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American Parkinson Disease Association

APDA Greater St. Louis Chapter

1415 Elbridge Payne Road, Suite 150
 Chesterfield, Missouri 63017
 314-362-3299 www.stlapda.org

OUR MISSION

Our mission is to enhance the quality of life for people with Parkinson disease, their families, and caregivers in our communities throughout Missouri and southern Illinois, and to provide funding for ongoing Parkinson disease research.

Parkinson's Paradoxes

Peter Dunlap-Shohl, NWPB Blogger. Peter worked as cartoonist for the *Anchorage Daily News* for over 25 years. He was diagnosed with Parkinson disease in 2002 and maintains "Off & On, The Alaska PD Rag," a blog about living with Parkinson's that features original cartoons and illustrations.

Of the finer miseries of Parkinson disease, perhaps paradox is the finest. Paradox flourishes at every level of PD. Just to start, Parkinson disease robs you of the dexterity you need to handle say, small pills. And you manage PD symptoms with... little tiny pills! This makes for hours of fun, from getting them out of their tamper-resistant bottles to swallowing them, in a disease, by the way, that interferes with... swallowing! Fiendish! But that is only the beginning.

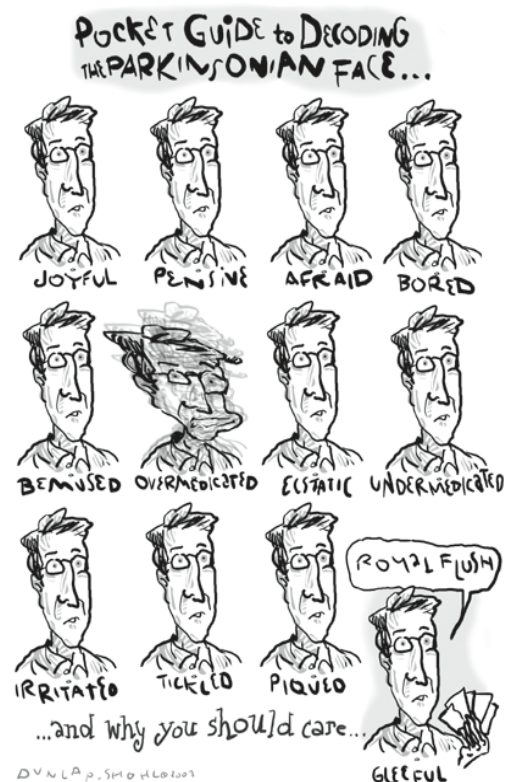
Experts tell us that to maintain brain health and flexibility, one of the best things we can do is seek out novel situations. Encounters with the unfamiliar build new pathways and resilience into our decaying brains, we're told. Oh, but avoid stress! Stress will aggravate symptoms and possibly worsen your progression. And what is a big source of stress? Yes. Novel situations.

And how about that word, progression? Progress usually carries the connotation that things are getting better. Someone might ask, "How's the sprained ankle doing?" "Making progress," you might reassure them. Not with Parkinson disease, where "progression" refers to the process of the disease advancing, getting worse.

And how about this? One of the most important defenses the brain has against disease is a sort of firewall called the blood/brain barrier. Unfortunately, it is also the barrier to what would seem the most straightforward way of treating PD, supplying dopamine directly to the brain. Dopamine is blocked because it can't fit through this defense. This is why we take levodopa, which can pass the barrier and then is transmuted by the brain into dopamine.

I have a game I like to play whenever I meet a neurologist. I ask, "What is the

one thing you wish that patients would do to manage PD that they won't do?" The answer invariably has been "exercise." But in a condition that leaves many patients with stiff muscles and a feeling of apathy, the



last thing many want to do is move their bodies. Especially when moving may lead to falling. So the best source of therapy, one that is available freely, has little in the way of dangerous side effects, and is as cheap as a pair of shorts and a jump rope, is often the last thing a person with Parkinson's feels like doing.

I could go on, but you get the idea. The question is, What does this mean for those trying to cope with this plethora of paradoxes? Before you answer, consider these three things:

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APDA GREATER ST. LOUIS CHAPTER

Deborah Dalin Guyer, MA,
Executive Director

guyerd@neuro.wustl.edu

Tammy Robison, Patient Service
Coordinator/Office Manager
robison@neuro.wustl.edu

Michelle Brooks, MSW, Program
Coordinator/Fundraising Associate
brooksmi@neuro.wustl.edu

APDA COMMUNITY RESOURCE CENTER

1415 Elbridge Payne ■ Suite 150
Chesterfield, MO 63017

Hours: 7:30 am–4:00 pm M–F

Phone: 314-362-3299

Fax: 314-747-1601

APDA INFO & REFERRAL CENTER

Campus Box 8111 ■ 660 S. Euclid
St. Louis, MO 63110

www.stlapda.org

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APDA • 135 Parkinson Ave.
Staten Island, NY 10305
800-223-2732

EDITOR

Deborah D. Guyer

CONTRIBUTING EDITORS

Michelle Brooks	Bob Sanderson
Betty Hayward	Erin Schreiber
Denise Walsh	

Disclaimer: The information and reference material contained herein concerning research being done in the field of Parkinson disease and answers to readers' questions are solely for the information of the reader. It should not be used for treatment purposes, rather for discussion with the patient's own physician.



*with
Dr. Buchholz*

Dr. Richard Buchholz, Vice-Chair of the Department of Neurosurgery at Saint Louis University, is our guest contributor in this Q & A section of this newsletter. He was also one of the participants in our recent Deep Brain Stimulation (DBS) Parkinson Education Program on February 2, 2014.

As a reminder, if you were unable to attend this wonderful meeting, a DVD of the presentation can be obtained by contacting the Parkinson Resource Center at 314-362-3299 or by email at guyerd@neuro.wustl.edu.

Q: Is DBS (Deep Brain Stimulation) useful for essential tremor? How does it differ from DBS for PD?

A: DBS for essential tremor (ET) is, if anything, more effective than DBS for PD. Given the relative paucity of medications effective in controlling ET, and given the 90-95% rate of efficacy of DBS in this condition, anyone with disabling ET should seriously consider DBS, as it can have a dramatic impact on quality of life.

Q: Is there a trend to have DBS done at an earlier stage in the disease?

A: There is great interest on whether DBS treatment earlier in the disease is appropriate. A recent talk given at the Neuromodulation Meeting suggests that early DBS may actually alter the course of the disease. Given our increased experience with DBS and improvements in surgical technique, the risk associated with DBS is decreasing, suggesting that it is an appropriate treatment for earlier stages of the disease. Anyone who has PD and has a quality of life that is sub-optimal due to poorly controlled symptoms should be evaluated for the possibility of DBS. ■

giveSTLday WHAT CAN WE DO IN A DAY?

May 6, 2014

givestlday.org

Give STL Day is one of the newest forms of philanthropy: a community-wide, 24-hour online fundraising event organized by the Greater St. Louis Community Foundation to grow philanthropy in the St. Louis metropolitan area. On May 6, from midnight to midnight, not only in Greater St. Louis but in many cities across the nation, anyone wishing to contribute can visit www.givestlday.org, search for the charity of their choice, and donate. The minimum donation is \$10, and there is no maximum. Contributions will be added to the ongoing tally board located on their website. The gift you give on May 6 may

be increased by prize dollars and matching funds during several "power hours." 100% of donations made through this event qualify as a charitable gift and will be given to the APDA of Greater St. Louis. We hope you will help us raise essential support and earn matching funds for the APDA. Join us on May 6 online at www.givestlday.org.

