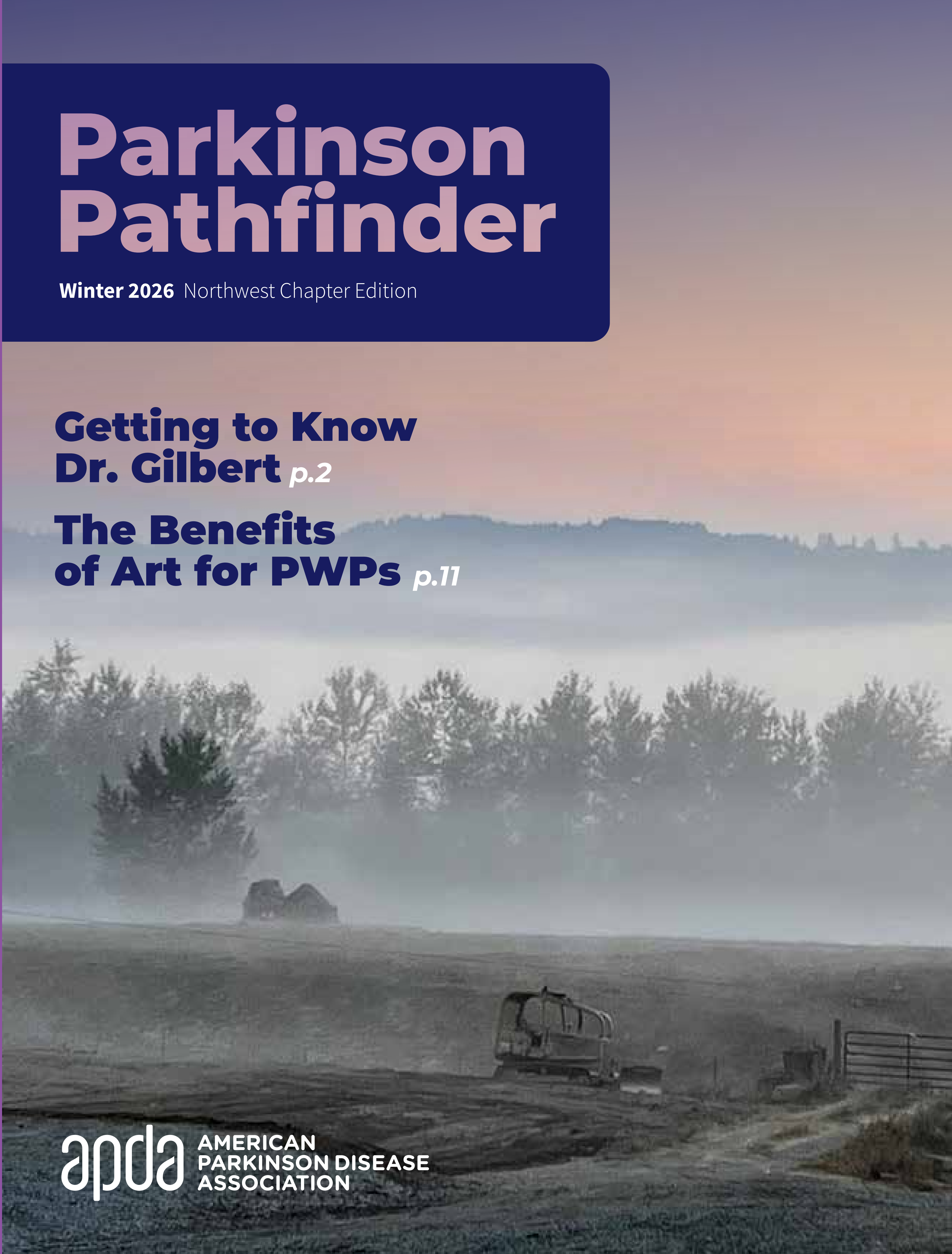
Parkinson Pathfinder

Winter 2026 Northwest Chapter Edition



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apda AMERICAN PARKINSON DISEASE ASSOCIATION

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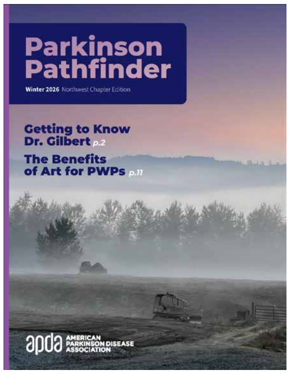

Cover photo

"Foggy Sunrise" by **Dustin Werner**
Originally from Alaska and now based in Washington, Dustin Werner was diagnosed with Parkinson's disease in 2007—the same year he discovered his passion for photography. Since then, the camera has become both a creative outlet and a source of strength. "I think it's important to keep doing what you love and not let Parkinson's keep you down," he says.

APDA'S MISSION

Every day, we provide the support, education, research, and community that will help everyone impacted by Parkinson's disease live life to the fullest.

apda AMERICAN PARKINSON DISEASE ASSOCIATION
NORTHWEST CHAPTER
Strength in optimism. Hope in progress.

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A new year naturally invites reflection and intention-setting.

Kirsten Richards
Executive Director,
APDA Northwest

As we welcome a new year, we are also introducing a new look for the *Parkinson Pathfinder*. We are excited to share a refreshed design that embodies the heart of APDA — hope, resilience, and the power of community. You'll notice brighter visuals, clearer navigation, and an overall style that we hope feels both energizing and accessible.

