

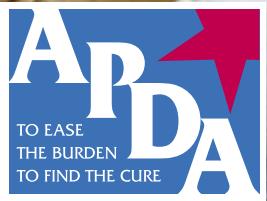
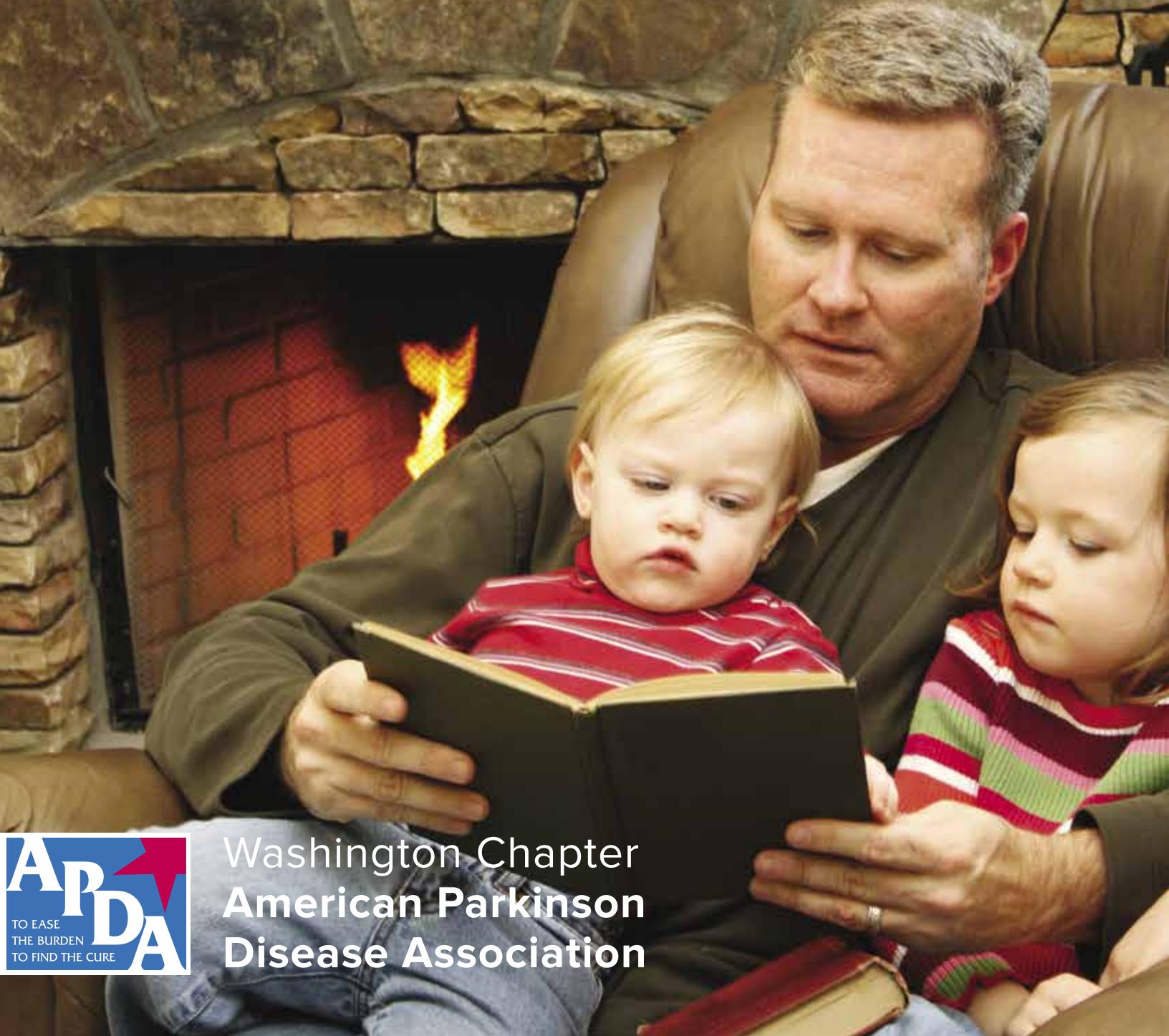
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Exercise Regimen

