

3 Alcohol and Marijuana use
with Parkinson's

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Issues

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a Poem

PARKINSON

Pathfinder

SPRING 2015



Washington Chapter
American Parkinson
Disease Association

SPRING 2015

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*Eye Vision
Issues in PD*



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Parkinson's Awareness Month



Spring is finally here and April is Parkinson's awareness month! This is our time to spread the word about Parkinson's, raise funds for research, programs, and services, and encourage each other to get involved. There is no shortage of events for people of all interests and abilities! Prefer to kick-back and relax? Join us for a low-key educational program; learn about new developments in Parkinson's, have lunch on us, and meet some wonderful people. Nightlife more your style? Plan a date night, put on your dazzling duds, and join us for our annual Magic of Hope Auction on May 9th. We promise good food, good wine, and lots of fun and excitement! Like a good challenge? Lace up those tennis shoes, create a team, and compete against others in the annual Adventure Race scavenger hunt in Ballard on May 30th. Favor staying behind the scenes? Volunteer with us, and help us bring programs and services to even more people with PD this spring. Whatever your style, make a commitment this April to get involved in a way that is meaningful to you.

For the most up-to-date info on upcoming events, check out the Events Calendar on our website at www.waparkinsons.org or give us a call, we love to hear from you!

Until next time!

A handwritten signature in black ink that reads "Zeljka Jurcevic". The signature is fluid and cursive.

Zeljka Jurcevic
Information & Referral Coordinator
(206) 695-2905 ext.1



RESEARCH CORNER

THE WASHINGTON STATE PARKINSON DISEASE Registry (WPDR) connects people with Parkinson disease to the research community. The registry is a database of individuals with PD and healthy controls that are interested in participating in, or learning about, local research trials. WPDR is currently looking for individuals to participate in the following studies:

Technology Use for People with Parkinson Disease

The University of Washington Department of Rehabilitation Medicine is conducting a study examining how people with PD use technology. The study consists of a short survey followed by a 1-hour focus group discussing how you use technology and brainstorming problems that need to be resolved. You may qualify for this study if you have PD and are between 40-90 years of age, and experience tremors on a daily basis. This study requires travel to the University of Washington. However, there is free parking and a \$40 Amazon gift card is offered as compensation for participation.

Glutathione in Parkinson Disease

Research has found that glutathione is an important nutrient for brain function, and that a loss of glutathione has been implicated in PD. Dr. Laurie Mischley with Bastyr University is conducting a study to determine if the intranasal administration of glutathione has an effect on symptoms of PD. This study consists

of five 1-hour study visits over the course of four months at Bastyr University in Kenmore, WA. Study visits will include questionnaires, physical measurements, and collection of blood and urine samples. A small subset of participants may be asked to undergo two optional MRI's. You may qualify for this study if you have been diagnosed with PD in the last 10 years, and have been stable with your medications for the past 30 days. Participants will be reimbursed \$10 per study visit for time and transportation costs and \$100 for each MRI if applicable.

If you are interested in joining the registry, or learning about upcoming research trials contact the WPDR at 206.277.6080 or www.registerparkinsons.org



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The Truth Behind Alcohol and Marijuana Use in Parkinson Disease

Ali Samii, MD

THIS ARTICLE IS A BRIEF overview of the potential benefits and harms of alcohol and marijuana use in patients with Parkinson disease (PD). A comprehensive initial consultation in most clinics includes a detailed “social history”. Obtaining a “social history” usually involves asking patients about their habits such as tobacco, alcohol, and drug use (including recreational and medicinal use of cannabis).

The beneficial effects of light alcohol consumption (1-2 beverages daily) in reducing the risk of cardiovascular disease such as heart attacks and strokes are well established. However, the beneficial effects of alcohol in PD are less known. Some studies have found a slight reduction in the risk of developing PD with alcohol consumption while others have not. A recent review study suggests that alcohol consumption may slightly reduce the risk of developing PD.

Dr. John Peacock, a neurologist in Reno,

NV, summarized the potential beneficial effects of alcohol (specifically ethanol) on dopaminergic neurons (neurons that produce dopamine.) According to a study performed on rats, low doses of ethanol increased the firing rate of dopaminergic neurons by 30- 80%. Additionally, resveratrol, an antioxidant found in red wine is found to be potentially neuro-protective and anti-inflammatory.