A new year naturally invites reflection and intention-setting. **There is something powerful about a fresh start.** Setting a new intention can be as simple as making space for joy, reconnecting with a hobby, taking more walks with a partner or friend, trying a new exercise class, or giving yourself permission to rest. It can also be about extending compassion and grace to yourself and others when you might not always feel like it.

One of my personal intentions for 2026 is practicing optimism. How does one do that in today's world? Trust more, doubt less. Which sounds simpler than it is, since trust requires vulnerability. Yet the most meaningful things in life all require a leap of faith. I read recently that optimism is essentially a superpower, which is a concept I can get behind. Optimism also happens to be the theme for this year's Magic of Hope Gala & Auction on March 14, where we will highlight the message that despite the challenges of Parkinson's disease, there is always hope to be found, progress to be made, and joy to be shared.

At APDA, we are setting our own intentions and goals for the year ahead. We aim to expand programming, strengthen partnerships, continue advocating for the needs of people living with Parkinson's, and prioritize building community so no one faces PD alone. Most importantly, we remain committed to ensuring that everyone impacted by Parkinson's feels supported, informed, and connected.

In this issue, you'll read about new advances in Parkinson's treatment, the benefits of artistic expression, and research taking a closer look at how exercise may help slow progression. You will also gain an inside perspective on Dr. Rebecca Gilbert, APDA's Chief Mission Officer, and a deeper understanding of how the Parkinson's community benefits from her leadership and dedication to advancing APDA's mission.

May these articles — and the *Pathfinder*'s new look — spark curiosity, offer encouragement, and set the tone for a year of new beginnings and fresh energy.

Happy New Year!

Kirsten Richards

Contact us to switch to the digital edition, or if you no longer wish to receive the *Pathfinder*.

Getting to Know Dr. Gilbert, MD, PhD

A Q&A with APDA's Chief Mission Officer

You may have read one of Dr. Rebecca Gilbert's blog posts, watched an episode of *Dr. Gilbert Hosts*, or heard her speak at an APDA event. If you're familiar with APDA, you're likely already acquainted with our Chief Mission Officer. Dr. Gilbert adds so much to our organization and to the PD community—sharing the latest information about Parkinson's, overseeing our research program, caring for patients, and so much more. We thought you might enjoy getting to know her a little better.

Your path to APDA

What motivates you to champion APDA's mission?

Dr. Gilbert: I am motivated mainly by all my interactions with people who face the challenges of Parkinson's disease (PD). My work at APDA, along with my 16 years of caring for patients with PD (I still see patients one day a week at Bellevue Hospital Center in NYC), requires me to keep people with PD front and center — understanding the hurdles that the disease presents and thinking hard about ways to help people overcome them.

When I meet a young woman with PD who is raising a teenage son on her own, I am motivated to create APDA programming to support people in her situation. When I meet someone who is struggling with cognitive challenges, I am motivated to support research dedicated to this particular problem. And those are just two examples. Knowing that we are making a difference and can respond to the needs of the community is very meaningful to me, and all of us at APDA.

Role and impact

When you think about "Chief Mission Officer" in practice, what does your day-to-day look like, what outcomes are you ultimately responsible for, and how do you measure success for people living with Parkinson's and their care partners?

Dr. Gilbert: Each day as Chief Mission Officer of APDA is different! My overarching objectives are to ensure that APDA reaches as many people as possible, builds connections with groups of people with PD whom we have not reached before, and, most importantly, improves the lives of people with PD as much as possible. We measure the number of people we reach and, with survey tools, measure how our programs and services improve the lives of people with PD. To achieve these goals, I brainstorm with many smart people both inside and outside APDA about which new initiatives we should develop and pursue.

There are many nuts-and-bolts activities I love doing that support our mission. My day may include zooming into a virtual support group session to answer people's questions, meeting with a startup developing a product to help people with PD, or speaking with a journalist seeking expert commentary on a PD-related issue.

Some days I'm brainstorming the details of a new APDA program with my team, planning our virtual programming, creating new publications and videos, or writing content for our website. I travel to APDA Chapters across the country to discuss their programming needs; I attend APDA events nationwide to present the latest PD information to their attendees; I attend industry conferences; and more. It's a busy, but very rewarding job!

Dr. Gilbert hosts 'Women with PD' event in Seattle, WA

From the clinic to the community

Drawing on your medical practice, how do you approach comprehensive Parkinson's care—diagnosis, symptom management (motor and non-motor), and long-term planning—and can you share a recent example where a change in care strategy made a meaningful difference for a patient or family?

Dr. Gilbert: In the clinic, I have a few mantras that I try to remember when caring for my patients: 1) listen to the patient to understand what the obstacles are to a better quality of life, 2) always ask "can we do better?" - even if the patient says that things are OK, and 3) continually encourage changes that are within the control of the person with PD and that increase exercise, movement, cognitive and social engagement, a healthy diet, and a better understanding of PD.

Of course, I am also always thinking about medication changes that can be beneficial, but often the lifestyle changes are equally or more impactful. I often go to the APDA website during clinic to help my patients! I refer patients to online exercise classes on our virtual events calendar, connect them with APDA support groups, or have them download our educational materials in one of the three languages we offer (English, Spanish, and Chinese).