**5** Dementia:  
The Basics

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and Parkinson Disease

# PARKINSON *Pathfinder*

WINTER 2015



Washington Chapter  
American Parkinson  
Disease Association

WINTER 2015

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The benefits  
of Exercise



## Washington APDA

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Seattle, WA 98109

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Hours: Monday–Friday 9:00AM–5:00PM  
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# Hello everyone!



IF YOU'VE EVER PARTICIPATED IN our Taxi Voucher or Caregiver's Day Off programs, we have probably been in touch! My name is Kirsten, and I have been the Accounting and Administration Manager with the Washington Chapter of the APDA for almost three years. As a former CPA, I take care of all APDA's accounting and financial needs, and also manage the Taxi Voucher and Caregiver's Day Off programs as mentioned above. The best part of my job is helping those with Parkinson's gain back some independence by finding transportation assistance, and also connecting spouses and caregivers to a companion care agency to provide a well-deserved break.

Prior to working for APDA, I worked for various non-profit organizations, including more than five years as Finance Manager and Director of Finance for the home healthcare division at Seattle Children's. Giving back to a worthy cause is a lifelong priority of mine, and as a finance professional it has always been important for me to focus my energy in the nonprofit arena.

Born and raised in the Pacific Northwest (a 25 year resident of Washington but still an Oregon coast girl at heart!), I am a graduate of the University of Washington and an avid Husky fan. When not in the office, I am busy raising my two girls, Claire and Eva, which means lots of time driving carpools, helping with homework, and cheering at their many sporting events. I also enjoy cooking healthy meals for my family and am currently working on perfecting my gluten-free baking!

If you'd like to chat, I am in the office on Mondays, Tuesdays and Thursdays, and look forward to talking to you about our Taxi Voucher or Caregiver's Day Off programs.

A handwritten signature in black ink that reads "Kirsten".

Kirsten Richards  
Accounting and Administration Manager  
206.695.2905 Ext. 2  
[Kirsten@waparkinsons.org](mailto:Kirsten@waparkinsons.org)

# Home Sweet Home

**150 Nickerson Street, Suite 100  
Seattle, WA 98109**

THE WASHINGTON AMERICAN PARKINSON'S HAS settled into a new home in the North Queen Anne neighborhood of Seattle. Located on Nickerson Street and overlooking the Fremont Cut, our new office will serve as a hub for the Parkinson's community, providing a space for meaningful services and connections.

Be sure to stop by! There is plenty of free and accessible parking, and we are located on the first floor of the building. Meet with our staff, browse our resource center, and learn about our many programs and services. We will kick off a new education series in 2015, and host many of the programs in our new space.

Looking to lend a hand? We will also be launching a new volunteer program to assist with serving the Parkinson's community. Contact us to learn how you can help!

Mark your calendars for our **Open House on January 29th from 11am–2pm**. Guests will have an opportunity to see our new space and meet our staff, board members, Medical Director Dr. Ali Samii, and enjoy some light snacks and refreshments.

Finally, we'd like to extend our deepest appreciation to the many supporters who made this move possible. Thank you for your generous donation of time, expertise, and goods!