However, alcohol certainly has its drawbacks. The worldwide prevalence of alcoholism approaches 100 million persons based on a large 2010 study. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), up to 25% of adults in the US report either having alcohol-related problems or drinking patterns that put them at risk for developing problems. In a study published in 2003, alcohol use and Parkinson disease were each significant independent risk factors for falls leading to hospi-

talizations in patients aged 65 and older. In another study specific to PD; duration and severity of PD symptoms, freezing of gait, involuntary movements, postural instability, orthostatic hypotension (low standing blood pressure), and daily intake of alcohol were all associated with increased risk of falls in PD patients.

Now, what about marijuana (also known as cannabis)? The first report on the medicinal use of cannabis was published in 1843 in Britain. In the United States, 23 states and the District of Columbia now allow medical marijuana use, but only Washington and Colorado allow recreational use. A recent paper reviewed the potential benefits of cannabis in movement disorders, including theoretical neuro-protective effects in PD. However, large controlled studies have not been done in PD and the benefits of marijuana use are unclear. A small study of 21 PD patients found some

benefit in quality of life measures in those who used high dose cannabidiol (one of dozens of active cannabinoids identified in cannabis.)

A larger, more comprehensive effort was made by the American Academy of Neurology to look at all previously published studies on medical marijuana use in selected neurologic disorders. After a systematic review, they made several conclusions:

- For spasticity (continuously tight, or stiff muscles) oral cannabis extract (OCE) is effective, and nabiximols and tetrahydrocannabinol (THC) are probably effective, for reducing symptoms.
- For painful spasms (including spasticity-related pain, but excluding neuropathic pain), OCE is effective, and THC and nabiximols are probably effective.
- For urinary urgency and frequency, nabiximols is probably effective, but THC and OCE are probably ineffective for reducing bladder complaints.
- For tremor, THC and OCE are probably ineffective and nabiximols is possibly ineffective.

- For treating levodopa-induced dyskinesia (squirmy involuntary movements) in patients with Parkinson disease, oral cannabinoids are of “unknown efficacy”.

The authors emphasized that the risks and benefits of medical marijuana should be weighed carefully. Risk of serious adverse psychopathologic effects was nearly 1%.

Now, I will share my personal opinion on the use of alcohol and cannabis in PD. I tell my patients that one drink per day may be good for cardiovascular health. We do not have any agent that is confirmed to be neuro-protective in PD, including alcohol and cannabis. If the patient has low standing blood pressure, freezing of gait, or postural instability, I suggest that they avoid alcohol altogether. In PD patients without postural instability freezing or low blood pressure, if the patient or his/her caregivers see that even a small amount of alcohol (half

a glass of wine) makes them unsteady, they should avoid alcohol. Driving can be impaired with a much smaller amount of alcohol in PD patients than those without PD.

As for cannabis use, my suggestion is that

if there is cognitive impairment, significant depression, or psychosis (hallucinations), cannabis should not be used. There are patients who swear by the beneficial effects of cannabis on anxiety, sleep quality, bladder urgency, dyskinesia, and many other symptoms of PD. I urge my patients who insist on using marijuana, to know their source, to use the smallest amount possible (preferably in the evening only) and not to drive after use until the next day. Again, driving can be impaired with a much smaller amount of cannabis in PD patients than those without PD. They also need to be monitored by their families and caregivers for psychosis, behavioral and cognitive changes. **P**

The risks and benefits of medical marijuana should be weighed carefully.

Dr. Ali Samii is a movement disorder specialist at VA Puget Sound and University of Washington Medical Center in Seattle, WA.

Eye Vision Issues

in Parkinson's

Andrew A. Berman, MD

DR. ANDREW A. BERMAN DISCUSSES the eye and vision problems that people with Parkinson's disease may experience, what causes these conditions, and how they can be treated.

WHAT IS A NEURO-OPHTHALMOLOGIST?

A neuro-ophthalmologist is either an ophthalmologist or a neurologist who has additional post-residency training in neuro-ophthalmology. Neuro-ophthalmologists attempt to bridge the gap between the two disciplines by diagnosing and treating the ophthalmic or vision manifestations of neurological disease. As we know, Parkinson's disease (PD) is a neurological disorder

caused by the death of dopaminergic neurons in the substantia nigra and therefore depletes dopamine in a part of the brain called the putamen as well as the visual cortex and some cells in the retina. Therefore people with PD may have ophthalmic complaints such as blurred vision, trouble reading, double vision and dry eyes. For these reasons it is the neuro-ophthalmologist who is frequently asked to care for the PD patient.

