
The Chronister Family
Daniel & Norma Fraser
Barbara & Wilmer Koester
Terry & Jim Lucas
Maddock, Henson & Haberstroh, P.C.
Bob & Cheryl Miller
Charles & Gloria Prince
C. Lee Row
Robert & Marilyn Snyders
Kevin & Kristin Taylor
Westborough Country Club

Gordon E. Wall
Beverly & Gary Hawkins
Thomas & Brenda Rankin
John & Maria Roach
Marilyn Wall

Harold F. Weisenstein
Paul Greer
Bobby & Linda House
The Weisenstein Family

Richard "Dick" Wolff
Allyn Aach
Harold, Gigie & David Abrams
Alison Alpert
Judith Armbruster
Mark & Linda Bachman
Pam & David M. E. Bolin
Sy & Willy Brandt
Mary Lee & Michael Broder
Mr. & Mrs. Joseph Burstein
Ruth & Bob Byers
Thomas Cole

Larry & Faith Comensky
Mary Ann Delker
Robert & Kathleen Deroode
Linda Marie Ellerman
Lisa & Steven England
Nancy & Gary Feldman
Lorraine & Dick Franzel
Eleanor Glick
Tricia & Matt Gold
Robert & Gordon Goldman
Barbara & John Goldson
Laura & Ted Greenberg
K. J. Haack
Kim Kalb
Jereid Katz
Marion & Harold Katz
Jerry & Sharon Klein
Dolores Kling
Don & Elaine Kramer
Sydney Maisel
David & Nancy Minnick
Marvin Mishkin
Leah Murray
Shirley Murray
Edie & Les Perlmutter
Lenore Prelutsky
John B. Raffaele
Marjory & Jim Russell
Harriet Schwartz
Ruth & Harold Sheer
Marian Siedhoff
Miriam Sisson

Aliza Sole
M. Dean & Patricia Solomon
Gloria & Sandy Spitzer
Donald J. & MaryAnn Stohr
Shar & Harmon Wasserman
The Weinberg Family
Eileen & Sanford Weiss
Mark & Debra Zerman

General
David & Bernita Abel
Adpero Adeawate
Jo Ann Alessandri
Anonymous
Anonymous
Dennis & Kay Anstine
Judith Armbruster
Robert Baker
Robert & Sandra Baldwin
Jay & Ruth Ellen Barr
Mason Boling
Carolyn H. Berti
Craig Borchelt
Nancy Bowser
Delores Bozoian
Mary & John Brummer
Sara Cadby
Dick & Nancy Chin
Thomas Cole
Columbia Parkinson disease
Support Group
Francis Craig
Barbara Crow
Mary Anne Delker
Rich Distler
Larry M. Dwyer
Janet Elam
Delores & Nathan Ettlinger
Alex & Rosemary Failoni
Emmett Fitzgerald
Norman Giovannini
Ronald & Elaine Graff
Bill Grisgier
Paul Griffen
Irene Hart
Patricia Heineke
Nancy Johann
Diane Kapincslans
Teresa Kosar
Freda Lohr
Christel Maassen
Leo & Sherry Mayberry
Gerald & Judith Medoff
Char Ann Meloney
Ken & Doris Mihill
Pam Miller
Garry & Gen Moeller
Carole Mueller
Mary K. O'Brien
Ossage Graphix
Beverly Paquet
John Pedrotty
James & Jean Peterson
Roland Peterson & Nora Tierney
Darla Personey
Donald & Clarice Pfarrer
Karen Pfitzinger
Norma & Dale Plank
John Polansky
Judy Pouey
Ed & Annie Raback
Helen & Paul Rafson
Doris Reik
Richard Schumacher

Patrik & Janice Scott
Donald & Helen Silver
Eva Skeeto
Arlene Smith
Honorable & Mrs. Donald J. Stohr
Kees & Rita Van Straalen
Corazon Villanueva
Harold & Barbara Weiner
Stephen & Linda Wielansky
Angela Fay Wolfe
Melanie Yoakum