Jeff Crose, Telesystems West; Bill Lemke, NW Furniture Bank; Providence Mount Saint Vincent; Brandon Burmeister, Colliers International; The Nature Conservancy; Stephen Bergenholz; Robert Freda; Steve Reiger; WA APDA Board of Directors; National APDA

## Connect with the APDA:

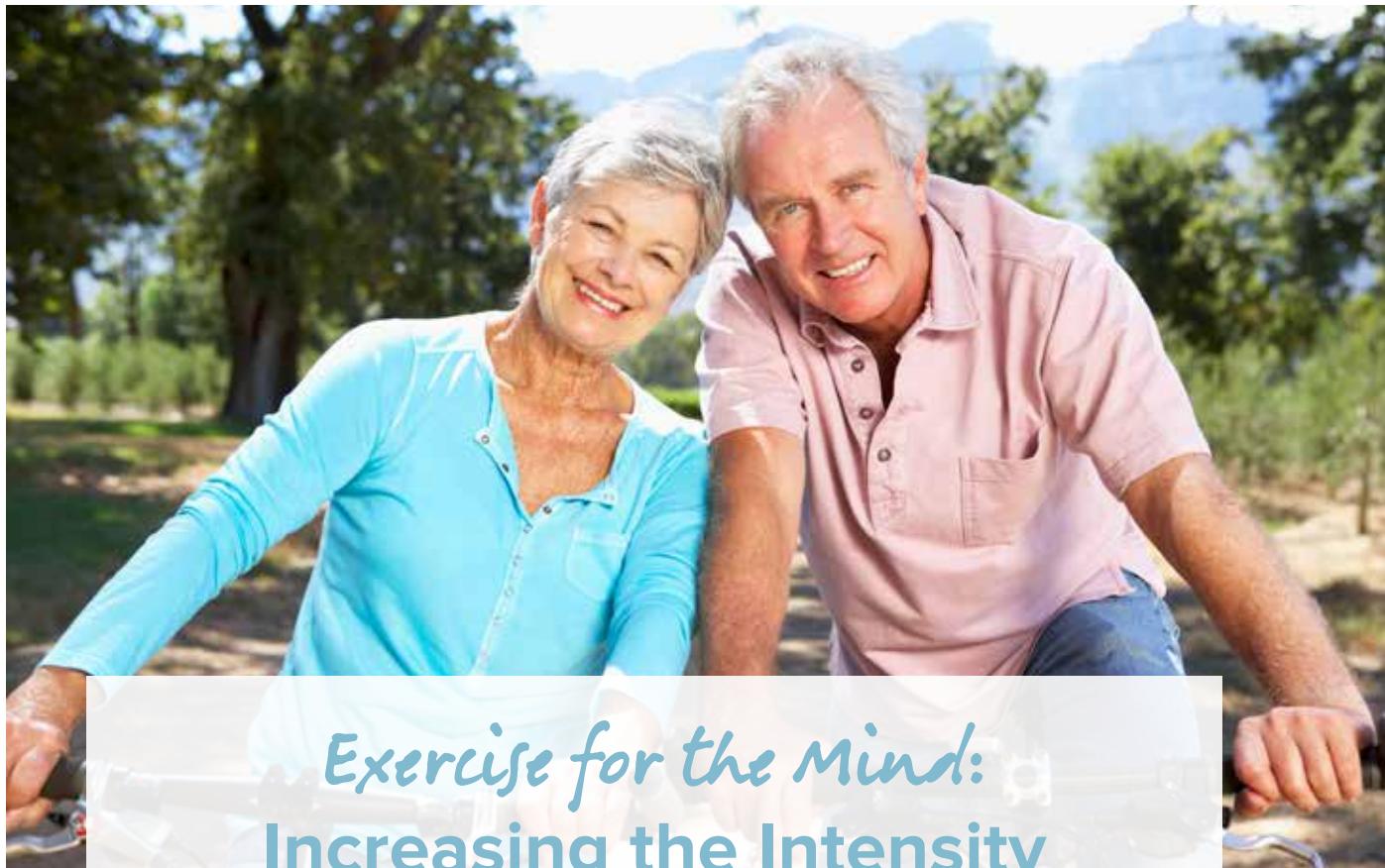
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[www.waparkinsons.org...](http://www.waparkinsons.org...)