I can think of many examples of how these tools and resources were very beneficial, but one particular one comes to mind. I have a patient whose primary language is Spanish and who loves to dance. She pretty much gave up on being able to dance because of her PD. But then I connected her to a dance class for people with Parkinson's, supported by APDA, being held locally in Spanish. She cried happy tears when I made her aware of this option!

Priorities and initiatives

Which APDA research programs or initiatives are you most focused on this year?

Dr. Gilbert: There are a number of new APDA research initiatives that we are very excited about. In response to the increasingly difficult funding climate for Parkinson's disease research, APDA launched new Bridge Funding Awards to sustain promising investigators facing unexpected funding gaps. We awarded three of these awards in October and are very proud of our support for young researchers, ensuring they can sustain their careers and continue to contribute to critical PD research.

Another key part of our research program is our commitment to sharing our researchers' successes with the PD community. We work to connect our scientists directly with people living with Parkinson's by inviting them to speak at APDA education programs and conferences. We have also created easy-to-understand written and video summaries so everyone can stay informed about the important progress being made.

A personal note

What's a story, habit, or surprising fact about you—inside or outside medicine—that readers might not expect, and how does it shape the way you serve the Parkinson's community?

Dr. Gilbert: I host a monthly educational web series called Dr. Gilbert Hosts. My three teenage boys love checking how many views my broadcasts get on APDA's YouTube channel, and my tech-savvy husband gives me pointers on lighting and sound, so Dr. Gilbert Hosts is a truly family affair! ■

Can Exercise Slow Parkinson's Progression?

The SPARX3 Research Trial Investigates

People with Parkinson's disease (PD) are constantly being told, by family, friends, doctors, and the APDA community, that exercise is a vital part of any Parkinson's treatment plan and is essential to functioning at their best with PD.

To support this claim, many clinical trials have evaluated different types and intensities of exercise and their effects on various PD symptoms.

What the Original SPARX Trial Found

Data suggests that exercise not only improves symptoms but may also slow the progression of the disease. The SPARX (Study in Parkinson's Disease of Exercise) trial was an important milestone in our understanding of the role of exercise in PD progression.

It was completed in 2017 and followed 128 newly diagnosed people with PD who were not yet on PD medications and were not expected to need PD medications soon.

The participants in the trial were randomized to be engaged in either high-intensity treadmill exercise, low-intensity treadmill exercise, or the control group.

The exciting results of the trial showed that over the six months of the trial, the control group had a slight worsening of their PD symptoms, whereas the high-intensity exercise group remained stable.

SPARX3 Trial seeks to further expand on the connection between exercise and slowing progression of Parkinson's

This trial led to the initiation of the SPARX3 trial, which is now ongoing, and is designed to test the effects of high-intensity vs. moderate-intensity exercise in a larger group of people to further understand the role of exercise in delaying disease progression. *(APDA has helped support this trial in several ways — read on to learn more.)*

Dr. Daniel Corcos, Professor of Physical Therapy and Human Movement Sciences at the Feinberg School of Medicine at Northwestern University in Chicago, IL, is the primary investigator of the SPARX3 trial. Dr. Corcos was our special guest on *Dr. Gilbert Hosts: Exercise & Brain Health,* and is an expert on exercise in PD. For many years, his primary research interests have been aimed at helping people with PD improve their quality of life, improve their mobility and cognition, and slow down the rate at which their disease progresses via interventions such as resistance exercise and endurance exercise, whose dose (frequency, intensity, time, and type) can be controlled and quantified.

DID YOU KNOW?

All blue, underlined text is clickable in our online edition!

Visit our newsletter page for all editions:

A recap of Dr. Gilbert's conversation with Dr. Corcos about the SPARX3 trial

Q: What is the SPARX3 trial? What is it hoping to achieve?

A: The SPARX3 (NCT04284436) study is a Phase 3 clinical trial designed to investigate the effects of moderate– and high-intensity aerobic exercise on disease progression in recently diagnosed patients with Parkinson's who have not yet started Parkinson's medication.

Although anti-Parkinsonian medication helps alleviate Parkinson's symptoms, it is not known to slow the rate of disease progression. Aerobic exercise is a treatment with the most compelling evidence for its potential to slow Parkinson's disease progression. While both moderate- and high–intensity aerobic exercise provide health benefits, it is currently unclear which intensity is more effective for people with Parkinson's. The goal of SPARX3 is to test whether the progression of Parkinson's signs is reduced in people who have not yet initiated medication during endurance treadmill exercise.

Q: How are you recruiting people with PD for the trial?

A: Participants are being recruited at 25 sites through collaboration with healthcare providers such as Movement Disorder Specialists, digital platforms, and online resources such as ClinicalTrials.gov and FoxTrialFinder, and outreach initiatives such as newsletters, educational events, support groups, and more. We appreciate that APDA has posted it on your website, and many APDA chapters co-located with a SPARX3 trial site have included information about the SPARX3 trial in their newsletters.

Q: You have put a lot of effort into making sure that the participants in the SPARX3 trial reflect the population of the US. Can you tell us a bit about that and how APDA has been involved?