Contact Michelle Brooks at 314-362-3299 or brooksmi@neuro.wustl.edu for more information on this community-wide campaign fundraising event to grow philanthropy throughout the nation. What can WE do for APDA in a day? ■

Parkinson's Paradoxes

continued from page 1

First, each of us has a unique case of Parkinson disease. Second, we all deal with the beast according to our unique nature. Finally, there is much we have to learn about this complex and pitiless disease.

So, what is the way to approach Parkinson's paradoxes? Humility. Let's not judge one another too harshly for choices about which is the proper horn of a PD dilemma to impale ourselves on.

Until you have festinated for a mile in another man's moccasins, it's dicey to second-guess their decisions. And if I seem to not keep time, cut me a bit of slack. Perhaps I march to the beat of a different bummer. ■

Reprinted with permission from Northwest Parkinson's Foundation PD Community Blog on March 10, 2014. Please visit www.nwpcf.org/stay-informed/blog/ for more posts from Peter Dunlap-Shohl and other PD experts. Content is added weekly.

All Parkinson's, All the Time?



Paul Short, PhD

Dr. Paul Short, The Parkinson's Coach, provides Internet-based coaching to individuals and families challenged by Parkinson disease and helps them develop personalized plans for coping with the disease. Dr. Paul's background in neuropsychology allows him to translate many subtle aspects of the disease into plain language; plain language that produces practical plans.

PD brings a lot of stress to relationships. It is pretty easy to understand how stress can undermine a couple's bonds, particularly when these are already on unsure footing. Resolving stress amicably is the key to making a committed relationship work. This can be easy to forget, particularly when the way a person feels physically is so prone to fluctuation.

One of the greatest marital stressors is a phenomenon I hear about a lot from partners, the "all Parkinson's, all the time" problem. This phenomenon occurs when virtually all interaction within the relationship centers around the disease and it becomes virtually the only thing the couple has in common. The danger here is that the flow of emotional energy is in a single direction toward the person with PD. This one-way flow can be corrosive to even the most loving marriage. When a relationship is reduced to "all Parkinson's, all the time," it is very easy for the disease to crowd out the other person.

There is no question that it is impossible for a person who does not have the disease to understand the singular discomfort PD brings. However, it may also be hard for a person struggling with the effects of the disease to fully appreciate the struggles their partner faces, particularly when a marriage collapses around "all Parkinson's, all the time." Each partner has emotional needs that a viable relationship must meet in some way. If these needs are not being met and the focus of the marriage shifts disproportionately toward the person with PD, the net result can be frustration that has the potential to grow and fracture the foundation upon which the relationship is built.

There is no ill intent involved; it is just a sad fact of life that the physical demands of PD can block out an individual's

ability to see the world through their partner's eyes. Problems arise when people are unaware of this fact.

The most effective way to keep PD from becoming an emotional one-way street is purposeful work as a couple to keep that from happening. Although marital therapy can be helpful, a frank conversation is the goal. The most common areas of conflict are a tendency by some with PD to withdraw emotionally or

the converse condition of becoming overly dependent on the spouse. In either case, the goal is to come to some form of middle ground acceptable to each person. Both should talk about their concerns and frustrations without attaching blame of any sort. Many complex feelings are in play. This is not the time for anger, guilt, or recrimination.

Before you begin your conversation, think about your interactions with your spouse or partner. Be realistic in asking yourself if a disproportionate amount of that person's time and energy is devoted to PD. Think of ways you might attempt to

re-establish some of the balance to your relationship. Then talk. Share feelings, tears, and fears if necessary. But talk.

PD can creep into every aspect of a person's life. It is easy to fall into a habit of "all Parkinson's, all the time." As many are fond of saying, "I have Parkinson's but Parkinson's does not have me." In order to make that statement true, begin finding new meaning and direction with the person who is traveling through life with you. ■

Reprinted with permission from the APDA National Young Onset Center blog, "Uniquely Young Onset." Other posts by this blogger, Dr. Paul Short ("Dr. Paul"), can be found at www.youngparkinsons.org/blog or on his website/blog, www.theparkinsonscoach.org.

This article particularly resonated with me, because I can still recall a conversation I had with my father one afternoon when he was feeling particularly worn down and deflated. I reminded him that he was not just Mom's caregiver, but her husband of 66 years and that it needn't be all Parkinson's all the time.

— Debbie



Effects of Exercise on Parkinson Disease

Juan Sanchez-Ramos, PhD, MD



Juan Sanchez-Ramos, PhD, MD

Dr. Sanchez-Ramos, Helen Ellis Professor of Neurology, University of South Florida, Medical Director of the Parkinson Research Foundation, Sarasota, FL

With baby boomers entering the age range when the risk of Parkinson disease (PD) is high, there is increasing interest in the effects and benefits of exercise to help both motor and non-motor complications of PD. Perhaps this is because the “boomers” have always been interested in health and exercise. Or, more likely it is because the published research on the overall benefits of exercise for general health and well-being is abundant and convincing. A recent publication in *Movement Disorders* nicely summarizes the scientific knowledge in this field. Dr. Sanchez-Ramos has condensed the extensive review into an article which first appeared in the *Parkinson's Disease Update*, Winter 2014, published by the Parkinson Research Foundation.

Traditional exercise modalities, such as strength, flexibility, and aerobic or balance training, have been reported by many independent investigations to improve some aspects of mobility, strength, and flexibility. Compared with their healthy peers, PD patients have reduced muscle strength (i.e., force) and power (i.e., force \times velocity), both of which have been associated with reduced walking speed, walking efficiency, and postural instability, resulting in a higher risk for falls. Reduced muscle strength and power could be the result of muscle disuse, as PD patients are known to be physically inactive. However, decreased muscle strength is most likely a manifestation of a central nervous system deficit because muscle strength has been shown to improve with levodopa medication. A recent review and a recently conducted two-year randomized controlled trial on the effects of resistance training in PD concluded that resistance training increases muscle strength and endurance and is likely to result in improved gait parameters and functional improvements in mobility. Strength training is also endorsed by the evidence-based guidelines for physical therapy for PD. Furthermore, PD patients have an abnormally flexed posture with resulting shortened flexor muscles such as hip flexors, hamstrings, and pectoral muscles. Trunk and neck range of motion is often reduced, particularly axial extension and rotation. Decreased range of motion of the trunk, in particular,

is related to function (i.e., functional reach and both functional reach and gait can be improved by improving available range of motion).

Aerobic Training: A recent randomized clinical trial compared 16 months of balance training versus aerobic exercise (treadmill, stationary bicycle, or elliptical trainer) with stretching (control) and found aerobic exercise to improve physical fitness (walking economy) compared with the other modalities, whereas balance training improved Unified Parkinson's Disease Rating Scale (UPDRS), Activities of Daily Living score, and physical function. Another study compared three months of high- versus low-intensity treadmill training with stretching and resistance exercises and found similar effects on physical fitness with a dose-response relationship (peak VO₂), whereas all intervention arms improved in gait speed (six-minute walk test). Significant changes in the UPDRS motor scales, balance (functional reach), nonmotor symptoms, and quality of life were not observed in these studies.