Visit our website by scanning this QR code, and sign up for our emails

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## Exercise for the Mind: Increasing the Intensity of Your Workout

Nate Coomer, PT

BY NOW WE ALL KNOW the important role a regular exercise routine can play in Parkinson disease. Studies have shown time and again that consistent exercise can improve symptoms associated with Parkinson's including balance, walking speed, and a decrease in rigidity and episodes of "freezing" or festination. We also know that exercise can really make a difference in overall quality of life, decrease rates of depression, and give you more energy throughout the day. There has even been some research showing that Parkinson disease progression can actually be slowed by exercise, prolonging a person's ability to do the things that they love in life.

We are also learning more about what types of exercise can give us the most "bang for our buck". Intensive cycling and walking

studies have shown that exercise programs that cause higher exertion levels can have a larger benefit than more conservative programs. Rhythmic exercise groups including dance, tai chi, and boxing have been shown to improve walking and balance. Trunk rigidity and tightness can be improved by kayaking. Resistance training has shown to have a benefit on overall strength and force production. Stretching and yoga programs can improve posture, blood flow, and overall flexibility - the list goes on and on. With so many options, it can sometimes be a little daunting for a person living with Parkinson disease, who may have never exercised in their life, to suddenly jump in head first. As a Physical Therapist, I hear people express this kind of nervousness often, and my advice to them: start simple. When it comes to getting ▶

► your heart pumping, there is more than one right answer. The important thing to remember is the quicker you can get moving and make it a part of your everyday life, the better. Furthermore, the exciting part is that we now know some of the training tips that will give you the best chance of promoting brain health when working out on your own!

If joining a gym or an exercise class makes you uncomfortable you can start in other ways. Walking in your neighborhood briskly with upbeat music can help you keep a faster pace than normal. Using music isn't just a way to enjoy your workout; the external cue of a consistent rhythm actually gives your brain feedback that it needs to make larger and smoother movements. These changes to larger and smoother movements have been shown to stick around even after the music stops.

We now know some specifics when it comes to exercise. Shooting for a pace of 90-100 steps per minute should be challenging and intensive. Smartphones offer simple metronome apps, as well as more sophisticated versions, that can set your music to any cadence you like so you can use your own songs to motivate you to keep your workout intensive and fun. You can make a

bike ride just as beneficial as a tandem cycling group by using these same pace setting apps to keep your revolutions over 80-90 per minute. Another way to ensure your exercise routine is stimulating your brain in addition to the body is by calculating your heart rate. Shooting for a heart rate between 60-80% of maximum (220 minus your age) is a good range to stay within while working out. Any activity that you enjoy and are comfortable performing can have benefits for your brain if you are maintaining a heart rate within this range.

The moral of the story is that exercise, whether it be on your own or in a group setting, should be an integral part of the daily management of Parkinson disease, and should begin as early as possible after diagnosis. If you're having trouble getting started or feeling overwhelmed the Washington chapter of the APDA offers great resources for a variety of exercise programs throughout the state. There is no better time than now to start giving your brain what it needs! P

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*Nate Coomer, PT is a Physical Therapist at Swedish Medical Center in Seattle, WA.*

## Welcome Dr. Rosalind Chuang!

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Dr. Chuang joined Swedish Neuroscience Institute in November 2014 as a Movement Disorder Neurologist. A Seattle native, she received her medical degree from University of Washington School of Medicine, where she also completed her residency in neurology. With a passion for the genetics of movement disorders, she completed her fellowship training under Dr. Anthony Lang at Toronto Western Hospital. Prior to coming to Swedish, Dr. Chuang acted as Clinical Assistant Professor at Stanford University, and the Director of the Huntington's disease and Genetic Ataxia Multi-disciplinary Clinic. We are excited and honored to have Dr. Chuang as a resource to the Parkinson's community!



# *Everything you need to Know About Dementia*

**Katelan Longfellow, MD**

## **What is dementia?**

Dementia is a progressive decline in thinking that prevents people from functioning. This includes ability to work independently and maintain relationships between themselves and others. Dementia itself is becoming more common as people live longer lives. Per the American Academy of Neurology, 10% of people over 65 have a diagnosis of dementia, which increases to 50% of the population by age 85.