Year End Campaign
Earl & Catherine Adkisson
Richard & Nancy Ameling
Anonymous
Ed & Rita Balk
Hedva Barenholdt-Levy
Jay & Joan Bender
Thomas & Charlotte Benton
Janet Bollinger
Suzanne Broastenburg
Glen & Ann Branson
Allen & Gayle Brrouk
Barbara Cassens
Dick & Nancy Chin
Linda & Paul Clark
Jon & Sandra Corey
Linda Corray
Bob & Linda Coulter
Terry & Jean Davis
Robert & Theresa Deloery
James & Bonnie Diemer
Marilyn & Saul Dien
Jane Domke
Don Duff
John & Jean Earney
Frank Eaton
Grace Evans
Beverly Favazza
Richard & Marolyn Fehr
Ron & Carol Feuerhahn
Mary Jane Fitzgerald
Tim & Terry Fitzgerald
Janet & Al Forsman
Lois Frank
Stephen Freund
Betty Gaffney
Don Giger
Robert & Gittemeier
Larry & Gail Glenn
Verse Gocke
Ralph Goldsticker
Robert & Cathy Goldsticker
Neal & Lynn Grannemann
Kenn Grass
Georgia & Robert Green
Jo Greenwood
Steve & Nancy Greenwood
Jen & Cap Grossman
Karl & Deborah Gyer
Hord Hardin, II

Janie & Andy Hargreave
Howard Heileman
James & Eileen Hennessy
Walter F. Heuer
Mark Hoermann
Richard & Jody Homans
Michael & Linda Honigfort
Steven Horn
Terri Hosto
D.J. Hubbard
Martha Hughes
Martin & Cheryl Kinert
Michael & Nancy Klein
Charles P. Kohlenberger
Esther Kramer
Thomas & Noreen Laffey
Donald & Diane Lange
Linda Laramie & Philip Scharf
Carl & Jackie Larson
Jerome & Elizabeth Lester
Kent & Ann Linenfelser
Stephen & Leanne Lyle
George & Nancy Marble
Robert May
Larry & Dain McIntyre
John & Roberta Meehan
Char Ann Meloney
Thomas & Etta Mertens
Sally Meyer
Floyd & Diana Morgan
Dayton & LeAnn Mudd
Kenneth & Janet Munger
Robert & Nancy Potter
Robert & Christy Pratziel
Lawrence & Betty霸
David Wiese
Robert & Sandy Scharf
Claus & Donna Schroeder
Vito Scorfina
Rev. Eugene Selzer
Curtis & Janis Shannon
Larry & Carol Shapiro
Charlotte Sharbone
Charles Siebert
Sharry Slaughter
Bracy & Rita Smith
Sanford & Gloria Spitzer
Bill & Marilyn Stroham
Judy & Ron Taylor
Virginia A. Ulmer
Richard & Patsy Vaughn
Mary K. Weerts
Rochelle Weiss
Maria Wendell
Den & Gayle Wheeler
Robert & Lynda Wiens
David Wise
Minnie Wildermuth

We thank all of our donors, big and small, and hope you will continue your support in 2014.
Dance for PD internationally-acclaimed dance program developed by Mark Morris Dance group/Brooklyn Parkinson Group will be offered on a weekly basis in cooperation with COCA. Participants are empowered to explore movement and music in ways that are refreshing, enjoyable, stimulating and creative. Classes will begin in the spring. Those interested in participating in this new dance class that engages the mind, body and spirit should contact the Center (314-362-3299) for further information and start dates and times.

DVDs Exercise DVDs and recordings of the Patient Educational Programs (PEP) presented by the Chapter are available for purchase. Note that The Parkinson Journey is still being offered at no cost to Missouri and southern Illinois patients, family members and professional staff.

Emergency Response System Participants who stay home alone can wear a push button necklace which summons emergency help when activated. The Greater St. Louis Chapter of the APDA offers financial assistance to people with PD who are unable to afford the program. Income guidelines apply.