Balance Training: Poor balance is a common and devastating consequence of PD. Recently, several studies examining the effect of balance exercises in PD showed that balance exercises, either alone or in combination with other training modalities



such as strength, joint mobility, or gait training, can reduce the number of falls and improve balance control, overall physical functioning, postural transfers, freezing of gait, and functional reach. Previous reports suggested that the combination of resistance exercises and balance training in PD was more effective in improving balance and postural stability compared with balance training alone. Due to differences in balance exercises, combinations with other exercises, duration and intensity of the exercises, and outcome measures, it is difficult to determine superiority of any of the treatments or

added value of different modalities. In addition, many balance scales used in trials may be insensitive to the unique deficits found in PD such as difficulty turning or difficulty with dual tasks and may be insensitive to mild balance deficits or mild improvements in balance after training.

Complex Multifaceted Exercise: Given what we know about the complex nature of PD-specific deficits that contribute to poor balance and gait, it is unlikely that one exercise, for example, aerobic training by itself, will necessarily improve balance control adequately. With greater understanding of the complex

nature of balance and gait deficits in PD, people have begun to investigate multifaceted exercise such as Tai Chi, dance, and agility training that may simultaneously target multiple aspects of disability.

Tai Chi, known to improve balance in the elderly, has a strong emphasis on maintaining control of one's center of mass. Tai chi has received attention in the PD community after several randomized clinical studies reported the beneficial effect of tai chi for people with PD on postural control compared with no intervention and compared with stretching or resistance exercise. Furthermore, in the latter study, the tai chi group performed better than the resistance training or stretching group in balance and gait measures, and both resistance exercises and tai chi led to a decrease in falls. Tai chi naturally combines slow control of movement, strength, multidirectional movement, and complex sequential action requiring cognitive attention.

Dance is also receiving much attention as an interesting exercise strategy for PD because it naturally combines cueing, spatial awareness, balance, strength and flexibility, and physical activity (or even aerobic exercise if the intensity is sufficient). Moreover, it is enjoyable and stimulates social engagement and peer support. Clinically significant improvements were found in balance, gait, and endurance when comparing the tango, waltz, and fox-trot with traditional exercise interventions. A clinical study with a 12-month community-based tango program resulted in significant and clinically important reductions in disease severity (UPDRS), balance impairment, and dual-task walking compared with controls. In addition, freezing of gait occurred more in the control group at follow-up, and the six-minute walk test deteriorated in the control group at follow-up, whereas the dance group remained stable. Interestingly, upper extremity function in the nine-hole pegboard test also significantly improved in the dance group. Together with the improvement in UPDRS motor score, this implies that the effects are transferred to nonrelated tasks and may suggest a disease-modifying effect. Moreover, it shows that long-term exercise treatment is feasible and that it results in an increase in participation in physical and social activities.

Exercise-Induced Changes to the Brain: There is strong evidence from the animal literature that aerobic training not only improves functional performance but also creates changes at the level of the brain itself. Experimental rodent models of PD showed that high-intensity aerobic training produces many changes in dopamine receptors and transporters and reduces glutamate neurotransmission (a beneficial effect).

Along with these brain changes, high-intensity treadmill running was shown to improve motor symptoms in rodent models of PD. Neurochemical and neuroplastic changes are less straightforward when studying exercise intervention for humans. Recently, a pilot study reported that intensive aerobic exercise in early PD patients resulted in better postural control and increased postsynaptic D2 receptor binding potential on PET imaging with radio-labeled fallypride, an indicator that dopamine neurotransmission was improved. Moreover, functional MRI performed after a single bout of forced exercise revealed the same change in network activation pattern as that seen between medication states.

Summary: There is a growing body of empirical evidence documenting the beneficial effects of exercise on gait and balance control in PD. There is also exciting research that demonstrates exercise-induced changes to the brain. There is a need, however, for specific recommendations regarding the frequency, intensity, and type of exercise for people with PD. The experts in this area of exercise research strongly suggest an increased role for exercise and rehabilitation at all stages of the disease and believe that exercise should use a wide variety of movements and address many different constraints on mobility.

When designing an exercise program for a PD patient, the following items should be considered:

1. The exercise should be targeted to address patient-specific problems or disabilities.
2. The exercise should be feasible. Unrealistic time-consuming regimens will decrease patient compliance; however, exercise strategies that cover several areas of physiological restrictions simultaneously or combine several exercises into one training session of approximately one hour seem to be a feasible time consumption.
3. Exercise-related risks should be assessed.
4. Barriers to exercise should be decreased by, for instance, group classes, home exercise, monitoring and treatment of non-motor symptoms and comorbidities, personal goal setting, and seeking alternative ways to improve exercise participation on a permanent basis. ■

This article was selectively condensed for readers of Parkinson Update (published by Parkinson Research Foundation, Sarasota FL) from an extensive review published by N. van der Kolk and L. King in Movement Disorders Vol. 28: pages 1587-1596, 2013. Readers who want more details and references can request a copy of the original article by contacting Laurie King, PhD, PT at Kingla@ohsu.edu.





Inaugural Year of Greater St. Louis APDA Participation in GO! St. Louis Marathon & Family Fitness Weekend – A Huge Success!

Nearly 120 APDA team members participated in the walking or running events held April 5 and 6 in St. Louis. Through individual and corporate sponsorships, over \$58,000 was raised to support

Parkinson research and the APDA Information & Referral Centers across the nation in our inaugural year with GO! St. Louis. A tent at the Saturday 5K run/walk event helped raise awareness about Parkinson disease and the APDA. As a result of the generosity of friends and family of team members, over 800 separate donations were received. We regret that we are only able to list gifts of \$50 or more,

received by March 31, 2014, but a complete listing is available on our web site. Our gratitude is extended to members of the walk/run committee who have given their hearts and “sole” to make this event a resounding success. For participants, we hope you enjoyed the weekend and will plan to join us again in 2015! For photos captured during the weekend, visit our website at www.stlapda.org or check out our facebook page at www.facebook.com/APDAGreaterStLouisChapter. ■



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Memory and Thinking Study at Washington University School of Medicine

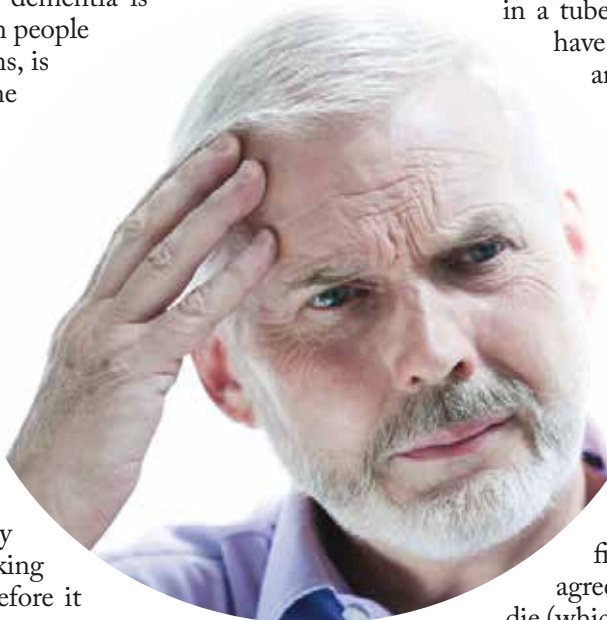
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Johanna Hartlein, RN, MSN, APN, Clinical Research Coordinator/Nurse
Practitioner

In the past few years, we have enrolled 216 people into our thinking and memory study. We are incredibly grateful to all of the wonderful people with Parkinson disease (PD) and to their spouses who have made this possible. Your dedication and willingness to enroll and continue lifelong participation in this research is the key to answering questions related to thinking and memory problems in PD and is the only way we are able to get closer to easing the burden and finding the cure.