## **How do I know if my trouble is normal for my age?**

Normal ageing does not impair the way you are able to care for yourself on a daily basis. Being unable to manage your finances, getting frequently lost in familiar places, or unable to remember important appointments and social engagements may indicate a problem with thinking. Often your spouse, significant other, and family members may have more insight into this situation.

## **If I have been diagnosed with Parkinson Disease, am I at higher risk for dementia?**

Dementia is found more frequently in people

diagnosed with Parkinson disease (PD). Risk factors include being diagnosed with PD at greater than 65 years of age, a longer duration of PD, and the severity of PD symptoms.

## **How is dementia in Parkinson disease different than Alzheimer disease?**

Alzheimer dementia is the most common cause for dementia in older populations in general. Main features include impairment in memory, judgment, and often language. This is because the cortex (the area of the brain dedicated to higher order thinking) is often involved early. On autopsy, proteins involved in disease include Beta-amyloid plaques and Tau tangles. In contrast, there are two main types of dementia specifically associated with Parkinson disease: Parkinson disease with dementia, and Dementia with Lewy bodies. These both are defined by the presence of "Lewy bodies" on autopsy which are damaged neurons with accumulation of proteins known as alpha-synuclein and ubiquitin. Symptoms tend to be different because, instead of involving the top of the brain first (as in the cortex with Alzheimer disease), some believe the damage starts low in the brain-stem and works its way up to the top over time to involve the cortex later in disease.

## **Parkinson Disease with Dementia**

PD with Dementia is the most common type of dementia associated with PD, and is present when problems with thought and mental functioning occur well after the diagnosis of Parkinson disease. People may have PD for several years and then begin to notice issues with attention, concentration, planning, slowed speed of processing, and interpreting visual information. As this develops over time people may be unable to care for themselves, manage their own medications and lose their ability for self-care.

## **Dementia with Lewy bodies**

Dementia with Lewy bodies is a more rare condition, where cognitive problems to the degree of dementia precede or appear simultaneously with symptoms of Parkinson disease. Additionally, this disorder of thought is characterized by well formed visual hallucinations and dramatic swings in level of alertness.▶

► To confuse things further, as both Parkinson disease and Alzheimer disease are relatively common, it is possible to have both. In fact dementia, regardless of type, is rarely a single pure form. Many have features and neuropathological findings that are shared between types. Parkinson disease can also cause emotional, mood, and behavioral changes that can make an underlying dementia more severe, such as apathy (indifference to doing things) and depression.

#### If I am concerned about dementia, what is the next step?

If you or a loved one has concern for impairment in thinking, be sure to discuss this with your doctor. Bring someone you trust (spouse, family member, good friend) to this appointment who can provide insight into how this may be influencing your behavior or ability to function. Many people who are developing dementia are unaware of their difficulty, or are unable to describe how it is changing their life.

#### What tests or studies might be ordered?

Per your doctor's discretion certain tests and studies may be ordered to evaluate for potentially reversible causes of dementia. These may include:

- **Screening for depression:** Depression can mimic dementia and impair attention, quickness of thought, and ability to function.
- **Screening for thyroid problems,** electrolyte abnormalities, or diabetes.
- **Screening for certain vitamin deficiencies,** such as B12.
- **Screening for certain sexually transmitted diseases** if you are at risk.
- **MRI** or imaging of the brain.

#### What can I do to reduce my risk?

There have been studies on nutritional supplements and antioxidants that have not yet been shown to have significant impact on the overall course of disease. The American Academy of Neurology does support use of vitamin E supplements, but there is no telling what impact this may have long term. Several studies now support the use of regular aerobic exercise to prevent decline in cognitive function, regulate sleep, and improve overall mood and health. Aiming for 30 minutes five days a week is an excellent goal. In addition, keeping mentally active by maintaining socially engaging relationships with friends and family is very important. Staying cognitively sharp by doing crossword puzzles or thought challenging games is helpful to prevent decline. Finally, working with your primary care doctor to control other health concerns

such as high blood pressure, diabetes, and thyroid issues is critical.