Exercise Special weekly classes for people with Parkinson disease that focus on improving balance, posture, functional mobility and self-help skills. Exercise classes are held throughout Missouri, with the majority of them in the Greater St. Louis area. People with PD can attend one class per week at no charge, or for $20/month, they can attend as many classes as they want. Types of exercise classes include: aquatic, Tai Chi, and chair side.

Fundraisers The Chapter raises money through tributes, private donations and special events to support patient services, PD research and the Resource Center. For 2014, we will have three major fundraisers. The Greater St. Louis APDA has been chosen to participate in the 2014 GO! St. Louis Marathon & Family Fitness weekend to be held April 5 and 6. Our annual Golf Tournament in memory of Jack Buck will be held on Monday, May 19, at Algonquin Golf Club. The annual “Off the Rack” fashion show and luncheon will be held on Monday, October 13, at the Sheraton Westport Lakeside Chalet.

PD 101 Newly diagnosed people with PD meet one-on-one with Debbie Guyer, Executive Director of the Greater St. Louis APDA, for an informational session that includes a Power Point presentation and opportunity to ask questions specific to their diagnosis.

Respite Care This program is for the caregiver to get some “time out” either through in-home care or adult day care. A shared cost program helps subsidize the cost for non-medical care of a person with PD in their home. Income as well as other criteria determine qualification.

Role Reversal For caregivers who find it hard to manage their new role and chores around the house, the Chapter, along with the assistance of Washington University occupational therapy students, will be starting a series of classes to help caregivers with role reversal this spring. Classes may include money management, cooking, sewing, car maintenance, hair care, home repairs, etc.

Support Groups Monthly support groups offer people with PD and their caregivers the opportunity to exchange thoughts and share concerns and solutions to problems. The Greater St. Louis APDA sponsors over 30 support groups throughout Missouri and southern Illinois.

Tremble Clefs This is a nation-wide program for people with Parkinson disease, their family members and care partners. The goal of this group is to be a participant-led, musical experience. Through vocal exercises, singing as a group, and playing instruments, members will come together and bond over a shared joy of making music. Tremble Clefs began on January 14. Registration required.

Tributes Tributes are a wonderful way to acknowledge the memory of a loved one as well as honor those who mean so much to you. Tribute envelopes can be obtained from the Resource Center or contributions can be made directly on the Greater St. Louis APDA website www.stlapda.org.