A: An APDA grant supported Columbia Presbyterian Medical Center (CPMC) in its efforts to increase the diversity of enrollment in SPARX3 in the New York City area.

The grant allowed the CPMC staff to employ a number of recruitment strategies, including:

- Hiring a Hispanic research coordinator with training in Physical Therapy
- Educating the Neurology faculty at CPMC and at other medical centers around NYC about the SPARX3 trial. The goal was to have clinicians who are diagnosing people with PD send their patients to be evaluated for the trial before starting PD medication
- Reviewing charts of patients to identify those who are newly diagnosed and unmedicated
- Spreading the word about the trial throughout the local community via posting flyers and talking at community events and support groups

Other non-profit organizations have funded us for similar work at various study sites.

Q: How many more people do you need to recruit for the trial?

A: Our enrollment goal is 370 people with PD. We are well over halfway through enrollment, with more than 70 participants having already completed the study. We are looking to recruit 100 more participants.

Q: How much exercise do you do as part of the trial?

A: Individuals will be asked to exercise at either moderate or high intensity for 30 minutes per day, four times per week, for a total of 18 months. They can exercise at home, in a health club/YMCA, or at a facility at the local study site. The study pays for a treadmill for home use or membership at an exercise facility. Heart rate monitors are provided to help participants stay in the specified heart rate range for their assigned exercise treatment group.

Aerobic exercise is a treatment with the most compelling evidence for its potential to slow Parkinson's disease progression.

Q: If someone is interested in learning more, what should they do?

A: Please visit www.sparx3pd.com to find the SPARX3 site nearest you. Contact information for the clinical coordinator at each SPARX3 site is on our website or contact the SPARX3 Project Coordinator (Elizabeth.joslin@northwestern.edu).

Tips & Takeaways

- The SPARX3 trial is a clinical trial designed to study the effects of high and moderate intensity exercise on people with newly diagnosed PD who are not yet on medication.
- APDA has helped in both getting the word out about the trial and in supporting efforts to include a diverse population of patients in the trial.
- If you are interested in learning more about the trial, you can visit the trial website at www.sparx3pd.com.
- Exercise is important for people with PD. Get your copy of APDA's *Be Active & Beyond* exercise booklet for free today. (Also available in Spanish and Simplified Chinese.) OR find a virtual exercise class to try at home. 🟩

Hope in Progress: Promising New Treatments Inside the Clinical Trial Pipeline

There remains an urgent unmet need for Parkinson's disease (PD) treatments that **slow or halt the underlying neurodegenerative process** that leads to disease progression. Much research is focused on this, with clinical trials underway.

It is also critical that medications continue to be developed that focus on **improving PD symptoms**. Many molecules are in clinical trial for this purpose as well.

Below, we will review **five exciting compounds** that are currently making their way through the PD pipeline.

Five potential medications in the PD research pipeline

1. Ambroxol: A Small-Molecule Chaperone for GCase

Mechanism:
Ambroxol is a cough suppressant repurposed as a molecular chaperone that boosts lysosomal glucocerebrosidase (GCase) activity. A chaperone is a protein that helps another protein function properly. By increasing GCase activity, amboroxol helps to improve clearance of cellular garbage, including α-synuclein aggregates.

Key Trials:

- The GRoningen Early-PD Ambroxol Treatment (GREAT trial) is underway in Europe, testing whether high-dose ambroxol slows motor progression. This trial NCT05830396 is designed to evaluate the efficacy of ambroxol in patients with early-stage PD who carry a GBA gene mutation, a common contributor to PD risk. The primary outcome focusing on changes in motor and non-motor symptoms over a 12-month period.
- Earlier open-label work confirms ambroxol crosses the blood–brain barrier, raises CSF GCase levels, and appears safe at therapeutic doses NCT05287503.

Why It's Exciting:
Since dysfunction of lysosomes may be a root cause of PD in general, improving the functioning of lysosomes with ambroxol may help everyone with PD, not just those with a GBA mutation.

2. Inzomelid, NT-079, VTX3232, VENT-02, Dapansutrile (OLT1177): Targeting the NLRP3 Inflammasome

Mechanism:
Chronic activation of the NLRP3 inflammasome in microglia drives sustained neuroinflammation, which can accelerate α-synuclein aggregation and neuronal death.

Key Agents & Trials:

- Inzomelid (Emlenoflast formerly from Inflazome/Biohaven): Preclinical data show robust IL-1β suppression; Phase 1 healthy-volunteer studies demonstrated safety and target engagement at ALZForum overview.
- NT-0796 (NodThera): A brain-penetrant NLRP3 inhibitor that just completed a combined Phase 1b/2a in PD patients, showing dose-dependent reductions in blood IL-1β and neuroinflammatory markers in the Company Report.
- VTX3232 (Zomagen Biosciences) is currently being studied in a Phase 2a study. NCT06556173
- VENT-02 (Ventus Therapeutics) is currently being studied in a Phase 1b study. NCT06822517
- Dapansutrile (Olatec Therapeutics) is currently being studied in a Phase 2 trial

Why It's Exciting:
If chronic neuroinflammation truly fuels disease progression, NLRP3 blockade could offer a wholly new disease-modifying strategy.