#### If dementia is diagnosed, what can be done?

There is no cure for dementia related to changes in the brain from Parkinson disease. However, continuing to live a healthy lifestyle with a good diet, regular and adequate exercise, and maintaining relationships between friends and family is the best treatment.

#### What are my medication options?

The American Academy of neurology supports use of the following:

- **Cholinesterase inhibitors/Modulators** Donepezil, Galantamine, or Rivastigmine may be helpful for those with mild to moderate dementia.
- **NMDA antagonists** Memantine may also be helpful for moderate to severe dementia.
- **Vitamin E** While there is not robust evidence to support its use, as an antioxidant it may be helpful.

#### How can I prepare for the future?

If you are diagnosed with dementia it will be very important to prepare. This means identifying a support group within your family and loved ones. You should discuss with your loved ones your preferences for medical care if you become severely physically or mentally disabled. While these topics are hard to discuss, avoiding this discussion leaves the difficult decision up to your loved ones during times of crisis. Help them know what you would want, so they can represent your wishes if you cannot. Caregivers also should be in touch with social workers to stay informed about what services and resources are available to them, such as community outreach, potential for caregiver respite, and caregiver training or support programs.

#### What is being done in the field of research now?

Currently there are many studies that are searching for ways to identify disease earlier in its course. This includes studies to detect proteins within the cerebrospinal fluid, genetic testing for genes that may predispose people to dementia, and new technologies in imaging that can visualize brain dysfunction (SPECT and PET scans), or abnormal accumulation of proteins associated with dementia within the brain (Amyloid PET scans). These are currently in the research stages and are not routinely used in clinical practice yet. P

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*Dr. Katelyn Longfellow is a neurologist and movement disorder fellow with the UW and VA Puget Sound in Seattle.*

## Your Questions Answered

# Restless Leg Syndrome and Parkinson Disease

RESTLESS LEG SYNDROME (RLS) AFFECTS as much as 10% of the US population and is more common in people with Parkinson disease. Dr. Pinky Agarwal is an Associate Clinical Professor of neurology at the University of Washington in Seattle, WA, Movement Disorder Specialist, and researcher at Booth Gardner Parkinson's Care Center in Kirkland, WA. Below, Dr. Agarwal addresses the most common questions associated with RLS; what it is, the connection between RLS and PD, and how it is treated.

### **What is restless leg syndrome?**

The sensory symptoms of restless leg syndrome are uncomfortable sensations in the calves and legs which are often described as aching, pulling, numbness, tingling, prickling, creeping, or crawling. Most often the unpleasant sensations occur during rest and inactivity, and are worse in the late evening and when attempting to sleep. The criteria for diagnosing restless leg syndrome includes;

- 1 An urge to move the legs usually accompanied or caused by uncomfortable and unpleasant sensations in the legs
- 2 Beginning or worsening during periods of rest or inactivity such as lying or sitting
- 3 Partially or totally relieved by movement, such as walking or stretching, at least as long as the activity continues

- 4 Worsening in the evening or night or only occurring in the evening or night.

Many patients with restless leg syndrome also have other sleep disorder symptoms. Most common is periodic limb movement disorder (PLMD) which is present in 80% of patients. The symptoms of PLMD

### **How is restless leg syndrome connected to Parkinson's?**

Restless leg syndrome is more common in patients with Parkinson disease. However, having restless legs does not increase the risk of developing Parkinson disease. RLS symptoms are sometimes masked in Parkinson disease patients because many patients



**Restless leg syndrome affects as much as 10% of the US population and is more common in people with Parkinson disease.**

may be associated with daytime sleepiness and reduction in daytime activity. The movements typically involve the legs, and tend to occur consecutively in episodes lasting from a few minutes to several hours. These movements are very different from the normal spasms often experienced while trying to fall asleep, and always include the turning of the foot or toes upward.

take dopaminergic drugs for the treatment of their PD. These drugs have also been found to reduce the symptoms of RLS. When dopaminergic medications are reduced, symptoms of RLS become more apparent in patients who may have been previously unaware they were suffering from restless leg syndrome.