Wellness Classes A series of six-week classes helps people with PD and their family members develop skills and confidence in managing everyday activities and relationships that can be challenging when living with Parkinson disease. Registration required as class is limited to six couples per session.
<table>
<thead>
<tr>
<th>City</th>
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<th>Meeting Site</th>
<th>Day of Meeting</th>
<th>Time</th>
<th>Leader(s)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ballwin</td>
<td>St. Louis</td>
<td>Meramec Bluffs Care Center 40 Meramec Trails Dr., Activities Rm.</td>
<td>4th Tuesday</td>
<td>2:00 PM</td>
<td>Gayle Truesdell</td>
<td>636-923-2364</td>
</tr>
<tr>
<td>Cape Girardeau</td>
<td>Cape Girardeau</td>
<td>Cape Girardeau Public Library 711 N Clark Street, Oscar Hirsch Room</td>
<td>3rd Monday</td>
<td>6:00 PM</td>
<td>Desma Reno, RN, MSN</td>
<td>573-651-2939</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>St. Louis</td>
<td>APDA Community Resource Center 1415 Elbridge Payne, Suite 150</td>
<td>1st Tuesday</td>
<td>10:30 AM</td>
<td>Mary Buck, Nancy Rapp</td>
<td>636-532-6504, 636-533-3761</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>St. Louis</td>
<td>For Caregivers Only APDA Community Resource Center 1415 Elbridge Payne, Suite 150</td>
<td>2nd Monday</td>
<td>10:30 AM</td>
<td>Dee Jay Hubbard</td>
<td>314-362-3299</td>
</tr>
<tr>
<td>Columbia</td>
<td>Boone</td>
<td>Lenoir Community Center 1 Hourigan Drive</td>
<td>1st Thursday</td>
<td>4:00 PM</td>
<td>Patsy &amp; David Dalton, Doris Heuer</td>
<td>573-356-6036, 573-434-4569</td>
</tr>
<tr>
<td>Creve Coeur</td>
<td>St. Louis</td>
<td>Pre/Post-DBS Group Missouri Baptist Medical Center 3015 N. Ballas, Main Parking Garage 4th fl., CLI Rm. 419</td>
<td>3rd Tuesday</td>
<td>6:30 PM</td>
<td>Steve Balven, Joe Vernon</td>
<td>314-249-8812, 636-230-8279</td>
</tr>
<tr>
<td>Creve Coeur</td>
<td>St. Louis</td>
<td>Young Onset Living and Working with PD Missouri Baptist Medical Center 3015 N. Ballas, Main Parking Garage 4th fl., CLI Rm. 419</td>
<td>3rd Tuesday</td>
<td>6:30 PM</td>
<td>Doug Schroeder</td>
<td>314-306-4516</td>
</tr>
<tr>
<td>Festus/Crystal City</td>
<td>Jefferson</td>
<td>Disability Resource Association 420 B S. Truman Blvd.</td>
<td>3rd Tuesday</td>
<td>1:00 PM</td>
<td>Penny Roth</td>
<td>636-931-7696 x129</td>
</tr>
<tr>
<td>Florissant</td>
<td>St. Louis</td>
<td>Garden Villas North 4505 Parker Rd.</td>
<td>4th Thursday</td>
<td>11:00 AM</td>
<td>Melissa McGuire, Nancy Robb</td>
<td>314-355-6100, 314-689-5286</td>
</tr>
<tr>
<td>Jefferson City</td>
<td>Cole</td>
<td>Capital Regional Medical Center SW Campus, Cafeteria</td>
<td>3rd Wednesday</td>
<td>3:00 PM</td>
<td>Jennifer Urich, PT</td>
<td>573-632-5440</td>
</tr>
<tr>
<td>Joplin</td>
<td>Jasper</td>
<td>The Alliance of Southwest Missouri 2914 East 32nd Street, Suite 102</td>
<td>Mondays</td>
<td>2:00 PM</td>
<td>Nancy Dunaway</td>
<td>417-623-5560</td>
</tr>
<tr>
<td>Kansas City</td>
<td>Jackson</td>
<td>VA Medical Center 4801 Linwood Blvd. Hall of Heroes Room</td>
<td>3rd Tuesday</td>
<td>11:00 AM</td>
<td>Jesus Torres, Nikki C. Caraveo, RN, BSN, CNRN</td>
<td>816-861-4700 x56765</td>
</tr>
<tr>
<td>Kirkwood</td>
<td>St. Louis</td>
<td>Kirkwood United Methodist Church 201 W. Adams, Room 201</td>
<td>4th Tuesday</td>
<td>7:15 PM</td>
<td>Terri Hosto, MSW, LSW</td>
<td>314-286-2418</td>
</tr>
<tr>
<td>Ladue</td>
<td>St. Louis</td>
<td>The Gatesworth 1 McKnight Place</td>
<td>2nd Wednesday</td>
<td>1:00 PM</td>
<td>Maureen Neusel, BSW</td>
<td>314-372-2369</td>
</tr>
<tr>
<td>Lake Ozark</td>
<td>Camden</td>
<td>Lake Ozark Christian Church 1560 Bagnell Dam Blvd.</td>
<td>3rd Thursday</td>
<td>Noon</td>
<td>Patsy Dalton, David Dalton</td>
<td>573-356-6036, 573-434-4569</td>
</tr>
<tr>
<td>Rolla</td>
<td>Phelps</td>
<td>Rolla Apartments 1101 McCutchen</td>
<td>4th Thursday</td>
<td>2:30 PM</td>
<td>Hayley Wassilak</td>
<td>573-201-7300</td>
</tr>
<tr>
<td>South St. Louis</td>
<td>St. Louis</td>
<td>Garden Villas South 13457 Tesson Ferry Rd.</td>
<td>2nd Wednesday</td>
<td>10:00 AM</td>
<td>Jack Strosnider</td>
<td>314-846-5919</td>
</tr>
<tr>
<td>Springfield</td>
<td>Greene</td>
<td>Mercy Hospital 1235 E. Cherokee</td>
<td>2nd Thursday</td>
<td>2:00 PM</td>
<td>Randi Newsom, RN, BSN</td>
<td>417-820-3157</td>
</tr>
</tbody>
</table>