3. AAV2-GDNF: Gene Therapy to Deliver Neuroprotective Growth Factor

Mechanism:
AAV2-GDNF is an investigational gene therapy that delivers the gene encoding glial cell line-derived neurotrophic factor (GDNF) directly into an important brain region called the putamen, using an adeno-associated virus serotype 2 (AAV2) vector. GDNF is a naturally occurring protein that supports the survival and function of dopaminergic neurons. By using viral vectors to introduce the GDNF gene into specific brain regions, this therapy aims to stimulate long-term production of GDNF at the site of the degeneration, potentially protecting or even restoring neurons affected by PD.

Key Trials:

- The initial Phase I trial NCT01621581 completed the initial safety and biodistribution of AAV2-GDNF in PD patients undergoing MRI-guided infusion into the putamen area of the brain. The results showed that the surgical delivery approach was safe and well-tolerated with evidence of widespread vector distribution.
- A new Phase 2 Trial NCT06285643 is underway to evaluate the safety, biodistribution, and exploratory efficacy of AAV2-GDNF delivered via convection-enhanced delivery (CED) in patients with moderately advanced PD.

Why It's Exciting:

Gene therapies like AAV2-GDNF represent a transformative approach to Parkinson's care potentially enabling continuous, localized, production of therapeutic proteins within the brain. While still early in development, this strategy could provide durable neuroprotection without the need for daily pills or infusions, reshaping how we approach disease modification.

4. Solangepras (CVN-424): Targeting GPCR6 for Motor and Cognitive Enhancement

Mechanism:

Solangepras, also known as CVN-424, is an oral small molecule that acts as an inverse agonist of a protein called the G-protein coupled receptor 6 (GPCR6). GPCR6 is predominantly expressed in the striatum, a brain region integral to motor control. By inhibiting GPCR6, Solangepras changes the striatal signaling pathways, potentially improving both motor and cognitive functions without directly stimulating dopamine receptors.

Key Trials:

- A Phase 2 trial NCT04191577 evaluated Solangepras as an adjunctive treatment to levodopa in Parkinson's patients experiencing motor fluctuations. The study found that the 150 mg dose of Solangepras significantly reduced daily OFF-time by 1.3 hours compared to placebo.
- Building on these results, a subsequent Phase 3 trial NCT06553027 is underway to assess the efficacy of Solangepras as a stand-alone monotherapy in PD patients with motor fluctuations.

Why It's Exciting:

By targeting a non-dopaminergic pathway, Solangepras offers a novel approach that may provide symptomatic relief with a reduced risk of side effects commonly associated with traditional dopaminergic therapies.

5. Glovadalen (UCB0022): Enhancing Dopamine D1 Receptor Activity

Mechanism:

Glovadalen is an orally active, brain-penetrating positive allosteric modulator (PAM) of the dopamine D1 receptor. Unlike direct agonists, Glovadalen enhances the receptor's response to endogenous dopamine, amplifying D1 receptor signaling only in the presence of dopamine. This selective modulation aims to improve motor function while minimizing side effects.

Key Trial:

- The initial Phase I trial NCT04867642 completed the initial safety and tolerability in healthy individuals.
- UCB just completed a Phase 2 Trial NCT06055985 to evaluate the efficacy, safety, tolerability, and pharmacokinetics of Glovadalen in participants with advanced PD.

Why It's Exciting:

By fine-tuning the dopaminergic system, Glovadalen represents a promising strategy to restore motor function, potentially with fewer complications than traditional dopamine therapies.

Looking Ahead

These strategies are just a selection of the innovative agents being tested for potential neuroprotective effects or symptomatic benefit. We continue to thank Dr. Kevin McFarthing, a biochemist and person with Parkinson's, for his efforts in creating and maintaining The Parkinson's Hope List — a collation of all the compounds that are being explored as new therapies for PD at all stages of the research pipeline, and is updated frequently. It is an excellent source of information for those interested in the current state of PD research focused on new potential treatments.

We will continue to keep you posted with new developments as we watch this exciting era of PD therapeutics unfold.

Tips & Takeaways

- There are multiple treatment strategies in the PD research pipeline.
- Potential treatments are generally divided into two large categories: disease modifying therapies and symptomatic treatments.
- In this blog we highlighted five exciting strategies of potential new PD treatment: decreasing neuroinflammation, enhancing lysosomal activity, supporting survival of nerves, enhancing the body's response to dopamine, and enhancing motor circuitry without stimulating dopamine pathways
- APDA supports essential research, bringing new ideas to fruition in the treatment of PD. Read about what we are currently funding.
- We need your support to continue this extremely valuable research. Please go to our website if you'd like to donate.

Navigating Independence with Parkinson's Disease

As a progressive neurodegenerative movement disorder, Parkinson's disease (PD) comes hand in hand with an increasing loss of independence as the disease advances, resulting in a gradual loss of independence. This is often difficult to navigate and can sometimes contribute further to the depression and anxiety that many people experience as common non-motor symptoms of the disease. However, many people with PD find ways, big and small, to regain some sense of independence and to embrace the support they need, and we'll share some of those ideas with you below.

