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PARKINSON'S MEDICATION

Managing Parkinson Disease motor symptoms relies on medications, so knowing the options available and how to use them safely and effectively is essential.

Drug Therapy Options

Medications for Parkinson Disease work by increasing dopamine levels in the brain. Carbidopa/levodopa (CD/LD) is the most effective treatment and the preferred choice for patients age 65 and older because of its safety profile and multiple formulations. CD/LD is a combination of two medicines: levodopa is converted into dopamine in the brain, while carbidopa keeps levodopa intact

until it reaches the brain and reduces nausea. Patients started on other medications will eventually be prescribed CD/LD.

The second most effective class is the dopamine agonists, which mimic the effects of dopamine in the brain. Due to possible side effects, they are less preferred in older adults. The third most effective class is the monoamine-oxidase type B (MAO-B) inhibitors, which can be used alone for mild symptoms or added to CD/LD for additional motor symptom control.

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NOTE FROM EXECUTIVE DIRECTOR

There's something about summer that just feels different. Perhaps it's because we spent so many years of our lives on a school calendar and experiencing summer vacations and time in the city pool, but there's something about the summer that makes me want to try something new and enjoy the outside world. I think a lot of you feel that same pull — and I want to challenge you to lean into it.

Whatever brought you to this newsletter — a recent diagnosis, changing symptoms, or your role as a care partner for someone you love — I hope you'll find in these pages both a reminder and an invitation: you are not alone, and there is a place for you in this community.

This summer, APDA-Missouri has something for everyone. Flip through and you'll find our full lineup of support groups and exercise classes meeting regularly across our area. Our July 9th Parkinson Education Program in St. Peters and PD Essentials programming designed for newer diagnosed folks (with sessions in both May and August) offer accessible, practical information right when you need it. If you're feeling adventurous, I'd love to see you at the Hull of a Race in Hull, IL — it's a

one-of-a-kind event and one of my personal favorites. And go ahead and mark your calendars: our Optimism Walks are coming to southern Illinois in September and Chesterfield in October.

That "try something new" feeling you get in summer? This is your sign. Pick one thing. Show up. We'll be there.

Thank you, as always, for your generosity and support — it's what makes every one of these programs free for our community.

Yours In Service,

Beth Elders

Executive Director
APDA Missouri Chapter



PD RESEARCH STUDIES

Did you know there are Parkinson's disease research studies happening right here in the St. Louis area — and they need people like you? Local studies are currently recruiting participants to explore topics like exercise, movement, memory, speech, and brain function, and every person who volunteers brings us one step closer to better treatments and a cure.

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



apdaparkinson.org/community/missouri/mo-resources-support-2/research/

PARKINSON'S MEDICATION



Hedva Barenholtz Levy
PharmD, BCPS, BCGP

Other drug classes have more limited roles. Amantadine augments dopamine activity through indirect pathways; it can reduce dyskinesia—involuntary, purposeless movements that often develop after several years of CD/LD therapy—and help treat “off” episodes. Anticholinergic drugs are effective for managing tremor but are mostly used in patients younger than 65 due to problematic side effects in older adults. Catechol-O-methyltransferase (COMT) inhibitors are never used alone; they are only added to CD/LD therapy to boost effectiveness.

Practical considerations with carbidopa/levodopa

Formulation differences

CD/LD is available as immediate release (IR) tablets, controlled release tablets (CR; sometimes labeled “ER” on pharmacy labels), and extended release (ER) capsules. Regardless of formulation, levodopa is short-acting and must be taken several times a day. Continuous infusion formulations are useful in later stages when oral medications can no longer maintain adequate

motor control.

Oral formulations of CD/LD come in more than one strength. Keep your medication list current with the milligram strength(s) and the time of each dose. Make sure caregivers understand the importance of dose timing, which is tailored to your symptoms. Motor complications can develop as Parkinson’s progresses, including symptoms returning before the next dose, “on”/“off” fluctuations, and dyskinesia. If these occur, notify your doctor. Keeping a journal of symptom timing, dose timing, and recent food or drink intake can help your care team adjust dosage or add a booster medication.

