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Up to 80% of people with Parkinson's disease experience sleep difficulties.

BETTER SLEEP BRIGHTER DAYS

Sleep: A Core Part of Parkinson's Care

Up to 80% of people with Parkinson's disease (PD) experience sleep difficulties. These issues can appear early and often change over time. While common, sleep problems are treatable—and improving sleep can boost mood, thinking, mobility, and overall quality of life.

Common Sleep Difficulties in PD

Sleep challenges in PD can include:

- Insomnia – Trouble falling or staying asleep
- Excessive daytime sleepiness – Overwhelming tiredness or sudden “sleep attacks”
- Restless legs syndrome (RLS) – Urge to move the legs at night
- REM sleep behavior disorder (RBD) – Acting out dreams during sleep
- Obstructive sleep apnea (OSA) – Snoring, breathing pauses, frequent awakenings
- Circadian rhythm changes – Shifts in the body's internal clock

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NOTE FROM EXECUTIVE DIRECTOR

Spring is a season of renewal—and here in our Chapter, it's a powerful reminder of what's possible when hope, compassion, optimism and community come together. Just look at the story and photos of Jane's flowers, and I guarantee you will get a case of Spring Fever!

This spring, we are inspired by the resilience we see across our community. Whether it's someone newly diagnosed finding clarity and comfort, a care partner reaching out for support, or progress toward better treatments, these moments are all possible because of you!

Every day, we have the privilege of walking alongside individuals and families affected by Parkinson's disease, with our mission of helping them "live life to the fullest." Providing educational programs, social and support groups, exercise classes, information, and research funding, your support makes it possible for us to meet people where they are and remind them; they are not alone.

I hope this newsletter provides you with knowledge and resources that

will help you on your PD journey. We have many educational events scheduled for Spring & early Summer and be sure to save the date for our annual conference on Friday, June 5!

Thank you for believing in our mission and for being such an important part of the APDA Iowa Chapter community. Your generosity, advocacy, and encouragement continue to bring light and optimism to so many lives. As the days grow brighter, please know how deeply grateful we are for all you do.

With heartfelt thanks and warm wishes for a hopeful Spring,

Shelly Charter

Executive Director
APDA Iowa Chapter



PD CLINICAL TRIALS

Clinical trials play a vital role in advancing Parkinson's research and developing new treatments—and ultimately, a cure.

APDA provides access to information on ongoing clinical trials across the country, all reviewed and approved by Institutional Review Boards.

Scan the QR code to learn more about current studies and how research is moving Parkinson's care forward.



OR VISIT:

<https://www.apdaparkinson.org/research/clinical-trials/>

BETTER SLEEP, BRIGHTER DAYS: A MENTAL HEALTH GUIDE TO REST AND RENEWAL



Kathleen Matthews PhD
Geropsychologist & Founder
Perennial Pathways

These issues often stem from a mix of brain changes, medications, nighttime motor symptoms, mental health conditions, and age-related sleep changes.

Why Sleep Matters

Sleep affects how we feel, think, and move:

- **Mood:** Anxiety or depression disrupt sleep; poor sleep worsens emotional resilience.
- **Thinking:** Fatigue affects attention, memory, and judgement.
- **Movement:** Exhaustion worsens motor symptoms and increases fall risk.
- **Relationships:** Sleep loss can strain families and intimacy.

Improving sleep means clearer thinking, steadier movement, and improved quality of life.

What We Know About Medications

Medication options for sleep in PD are limited. Melatonin, dopamine therapies, or wake-promoting agents may help some, but research is mixed. Sleeping pills can offer short-term relief but raise risks of confusion, falls, and next-day grogginess. Non-drug strategies are the safest starting point.

Your Sleep Toolkit

1. **Keep a Consistent Routine**
 - Go to bed and wake up at the same time daily.
 - Get morning light within 1 hour of waking.
2. **Use Light Wisely**
 - Morning: 20–30 minutes outdoors before 10 a.m.
 - If indoors: Use a 10,000 lux light box for 20–30 minutes.
 - Evening: Dim lights 1–2 hours before bed.