### What can be done if one is experiencing restless leg syndrome?

At times, restless leg syndrome can be a symptom of iron deficiency. The first step in medical management of RLS is to appropriately correct this deficiency if it is present. Supplementation in RLS patients with low iron and ferritin levels improves motor and sensory symptoms and also may improve sleep, daytime sleepiness, depression, fatigue, and quality of life. If no deficiency is present, symptoms can be managed by four major types of drugs;

- 1 Benzodiazepines, such as clonazepam.
- 2 Opioids, such as oxycodone.

However, it is important to know that patients using opioids have the potential to become dependent.

patients who experience restless legs earlier in the day or for whom the symptoms spread to the arms. Generally drugs in this class are used as first line agents.

- 4 Some antiepileptics, such as gabapentin and pregabalin. Gabapentic enacarbil specifically is approved by the FDA for the treatment of RLS.

**Restless leg syndrome is more common in patients with Parkinson disease. However, there are many causes and treatment options for patients experiencing symptoms.**

- 3 Dopaminergics, such as levodopa, ropinirole, pramipexole, and rotigotine patch. Levodopa may help with RLS symptoms in

There are many causes and treatment options for patients experiencing restless leg syndrome. If you believe you may be having symptoms, the best thing to do is talk to your doctor. Your doctor can evaluate your medical history, symptoms, and current medications and determine the best course of action for you! P



## RESEARCH CORNER

Are you a spouse or friend of a person living with Parkinson disease? YOU can participate towards finding a cure!

THE WASHINGTON PARKINSON'S DISEASE REGISTRY is now looking for controls, healthy individuals without Parkinson's to participate in research. Studies often use controls to compare symptoms, genetic info, family history, environmental exposures, and reactions to stimulus. If you are over 45 and have no 1st degree relatives with Parkinson disease (mother, father, child, or sibling) you may be eligible to participate.

Enrollment in the registry consists of a brief phone interview discussing your medical and family history, and any medications you may be taking. Once enrolled, you will receive notifications by mail of studies you may be eligible to participate in. You will only receive notifications of studies you can likely participate in, which typically averages 1-3 letters per year. Each letter will contain information about the

study, and contact information for the study coordinator. Upon receipt of the letter, you have the option of deciding whether or not you would like to participate and contacting the study coordinator. Participation in each study is completely voluntary, and there is no obligation to participate regardless of your enrollment in the registry.

Studies come in all shapes and sizes! You may be prompted to participate in a survey, an exercise class, to complete an at-home kit, or to come in to a local institution. Some studies even offer compensation for your time. What you are interested and comfortable participating in is up to you.

*The Washington State Parkinson Disease Registry (WPDR) connects people with Parkinson disease to the research community. 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](http://www.registerparkinsons.org)*

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## Helping Us Help You

### Why I give to Washington APDA...

My husband David has Parkinson disease and has participated in the Parkinson Disease Registry for some time. We chose to give to Washington APDA because we believe in the importance of supporting research in finding a cure for this disease, and because of the lovely people we have met at this organization.

—Nancy Jones

### What I get from Washington APDA...

I didn't invite "Madame Parkinson." When she moved into my house I was angry because she was making me feel helpless and useless. Before long

however, I was invited to join the Washington Parkinson's Disease Registry and it made me realize that simply by having Parkinson's, I could be of use to researchers who are trying to treat and cure this disease. I joined the Registry, and have participated in almost a dozen studies thus far. Not only have I met some wonderful people, but I also have the pleasure of knowing that by participating in the Registry I am doing some good in the world. These research studies may not help me personally, but it feels good knowing that I may help make life better for future generations with this disease—perhaps even my own children and grandchildren. Thank you, Sweetheart!