Interactions

CD/LD has an important drug interaction with iron (also called ferrous sulfate or gluconate, for example). Oral iron products can decrease effectiveness of levodopa by blocking its absorption from the gut. Thus, separate doses of CD/LD and iron by 2 hours. If you have questions about how to space your doses, check with your pharmacist or physician.

CD/LD also has an important food interaction with protein. For some people, high-protein meals can block levodopa gut absorption and decrease the amount that reaches the brain. Ideally, CD/LD should be taken on an empty stomach; if nausea occurs, a non-protein snack is acceptable. In early Parkinson’s, the protein interaction may be negligible, but over time individuals become

more dependent on CD/LD and may notice a delayed or reduced “on” effect. When this happens, eating low-protein meals at breakfast and lunch and shifting most daily protein to the evening meal—when motor fluctuations are less disruptive—is recommended. This simply redistributes, rather than reduces, total protein intake. Note that high-protein nutritional drinks can interact, too.

Vitamin B6 supplementation

In March 2026, the Food and Drug Administration issued a warning about CD/LD decreasing vitamin B6 (pyridoxine) levels that can lead to seizures. Patients taking CD/LD should speak with their physicians about monitoring levels of the different B vitamins, including B6, and add a supplement as needed.

Medication Reviews

A thorough medication review can help identify prescription or nonprescription medications that interact with your Parkinson’s regimen or worsen Parkinson’s symptoms regardless of which medications you take. In addition, your pharmacist or physician doing the review can ensure you are taking your medications correctly. Another benefit of medication review is the opportunity to address nonmotor symptoms of Parkinson’s disease and optimize drug and non-drug management of these conditions.

Drug Therapy Options
for Treating Parkinson’s
Motor Symptoms

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Table: Drug Therapy Options for Treating Parkinson's Motor Symptoms

Drug Class	Generic Name (Brand Name), Formulation	Comments	Advantages
Carbidopa/levodopa	Sinemet, Parcopa ODT, IR tablet	Preferred option for adults age 65 and older	Most effective and potent option; available in many formulations
Dopamine agonists	Pramipexole (Mirapex, Mirapex ER), tablet Ropinirole (Requip, Requip XL), tablet Rotigotine (Neupro), patch Apomorphine (Onapgo), subcutaneous continuous infusion	Requires gradual dose increase over several weeks to reach effective dose	ER and XR tablets can be administered once daily Lower dyskinesia risk than carbidopa/levodopa
MAO-B inhibitors	Selegiline (Eldepryl), tablet (Zalepar), ODT Rasagiline (Azilect), tablet Safinamide (Xadago), tablet	Many drug interactions Rasagiline and safinamide improved safety and effectiveness over selegiline	Once daily administration
Amantadine	Amantadine (Symmetrel), IR tablet, capsule, solution (Gocovri), ER capsule	Rarely used alone; added on to carbidopa/levodopa therapy	Helpful for managing dyskinesia
Anticholinergic Drugs	Benzotropine (Cogentin), tablet Trihexyphenidyl (Artane), tablet	Should be avoided in older adults	Helpful for managing tremor in younger patients
COMT Inhibitors	Entacapone (Comtan), tablet Carbidopa/levodopa/entacapone (Stalevo), tablet Opicapone (Ongentys), capsule	Never used alone; only added on to carbidopa/levodopa therapy; entacapone must be taken with each carbidopa/levodopa dose; opicapone dosed once daily	Helpful to extend effectiveness of carbidopa/levodopa

ER = Extended Release; COMT = Catechol-O-Methyltransferase; IR = Immediate Release; ODT = Orally Disintegrating Tablet

Some potential adverse reactions include nausea, dizziness, dry mouth, and dyskinesia. For a **complete list of Parkinson's approved medications** and their side effects, see <http://apda.link/medsapproved>

HULL OF A RACE

20 Years of Heart, Hope, and a Profound Legacy



Way back in 2006, a physical therapist, two women living with Parkinson's, and their husbands came together with an idea. "Lori was a runner and suggested we have a 5K race to raise money for Parkinson's and to have it in Hull," recalls Jim Reed. His wife, Mable Reed, and Marilyn White were both living with Parkinson's and attending therapy with Lori Riti. "Add two husbands," Bonnie says, "and you have a relatively unlikely group to establish a race."