Thinking and memory are a big deal in PD because a lot of people experience some trouble with their thinking. Some of these people develop dementia, and dementia is the No. 1 predictor of quality of life in people with PD. It, along with hallucinations, is also the No. 1 reason for nursing home placement. Trying to figure out the thinking side of PD may be just as important as trying to figure out the motor components of PD. This ambitious and important study is hoping to help answer the following questions:

1. Can we predict who with PD is at risk for thinking and memory problems? That is an important question to answer because perhaps then we could try to intervene early to stop thinking impairment before it begins or before it becomes problematic.
2. In people who already have thinking problems, what is the cause of those thinking problems? We used to believe that people with PD developed thinking problems related to co-existing Alzheimer Disease (with abnormal deposits in the brain of proteins Beta amyloid and tau—which makes up neurofibrillary tangles) or they could have another cause of dementia—from abnormal deposition of the protein alpha synuclein in the cortex (or outer areas) of the brain. We have now discovered in this study that all people with PD and thinking problems have abnormal alpha synuclein, and a large number also have abnormal Beta amyloid but only rarely do people have abnormal tau. Right now, we can only determine the cause of thinking problems by examining peoples' brains under a microscope. That procedure is only done after death so it is not very helpful to the patient who is living their life with sometimes disabling symptoms of dementia.



The terrific work done by subjects in this study, including donation of their brains at the time of their death, has permitted us to make these new discoveries. This new finding is very interesting and may change the way we think about Beta amyloid in the future. We must reach our goal of enrolling 290 people in this study. We are seeking both people with Idiopathic Parkinson Disease AND we also are needing “normal” men without thinking problems. People with PD can have no thinking problems, mild impairment, or all the way to severe impairment. The goal of this research project is to study people across the entire spectrum. To qualify for this study you must be 50 or older, with or without Idiopathic PD (‘normals’ or Idiopathic PD are included); have no other neurologic problems (such as strokes, seizures, history of brain surgeries or brain infections); have no metal in your body that could make an MRI unsafe (like an aneurysm clip or cardiac pacemaker); be willing to undergo an MRI (where we take pictures of your

brain and measure blood flow in the brain while you lay in a tube that makes loud noise); be willing to have a lumbar puncture (a minimally painful and very well-tolerated procedure) where we see if the proteins described above are present in your spinal fluid—the fluid that coats your brain and spinal cord; and be willing to undergo a PET scan (where you lay in a tube but only to the bridge of your nose and we inject into an IV in your arm a small amount of a radioactive isotope called PIB). PIB is an amyloid-binding compound and helps us try to determine whether amyloid in the brain predicts future development of thinking and memory problems. The final requirement research subjects must agree to do is to donate their brain after they die (which we hope is a long way off). The reason

brain donation is important is because it is the only 100% gold standard way to prove that someone has Idiopathic PD vs. another form of parkinsonism and it is the only way to prove what may be the cause of someone’s thinking problems. My dad donated his brain to this study. Brain donation does not negatively affect your funeral arrangements in any way, including open casket, and your family does receive a call from me or one of our other doctors to discuss the brain autopsy findings. There is no cost to you for any of these procedures, and in fact, we will pay you \$300 for your time and inconvenience. If you are interested in learning more about this study, please call or email my Nurse Practitioner, Johanna Hartlein, at (314) 362-0420 or johanna@npg.wustl.edu. Remember that in order to ever be able to cure this disease or better treat the symptoms, studies like this are pivotal and we really cannot do it without you. We would welcome the chance to discuss this study further with you. Thank you again for your dedication to PD research and helping us find a cure. ■

Jim and Alison Bates: the Definition of Philanthropy

Jim Bates was a pioneer in the advertising specialty business in St. Louis and a long-time resident of Kirkwood. He married his high school sweetheart, Alison (Brown) Bates, and together they grew this unique business into a very successful venture. Although Jim had symptoms earlier, he was diagnosed with Parkinson's at about age 70. Jim struggled with this progressive disease for many years but continued to go into the office until his death at age 85.

Jim and Alison Bates were known for their generosity and love of family, friends, and community. They established the James and Alison Bates Foundation, which lives on today through the generosity of the next generation and those Trustees following the express wishes of Jim and Alison. Look up the word "philanthropy" in the dictionary and you will find the names of Jim and Alison Bates.

The Greater St. Louis Chapter of the American Parkinson Disease Association has been the recipient of their

generosity through funds received to further the mission of easing the burden and finding the cure. Since July 2011, when their niece, Nancy Rapp, became involved with the local Chapter through her own Parkinson diagnosis, the Foundation has directed \$50,000 toward our local Parkinson community, supporting research as well as patient services and programs. We feel so very fortunate to be the recipients of the James and Alison Bates Foundation philanthropy, in addition to Nancy's active participation and support for our mission. Through these regular gifts, they are helping us get that much closer to making Parkinson's no one's disease. APDA strives to improve the lives of

people with Parkinson disease, their caregivers, and family members by providing education, creating public awareness, fostering a supportive environment, and raising funds for research.

You, too, can support our cause! ■



Jim and Alison Bates

Optimism Events

These groups conducted successful events and we wanted to showcase their efforts to inspire you to consider small ways you can increase awareness and help generate funds to ease the burden and find a cure for Parkinson's. Take the challenge and host your own Optimism event.

Two Optimism events have been held since our February newsletter: an annual Trivia Night honoring the former Mayor of Bellefontaine Neighbors, Marty Rudloff, and a Giving Back Together day held by Scottrade.

This third annual trivia night was sponsored by St. Louis Esprit softball team. The softball team holds a trivia night each year



to raise money for the season. This year they raised \$1,250, bringing the total three-year contribution to a praiseworthy \$3,150 for the Greater St. Louis APDA, serving the state of Missouri and southern Illinois. You impress us with your dedication and loyalty to Marty.



Giving Back Together – Scottrade Expands Associate Charitable Giving

Scottrade, Inc., a St. Louis-headquartered investing services company, has a 34-year history of doing what's right – for its clients, associates, and the causes its associates care about. One of those important causes is the Greater St. Louis Chapter of the American Parkinson Disease Association (APDA).

Scottrade and its associates continue to expand their partnership with the APDA to help fund research to find a cure for Parkinson disease, assist their families and caregivers, and provide support for educational programs. Through charitable matching programs such as casual Dress Down Days and Days of Caring, the firm matches associates' contributions dollar-for-

dollar, in addition to donating \$20 for every hour an associate volunteers his or her time to a nonprofit cause. Last year, Scottrade expanded its giving by launching its Giving Back Together campaign, which provides associates an opportunity to donate all throughout the year through scheduled paycheck deductions.

We appreciate Scottrade's ongoing financial and volunteer support to the Greater St. Louis APDA and hope that Scottrade's example will encourage other businesses to develop similar fundraising campaigns of their own. These programs make it easy to raise donations throughout the year to benefit charities that their associates are passionate about – charities that improve the lives of people and the communities in which they live. ■

Tributes & Donations 1/31/14 – 3/31/14

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.