3. **Move Your Body**
 - Aim for 150 minutes of moderate activity weekly—adapt to your abilities.
 - Avoid vigorous exercise within 2 hours of bedtime.
4. **Wind Down Mindfully**
 - Spend 30–60 minutes on calming activities—reading, gentle music, stretching, or breathing exercises.
5. **Nap Smartly**
 - Limit naps to 10–30 minutes; avoid late afternoon naps.
6. **Create a Sleep Friendly Environment**
 - Keep the bedroom cool (60–67°F), dark, and quiet.
 - Use the bed only for sleep and sex.
 - Add nightlights for safety; remove sharp edges if at risk for falls or RBD.
7. **Address Nighttime Symptoms**
 - Avoid caffeine after 2 p.m.
 - Limit fluids 2–3 hours before bed.
 - Avoid screens 30–60 minutes before bed.
 - Talk with your provider about pain, stiffness, or medication timing.
8. **Calm Your Mind, Reset Your Focus**
 - Notice and name thoughts—label them (“planning,” “worrying”) without judgment and let them pass.

- Focus on sensations—breath, sheets, sounds.
- Remind yourself: “It’s okay to rest without sleeping.”

9. Support Mental Health

- For chronic insomnia, evidence-based therapies delivered by qualified mental health professionals—such as Cognitive Behavioral Therapy (CBT) for insomnia, depression, or anxiety—offer highly effective, non-medication approaches to improving sleep quality.

10. Caregiver Corner

- Track sleep patterns and share with providers.
- Reinforce routines and morning light.
- Ensure a safe environment for both of you.
- Wind down together—pause, breathe, connect.
- Protect your own sleep, rest is essential for caregiver well-being.

KEY TAKEAWAYS

Sleep problems are common in PD but treatable. Non-drug strategies are powerful first steps toward better rest, brighter days, and improved well-being for both individuals with PD and caregivers.

WHERE FLOWERS BLOOM SO DOES HOPE

Thank you, Jane, for tending to so much hope!

When you meet Jane Collison, it’s easy to see why this quote is on her favorite shirt. She and her husband, Bob, live above a garden shed surrounded by vintage treasures, orchard trees, and endless rows of flowers and produce. It’s here, among color, soil, and sunlight that Jane feels most herself.

Jane was diagnosed with Parkinson’s disease and essential tremor in 2014 after her brother,



a physician, noticed a tremor while they waited for news about their mother. The diagnosis was frightening, as it is for most. She worried not only about her own future, but also about how it might affect Bob, whose father had been a caregiver to his mother with MS.

She tried to become knowledgeable about the journey but didn’t want to immerse herself there. She read what she felt comfortable knowing and moved on. Instead, she turned to exercise. For years, she attended ten classes a week; today, she still does six boxing, cardio, balance, biking, and more. What started as symptom management quickly became something more meaningful: community. “The social part of the classes is just as important as the exercise,” she says.

Jane remains active. Driving, gardening, and scouring secondhand stores, fueled by her love of recycling. That passion inspired Recycle Acres, her and Bob’s pandemic project to spread joy through bouquets.



What started with zinnias left on doorsteps, turned into a community.

It began with zinnias left on nursing home doorsteps and quickly grew as friends joined in, Carol, who also has Parkinson's; Sandy, recovering from a stroke; Mary, who has MS; Mary's husband with PD; and others who help however they can. Jars and cans are donated for vases; each person has a role.

Recycle Acres itself is built from repurposed fencing and old wood. Jane's favorite feature is a gate made from branches, topped with a horseshoe "so anyone who enters has hope and good fortune."

The future brings uncertainties, planning ahead, adjusting routines, and accepting the loss of spontaneity. But Jane is quick to add perspective: "Everybody deals with something. You can become more beautiful because of your scars." Parkinson's has brought her challenges, but also connections, purpose, and people she treasures.

Her advice to those newly diagnosed:

Don't be idle. Be you. Learn, move, connect, and do it in community. Doing nothing gets you nowhere.



Anne Scherer

Anne is a former caregiver and published writer who facilitates Alzheimer's and Parkinson's support groups. Diagnosed with Parkinson's in 2024, she strives to live fully and remind others, "You don't know how strong you can be until being strong is your only option."