From those humble beginnings with a stopwatch, index cards, and just five organizers, Hull of a Race was born. The first year drew over 100 participants. Today, the race includes a certified course, professional timing, chipped results, a 5K, 10K, kids' mile, and more than 250 runners.

Donations have grown from \$6,000 in the early years to more

than \$26,000, with 100% earmarked for Parkinson's research.

The race's name, coined by founder Marilyn White, reflects her sense of humor. "While dealing with a very serious disease, she knew how important it was to keep your sense of humor," shares Bonnie Brueggeman. Even in the face of a difficult diagnosis, laughter and determination became part of the race's DNA. Over the years, Marilyn expanded the volunteer team into "The Pit Crew," added a food court at the finish line, and championed inclusion, welcoming strollers, wheelchairs, and later formally recognizing participants living with Parkinson's.

For Lori, the event has always been personal. "It's a family reunion of sorts for us every year," she says. Her son has grown up

alongside the race. "From skinned knees to a young adult, Hull of a Race has been part of his life." There are several children who once lined up for the kids' mile now stand shoulder to shoulder with the very people who built the race.

Pam, who joined the committee several years ago, carries her own deep connection. "My dad, my grandmother, and my uncle all had Parkinson's," she shares. "It is devastating to watch a loved one decline. I don't want anyone else to have to endure that." She notes that participation continues to grow in their rural community of fewer than 500 people. "It shows how closeknit we are and our dedication to this cause."

Even challenges, storms tearing down tents, rising costs, or recruiting younger volunteers, haven't slowed the momentum. "I'm amazed and pleased that our pit crew and volunteers keep coming back every year," Jim says.

As Hull of a Race marks 20 years, Lori reflects on what they've built together. "We've created a profound legacy," she says. "It's built on friends, neighbors, and families coming together year after year to support the Parkinson's community." And in Hull, that legacy continues to run strong.

Two decades later, crossing that finish line means honoring those we've lost and standing strong for those still fighting to live.

Special thanks to Lori Riti, Pam Peters, Bonnie Brueggeman, and Jim Reed for generously sharing their stories and helping bring the spirit and history of Hull of a Race to life.

Hull of a Race is August 15th, for more information or to sign up, please visit www.hullofarace.com

EXERCISE CLASS SCHEDULE

Register online at apdaparkinson.org/mo

MISSOURI

CARONDELET - YMCA

Tues 11:00 am- Exercise for Parkinson's
Fri 12:00 pm- Exercise for Parkinson's

CHESTERFIELD - APDA Office

Tues 9:00 am – Seated Exercise | Level 1
Tues 10:00 am – Circuit Training | Level 3
Tues 11:00 am – Strength and Cardio | Level 2
Tues 12:00 pm – Strength and Cardio | Level 2
Wed 10:00 am – Movement Training | Level 2
Wed 11:00 am – Seated Exercise | Level 1
Thurs 11:00 am – Tai Chi for Parkinson's
Thurs 12:00 pm – Parkinson's Boxing | Level 3
Thurs 1:00 pm - Strength and Cardio | Level 2
Thurs 2:00 pm – Seated Exercise | Level 1
Fri 11:00 am – Tai Chi and Meditation

CHESTERFIELD - SSM Health and Day Institute

1st and 3rd Tuesday of Each month - 3:30 pm

CHESTERFIELD - YMCA

Mon/Wed 12:15 pm – Parkinson's Pedalers | Level 2

CRESTWOOD - Sports Medicine and Training

Tuesday 9:00 am – Exercise for Parkinson's | Level 2
Thursday 2:00 pm – Exercise for Parkinson's | Level 2