EYE MOVEMENTS

There are three fundamental types of eye movements; saccadic, pursuit, and vergence. The saccadic eye movements are the rapid eye movements that redi-

rect our gaze to pick up an object of interest. They are also important in following the lines of a printed page. Pursuit eye movements stabilize the object on our retina and follow it as it moves slowly through space. Vergence eye movements serve to move the eyes in different directions (either together, which is convergence, or apart, which is divergence), keeping an image stable on our retina as it moves toward or away from our eyes. This type of eye movement helps us avoid double vision.

In Parkinson's disease, saccadic movements tend to be slow (or hypometric) and show delayed initiation. Some people with PD require a blink to change their saccadic

With proper attention to the particular problems, as well as routine eye care, patients with Parkinson Disease can protect and improve their vision and can enjoy a fine quality of life.

position (this is called Wilson's sign). As you can imagine, this makes it hard to fixate changing targets in the environment and to read as well. Often these can be normalized with Levodopa, but if a person has Levodopa-induced dyskinesias, the saccadic eye movements can become affected as well.

When pursuit movements become decreased, this can produce what is called cog-wheel (jerky) slow eye movements. Insufficient convergence of the eyes can cause insufficiency of accommodation, which is the eye's response to a near stimulus. This inadequacy or slowness of accommodation can result in eyestrain, headaches and double vision (diplopia) when working on near tasks. Unfortunately, this condition can be exacerbated by medications used to treat the tremors and the spasms often seen in PD.

EXTERNAL EYE DISEASE

The blink reflex, which is normally about 16 to 18 times per minute, may decrease to 1 to 2 times per minute in Parkinson's. This causes the eye surface to become dry in a setting of already reduced and abnormal tear film production, creating a condition called "dry eyes." Dry eyes can often lead to a sensation of a foreign body in the eye, blurred vision, or itching and burning. Some theorize that this may contribute to excessive blinking and lid spasms, called benign essential blepharospasm. Occasionally, people with PD may experience apraxia of eyelid opening, which is an inability to open the eyes voluntarily. As a result of the dysfunction of the autonomic nervous system, seborrheic blepharitis and dermatitis may occur, which can cause irritation and inflammation of the upper and lower lid. Inflammation of the cornea and ocular surface may also occur. This condition exacerbates the symptoms of dry eyes.

SENSORY DEFICITS

There are dopaminergic receptors in the retina. The dysfunction of these receptors can lead to a loss of contrast sensitivity for some people. There can also be color vision deficits, usually along the blue-yellow axis. If a person experiences hallucinations, visual disturbances may be a contributing factor in addition to medications.

MANAGEMENT

As physicians, we always have to be aware of our patients' medications— their dosages, effects and side effects. A good history of medications is paramount. It is important to know how the person's symptoms are affected by the medication dosages and by their schedule. For instance, a patient may need different types of glasses depending upon where they are in their medication cycle. First and foremost, the management of eye problems requires an accurate and thorough eye examination and correction of refractive errors. Most of the time, when eye movement abnormalities are found, it is best to prescribe one pair of glasses for distance and another for reading in preference to a

continued on page 8 ▶

Every Step You Take

by Anne E. Beidler

For Peter and his friends with Parkinson's

Every step you take, every move you make,
Is harder than it used to be.

Every step you take, every move you make,
Makes you wonder,
Is it getting worse?
What if I fall?
Why is it so hard to turn my head?

Every step you take, every move you make,
While your foot drags,
While your wrists get stiff,
While you keep track of all your pills,
While your hand shakes more,
While you try so hard to speak clearly, but sometimes people can't hear you.

If I had to deal with all the surprises of Parkinson's,
I would probably just sit on the sofa all day
And watch TV,
And complain about the TV,
And complain about the weather,
And complain about Parkinson's.

But you don't.

Instead, every step you take, every move you make,
No matter what,
You keep moving.
Yoga, dance, and walking, walking, walking.
Singing, bicycling, and walking, walking, walking.
Working out in the gym, working down in your workshop, and walking, walking, walking.

Every step you take, every move you make,
Is beautiful to me.
Every step you take, every move you make,
Is full of courage.