Support Group Schedule



Ackley - Ackley Civic Center
2nd Wednesday 2:00 - 4:00 pm

Altoona - Prairie Vista Village
3rd Thursday - 10:00 am

Ames - Sixty Forward
3rd Thursday - 3:00 pm

Anamosa - Jones Regional Medical Center
1st Monday 3:00 pm

Bettendorf - Palmer Hills Retirement Center
3rd Saturday 10:00 am

Burlington - Great River Medical Center
3rd Thursday 2:00 pm

Carroll - St. Anthony's Regional Hospital
Thursday 11:00 am

Centerville - MercyOne
3rd Thursday 5:30 pm March - November

Creston - Salem Lutheran Church
3rd Monday 2:00 pm

Des Moines- Wesley on Grand
1st Wednesday 2:00 pm

Dubuque - Unity Point Finley Hospital
3rd Saturday 10:00 am

Fairfield - Jefferson County Health Center
1st Tuesday 4:00 pm

Forest City - Forest City YMCA
3rd Friday 10:00 am

Fort Dodge - Friendship Haven Schmoker Building
1st Wednesday 11:30 am

Indianola - The Village
3rd Thursday 10:00 am

Iowa City - Grand Living at Bridgewater
3rd Tuesday 6:00 pm

Johnston - Brio of Johnston
2nd Monday, 2:00pm

Leon - Decatur County Hospital
3rd Tuesday 11:30 am

Life Time - Des Moines
3rd Thursday, 12pm

Logan - Logan United Methodist Church
Every Tuesday 10:30am

Marshalltown - Our Savior Lutheran Church
2nd Tuesday 10:30 am

Mason City - MROM-RSB MC
3rd Thursdays 2:30 pm

Northwood - Viking Activity Center
2nd Thursday 1:30 pm

Osceola - Clarke County Hospital
2nd Wednesday 1:00 pm

Ottumwa - Ottumwa YMCA
1st Tuesday 1:00 pm

Pella - Pella Manor at Hearthstone
2nd Tuesday 2:00pm

Sioux City-Siouxland Center for Active Generation
4th Monday 1:00 pm

Sioux Center - Crown Pointe Estates
2nd Thursday 10:00am

Spirit Lake - Bedell Family YMCA
1st Tuesday 9:30 am

Storm Lake - St. Mark Lutheran Church
2nd Tuesday 1:30 pm

Waukee - Independence Village
3rd Friday 1:30 pm

Waverly - Waverly Health Center
3rd Thursday 1:30 pm

Webster City - Van Diest Medical Center
3rd Tuesday 11:00 am

West Des Moines Edgewater
3rd Wednesday 1:00 pm

Grand Living Tower Place (MAPS) - WDM
3rd Saturday 10:00 am

Rock Valley Physical Therapy - Ankeny
2nd Wednesday 12:30 pm

Cedar Ridge Village - WDM
3rd Thursday 1:30pm

Care Partners are welcome!

NO COST!

Exercise and support group classes are subject to change.

Check the website for the most up to date schedule.

Questions - Steph Wilson, 515-207-9332, swilson@apdaparkinson.org

Exercise Class Schedule



Ankeny - Edencrest Siena Hills

Wed 10:00 am - Movement Training Level 1

Clive - Walnut Ride Senior Living

Friday 10:00 am - Water Aerobics, Level 2

Creston - Salem Lutheran Church

Mon 1:30 pm - Movement Training Level 2

Des Moines - Northside Senior Center

Wed 10:00 am - Movement Training Level 1

Fairfield - Fairfield Community Center

Wed 2:45-3:30pm - Movement Training Level 1

Des Moines - Des Moines Ballroom (PD Moves)

March 23 - May 18; Mon 6:30-7:30pm
Ballroom Dancing, Level 1

Grimes - Climb Iowa

1st & 3rd Tuesdays, 10:00am - Level 1-3 Rock Climbing

Iowa City - Iowa City Senior Center

Wed 10:00 am - Movement Training Level 2

Osceola - Clarke County Hospital

Wed 11:00am - Movement Training Level 1

Ottumwa - River Valley Place Assisted Living

Tues 10:00am - Movement Training Level 1

Pleasant Hill - Edencrest at Pleasant Hill

Fri 9:45 am - Movement Training Level 1

Waukee - Independence Village

Mon 11:00 am - Movement Training Level 2
Fri 11:00 am - Movement Training Level 3

Class Levels

LEVEL 1: Participants exercise seated or standing with support. Movements are done at a pace and intensity that are appropriate for each participant.