EUREKA - Timbers of Eureka

Tues/Thurs/Fri 12:30 pm- Exercise for Parkinson's

JEFFERSON COUNTY - YMCA

Mon/Thurs 10:00 am – Exercise for Parkinson's

KIRKWOOD - YMCA

Mon 11:45 am – Parkinson's Pedalers | Level 2

MARYLAND HEIGHTS - YMCA

Tues/Thurs 11:30 am – Exercise for Parkinson's

OLIVE CROSSING - SSM Health and Day Institute

1st and 3rd Tuesday of Each month – 3:30 pm

SOUTH CITY - YMCA

Monday/Wednesday 12:00 pm – Exercise for Parkinson's

SOUTH COUNTY - YMCA

Tues/Thurs 3:00 pm – Exercise for Parkinson's

ST. CHARLES - SSM Health and Day Institute

1st and 3rd Tuesday of Each month – 3:30 pm

ST. PETERS - BJC (FULL at this time, check on website)

Thursday 10:00 am- Strength and Cardio | Level 2
Thursday 11:00 am – Seated Exercise | Level 1

STE. GENEVIEVE - Potential Therapy Services

Thursday at 10:00 am- Exercise for Parkinson's | Level 2

SUNSET HILLS - SSM Health and Day Institute

1st and 3rd Tuesday of each month - 3:30 pm

WASHINGTON - YMCA

Mon & Wed 1:00 pm – Exercise for Parkinson's
Fri 11:30 am – Exercise for Parkinson's

WARRENTON - SSM Health and Day Institute

1st and 3rd Tuesday of Each month – 3:30 pm

VIRTUAL VIA ZOOM

Tues 9:00 am – Seated Exercise | Level 1
Thurs 2:00 pm – Seated Exercise | Level 1

ILLINOIS

BREESE - Clinton Co. YMCA

Tues/Thurs 12:30 pm – Exercise for Parkinson's

CARLINVILLE - Area Hospital

Tuesday 10:00 am – Exercise for Parkinson's

COLUMBIA - Monroe County YMCA

Mon/Wed 12:05 pm- Exercise for Parkinson

DECATUR - YMCA

Mon/Wed/Fri 11:00 am – Pedaling for Parkinson's
Tues/Thurs 9:00 am – Parkinson's on the Move

DOWNTOWN BELLEVILLE - YMCA

Mon/Wed 11:00 am – Exercise for Parkinson's

EDWARDSVILLE - YMCA

Tues/Thurs 11:00 am – Exercise for Parkinson

HIGHLAND - Korte Rec Center

Mon/Wed/Thurs 11:00 am – Cycle and Strength

O'FALLON - YMCA

Tues/Thurs 12:00 pm – Exercise for Parkinson's

QUINCY - YMCA

Tues/Fri 10:30 am – Fit to Fight PD Boxing

SPRINGFIELD - Grant Conservatory of Music and Dance

Tues/Thurs 1:30 pm – The Joy of Movement

VIRTUAL VIA ZOOM

Wed 10:30 am – The Joy of Movement

SUPPORT GROUP SCHEDULE

Register online at apdaparkinson.org/mo

MISSOURI

BALLWIN – Meramec Bluffs Care Center

4th Tuesday 2:00pm

BRENTWOOD – Mid-County YMCA

1st Saturday 10:30am

CAPE GIRARDEAU – Cape Girardeau Library

2nd Monday 5:30pm

CHESTERFIELD – APDA Office

2nd Monday 10:30am – Caregivers (only)

2nd Tuesday 1:00pm – Early in Diagnoses (2-4 years)

4th Tuesday 1:00pm – Newly Diagnosed (0-2 years)