A Doctor's Perspective

As a movement disorders specialist, I often discuss with my patients how they are navigating their daily lives. As Parkinson's disease (PD) progresses, it's natural to grieve the gradual loss of independence. Many, for instance, hesitate to use a walker because they feel it signifies surrender to the disease. I offer a different perspective: while you might now rely on a walker to move around, it doesn't take away your independence – it enhances it. A walker enables you to remain mobile and engaged in the activities you love. Without it, you risk losing the freedom to do what matters most to you.

The same can be said for giving up driving (also known as driving retirement.) If you – or someone who cares about you – questions your ability to drive safely, you must consider stepping away from the driver's seat. This can feel like a major blow to your independence, but you can choose to think about it differently. Without proactive alternative arrangements, you could end up limiting your freedom by staying home more often. Instead, maintain your mobility and independence by exploring the transportation options available in your area, such as local senior services, GoGoGrandparent, or ride-sharing platforms like Uber or Lyft.

In an effort to better understand and share the personal experiences of people with PD who are navigating the loss of independence, we distributed a survey to our PD community. We received many responses from people with PD who were kind enough to address the following questions.

Real Challenges, from Real People: Stories of Independence and Challenges with Parkinson's

Has PD limited your independence? If so, in what ways?

Many survey respondents mentioned challenges related to giving up driving:

"I am about to give up driving. I have moved from a cane to a walker."
– Richard W.

"I am dependent on my wife to drive me places I need to go and to get to my wheelchair." – Gary L.

"I no longer drive and must find someone to take me places that aren't within walking distance or on a bus line." – Linda H.

"I have vision problems and don't drive, so I have to depend on someone's generosity and availability. Out of politeness, I ask only for the most necessary rides." – Betty M.

(For more information, read our in-depth blog post on Parkinson's and driving, which features perspectives from occupational therapists specializing in neurological conditions.)

As some shared, difficulties with getting from place to place independently can be accompanied by other experienced losses:

"I always enjoyed driving as a way to relax and to get out and do things. I feel so locked in. I am not going to work out as much as I used to, and I miss the people there and the fellowship." – Patsy C.

"I am currently unable to drive or even get in and out of the car. Most of the time, I cannot walk a few steps or even stand without the support of a walker or a person. I miss spontaneous trips to the beach, yard sales, and going out to eat or to hear jazz/blues." – Cathryn S.

Beyond transportation, many respondents shared how PD affects their daily activities:

"Sometimes I need help dressing, getting into bed, and using my wheelchair."
– Steve P.

"I have increasing difficulty typing, texting, or even holding a phone due to a bilateral rapid, forceful tremor. It's a challenge to pay bills or even attend a virtual volunteer meeting." – Cathryn S.

"I'm not able to cook or take care of my grandchildren." – Caroline H.

"I need someone to help wash my hair. My writing is limited, and it's hard to wear buttoned clothes." – Fran E.

"More planning is required for activities and travel. It takes longer to get ready to go, and fatigue limits my time out." – Neil H.

Additionally, many respondents shared emotional concerns about their loss of independence because of PD:

"I am afraid to be left alone." – Marta C.

"I feel more cautious and hesitant to go out on my own and try new things."
– Enid S.

"I fall too often due to my balance issues, so my wife (caregiver) is very concerned about me doing anything on my own."
– James M.

"I am completely isolated from the outside world." – Joyce C.

If PD has not limited your independence, is this something you worry about? What is your biggest concern in this area?

Those who have not yet experienced a loss of independence, or are in the early stages of this transition, shared their biggest concerns about the future:

"I am worried about driving and who I will hire to care for me or help me." – Sherrill B.

"The time when I can no longer transfer myself to and from the toilet." – Valentin D.

"The inability to drive and reliance on family members for daily tasks." – Alison B.

"I am very anxious about falling." – Marta C.

"My biggest concern is moving to a wheelchair. They are difficult to lift and, while most stores are accessible, the access is not always at the most convenient entrance." – Richard W.

"I am most concerned about being a burden to others." – Patsy C.

At the American Parkinson Disease Association (APDA), our motto is: "Strength in optimism. Hope in progress." And the PD community never ceases to amaze us in the ways they face this disease with positivity, resilience, and a sense of humor! In the final two questions of our survey, respondents shared several ways that they have been able to maintain or regain some of their independence, while also embracing the help they need.

Overcoming Challenges: Tips from the PD Community

If PD has limited your independence, are there tips, tricks, or workarounds that you have discovered to get some of that independence back?

Some respondents mentioned assistive devices and alternative ways of getting around:

"I use Uber and cabs." – Patsy C.

"I use an electric wheelchair." – Valentin D.

"I have a gadget that helps with fastening buttons and special utensils that make eating easier. I also wear clothes that are easy to pull on, like sweatpants." – Steve P.

"I use a transport chair to get around my home and a wheel walker when I go out." – James M.

"When balance challenges make it difficult to be in slow-moving crowds or lines, a cane or walking stick can help." – Mary P.

Others have made changes to their living arrangements:

"I now live in a place where there are more things to walk to. I can walk to the library, the theater, my church, and many restaurants and little shops." – Patsy C.

"Independent living communities provide transportation, three meals a day, activities, and friendships, as well as easily accessible living and a variety of living arrangements." – Sharon H.

And many found that small changes can make a big difference:

"I listen to audio books when reading is difficult." – Enid S.

"I have an alarm on my watch to keep track of my medication schedule. And I find activities to replace ones I can no longer do. I go to an exercise class that is accepting of my walker and my ability to participate." – Neil H.