Thank you, each one of you, for all you do
To keep on moving.

► *continued from page 6*

bifocal. However, if patients insist on bifocals then a standard “lined” bifocal rather than a progressive bifocal is recommended. For those with convergence insufficiency, prisms in their glasses help to bend light to the proper focal point on the retina when the eyes cannot move properly to accomplish the same thing. This helps with the ocular fatigue and double vision as well.

Although ocular external disease and dry eyes cannot be cured, they can be effectively treated. Management of these disorders usually involves warm, moist compresses, lid scrubs, and at times, medicated ointments. Dry eyes can also be treated with Artificial Tear substitutes in both an eye drop and an ointment form. In some patients, punctal occlusion (blocking the drainage opening) may be done to increase the contact time of the tears with the ocular surface. All of these techniques can go a long way toward making the eyes look and feel better and increase a patient’s vision.

People with Parkinson’s who have blepharospasm (involuntary spasms of the eyelids) will benefit from injections of botulinum toxin (Botox). Although it is usually repeated every three to four months, it can be very helpful in restoring a patient’s ability to function. Those who experience apraxia of

lid opening (involuntary closing of the eyes) can use lid crutches or cosmetic lid tape to help keep their eyes open. Although it is difficult to treat the sensory deficits which at times can affect people with PD, sometimes certain tints for lenses can be helpful. Hallucinations may respond to some central nervous system depressants. Finally, in addition to everything already discussed, the person with PD can still get the garden variety ophthalmic diseases. Diseases such as glaucoma, cataracts and macular degeneration must also be properly diagnosed and managed in addition to PD vision issues. With proper attention to the particular problems, as well as routine eye care, patients with Parkinson’s disease can protect and improve their vision and can enjoy a fine quality of life. P

Dr. Berman is a neuro-ophthalmologist in private practice in Skokie, IL.

To find a neuro-ophthalmologist in your area go to www.aaopt.org.

Courtesy of the APDA National Young Onset Center in Winfield, IL.



What I get from Washington APDA

“Thank you so much for offering [the Ride Repay] program! Of all the things that PD has taken from me, being unable to drive has been one of the most difficult to adjust to. This program has helped me in so many ways and has given me some peace of mind and restored some of the independence I have lost by not driving. I have told doctors and members of a Tai Chi for PD class that I attend about this program. Thanks for all of the wonderful work you do!”