Honoring

The Bergen Christmas

Roland & Mary Jane Bergen
Eric & Sueann Fry
Dan & Marva Heumann
Bobby & Barbara Jaeger
Jennifer Jaeger
Miranda Jaeger

Mr. & Mrs. Don Bergan

Mr. & Mrs. Greg LaVigne

The special birthday of

Phyllis Borr
Pam & Jerry Brown

Michael Bruckdorfer

Jan Bruckdorfer

Robert Bubla

Ruth Bubla

Marian Carter

Patricia Carter

Mary Lou Cenvy

Nancy LaVigne

The panel of DBS Experts:

Dr. Richard Bucholz

Dr. Pratap Chand

Ms. Leah Cuff

Mr. Brent Peterson

Dr. Terry Rolan

Dr. Mwiza Usbe

Debbie Guyer

Roger Decker

Brenda Andrews

Bill Erdman

Chris Hayes
Billie Stallings
Gail Stallings

Paul Garwitz

Dennis & Christine
Puricelli

Judy Glaser

Gail & Larry Glenn

The 60th birthday of

Ann Goldman
Gail, Larry & Alyssa Glenn

The birthday of

Ralph Goldsticker III
Larry & Andi Goldsticker

The birthday of

Al Gruben
Pam & Jerry Brown

Jill Kuykendall

Rose Mary Malone

The special birthday of

Marvin Marion
Pam & Jerry Brown

The birthday of

Kevin O'Toole
George & Nancy Marble

Austin Peppin

Austin & Helen Peppin

The 50th Anniversary of

Dale & Norma Plank
Mike & Ruth Lane
Geraldine Mitchell

Sam Pultman's Bar Mitzvah

Gail, Larry & Alyssa Glenn

Richard Quin

Lisa Quin

Sandra Rodman

Robert Snyder

The birthdays of

Ruth & Sylvan Sandler
Gertrude Hulbert
Zoe Shepard

The birthday of

Abby & Lily Schreiber
Jack Strosnider

Our Guests at the Steppig/

Carter Wedding
Laura Steppig

The 89th birthday of

Jack Strosnider
Debbie & Karl Guyer

Judy Taylor

Mary Birkel

Linda Wallace's Grandson

David & Sharna Kohner

Remembering

Al Abram

Cheri & Steve Lasky

Bonita "Bonnie" Acord

Brookhaven Garden Club

Kent & Mary Ann

Brueggemann

Olive Cernik

Oliver Dressel

Lois & Bob Estes

Connie Fehl

David & Joan Gildehaus

James & Barbara Glaser

Robert & Georgia Green

Gregg, Angela, Shirleymae

& Garrett Haefner

Ben & Alma Held

Jean Heutel

Ed & Jan Kaaz

Helen E. Kirchner

Jim & Hilde McAllister

Monsanto Women's Golf

Club

Carolyn Moritz

Shirley & Don Paulsen

Jerry & Mary Sue Pensel

Tim & Jennifer Potter

Jackie & Joe Quinn

Edwin & Sharon Schertzer

Gus & Arlene Sohm

Walter & Marilyn Williams

Betty Wilson

Bryan & Renee Winchell

Robert & Wendy Zick

Dorothy Baumstark

Jim & Sally Pfeiffer

Dorothy E. Beck

Svetko Balach

Marie Beck

Pauline Beck

Verona & Ronald Beck

Mr. & Mrs. Victor Beck

Priscilla & Russell Lorton

Duane & Pamela

Neugebauer

Terry & Sally Nolan

Steve Ostrander

Steve Raulston

John & Barbara Sheehan

Lillian Wisham

Tom & Barb Wolpert

Daryl Schnitker Bopp

Gwen Rogers

Edward L. Braibish

Douglas Braibish

Brown Shoe Company

Joe D. Brines

Darlene Fletcher

Donn & Debbie Porter &

Families

Kenneth W. Brockmann, Jr.

David Busiek

Virginia Cook

Loretta Cowie

John & Sandy Crowley

Bill & Patti Harrer

Ann Hatch

Susan & Louis Hull

John & Maureen Niemeyer

Carl & Shirley Opich

Carol & Len Shoultz

Thomas & Susan Will

William Bruchhauser

Kay Bruchhauser

Stanton Roeder

Nettie Bruer

Curves – Rhea & Dorothy

Kent & Kim Prinster

Robert Carafiol

Mike & Bernice Resnick

Aroy Chambers

June Stolinski

Josephine Cirocco

Maxine & Frank Gilner

Melford Cohen

Beverly Turner

Frank Cohlman

Robert & Patricia Feldmann

H & G / Schultz Door

Gus & Cyrilla Litteken

Betty Newberry

Joseph & Margaret Orlando

Jon Harold Corey

Earl & Catherine Adkison

Jerome & Judith Bates

Ronald & Patricia Beuttel

Molly Casteel

Lori Clemens

Don Donlon

Robert & Shirley Englehart

Betty Heller

Dale & Jill Hofstetter

T.M. & R.W. Lohmeyer

Dale & Norma Plank

Bob & Ann Schulte

Audrey Dori

Roy Wolfmeier Truck

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William "Bill" Duer

Pat & Audrey Britt

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Damiana Falcone

Joseph & Alison Falcone

Edgar H. Falkner

Brad & Debra Grueneberg

Mary Timmerberg &

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Mike & Bernice Resnick

Edward Foster

Beverly Shabansky

John "Jack" Fries, MD

Daniel Abodeely

Susan F. Barad

Mike & Barbara Bush

Shirley Callison

Aimee Campbell

Don & Carol Carlson

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Marlene Crowley

Mary Rose Desloge

Kathryn & John Dubuque

Rita Eiseman

Bill & Lynn Elliot

Charlie & Joan Forrest

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Combs

Cynthia & Nelson Grumney

Scott & Michelle Harris

Sonny & Harold

Helmkampf

Michael & Terri Hennessey

Ellen & Joe Horan

Joan & Jack Hughes

Tom & Linda Langsdorf

Trish & Dick Lazaroff

Wanda & Mike Leopold

Melanie & Tom Litz

Laura Lueken

George & Nancy Marble

Rich & Joan Marra

Ernest & Laurie Marx

Dooley & Forbes McMullin

Donald P. Nies

Michael Orlando

Dr. & Mrs. Leroy Ortmeier

William & Jean Ruhe

Mr. & Mrs. James

Schneithorst

Keyvn Schroeder

Debbi & Kevin Seelman

Robert Smith

Sharon Steis

Edward & Jean Szoko

Pam & Paul Tvedt

Lazaro "Larry" Gelstein

Bob & Debi Feit

Carol Giger

Don Giger

Herb Greenberg

Mark & Nancy Kodner

Jean Ann Hale

The Bourgeois Family

Olivia Burt

Mercy Clinic Children's

Heart Center

Marcia Pozzo

Richard Taylor

Loretta A. Hesterberg

Jim & Linda Jandro

Russell & Patricia Row

Mark & Terry Schonhoff

Marie & Gary Schroeder

Dave & Diane Snively

Louis Hirschberg

John & Cookie Meyer

Joy & Robert Stafford

Dixie Holland

William & Sue Christie

Robert L. "Bob" Jackson

Jim Altadonna

John & Jan Altadonna

Roger & Cheryl Bowie

Patty Carlson

Mary Ann Collins

Linda Kuhn

Ron Lueking

Billie Miller

Billy & Karen Petrea

Jimmie D. Piercy

Carolyn Skibinski

Joan Jurkiewicz

Lynn Frank

Earl K. "Bun" Kesner

Gary & Linda Andruska

continued from previous page

Suzanne & Bill Bierman
Diana Buchanan
Jim & Judy Chervitz
Marcia Cohen
Cynthia Gesme
The Goffsteins
Seymour & Harriet
Greenwald
Michael & Susan Harmon
Toby Katz
Phil & Arleen Korenblat
Susie & Al Kutner
Sally Needle
Jim & Jean Peterson
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Marlene & Marvin
Rosengarten
Art & Marlene Silverman
Harvey & Adrienne Weiss
Vicki & Harvey Weiss
Patti Wolkowitz

Earl W. Krick, Jr.