CHESTERFIELD – Jennifer Frieswick Counseling

1st Friday 11:00am – People Living with PD (only) Hybrid

EUREKA - Timbers of Eureka

1st Tuesday 1:45 pm

KANSAS CITY – Johnson County Rehab Hospital

2nd Wednesday 4:00pm

OLIVETTE – Private Home Care Company- Hybrid

3rd Tuesday 11:00am

OVERLAND – Parkview Library – Hybrid

2nd Thursday 12pm – Black and African American families

ROLLA – Phelps Health Cancer Inst., Conf. Rm B

3rd Tuesday 2:30pm

SOUTH COUNTY - Cedarhurst of Tesson Heights

4th Wednesday 10:00am

STE. GENEVIEVE - Potential Therapy Services

2nd Thursday 11:00am

SOUTH ST. LOUIS CITY - Carondelet YMCA

2nd Tuesday 12:10pm

ST. PETERS - Spencer Road Library

1st Tuesday 1:00 pm

ST. PETERS - Spencer Road Library

2nd Tuesday 10:00 am – Caregivers (only)

SULLIVAN - Missouri Baptist of Sullivan

2nd Wednesday 1:30 pm

WASHINGTON - Public Library

2nd Monday 3:00 pm

VIRTUAL VIA ZOOM

Adult Children (only) – 2nd Wednesday 9am

Black & African American Families – 2nd Thursday 12pm

Caregivers (only) – 3rd Monday 1pm

We Care, South Asian Families – 3rd Friday 2pm

All welcome – 4th Tuesday 6:30pm

Young onset (only) – Every Thursday 6pm

ILLINOIS

ALTON - SSP Main Bldg., The Meeting Room

2nd Wednesday 1:00 pm

ALTON - SSP Wellness Center

2nd Tuesday 2:00 pm - Caregivers ONLY

BELLEVILLE - SWIC Programs and Services

for Older Persons

3rd Monday 1:30 pm

CARBONDALE - Prairie Living at Chautauqua

1st Wednesday 1:00 pm - check with APDA first

CARLINVILLE - Carlinville Area Hospital, MOB Com Rm.

4th Tuesday 11:00 am

CENTRALIA - Heritage Woods Independent Living

2nd Wednesday 2:00pm

DECATUR - Westminster Presbyterian Church

3rd Thursday 1:30 pm

EDWARDSVILLE - YMCA Niebur Center

1st Tuesday 2:00 pm

GREENVILLE - Bond County Senior Center

2nd Tuesday 1:00 pm

HIGHLAND - St. Joseph's Hosp., Sullivan Conf. Rm

2nd Wednesday 2:00 pm

OKAWVILLE - St. Peters UCC Church Hall

1st Tuesday 6:30pm

QUINCY - Public Library

2nd Saturday 10:00 am

SPRINGFIELD - Chatham United Methodist Church

4th Friday 1:30 pm

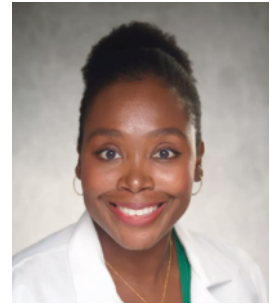
APATHY & PD

“Feeling inert” is how a former boat-loving, family jokester, and doting grandfather with Parkinson’s disease (PD) describes apathy. This description of apathy is not exhaustive, but it connotes an emotional slumber that creeps in and slowly suffuses daily living with a dull but implacable inertia. On average, two in five people living with PD experience apathy (Pagonabarraga J, 2015), albeit unknowingly at times. Apathy is an overlooked non-motor symptom of PD due to the subtlety with which it bakes itself into the folds of the disease. For that reason, its edges are hard to probe, and by the time its symptoms become evident, its consequences on the quality of life may have already been consequential.

Apathy is a syndrome characterized by a reduction in drive, interest, and emotional responsiveness (Harrison et al, 2025; Maher et al, 2024; Pagonabarraga et al, 2015).