"Allowing myself to nap in the afternoon and limiting my activities to occur during my on time." – Kathleen S.

"I book appointments at a time when the transportation costs are less. And I order a lot of things online." – Patsy C.

If PD has limited your independence, are there ways that you have discovered to embrace the help that you need?

Many respondents highlighted the importance of accepting help and building a support network:

"I find that accepting help from others allows me to do more than before." – Kathleen S.

"Online support groups work well." – Douglas O.

"Meditation helps." – Jean K.

"I meet with a therapist, and I have learned to ask for help." – Marta C.

"Don't be proud, ask for help!" – Mike F.

"When people offer to help in various ways, I let them even if I don't really need the help at the moment. It makes others feel good and gives me help to turn to when I really need it." – Steve P.

"My husband is fabulous – drives me to appointments and goes with me anywhere." – Connie G.

"Accept rides from wife and friends, cheerfully!" – Richard S.

Tips & Takeaways

Parkinson's disease can impact independence. The loss of independence that accompanies advancing PD can be difficult to navigate, but many people with PD find ways to regain some sense of independence and to embrace the support they need. Small changes can make a big difference!

The need to give up driving can be a major contributor to loss of independence. You can read more about driving and PD here, and you may find it helpful to proactively consider alternative arrangements to maintain your ability to get around.

APDA's nationwide network of Chapters and Information & Referral Centers offer a range of PD programs, resources, education, and support that can help you navigate the loss of independence and other challenges. For support and information in the Northwest Chapter, visit our website at Northwest Chapter | American Parkinson Disease Association, email apdanw@apdaparkinson.org, or call us at 206-695-2905. ■

YOPD CON
CONNECTION
OPPORTUNITY
KNOWLEDGE

Young Onset PD Fostering and Engaging a Community

A Recap of Northwest Chapter's Amazing 2025 YOPD-CON

Despite gray skies and driving rain, the atmosphere inside the October 2025 YOPD-CON was nothing but "positive," "fun," "energizing," and "life-changing"! Nearly 200 people from the Northwest and across the country attended the two-day event that was built by and for people impacted by Young Onset Parkinson's disease (YOPD). The event featured six general sessions and 19 breakout sessions on topics relevant to the YOPD experience—including dedicated sessions for care partners. Most sessions included panels blending lived-experience experts with professionally trained specialists, creating a powerful mix of insight and authenticity.

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2026 APDA Northwest In-Person Events

PARKINSON'S Live Well

APDA Live Well Conferences

Parkinson's Live Well events are one-day in-person conferences focused on health, wellness, movement, and research.

- Anchorage (AK): Late April / Early May
- Billings (MT): May
- Boise (ID): October
- Spokane (WA): November

APDA PASSPORT TO RESEARCH

APDA Live Well Research Symposium

This one-day event brings science and lived experience together. Attendees will explore cutting-edge PD research, local studies, and clinical trials while engaging directly with the researchers and clinicians behind the work.

- King County (WA): October

PD Education Days

Learn, connect, and ask—APDA PD Education Days combine Parkinson's education, practical resources, and live expert Q&A.

Multiple sessions offered this year throughout our five-state region

The Benefits of Artistic Activities for People With Parkinson's

Parkinson's disease (PD) is a complicated and long-term condition that often impacts both physical and mental health. Traditional medical and surgical treatments are not always enough to help people with PD live life to the fullest, and creative activities — from visual arts and music to dancing and writing — have shown potential in improving quality of life, going beyond symptom management by helping people with PD express their thoughts and feelings, connect with others, and maintain a sense of purpose and personal identity separate from the disease. In addition, certain creative activities have shown potential to improve visual-cognitive skills, hand dexterity, general motor function, and more.

Particularly advantageous is that creative activities require no prior experience or innate talent to reap the rewards of participating, and they can be tailored to each person's unique needs – from the activity selected to the way it is conducted – helping improve the sense of control in a disease that often lessens it.

The Link Between Dopamine and Creativity

Parkinson's disease affects the brain's production of dopamine, causing a lack of this important neurotransmitter (a chemical messenger in the brain), which controls many neurological functions and is also tied to creativity. The connection between creativity and the brain's dopamine system may make arts-based therapies and activities particularly well-suited for people with PD.

While the disease itself might decrease creativity through dopamine reduction, some of the most common treatments, like dopamine agonists, can sometimes increase or change it. Some people with PD notice differences in their artistic style, while others discover brand new creative strengths and interests after starting treatment. Jud Eson is one such example. He shared with us, "My brain changed somehow when I started to take PD medications, and I became interested in making art." (Read on for more about Jud's artwork.)

Other stories of artists with PD, mentioned in the article "If Art Were a Drug: Implications for Parkinson's Disease," include:

- Steven Iseman, a lawyer with no artistic interests before his PD diagnosis, began creating sculptural artwork using 3D printing after starting treatment.
- Barbara Salsberg Mathews, a lifelong visual and theatrical artist who, following her PD diagnosis, adapted to continue drawing and painting, including using a stick to support her arm.
- Zus Keulemans-Goosen (1932–2023), a self-taught artist who, after being diagnosed with PD, changed her artistic mediums and methods, such as moving to smaller canvases.