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## Missouri Support Group Calendar

<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
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<th>Time</th>
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</tr>
</thead>
<tbody>
<tr>
<td>St. Peters</td>
<td>St. Charles</td>
<td>Spencer Road Library 427 Spencer Rd., Room 259</td>
<td>1st Tuesday</td>
<td>1:00 PM</td>
<td>Sherrie Rieves, Ann Ritter, RN</td>
<td>636-926-3722</td>
</tr>
<tr>
<td>Trenton</td>
<td>Grundy</td>
<td>Royal Inn 1410 E. 9th Street</td>
<td>1st Thursday</td>
<td>10:00 AM</td>
<td>Novy &amp; Mary Ellen Foland, Gloria Koon</td>
<td>660-357-2283, 660-485-6558</td>
</tr>
<tr>
<td>Washington</td>
<td>Franklin</td>
<td>Washington Public Library 410 Lafayette Avenue</td>
<td>2nd Monday</td>
<td>6:30 PM</td>
<td>Carol Weber</td>
<td>314-713-4820</td>
</tr>
<tr>
<td>Webster Groves</td>
<td>St. Louis</td>
<td>Bethesda Institute 8175 Big Bend Blvd., Suite 210</td>
<td>Last Friday</td>
<td>10:30 AM</td>
<td>Laurel Willis, BSW</td>
<td>314-373-7036</td>
</tr>
<tr>
<td>Wentzville</td>
<td>St. Charles</td>
<td>Twin Oaks at Heritage Pointe 228 Savannah Terrace</td>
<td>1st Thursday</td>
<td>1:00 PM</td>
<td>Ann Ritter, Sherrie Rieves</td>
<td>636-336-3168, 636-542-5400</td>
</tr>
</tbody>
</table>

## Illinois Support Group Calendar

Our Support Groups meet once a month or as noted. Support Group day and time may change periodically. For current updates on support groups and exercise classes, check our website, [www.stlapda.org](http://www.stlapda.org), or call the APDA Information & Referral Center or the facilitator. Information that has changed since the last **LINK** appears in bold.