—Diane Hutchins

Thank you

for your generous donations

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Support Groups

in the Pacific Northwest

CITY/REGION	FOCUS	MEETING SITE	TIME	LEADER	CONTACT INFO
ALASKA	General	923 W 11th Ave Anchorage	3rd Saturday of the month at 3:30 pm	Peter Dunlap-Shohl	(907) 350-9691 dunlapshohl@gmail.com
ANACORTES	General	Island Hospital, 1211 24th St.	3rd Thursday of the month at 1:00 pm	Jerry Ramsey and Nola Beeler	(360) 982-2359 njbeeler@yahoo.com
BELLEVUE	Young Onset	North Bellevue Community Center 4063 148th Ave NE	1st Wednesday of the month at 7:00 pm	Suzanna Eller	(206) 320-2084 suzanna@waparkinsons.org
BELLEVUE	General	Bellevue Family YMCA 14230 Bel-Red Rd.	1st Monday of the month at 2:45 pm	Allison Fine	(206) 226-1097 allison@waparkinsons.org
BELLINGHAM	General	Parkway Chateau 2818 Old Fairhaven Pkwy	2nd Monday of the month at 2:00 pm	Deb Ivancovich	(360) 724-3382 deb.ivancovich@gmail.com
BOTHELL	General	North Shore Senior Center 10201 E Riverside Dr.	3rd Tuesday of the month at 10:00 am	Joanne Blum, MS, LMHCA	(425) 488-4821 joanneb@seniorservices.org
BREMERTON	General	St. Paul's Episcopal Church (Oliver room) 700 Callahan Drive	1st Tuesday of the month at 1:30 pm	Jen Edwards	(360) 744-6220
CHEHALIS	General	Bethel Church 132 Kirkland Rd., Napavine, WA	2nd Thursday of the month at 1:00 pm	Ken Beckwith	(360) 520-4889 beckwithangels@aol.com
CLARKSTON	General	Tri-State Hospital 1221 Highland Ave, Clarkston, WA	2nd Monday of the month at 1:30 pm	Doris Berry and John Molohon	(208) 743-3947 and (509) 758-3758
COVINGTON	General	St. John the Baptist Catholic Church 25810 156th Avenue SE	3rd Tuesday of the month at 10:30 am	Stephanie De Leon Lawson	steph.pdgroup@gmail.com
COEUR D'ALENE	General	Lake City Senior Center 1916 N Lakewood Dr.	1st Friday of the month at 1:00 pm	Beth Hatcher	(208) 635-5243 cdapsg@hotmail.com
DES MOINES	General	Wesley Homes, 815 S. 216th St. *contact group leader before attending*	3rd Wednesday of the month at 10:00 am	Rita Lambert	(206) 870-1302 rlambert@wesleyhomes.org
EDMONDS	Deep Brain Stimulation	*group meets quarterly; date, time and location to be determined*		Michelle Bauer	(206) 320-2883 michelle.bauer@swedish.org
EDMONDS	General	Edmonds Senior Center 220 Railroad Ave	2nd Wednesday of the month at 1:00 pm	Carol Aguayo	(425) 743-6029 agua549@frontier.com
ELLENSBURG	General	Rosewood Senior Park Club House	2nd Monday of the month at 1:00 pm	Delores Moerer	(509) 201-1074 wd40rose@charter.net
EVERETT	General	Providence Medical Center, Medical Office Building – Rainier Room 14th & Rockefeller	4th Saturday of the month at 2:00 pm	Julie Langabeer April Colburn Helen Hopkins	(425) 317-9103 (425) 258-1267 (425) 327-3348
EVERETT	Caregiver (Lewy Body Dementia)	Carl Gipson Senior Center 3025 Lombard Ave	*contact facilitator for date/time info*	Joy Walker	(425) 457-4793 joyincaregiving@yahoo.com
FEDERAL WAY	General	Foundation House 32290 1st Ave S.	3rd Tuesday of the month at 1:30 pm	Gail Allen	(253) 252-2258
GIG HARBOR	General	St. Anthony's Hospital 11567 Canterwood Blvd. NW	2nd Wednesday of the month 4:00 pm	Doug Manuel	(253) 858-8741 manuel@harbornet.com
GIG HARBOR	Caregiver	St. Anthony's Hospital 11567 Canterwood Blvd. NW	*contact facilitator for date/time info*	Vernetta "Joy" McCraw	(253) 265-3897 vmccraw@hotmail.com
GIG HARBOR	General/ Exercise	Harbor Place at Cottesmore (Dining Room), 1016 29th St NW	4th Thursday of the month at 11:30 am	Glenn Anderson	(253) 853-8466 glennplaysguitar@yahoo.com
HOQUIAM	General	Hoquiam Library, 420 7th St.	Last Tuesday of the month at 6:00 pm	Betsy Seidel	(360) 533-5968 betsycamel@yahoo.com
IDAHO	General	Good Samaritan Village Moscow, ID	Last Wednesday of the month at 2:00 pm	Phyllis Vetrus	(208) 882-5770 dpvet@turbonet.com
ISSAQUAH	General	Our Savior Lutheran Church 745 Front St. S	2nd Monday of the month at 1:30 pm	Allison Fine	(206) 226-1097 allison@waparkinsons.org
KIRKLAND	Caregiver	Evergreen Health room TAN-134 12040 NE 128th St	2nd & 4th Tuesday of the month at 1:00 pm	Allison Fine	(206) 226-1097 allison@waparkinsons.org
KIRKLAND	Men's	Evergreen Medical Center, De Young Pavilion, Rainier Room 12040 NE 128th St	2nd Tuesday of the month at 3:00 pm	Ross Webb and Bob Johnson	(425) 825-7564 or (425) 821-9807 webbslrd@msn.com or bobcarolejohnson@frontier.com
LONGVIEW	General	Canterbury Inn/Chateau Dining Room 1324 3rd Ave	3rd Wednesday of the month at 1:45 pm	Barbara Sudar	bnbsudar@msn.com