Charles & Judith Gavin
Marvin Holtzaur
Doris Mae Johnson
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Pat Ostrander
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Art & Linda Wehmeyer

Harvey Lennens

Carol Ashbury
Marilyn Dulle
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Michelle Sandheinrich
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Patricia Locatell

John & Diane Heath
Rick & Debbie Maack
Adele Uline & Deborah
Uline Maack

Norman London

Roberta Hayman

John Marino

Katherine Newsham

Ruby Markway

Erika & Bill Gerth

Joey Marshall

Steve Benesh
Mark Biehl
Bob & Peggy Boente
Jim & Linda Boente
Carol Conry
Jean Crudden
Mark & Becky Donaldson
Vicky & Robert Egan
Glenn Harris
William & Mary Ellen
Heckel
Terri Hosto
Gypsy Jones
Cathy & Rich Lang
George & Nancy Marble
Larry McMahan
Julie & Douglas Michel
Shirley Parisi
Jim & Jean Peterson
Barb Sabatino

David & Margie
Timmermann
Pamela & Gary Wheatley
Stan & Donna Wilensky
Tommy Wilson
Dick & Margie
Zimmerman

Ione Masterson

A family friend

Bill & Marguerite Maxton

Norman & Mae Hanna

Audrey McAlevey

Ray & Shirley Knorpp

Elvera "Mutz" McFarland

Louise Busch
Irene Fischer
Jim & Sandy Fleming
Mickey Hawksley
Janelle Platte Hollis
Cherri Kraus
Joanne Kuhn
Mike & Kristie Mayer

William McHenry

Robert & Barbara Rutledge

Norman S. McMullen

Rita McMullen Smith

Wojciech "Al" Mielczarek

Ken & Louise Brockmeier
Richard & Patricia Pattriti

William "Bill" Mill

Dorothy Mill
Angelo & Betty Panourgias

Larry Million

Emerson
Cheryl Teel

Mary Ann & Louis T.

Moreland
Kay Bruchhauser
Phoenix Mills
Debra & Larry Walter

Kelly Nebulani

Tina Nebulani

Marie Neff

Rick & Mary Ann Bledsoe
Kerry Klotz
Jim & Wendy Kochanes
David & Renee Nerviani

Lila Nittler

Charlotte Shelburne

James R. O'Brien

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Sally Boughman
Sid & Judy Doerhoff
Mark & David Hall
Dorothy Heckemeyer
Carl & Sharon Kemna
Elaine Kesel
Darlene Loethen
Michael & Raelene O'Brien
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Laurie Wuestling

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William Sodemann

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George Theodore

Amelia Theodore

Dr. Kevin Toal

Mimi Wachsman

Joseph Tretter

Sue & Sol King

John Vaeth, Jr.

Laverne & Wilfred Mehner

Gordon E. Wall

Marilyn Wall

Wayne "Jim" Watkins

Bob Fields

Walter Weber

Barb Lindhorst

Sara Marie Weisser

Ameren AM&T
Audrey Behr
Mike Kroeger & Dot
Boyher
Carol Chranowski
Bonnie Kirchoff
Reitz Family
Tami & Richard Ritz
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Carol Wohlstater

Richard "Dick" Wolff

Nancy Hammerman
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Allan & Marcia Kohm
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Jerry & Carole Rich
Diane & Sam Valencia
Carol Ann Warren
Terri & Steve Winter

Lewis Zamudio

Patrick Noel Freesh

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\$1 - \$99

David & Bernita Abel
Jagan Ailnani
Anonymous
Regis & Louise Blutas
Sam Burns
Patricia Carter
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Terry & Lynne Conner
Rich Distler
Linda Marie Ellerman
Bob & Beverly Frey
Dorothy Feutz
Norman Giovannini
Richard & Jeanette
Glaenger
Vincent Gocke
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Irene Hart
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Sandra Hernandez
John A. Jaeger
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Diane Kapacinskas
Raymond & Ruth Keating
David Michael Lansdown
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Char Ann Meloney
Ricardo Mendoza
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Janet Meyer
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Pat Murray
Marge Reimer
Annie Schlafly
Charles & Mary Sharp
Ron Short
Beverly Spindler
Jerry Stockman
Cohen & Twila Walters
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Boeing Charitable Trust
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Charlotte Eldredge
Brian & Joann Elliott
Judith Gall
Michelle Gauthier
Vernon & Erika Gerth
Richard Kohn
Ladue Chapel Women's
Association
Lux Family Foundation
John & Josie Mazzola
Jim & Jodie Neville
Martin Shrader
Cynthia Smalley
Joan & Warren Solomon
Jill Stein
Paul Taxman
Roland & Bev Von Holten
Marilyn Wall

General Gifts

\$500 - \$999

Janet & Al Forsman
Joanie & Mark Goldstein
Melinda K. Mierek
Rich & Cheryl Schumacher

General Gifts

\$1,000 - \$9,999

Tom & Charlotte Benton
PNC Foundation
Anonymous
Jack Strosnider

General Gifts

\$10,000+

East Bay Community
Foundation

General Gifts

\$25,000+

James & Alison Bates
Foundation

Let's Thrive

We are pleased to announce that the American Parkinson Disease Association of Greater St. Louis has been enrolled as a participating organization in **Thrivent Choice**. Thrivent Choice is a charitable grant program that allows eligible members to recommend where Thrivent Financial distributes part of its charitable grant funds each year. Our heartfelt thanks to Rilla Fisher-Pugh whose tenacity helped us achieve this goal of making APDA Greater St. Louis eligible for Choice dollars. We hope you will contact your employer to help enroll us as a participating organization and to request matching funds where available. By working together, we will accomplish our mission of easing the burden for people with Parkinson disease and their families, and ultimately finding a cure. ■

Tremble Clefs Makes Its Debut!

Linda McNair, MT-BC

The Greater St. Louis Chapter of the APDA now has its own Tremble Clefs group, which began in January 2014. Tremble Clefs is a national therapeutic singing program specifically designed for people living with Parkinson's, their family members, and care partners. It was originally founded in 1994 by Karen Hesley in Phoenix, Arizona.

The purpose of the group is based on four objectives:

- Enhancing vocal skills through breathing, posture, and voice volume
- Improving posture, balance, and mobility through moving to music
- Having fun singing with others
- Sharing music with larger audiences for fun and to promote Parkinson's awareness

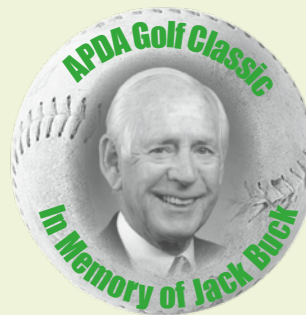
Members of the group need not be able to read music, and no auditioning is required. The variety of songs includes everything from patriotic to Beatles' selections. Linda McNair, a board certified music therapist, is the musical director for the newly formed group. Linda Morton, a Washington University graduate student in occupational therapy, assists with implementing movement to the songs. Tremble Clefs meets each Saturday from 1:30 to 2:45 p.m. at the Salem United Methodist Church located at 1200 South Lindbergh Blvd.