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<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belleville</td>
<td>St. Clair</td>
<td>Southwestern Illinois College (PSOP) 201 N. Church St., Rm 106</td>
<td>2nd Monday</td>
<td>1:30 PM</td>
<td>Jodi Gardner</td>
<td>618-234-4410 x7031</td>
</tr>
<tr>
<td>Carbondale</td>
<td>Jackson</td>
<td>Southern IL Healthcare Headquarters University Mall</td>
<td>1st Wednesday</td>
<td>1:00 PM</td>
<td>Bill Hamilton, M.D.</td>
<td>618-549-7507</td>
</tr>
<tr>
<td>Champaign</td>
<td>Champaign</td>
<td>Savoy United Methodist Church 3002 W. Old Church Road</td>
<td>Every Monday</td>
<td>10:00 AM</td>
<td>Charles Rohn, Chuck Arbuckle</td>
<td>217-549-6167, 217-586-3100</td>
</tr>
<tr>
<td>Decatur</td>
<td>Macon</td>
<td>Westminster Presbyterian Church 1360 West Main Street</td>
<td>3rd Thursday</td>
<td>1:30 PM</td>
<td>Kathy Broaddus</td>
<td>217-820-3096</td>
</tr>
<tr>
<td>Glen Carbon</td>
<td>Madison</td>
<td>The Senior Community Center 157 N. Main St.</td>
<td>3rd Wednesday</td>
<td>10:30 AM</td>
<td>Marilyn Kozyak, Jeanette Kowalski</td>
<td>618-288-3508, 618-288-9843</td>
</tr>
<tr>
<td>Jacksonville</td>
<td>Morgan</td>
<td>Passavant Area Hospital 1600 W. Walnut–Meeting Room 2</td>
<td>1st Wednesday</td>
<td>6:00 PM</td>
<td>Karen Ladd</td>
<td>217-243-4904</td>
</tr>
<tr>
<td>Mattoon</td>
<td>Coles</td>
<td>First General Baptist Church 708 S. 9th St.</td>
<td>Last Tuesday</td>
<td>1:30 PM</td>
<td>Roy and Kay Johnson</td>
<td>217-268-4428</td>
</tr>
<tr>
<td>McLeansboro</td>
<td>Hamilton</td>
<td>Heritage Woods – Fox Meadows 605 S. Marshall Ave., Dining Room</td>
<td>1st Wednesday</td>
<td>1:00 PM</td>
<td>Paula K. Mason</td>
<td>618-643-3868</td>
</tr>
<tr>
<td>Springfield</td>
<td>Sangamon</td>
<td>Christ the King Parish Ctr. 930 Barberry Dr., SW Bldg.</td>
<td>3rd Sunday</td>
<td>2:00 PM</td>
<td>Pam Miller</td>
<td>217-698-0088</td>
</tr>
</tbody>
</table>
**Exercise Classes**

Our Exercise Classes meet once a week or otherwise as noted. Information that has changed since the last LiNK appears in **bold**. Attend one class per week at no charge or for $20/month, attend as many classes as you want. No RSVPs are required. Check our website, www.stlapda.org, or call to find any changes since publication.