CITY/REGION	FOCUS	MEETING SITE	TIME	LEADER	CONTACT INFO
LOPEZ ISLAND	General	The Gathering Place Lopez Village	3rd Monday of the month at 4:30 pm	Jackie Ashe	(360) 468-2435 jackieashe@centurytel.net
LYNNWOOD	Caregiver	Center for Healthy Living 4100 Alderwood Mall Blvd Suite 1	1st & 3rd Wednesday of the month at 2:00 pm	Karen Anderson	kanderson@lcsnw.org
MERCER ISLAND	General	Mercer Island Community Center	1st Tuesday of the month at 2:00 pm	Debbie Hanson, PT	thehansonfive@hotmail.com
MOSES LAKE	General	Samaritan Healthcare Hosp., Masto Health Library rm 402, 801 E Wheeler Rd	2nd Monday of the month at 3:00 pm	Sandee Estoos	(509) 765-6283
MT VERNON / BURLINGTON	General	Logan Creek Retirement Community 2311 East Division St., Mt Vernon	1st Monday of the month at 10:00 am	Ginger Dollarhide and Tori Kelly	(360) 629-8426/(425) 422-1067 weewiseginger@gmail.com
OLYMPIA	General	Olympia Senior Center 222 Columbia Street NW	Every Wednesday at 11:00 am *membership required*	Joyce Beckwith	(360) 586-6181 admintemp@southsoundseniors.org
OLYMPIA	Exercise	Lacey Senior Center 6757 Pacific Ave SE, Olympia	Every Tuesday at 11:15 am	Joyce Beckwith	(360) 586-6181
PORT ANGELES	General	Port Angeles Senior Center 328 E. 7th Street (On the SW corner of 7th & Peabody)	4th Wednesday of the month at 10:30 am	Darlene Jones	(360) 457-5352 djones@olyphen.com
PORT ANGELES	General/ Dance	Sons of Norway, 131 West 5th St.	3rd Saturday of the month	Darlene Jones	(460) 457-5352 djones@olyphen.com
POULSBO	General	North Point Church 1779 NE Hostmark St.	1st Monday of the month at 1:00 pm	Lana Gills	(360)779-7178 lanagale@earthlink.net
POULSBO	Exercise	Poulsbo Athletic Club 19611 7th Avenue NE	Wednesdays at 1:00 pm	Rosy Bennett	(360) 598-4854 tomandrosy@hotmail.com
PUYALLUP	General	Life Care Center of Puyallup 511 10th Ave SE	3rd Thursday of the month at 11:45 am	Daisha Nguyen	(253) 845-7566 Daisha_Nguyen@lcca.com
PUYALLUP	Caregiver	Life Care Center of Puyallup 511 10th Ave SE	1st Thursday of the month at 11:00 am	Daisha Nguyen	(253) 845-7566 Daisha_Nguyen@lcca.com
REDMOND	General	Emerald Heights 10901 176th Cir NE	3rd Thursday of the month at 1:00 pm	John Waltner	(425) 556-8140 johnw@emeraldheights.com
RICHLAND	General	Kadlec Neurological Resource Center 1268 Lee Blvd	3rd Monday of the month at 1:30 pm	Heidi Hill	(509) 943-8455 Heidi.hill@kadlecmed.org
SEATTLE	Young Onset	Greenwood Senior Center 525 North 85th Street	2nd Tuesday of the month at 7:00 pm	Suzanna Eller	(206) 320-2084 suzanna@waparkinsons.org
SEATTLE	Caregivers of Veterans	Seattle VA Medical Ctr, 1660 S. Columbian Way, Rm 1D-146gg (near the West Clinic)	Every Monday at 1:00 pm	Kris Fredrickson	(206) 764-2188 kris.fredrickson@va.gov
SEATTLE	Caregiver	Greenwood Senior Center 525 North 85th Street	2nd Tuesday of the month at 1:00 pm	Carin Mack	(206) 230-0166 carin@waparkinsons.org
SEATTLE	General	Horizon House 900 University Street	4th Monday of the month at 1:30 pm	Carin Mack	(206) 230-0166 carin@waparkinsons.org
SEATTLE	Atypical PD (MSA, PSP, CBD)	Exeter House 720 Seneca Street	4th Monday of the month at 11:00 am	Carin Mack	(206) 230-0166 carin@waparkinsons.org
SEATTLE	General	University House Wallingford 1st Fl, 4400 Stone Way N	2nd Monday of the month at 3:00 pm	Ann DeMaris Davids	(206) 545-8400 Demaris.Davids@eraliving.com
SEATTLE	General	The Hearthstone 6720 East Green Lake Way N	2nd Tuesday of the month at 2:00 pm	Erika Campbell	(206) 774-5173 hssocialservice@hearthstone.org
SEATTLE	General	Swedish Neuroscience Institute 550 17th Avenue, The Casey Room	4th Monday of the month, 4:30 - 6:00 pm	Suzanna Eller	(206) 320-2084 suzanna@waparkinsons.org
SEATTLE (WEST)	General	Providence Mt. St. Vincent 4831 35th Ave SW	1st Tuesday of the month at 2:30 pm	Suzanna Eller	(206) 320-2084 suzanna@waparkinsons.org
SEATTLE (WEST)	General	Arrowhead Gardens 9200 2nd Ave SW	3rd Thursday of the month at 10:00 am	Dagmar Cronn	cronn@oakland.edu (206) 327-1828
SHELTON	General	Alpine Way Assisted Living 900 W Alpine Way	2nd Tuesday of the month at 12:30 pm	Rebecca McGavick	(360) 426-6194 jacksonrebecca06@gmail.com
SHORELINE	General	Shoreline Senior Center 18560 1st Ave NE	4th Tuesday of the month at 11:00 am	Scott Theisen	(206) 268-6761 scottth@seniorservices.org
SPOKANE	General	Deaconess Health & Education Center 800 West 5th Ave	2nd Wednesday of the month at 1:30 pm	Cyndi Cook	(509) 473-2490 center@spokaneparkinsons.org
SPOKANE	Young Onset	*contact group leader for time and location information*		Cyndi Cook	(509) 473-2490 center@spokaneparkinsons.org
SPOKANE	Women's Group	*contact group leader for location information*	1st Thursday of the month at 1:00 pm	Julie Willis	(509) 467-2240