LEVEL 2: Participants must be able to walk and stand up from a chair without assistance. Most exercises are done standing.

LEVEL 3: Higher intensity, faster paced classes where participants perform multiple step exercises and may get on/off the floor.

Exercise and support group classes are subject to change.

Check the website for the most up to date schedule.

Questions - Steph Wilson, 515-207-9332, swilson@apdaparkinson.org

Care Partners are welcome!

NO COST!

PREPARING FOR MEDICAID

Spend Down and other Myths



Once we start talking about Medicaid we hear terms like Spend Down and look back periods, which are confusing and very often misunderstood.

We will discuss the process, but first we should debunk the two most common myths:

1. Spend Down does not mean you have to spend money on medical care.
2. There are exceptions to the transfer rules. One big exception is that transfers to your spouse are exempt from the five-year transfer rules.

The rules favor a married person. Instead of a Spend Down plan, we like to use the term “financial restructuring.” Once we have determined the value of the assets the community spouse can keep¹, we create a plan to restructure the countable assets that are putting the couple over

the resource limit. The plan may involve paying for medical or long-term care for some short period of time, but it is not required. The plan often involves moving assets out of the countable resource column and into the community spouse’s income column, using a specialized annuity called a single premium immediate annuity.

The look back period is currently set at 60 months before the month in which you would like your Medicaid benefits to begin. Any ineligible gift or sale of any asset for less than fair market value may trigger a penalty period. During this period, you must be otherwise eligible for Medicaid, but benefits will be withheld until the penalty period is exhausted. (This means you are responsible to pay for your own care during that time.) Transfers to spouses are exempt. There are exceptions to the rule, which will allow gifts

without triggering a penalty period, in addition to the spousal exemption.

The key question is: how much can the community spouse keep?

The process of determining this amount is called the attribution process. The state will pick one day in time to look at your financial situation. This is referred to as the attribution date. You will provide a list of all assets held on that day, regardless of whose name the asset is in, as long as one of the couple is listed as an owner. They separate items on this list into countable and non-countable assets. The list of non-countable assets is the shortest: home, one vehicle, personal items, and a few other things, depending on your state.



In most states, your retirement savings account is a countable asset, which often means that you need to liquidate some or all of the account, and pay the taxes triggered by the liquidation. One common mistake is that people have begun spending money before the attribution date. This is counterproductive to preserving assets because the community spouse's resource allowance is directly tied to the amount of assets on the date of attribution. The more savings the couple has on the date of attribution, the more assets the community spouse gets to keep without having to restructure.

Takeaways:

1. If you are married, you can get Medicaid benefits no matter how much money you have (generally). The real question is: is it a good idea? This is largely based on a cost benefit analysis. What are the tax consequences of liquidating assets/what is the monthly financial savings if Medicaid benefits are accessed. This provides you with your break-even point: the number of months after which the savings in medical care outweighs the cost of getting benefits in place.
2. Do not start spending money before your attribution date; consult an experienced elder law attorney to help determine your attribution date and about your options and the timing of your financial restructuring plan.
3. Spend Down does not mean spending money on nursing home care or other medical care. It simply means moving money out of the countable asset column. One way to do that is to convert it to income.
4. There are complicated exceptions to the look back rules that can be used to your best advantage. These are best explained by an experienced elder law attorney.



Cynthia P. Letsch
JD, CMP

Cynthia Letsch is a graduate of Drake University Law School. Her practice is focused on Elder Law, Special Needs Planning, Substitute Decision Making, and Post Death Administration. She will be the Keynote speaker at the Iowa APDA Annual 2026 conference.

¹ The resources the community spouse can keep is 50% of the value of the countable assets existing on the day of attribution, up to the maximum amount. The maximum amount changes each year. For 2026 it is \$162,660.