<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
<th>Meeting Site</th>
<th>Day of Meeting</th>
<th>Time</th>
<th>Leader(s)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clayton</td>
<td>St. Louis</td>
<td>The Center of Clayton 50 Gay Ave., Mind/Body Room</td>
<td>Wednesday &amp; Friday</td>
<td>2:00 PM</td>
<td>Mike Scheller, PTA</td>
<td>314-289-4202</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>St. Louis</td>
<td>St. Luke’s Deslodge Outpatient Center 121 St. Luke’s Center Drive Conference Rooms 1 &amp; 2</td>
<td>Monday</td>
<td>10:00 AM</td>
<td>Sarah Farnell, OT</td>
<td>314-205-6934</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>St. Louis</td>
<td>APDA Community Resource Center 1415 Elbridge Payne, Suite 150</td>
<td>Wednesday or Friday</td>
<td>10:00 AM or 11:30 AM</td>
<td>Craig Miller</td>
<td>314-362-3299</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>St. Louis</td>
<td>APDA Community Resource Center 1415 Elbridge Payne, Suite 150</td>
<td>Monday</td>
<td>1:30 PM</td>
<td>Susan Mayer, MHSPT</td>
<td>314-362-3299</td>
</tr>
<tr>
<td>Creve Coeur</td>
<td>St. Louis</td>
<td>Aquatic Exercise Rainbow Village 1240 Dautel Lane</td>
<td>Winter Session Jan. 6-Mar. 14 Spring Session Apr. 7-Jun. 13</td>
<td>1:00 PM Tuesdays</td>
<td>Brenda Neumann</td>
<td>636-896-0999 x21</td>
</tr>
<tr>
<td>Florissant</td>
<td>St. Louis</td>
<td>Garden Villas North 4505 Parker Rd.</td>
<td>Tuesday &amp; Thursday</td>
<td>10:00 AM</td>
<td>Bobby Lautschlegler, PTA</td>
<td>314-355-6100</td>
</tr>
<tr>
<td>Joplin</td>
<td>Jasper</td>
<td>The Alliance of Southwest Missouri 2914 East 32nd Street, Suite 102</td>
<td>Monday</td>
<td>2:00 PM</td>
<td>Nancy Dunaway</td>
<td>417-623-5560</td>
</tr>
<tr>
<td>Kirkwood</td>
<td>St. Louis</td>
<td>RehabCare 439 S. Kirkwood Rd., Ste.200 Park in rear</td>
<td>Thursday Starting Feb. 6</td>
<td>1:00 PM</td>
<td>Brandon Takacs</td>
<td>618-971-5477</td>
</tr>
<tr>
<td>South St. Louis County</td>
<td>St. Louis</td>
<td>Garden Villas South 13457 Tesson Ferry Rd.</td>
<td>Monday</td>
<td>11:30 AM</td>
<td>Mike Scheller, PTA</td>
<td>314-289-4202</td>
</tr>
<tr>
<td>St. Peters</td>
<td>St. Charles</td>
<td>Barnes-Jewish St. Peters Hospital Healthwise Center 6 Jungermann Circle</td>
<td>Every Tuesday except 1st Tuesday</td>
<td>11:00 AM</td>
<td>Holly Evans, COTA</td>
<td>636-916-9650</td>
</tr>
<tr>
<td>St. Peters</td>
<td>St. Charles</td>
<td>Aquatic Exercise St. Charles YMCA 3900 Shady Springs Ln.</td>
<td>Winter Session Jan. 6-Mar. 14 Spring Session Apr. 7-Jun. 13</td>
<td>2:00 PM Thursdays</td>
<td>Brenda Neumann</td>
<td>636-896-0999 x21</td>
</tr>
<tr>
<td>Lake Ozark</td>
<td>Camden</td>
<td>Lake Ozark Christian Church 1560 Bagnell Dam Blvd.</td>
<td>Monday</td>
<td>4:00 PM</td>
<td>Alice Hammel, RN</td>
<td>573-964-6534</td>
</tr>
</tbody>
</table>

**EXERCISE EVERY DAY OF THE WEEK**

**Dance for PD**

**Exercise Class at Friendship Village in Chesterfield**
Join the APDA Team of Runners and Walkers at the 2014 GO! St. Louis Marathon & Family Fitness Weekend

We hope you and/or your family will consider joining the APDA team as a participant for the 2014 GO! St. Louis Marathon & Family Fitness Weekend on April 5 and 6. In addition, we are looking for sponsors to join the individuals and families who are fundraising for the APDA by participating in one of the many events taking place. Our goal is to raise at least $10,000 this first year as a charity of GO! St. Louis. This event will raise awareness of Parkinson disease as well as raise funds for research and the APDA Information and Referral Center network.

Each year, the GO! Marathon weekend attracts 25,000 participants and 50,000 spectators. The events on Saturday, April 5 in Forest Park include:

- 5K Walk/Run ......................... 8:00 AM
- Children's Fun Runs ............... 10:45 AM (various ages)
- Mature Mile ......................... 11:15 AM (adults 60+ walking one mile)

The Marathon, Half Marathon, Marathon Relay (4 person) events will be held on Sunday, April 6, in Downtown St. Louis. They will start at 7:00 AM and conclude at 1:15 PM.

In order to join the APDA team or to volunteer on Sunday, please contact Michelle Brooks at 314-362-3299 or brooksmi@neuro.wustl.edu. After completing a commitment agreement, participants will be given a charity code to use when registering online. We encourage you or your friends and family to sign up early as some events do sell out. To see who has joined our team, how much we have raised to date, or contribute to our fundraiser, visit our team page at: www.crowdrise.com/teamamericanparkinson2014. We hope to see you in April!