CITY/REGION	FOCUS	MEETING SITE	TIME	LEADER	CONTACT INFO
STANWOOD	General	Stanwood Senior Ctr; ctr social room 7340 276th Street NW	2nd Monday of the month at 10:00 am	Victoria Kelly and Ginger Dollarhide	(425) 422-1067 / (360) 629-8426 kellytori7@gmail.com / weewiseginger@gmail.com
TACOMA	General	Joeseppi's Restaurant 2207 N Pearl St.	Last Wednesday of the month at 6:00 pm	Sharon Cagle	smcagle47@gmail.com
VANCOUVER	General	The Quarry Senior Living Marble Room (2nd Floor) 415 SE 177th Ave	2nd Wednesday of the month at 10:00 am	Cathy Lauder	360-944-6000 clauder@thequarryliving.net
VANCOUVER	General	Touchmark at Fairway Village 2911 SE Village Loop	1st Wednesday of the month at 1:00 pm	Kim Lehmann	(360) 433-6400 office/ (360) 609-4045
VANCOUVER	Caregiver	The Quarry Senior Living Private Dining Room (1st floor) 415 SE 177th Ave	2nd and 4th Tuesday of the month at 1:30	Maria Jokela	(360) 944-6000 office/ (503) 290-4443 cell mjokela@thequarryliving.net
VANCOUVER	Women's Chat 'n' Chew	*contact group for location information*	4th Wednesday of the month at 2:15 pm	Kim Lehmann	(360) 433-6400
VANCOUVER	Men's Breakfast Meeting	*contact group for location information*	3rd Friday of the month at 9:00 am	Kim Lehmann	(360) 433-6400
VASHON	General	Vashon Lutheran Church Fellowship Hall, 18623 Vashon Hwy SW	1st Friday of every month	Steve Steffens	(206) 463-2655 steve_steffens@yahoo.com
WALLA WALLA	General	*contact support group leader to confirm* First Congregational Church 73 S Palouse St	*contact support group leader to confirm* 4th Saturday of the month at 4:00 pm	Debbie Lynch-Christian	(509) 529-3234
WASHINGTON PENINSULA	General	Ocean Park Lutheran Church 24002 U St., Ocean Park, WA 98640	4th Friday of the month at 1:30 pm	Roy & Patti Pellerin	(360) 665-3284 prfpa09@centurytel.net
WENATCHEE	General	Sleep Center 1000 N Miller	3rd Tuesday of the month at 3:00 pm	Janet Bibby Pat Taylor	(509) 470-6416 pktaylor2@gmail.com
WENATCHEE (EAST)	Caregiver	Meadow Ridge Park Senior Living 1630 9th St	2nd Wednesday of the Month at 11:00 am	LaVerna Armintrout	(509) 884-6833 fishwife410@gmail.com
WHIDBEY IS. (NORTH)	General	Cherry Hill Clubhouse 549 NW 12th Loop	1st Friday of the month at 1:00 pm	Carolyn Hansen	(360) 279-1785 wchansen192@comcast.net
WHIDBEY IS. (SOUTH)	General	South End Senior Center	2nd Tuesday of the month at 10:00 am	Carolyn Hansen	(360) 279-1785 wchansen192@comcast.net
YAKIMA	General	Yakima Covenant Church 6015 Summitview Ave	2nd Thursday of the month at 2:00 pm	Kathy Kidd	(509) 865-4869 kids@msn.com