Its mechanisms have not yet been totally figured out, but it is believed to arise from dysfunction in the brain network associated with motivated behavior (Pagonabarraga et al, 2015). There is evidence that apathy correlates with poorer functioning, reduced quality of life, and greater disease burden in PD (Maher et al, 2024). Apathy is a complex phenomenon that includes different domains, and as such, it manifests in different forms in different people.

If you find yourself lacking ambition (to do or complete anything) and/or have lost interest in the hobbies and activities that you used to enjoy and/or feel indifferent a lot of the time, you may be in the throes of apathy. The first step is to discuss your symptoms with your movement disorder provider who will ensure that your PD medications are optimized; for, apathy can sometimes be a non-motor fluctuation of PD.



Pascale Doresca

MSN, ARNP, ACAGNP-BC

Pascale is a movement disorder nurse practitioner at the University of Iowa Health Care

Emotional

lack of spontaneous emotion, blunted affect

Cognitive

loss of interest, ideas, and curiosity for routine or new events

Behavioral

trouble self-initiating purposeful actions, doing tasks, getting up and going

Through your discussions, your provider will attempt to rule out depression, fatigue, and other PD symptoms— the overlaps between which makes apathy hard to diagnose sometimes. Indeed, fifty percent of people with apathy have concurrent depression, and sifting through and distinguishing between the two can be difficult (Harrison et al, 2025). It is crucial, though, to dissociate the two as treatment for depression can sometimes worsen apathy. The Apathy Scale and the Apathy Evaluation Scale are sometimes used to measure apathy; however, clinicians often rely on their interviews with patients and care partners to identify apathy.



Once a diagnosis is made, clinicians may prescribe medications depending on the severity of apathy and its manifestation. There exists no gold standard treatment for apathy. Medications like Pramipexole (a dopamine agonist), Rivastigmine (a cognitive enhancer), stimulants, and some antidepressants are used sometimes based on the type of apathy.

Nonpharmacological interventions to help people with apathy are as important as medication therapy. Music therapy, mindfulness meditation, and transcranial magnetic stimulation have demonstrated some benefits in some studies, but more evidence is needed (Maher, 2016).

Tips for Living Well with PD & Apathy



- Good, quality sleep is **FOUNDATIONAL** for well-being. This is even more important in people with PD and apathy. If your sleep is fragmented, and you feel tired in the daytime, you may benefit from having sleep-related problems ruled out. Then you may have to return to the basics of sleep hygiene: consistent sleep schedule, using your bed only for sleep and sex, making your bedroom quiet and relaxing, reducing your fluid intake in the evening, etc.
- Create structured environments with a routine that includes movements, naps, medication timing, entertainment.
- Know yourself. Choose activities that fit your personality and likings and plan them around the times your medications are working, and you are rested.
- **DO NOT JUDGE YOURSELF.** PD is often accompanied by symptoms that can make people self-conscious. Symptoms such as drooling, quiet voice, word-finding difficulties can cause people to be less social. Apathy is sometimes misinterpreted as laziness. Avoid passing judgement onto yourself. Apathy is real.
- Set small, measurable goals every day.
- Regular physical activity is the best medicine for PD.
- Prioritize social interactions with people you trust. Your presence suffices; you can just listen.

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 Michelle Bolk at: mbolk@apdaparkinson.org



CAREGIVING PURGATORY

THAT PLACE IN BETWEEN



June Van Klaveren

Did you ever notice how much waiting you do as a caregiver? Waiting for the neurologist to call. Waiting in exam rooms. Waiting at red lights when you're already late. Waiting for a hospital discharge. Waiting for your person with Parkinson's to button a shirt, reach the table, leave the

bathroom, finish a sentence. That waiting has a name: Caregiving Purgatory. If you're caring for someone with Parkinson's disease, you know this place well. It's the in-between. It's the long middle — the stretch where symptoms shift, independence flickers, and we live in constant adjustment mode.