Giving Highlight

IRA Charitable Gifts: If you're 70½ or older, you can make a qualified charitable distribution (QCD) directly from your IRA to support our work, without increasing your taxable income. It's a simple way to give today while making a meaningful difference. For more information or questions, please reach out to Shelly Charter at: scharter@apdaparkinson.org



» UPCOMING EVENTS & PROGRAMS

Registration Now Open

2026 Annual APDA Iowa Parkinson's Conference

Friday, June 5th from 9:00 am - 4:00 pm
Doors open at 8:00 am for registration and resource fair



Lutheran Church of Hope
925 Jordan Creek Pkwy, West Des Moines, IA



apdaiowa@apdaparkinson.org
515-207-6296



Details

Scan or
Call to
Register



Your Local Fareway.
Your Change, A Big Impact for Parkinson's

 **Fareway Round Up**
March 30th - April 4th

At checkout, simply round your grocery total up to the next dollar — or choose to donate an additional amount — to help fund Parkinson's education, support groups, exercise programs, and vital resources across Iowa.

Every dollar raised through Fareway stays local and helps improve lives right here in our communities.

Find a store near you – fareway.com/stores



Visit our Upcoming Events page to stay up to date on everything happening with APDA Iowa.
<https://www.apdaparkinson.org/community/iowa/upcoming-iowachapter-events/>



» TIPS FOR LIVING WELL

HAND STRENGTHENING EXERCISES

Strengthening the hands can help maintain independence with activities of daily living in PD. Working the small muscles of the hands and fingers can help improve fine motor control and hand dexterity, which can translate into improvements in writing.

Here are some Occupational Therapy tips to exercise the muscles of the hands. Perform 10-12 repetitions of these exercises 1-3 times per day to see results:

In-Hand Manipulation:

- Hold an object in the palm of your hand, move it to your fingertips and back to your palm, and repeat

- Hold a round object in your hand and rotate it clockwise and counterclockwise

Finger Isolation:

- Place your palm and fingers flat on a table, lift one finger up at a time, and repeat with all fingers
- Make an “O” by touching your thumb to each of your fingers
- Pick up coins from the table using your thumb and one finger to pinch, and repeat using each finger

Strengthening:

- In the palm of your hand, squeeze an object that has resistance
- Theraputty

- Start with one strength and build your way up as you get stronger
- Stress ball or rolled-up socks can work as well
- Place a small rubber band around two fingers at a time and stretch the band
- Finger Exerciser
- Start with one strength and build your way up as you get stronger



Continue learning about hand strengthening and handwriting in Parkinson’s disease with the APDA Closer Look article by Rebecca Gilbert, MD, Ph. D.: apdaparkinson.org/article/how-to-improve-handwriting-in-parkinsons-disease/




Each issue, we share practical tips, insights, and encouragement to help you navigate your caregiving journey with confidence and care.

Starting Your Year with Resilience


Spring is a season of new beginnings, not just for the person you care for, but for you as a care partner. Take time this season to focus on your emotional well-being.

Pause & Reflect



Start a simple daily journaling habit to track emotions, victories, and challenges.

Stress Breaks



Try 5 to 10 minute mindfulness, breathing exercises, or meditation each day.

Build Your Network



Reach out to local or online support groups to share your experiences and gain advice.



Some days are heavy, and that’s okay. If you need a listening ear or support along the way, please give us a call, we’re here for you.

Remember: caring for yourself allows you to care better for others.



GO GREEN

Want to receive this newsletter by email instead of print?

Doing so allows donor dollars to go further in supporting our programs and services.

Email us at
apdaia@apdaparkinson.org

» MARK YOUR CALENDARS

PD Essentials- An Intro. to Managing PD

Virtually or In person

Date: 2nd Tuesday of Every month

Location: APDA Iowa Urbandale Office

Dr. Struck Virtual Lunch n Learn

Date: Thursday, March 26th

Time: 12:00 - 12:45 pm

Waterloo Parkinson's Education Program

Date: April 9th

Time: 12:00 - 4:00 pm

Location: Allen College

Dr. Struck - Ask the Doc

An APDA Parkinson's Education Program

Date: May 20th

Time: 5:30 pm

Location: Glen Meadows, West Des Moines

And so much more!

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Staff available by phone on Mondays

LET'S CONNECT

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