Please contact the Greater St. Louis APDA office at 314-362-3299 to register. New members are welcome!

Consider this your personal invitation to come out and see how much fun we're having. ■

It's Free for the Asking!

1. The Davis Phinney Foundation distributes a wonderful DVD, *Parkinson's Exercise Essential: Getting Started, Staying Motivated, Seeing Results*. You will find a link to the Davis Phinney website in the link section of our Greater St. Louis website. Or call 1-855-PHINNEY to order your free copy.
2. You may view the American Academy of Neurology (AAN) latest DVD, *Parkinson's Disease: A Guide for Patients and Families* in the link section of our Greater St. Louis website. You may order a free DVD and guidebook from the AAN.
3. At www.parkinsonscreativecollective.org you may preview the 2013 book, *The Peripatetic Pursuit of Parkinson Disease*. It is written by people with PD for people with PD. In the foreword, John Grohol writes, "The journey of Parkinson disease is long and sometimes lonely, but it is in no way a journey one has to make alone." We have a copy in our library – it is a must read! ■



The annual APDA Golf Classic in memory of Jack Buck will take place May 19, 2014, at Algonquin Golf Club in Glendale, MO. 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 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 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 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, we welcome your involvement. 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. ■

Clinical Trial on Drooling in Parkinson Disease

Dr. Brad Racette, at the Washington University School of Medicine, is participating in a research study investigating a medication for drooling associated with Parkinson disease and other medical conditions. The study is sponsored by Solstice Neurosciences, LLC. Sialorrhea (drooling) is defined as an excess spillage of saliva, which may be due to an inability to control oral secretions, excessive saliva production, or excessive pooling of saliva. Drooling is a common problem in people with neurologic (brain) impairments, such as Parkinson disease, adult cerebral palsy, and stroke. Sialorrhea (drooling) can significantly affect a patient's quality of life and, if left untreated, pooling/spillage of saliva can lead to aspiration and infection. The primary purpose of this study is to determine if rimabotulinumtoxin B (Myobloc injection) works better than a placebo (no active drug) in reducing or lessening the amount of saliva produced by the salivary glands.

To take part in the study, individuals must be between 18 and 85 years old and be seeking treatment for troublesome drooling. Participants must not have had prior treatment with rimabotulinumtoxin B (Myobloc). Participation may last up to 65 weeks and includes up to 19 office visits and periodic phone contacts. For more information, please contact Karen at 314-747-0514 or mcdonellk@neuro.wustl.edu. ■



Missouri Support Group Calendar

Sponsored by the American Parkinson Disease Association, Greater St. Louis Chapter

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, or call the APDA Information & Referral Center or the facilitator. Information that has changed since the last **LiNK** appears in **bold**.

City	County	Meeting Site	Day of Meeting	Time	Leader(s)	Phone
Ballwin	St. Louis	Meramec Bluffs Care Center 40 Meramec Trails Dr., Activities Rm.	4th Tuesday	2:00 PM	Gayle Truesdell	636-923-2364
Cape Girardeau	Cape Girardeau	Cape Girardeau Public Library 711 N Clark Street, Oscar Hirsch Room	3rd Monday	6:00 PM	Desma Reno, RN, MSN	573-651-2939
Chesterfield	St. Louis	APDA Community Resource Center 1415 Elbridge Payne, Suite 150	1st Tuesday	10:30 AM	Mary Buck Nancy Rapp	636-532-6504 636-537-3761
Chesterfield	St. Louis	For Caregivers Only APDA Community Resource Center 1415 Elbridge Payne, Suite 150	2nd Monday	10:30 AM	Dee Jay Hubbard	314-362-3299
Columbia	Boone	Lenoir Community Center 1 Hourigan Drive	1st Thursday	4:00 PM	Patsy & David Dalton Doris Heuer	573-356-6036
Creve Coeur	St. Louis	Pre/Post-DBS Group Missouri Baptist Medical Center 3015 N. Ballas, Main Parking Garage 4th fl. CLI Rm. 419	3rd Tuesday	6:30 PM	Joe Vernon	314-614-0182
Creve Coeur	St. Louis	Young Onset Living and Working with PD Missouri Baptist Medical Center 3015 N. Ballas, Main Parking Garage 4th fl., CLI Rm. 419	3rd Tuesday	6:30 PM	Doug Schroeder	314-306-4516
Festus/ Crystal City	Jefferson	Disability Resource Association 130 Brandon Wallace Way	3rd Tuesday	1:00 PM	Penny Roth Sara Dee	636-931-7696 x129
Florissant	St. Louis	Garden Villas North 4505 Parker Rd.	4th Thursday	11:00 AM	Nancy Robb	314-869-5296
Jefferson City	Cole	Capital Regional Medical Center SW Campus, Cafeteria	3rd Wednesday	3:00 PM	Jennifer Urich, PT	573-632-5440
Kansas City	Jackson	VA Medical Center 4801 Linwood Blvd. Hall of Heroes Room	3rd Tuesday	11:00 AM	Jesus Torres Nikki C. Caraveo, RN, BSN, CNRN	816-861-4700 x56765
Kirkwood	St. Louis	Kirkwood United Methodist Church 201 W. Adams, Room 201	4th Tuesday	7:15 PM	Terri Hosto, MSW, LCSW	314-286-2418
Ladue	St. Louis	The Gatesworth 1 McKnight Place	2nd Wednesday	1:00 PM	Maureen Neusel, BSW	314-372-2369
Lake Ozark	Camden	Lake Ozark Christian Church 1560 Bagnell Dam Blvd.	3rd Thursday	Noon	Patsy Dalton David Dalton	573-356-6036 573-434-4569
Poplar Bluff	Butler	Poplar Bluff Regional Medical Center 3100 Oak Grove Rd. Ground Floor Education Room 3	2nd Monday	6:00 PM	Charles Hibler register with Beryl or Dana	573-785-6222 855-444-7276 573-776-9355
Rolla	Phelps	Rolla Apartments 1101 McCutchen	4th Thursday	2:30 PM	Hayley Wassilak	573-201-7300
South St. Louis	St. Louis	Garden Villas South 13457 Tesson Ferry Rd.	2nd Wednesday	10:00 AM	Jack Strosnider	314-846-5919
Springfield	Greene	Mercy Hospital 1235 E. Cherokee	2nd Thursday	2:00 PM	Randi Newsom, RN, BSN	417-820-3157

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Missouri Support Group Calendar

City	County	Meeting Site	Day of Meeting	Time	Leader(s)	Phone
St. Peters	St. Charles	Spencer Road Library 427 Spencer Rd., Room 259	1st Tuesday	1:00 PM	Sherrie Rieves Ann Ritter, RN	636-926-3722
Ste. Genevieve	Ste. Genevieve	Ste. Genevieve County Mem. Hospital Education Conf. Room, Hwy. 61 & 32	2nd Wednesday	10:00 AM	Jean Griffard, RN	573-543-2162
Trenton	Grundy	Royal Inn 1410 E. 9th Street	1st Thursday	10:00 AM	Novy & Mary Ellen Foland Gloria Koon	660-357-2283 660-485-6558
Washington	Franklin	Washington Public Library 410 Lafayette Avenue	2nd Monday	6:30 PM	Carol Weber	314-713-4820
Webster Groves	St. Louis	Bethesda Institute 8175 Big Bend Blvd., Suite 210	Last Friday	10:30 AM	Laurel Willis, BSW	314-373-7036
Wentzville	St. Charles	Twin Oaks at Heritage Pointe 228 Savannah Terrace	1st Thursday	1:00 PM	Ann Ritter, RN Sherrie Rieves	636-336-3168 636-542-5400



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, or call the APDA Information & Referral Center or the facilitator. Information that has changed since the last **LiNK** appears in bold.