Exploring Creative Arts for People with Parkinson's Disease

Parkinson's and Music

People with PD can explore music in a variety of ways, from formal music therapy with trained professionals to independent or group activities like listening to music, singing, playing instruments, or engaging in rhythmic exercises. Music cues may help improve movement, gait, and balance, and reduce freezing episodes in people with PD.

Studies have also shown that for some people, music therapy may enhance:

- Brain connectivity, rhythm processing, and memory, potentially promoting neuroplasticity and activating dopamine-related reward systems, which improve mood and motor pathways.
- Communication, swallowing, and emotional health, with activities like group singing and playing instruments improving speech, mood, and social connections.
- Voice volume through structured singing activities.

Online singing classes and music therapy apps offer accessible ways for people with PD to integrate music into their lives. (See information about APDA's creative programs, like Sing Loud for PD). While promising, more personalized approaches and robust studies are needed to fully understand music's potential in managing PD symptoms.

Dancing with Parkinson's

Dance combines music and movement, engaging brain areas involved in coordination, posture, and balance.

While additional research is needed, studies show that dance can improve:

- Strength, flexibility, and cardiovascular health
- Motor skills, balance, and gait
- Cognitive functions like memory and multitasking
- Mental health, by reducing anxiety and depression and boosting self-esteem

Dance is generally safe for people with mild to moderate PD, and partner dancing may help with balance and reduce fear of falling. Some people may find dance more enjoyable and, therefore, more motivating than some other forms of exercise, and in-person and virtual class options make dance more accessible for people with PD.

Find more information about virtual class options at www.apdaparkinson.org/upcoming-events/ and community in-person options on our Northwest website.

Drama Therapy for Parkinson's

Drama-based activities incorporate movement, emotional expression, social interaction, and nonverbal communication. It is unclear which of these elements may contribute most to the benefits for people with PD.

Studies suggest that drama interventions may improve:

- Emotional well-being
- Non-motor symptoms like anxiety and depression
- Motor symptoms, to a lesser extent

Jud Eson Artwork

Programs like Improv for Parkinson's and Mime Over Mind offer creative and accessible ways for people with PD to explore drama. (Mime Over Mind is the creation of Barbara Salsberg Mathews, mentioned earlier in this article. Please note that this program has not been vetted by APDA.)

Creative Writing

Activities like journaling, poetry, and storytelling provide opportunities to express thoughts and emotions, promoting introspection, self-expression, and emotional well-being; however, the exact benefits for people with Parkinson's remain unclear. While no major studies have specifically examined creative writing in PD, research in other conditions, like depression and cancer, suggests that expressive writing can improve mood and reduce depression symptoms.

Visual Arts

Drawing, painting, sculpting, photography, and other visual arts stimulate brain areas involved in visual processing, attention, and planning.

Art helps engage the dopamine-related reward systems and has been shown to improve:

- Hand-eye coordination
- Sensory-motor integration
- Cognitive functions like memory and problem-solving
- Mood
- Motor functions
- Hand dexterity

Jud Eson, who was mentioned earlier in this article, discovered a unique form of visual art that works well for him:

"Most of the art I make is done by blowing ink on paper," he shared with us. *"I put a drop of ink on the paper and blow, as if I were playing the flute or trying to blow a ladybug off the paper. I also use alcohol ink to add color. I sometimes use markers or brush pens to add more detail. It can be harder to control where markers or brush pens make marks, but I can control the tremors and stiffness by slowing down and relaxing, and I use my left hand when most tremors are on my right side. Painting relieves some stress and calms me."*

APDA *Connecting Through Art*

APDA's *Connecting Through Art* program offers a joyful, creative outlet for people impacted by Parkinson's. Participants express themselves through art, build meaningful connections, and experience the power of creativity in community.

Want a *Connecting Through Art* in your community? Contact us to get started!

NOT IN MY FOREST by **Reuf Kapetenovic**,
Mixed media (watercolor/acrylic)

“I was diagnosed with Parkinson’s ten years ago. The same year, I retired and started painting. That painting has won the Purchase Award at the City of SeaTac Fine Art Exhibit, and the city purchased it.”

Creative Contributions

Art from the APDA NW Community

Do you like to draw, paint, or take photographs?
Are you a cartoonist or poetry master?
If so, we'd love to share your work here!

Email lbadran@apdaparkinson.org
with your creative submission today!

There is Hope by **A. Minta Key**, *Alcohol ink illustration*

“Art has been such a mental and emotional healing after my PD diagnosis. It brings me a lot of peace. Most of my illustrations are full of hope. That’s what my art is for, encouragement.”

Spasm by **Lisa Shoemaker**, *Acrylic paint, acrylic pen, soft pastels, and chalk*

“I took up painting as a form of PT a year after my 2023 diagnosis. Since then, I have painted every day. I have no creative art background except for two paintings done on a lark nearly 40 years ago. I believe my work reflects the myriad of emotions and complexity of symptoms I experience with PD. The poet Audre Lorde writes often about artists “turning rage into flowers,” and I think that’s apt. Painting brings me joy and healing!”

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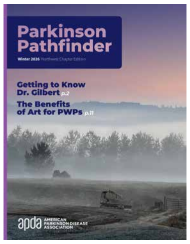

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