Parkinson's Care Partner Support Group

Swedish Neuroscience Institute

550 17th Avenue, The Casey Room, Seattle, WA 98122
4th Monday of each month, 4:30–6:00 pm

For those caring for a loved one living with Parkinson's disease, a support group can be an invaluable resource in helping to cope, and connecting with others who are facing similar challenges.

This group welcomes anyone caring for someone with Parkinson's disease.

If interested please contact:

Suzanna Eller, MA, LMHC
206.320.2084 | suzanna@waparkinsons.org

MARK *your* CALENDARS!

Education

Thursday June 25 **Good Start* For people newly diagnosed with Parkinson's**

Our Good Start program is designed specifically for those who have been newly diagnosed with Parkinson's. In this intimate program we partner with local Parkinson's specialists to answer your questions, address concerns and fears, and connect you to local services.

Thursday June 25, 2015, 6:00 pm–8:00 pm

*Registration for this program is limited and restricted to those diagnosed with PD in the last two years. Please give us a call to find out if it is a good fit for you.

To register for this and other programs, please contact us:

Phone: **(206) 695-2905 Ext. 1** | Email: coordinator@waparkinsons.org

Website: www.waparkinsons.org

EVENTS

◀ **Magic of Hope Auction & Gala**

Join us for our largest annual fundraiser. The evening kicks off at 5:30pm with a champagne preview and features silent and live auctions, a raffle and mystery chest, accompanied with a fabulous dinner and dessert dash.

Saturday May 9, 2015, Kick-off: 5:30 pm
Seattle Design Center, 5701 6th Ave S, Seattle, WA 98108

Visit www.waparkinsons.org/magicofhope for more info!

Adventure Race for Parkinson's

You don't want to miss this second annual scavenger hunt-style race where teams compete for awesome prizes while supporting a great cause!

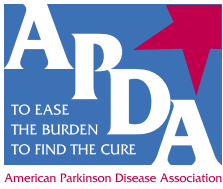
Saturday May 30, 2015, Kick-off: 1:00 pm
Ballard neighborhood of Seattle

Visit www.adventureraceforparkinsons.org for more info!



May 9, 2015
Seattle Design Center

Honoring
Board Member Emeritus
Suzanne Cameron



Washington APDA
150 Nickerson St, Suite 100
Seattle, WA 98109

SUBSCRIBE TO OUR NEWSLETTER!

Sign up for our newsletter by visiting our website www.waparkinsons.org or emailing coordinator@waparkinsons.org

YES! I want to help "ease the burden, and find the cure" for Parkinson's Disease.

ENCLOSED IS MY TAX-DEDUCTIBLE GIFT OF: (CHECK BOXES)

- Gift amount options: \$25, \$50, \$100, \$250, \$500, \$1000, Other amount
Employer match: My employer will match my gift
Information request: Please send me information on wills and how a bequest can support WA APDA.
Interest request: I'm interested in learning more about Parkinson's Disease. Please send me information.

This gift is given in honor of/in memory of

Please notify the individual(s) listed above

Address City State Zip

Donor's name

Address City State Zip

Email address

Please clip and return with your check, made payable to: WASHINGTON APDA

Send checks to us at 150 NICKERSON ST, SUITE 100 SEATTLE, WA 98109

To donate by credit/debit card, please visit our website WWW.WAPARKINSONS.ORG or call 425.243.2732

The Washington State Chapter of the American Parkinson Disease Association is a non-profit 501(c)3 organization. Our tax ID number is 13-1962771.

Thank you for your generosity!