—Pete Beidler



David and Nancy Jones



Pete Beidler

# 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	Canterbury Manor 703 Callahan Dr.	1st Tuesday of the month at 1:30 pm	David Hull	(360) 895-6220
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 aqua549@frontier.com
ELLENSBURG	General	Rosewood Senior Park Club House	2nd Monday of the month at 1:00 pm	Delores Moerer	(509) 201-1074 wd4rose@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 vjmcraw@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 Vettrus	(208) 882-5770 dpvet@turbonet.com
ISSAQAH	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	328 E. 7th Street (On the SW corner of 7th & Peabody)	4th Wednesday of the month at 10:30 am	Darlene Jones	(460) 457-5352 djones@olypen.com
PORT ANGELES	General/ Dance	Sons of Norway, 131 West 5th St.	3rd Saturday of the month	Darlene Jones	(460) 457-5352 djones@olypen.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 Med. Ctr, 1600 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, NW Conf. Room, 1st Fl, 4400 Stone Way N	2nd Thursday of the month at 2:30 pm	Ryan Patterson	(206) 470-8041 Ryan.Patterson@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 (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 scott@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*		Julie Willis	(509) 467-2240
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

CITY/REGION	FOCUS	MEETING SITE	TIME	LEADER	CONTACT INFO
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 Tues. of the month at 12:15 pm *bring brown bag lunch, snacks and drinks provided*	Maria Jokela	(360) 944-6000 office/ (503) 290-4443 cell mjokela@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	Caregiver	Touchmark at Fairway Village 2911 SE Village Loop	2nd Tuesday of the month at 10:30 am	Jan Beyer	360.433.6400
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 1:30 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, Seattle, WA 98122

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!

Check out our new office, look through our available resources, and meet our staff, Board of Directors, and Medical Director at our

## Open House!

**Thursday, January 29th, 2015**

**11:00 am–2:00 pm**

Washington APDA Office  
150 Nickerson Street, Suite 100, Seattle, WA 98109

Light refreshments will be provided!

## Upcoming programs

**Thursday, February 19th**

### **Good Start\*\***

Thursday, February 19th, 2015, 6:00 pm – 8:30 pm

\*\*Registration for this program is limited and restricted to those diagnosed with PD in the last two years. Please give us a call at (206) 695-2905 Ext. 1 to find out if it is a good fit for you. This program will be repeated six times per year, please stay tuned for future dates!

**Tuesday, March 10th**

### **Health, Wellness, and Living Workshop “Maintaining Healthy Relationships”**

Allison Fine, MSW, LICSW

Tuesday, March 10th, 2015, 12:30 pm – 2:00 pm

Redmond Senior Center  
8703 160th Ave NE, Redmond, WA 98052

**Thursday, March 12th**

### **Patient Education Program**

Thursday, March 12th, 2015, 11:00 am – 3:00 pm, Check-in: 10:30 am

Virginia Mason Medical Center  
Lindeman Pavilion, Level 1, Volney-Richmond Auditorium  
1201 Terry Ave, Seattle, WA 98101

To register, please contact us: Phone: **(206) 695-2905 Ext. 1**  
Email: [coordinator@waparkinsons.org](mailto:coordinator@waparkinsons.org) | Website: [www.waparkinsons.org](http://www.waparkinsons.org)



**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](http://www.waparkinsons.org) or emailing [coordinator@waparkinsons.org](mailto:coordinator@waparkinsons.org)

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My employer will match my gift

Please send me information on wills and how a bequest can support WA APDA.

I’m interested in learning more about Parkinson’s Disease.  
Please send me information.

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**

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**Thank you  
for your  
generosity!**