Parkinson's is progressive. That sounds clinical. In real life, it means the target keeps moving. One week balance seems steady; the next, freezing episodes appear. Medication works, until it doesn't. Cognition is sharp, until it isn't.

continued on page 11

Here are five practical ideas to survive the messy middle:

- 1 **Stop waiting for "normal" to return.** It won't. Parkinson's doesn't reverse course. Grieving the loss of former expectations is painful, but necessary. Instead of asking, "When will things go back?" ask, "What works now?" Create new expectations that fit today's reality.
- 2 **Build micro-respite into your routine.** A weeklong getaway may not be realistic. A 30-minute walk might be. A quiet cup of coffee behind a closed-door counts. Small, consistent breaks are not indulgent — they are preventive maintenance for your mental health.
- 3 **Separate the person from the disease.** Irritability, apathy, slowed responses, quiet voices. These are neurological symptoms. When tension rises, remind yourself, "This is Parkinson's talking." That mental shift protects both your peace and your relationship. This is the most difficult tip, isn't it?
- 4 **Simplify decisions.** Decision fatigue is real. The volume of decisions we make now is staggering. Reduce optional choices where you can. Rotate simple meals. Use written medication lists. Create routines. Make checklists!
- 5 **Tell the truth to someone safe.** Not everyone can handle the raw version of this journey. Find one trusted person, friend, counselor, support group, and speak honestly. "I'm tired." "I'm scared." "I miss who we used to be." Bottled emotions don't disappear; they leak.

We become part detective, part nurse, part advocate, and part exhausted human being – all things we probably didn't "sign up for." Caregiving purgatory is emotionally confusing because nothing feels dramatic enough to justify falling apart, yet everything feels heavy enough to wear you down. It's all the little things, stacked daily. You may grieve losses others don't see. You may feel guilty for wishing things were easier. You may love deeply and resent the disease in the same breath.

Here's what isn't said often enough: as caregivers, we live in chronic uncertainty. That alone is exhausting. Of course we're weary. Of course, we feel stretched thin. This isn't a failure of character. It's the weight of sustained ambiguity. And still, we are showing up on ordinary Tuesdays. We are steady steps, managing medications, advocating at appointments, preserving dignity in quiet, unseen ways. That matters more than we realize. The middle is long. But we are not weak for feeling its weight.

WE ARE
HUMAN AND
WE ARE DOING
SACRED WORK,
EVEN WHEN IT
FEELS LIKE
LIMBO.

Our thoughts are with June on the recent passing of her husband Larry.

» UPCOMING EVENTS & PROGRAMS

PD Essentials

PD Essentials is a one-hour session offered in person here in Missouri or virtual via Zoom.

You can ask questions, ease concerns, and get connected to helpful local and national resources.

Upcoming Dates:

- **Wednesday, May 6th**
 - In Person, Chesterfield, MO
- **Monday, August 10th**
 - Virtual via Zoom

Parkinson's Education Programs

Education programs for those living with PD and their care partners.

July 9th at 2:00 pm - Save the Date!

Dr. Nathaniel Wachter, MD

Location: Spencer Road Library in St. Peters, MO

Southern Illinois - a Parkinson's Education Program is headed your way later this summer. More information coming soon!

Optimism Walks

Save the date for our largest community celebrations!

- Southern Illinois Optimism Walk - **September 26th**
- Missouri Optimism Walk - **October 10th**
 - **NEW LOCATION! See you at Westminster Christian Academy!**

Visit our Upcoming Events & Programs page for details and to stay up to date on everything happening with APDA Missouri.

Go to: apda.link/moupcoming



Need help with registration? Give us a call at 636.778.3377! We're happy to assist and can register you over the phone.



» MARK YOUR CALENDARS



The APDA Missouri Optimism Walks Are
Coming This Fall

Missouri Walk

Date: Saturday, October 10th

Location: Westminster Christian Academy,
Town and Country, MO

Southern Illinois Walk

Date: Saturday, September 26th

Location: Tri Township Park, Troy, IL

Save the dates! We can't wait to see you there!

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
apdamo@apdaparkinson.org

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LET'S CONNECT

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