City	County	Meeting Site	Day of Meeting	Time	Leader(s)	Phone
Alton	Madison	Senior Services Plus 2603 N. Rodgers Ave.	2nd Tuesday	9:30 AM	Kim Campbell	618-465-3298 x146
Belleville	St. Clair	Southwestern Illinois College (PSOP) 201 N. Church St., Rm 106	2nd Monday	1:30 PM	Jodi Gardner	618-234-4410 x7031
Carbondale	Jackson	Southern IL Healthcare Headquarters University Mall	1st Wednesday	1:00 PM	Bill Hamilton, M.D.	618-549-7507
Champaign	Champaign	Savoy United Methodist Church 3002 W. Old Church Road	Every Monday	10:00 AM	Charles Rohn Chuck Arbuckle	217-549-6167 217-586-3100
Decatur	Macon	Westminster Presbyterian Church 1360 West Main Street	3rd Thursday	1:30 PM	John Kileen	217-620-8702
Glen Carbon	Madison	The Senior Community Center 157 N. Main St.	3rd Wednesday	10:30 AM	Nancy Goodson Rick Rogier Jeanette Kowalski	618-670-7707 618-288-3297 618-288-9843
Jacksonville	Morgan	Passavant Area Hospital 1600 W. Walnut—Meeting Room 2	1st Wednesday Apr.-June, Aug.-Sept.	6:00 PM	Karen Ladd	217-243-4904
Mattoon	Coles	First General Baptist Church 708 S. 9th St.	Last Tuesday	1:30 PM	Roy and Kay Johnson	217-268-4428
McLeansboro	Hamilton	Heritage Woods – Fox Meadows 605 S. Marshall Ave., Dining Room	1st Wednesday	1:00 PM	Paula K. Mason	618-643-3868
Springfield	Sangamon	Christ the King Parish Ctr. 930 Barberry Dr. , SW Bldg.	3rd Sunday in Jan., Mar., May, July, Sept., & Nov.	2:00 PM	Pam Miller	217-698-0088

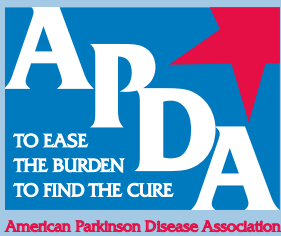


Exercise Classes

The APDA now offers 15 exercise classes that meet weekly in the Greater St. Louis area. Exercise is essential to managing Parkinson symptoms and slowing the progression of the disease. Our patient services funding comes from donations and is limited, so we encourage those who wish to attend multiple classes to make a \$5 per week donation. This minimal donation helps us to defray the cost of the classes which run around \$10 per person to cover the instructors' salaries, room rentals, and equipment. This donation request is on an honor system, and we don't turn anyone away from attending as many classes as they choose. To make a donation for exercise classes, use the blue envelope in your newsletter and note that it is for exercise class. Many people choose to pay quarterly to reduce the number of checks they write each month. Any amount you can contribute is used exclusively for our patient services to keep these programs free or at little cost to our patients.

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 out any changes since publication.

City	County	Meeting Site	Day of Meeting	Time	Leader(s)	Phone
Clayton	St. Louis	The Center of Clayton 50 Gay Ave., Mind/Body Room	Wednesday & Friday	2:00 PM	Mike Scheller, PTA	314-289-4202
Chesterfield	St. Louis	St. Luke's Deslodge Outpatient Center 121 St. Luke's Center Drive Conference Rooms 1 & 2	Monday	10:00 AM	Sarah Farnell, OT	314-205-6934
Chesterfield	St. Louis	Friendship Village 15201 Olive Blvd. Friendship Hall-Door #5	Tuesday	1:30 PM	Jessica Andrews	636-733-0780 x7719
Chesterfield	St. Louis	Tai Chi APDA Community Resource Center 1415 Elbridge Payne, Suite 150	Wednesday or Friday	10:00 AM 11:30 AM	Craig Miller	314-362-3299
Chesterfield	St. Louis	APDA Community Resource Center 1415 Elbridge Payne, Suite 150	Monday	1:30 PM	Susan Mayer, MHSPT	314-362-3299
Creve Coeur	St. Louis	Aquatic Exercise Rainbow Village 1240 Dautel Lane	Spring Session Apr. 7-Jun. 13 Summer Session Jun. 7-Sep. 12	1:00 PM Tuesdays	Brenda Neumann	636-896-0999 x21
Florissant	St. Louis	Garden Villas North 4505 Parker Rd.	Tuesday & Thursday	10:00 AM	Bobby Lautenschleger, PTA	314-355-6100
Joplin	Jasper	United Methodist Church 1730 Byers Ave.	Monday	2:15 PM	Nancy Dunaway	417-623-5560
Kirkwood	St. Louis	RehabCare 439 S. Kirkwood Rd., Ste.200 Park in rear	Thursday Starting Feb. 6	1:00 PM	Brandon Takacs	618-971-5477
Ladue	St. Louis	Tremble Clefs Singing Salem United Methodist 1200 S. Lindbergh Blvd. Lower Level Choir Room	Saturday	1:30 PM	Linda McNair & Linda Morton	314-362-3299
South St. Louis County	St. Louis	Garden Villas South 13457 Tesson Ferry Rd.	Monday	11:30 AM	Mike Scheller, PTA	314-289-4202
St. Peters	St. Charles	Barnes-Jewish St. Peters Hospital Healthwise Center 6 Jungermann Circle	Every Tuesday except 1st Tuesday	11:00 AM	Holly Evans, COTA	636-916-9650
St. Peters	St. Charles	Aquatic Exercise St. Charles YMCA 3900 Shady Springs Ln.	Spring Session Apr. 7-Jun. 13 Summer Session Jun. 7-Sep. 12	2:00 PM Thursdays	Brenda Neumann	636-896-0999 x21
Lake Ozark	Camden	Lake Ozark Christian Church 1560 Bagnell Dam Blvd.	Monday	4:00 PM	Alice Hammel, RN	573-964-6534



Washington University School of Medicine
 American Parkinson Disease Association
 Campus Box 8111
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Did you know that we produce 9,000 newsletters each quarter? Help us manage our expenses by letting us know when you move, if you want to be removed from the mailing list, or if you'd rather receive an electronic version. Just call 314-362-3299 or email guyerd@neuro.wustl.edu to let us know! Thank you in advance for helping us spend our resources wisely!



Remember to use your eScrip card every time you check out at Schnucks grocery stores and earn dollars for APDA Greater St. Louis Chapter!

Check out our Facebook page at www.facebook.com/APDAGreaterStLouisChapter



Seen at GO! St. Louis April 5-6, 2014



At the start of Holy hill there was a priest sprinkling holy water on runners. As APDA team and committee member, Doug Schroeder ran by, he shouted, "Give me all you got!"



Mark your calendar!

May 6

Give STL day – Make an online donation at giveday.org to benefit the APDA Greater St. Louis Chapter

May 19

APDA Golf Classic honoring the memory of Jack Buck. Reservations required and space is limited. See website for further information.

August 16

9th Annual Hull of a Race to benefit Parkinson research: www.hullofarace.com.

