PARKINSON EDUCATION PROGRAM

P E P NEWS

A U G U S T 2 0 2 3 **Barbara Marquardt, Editor, M.Ed., MCHES, WCP, RYT**

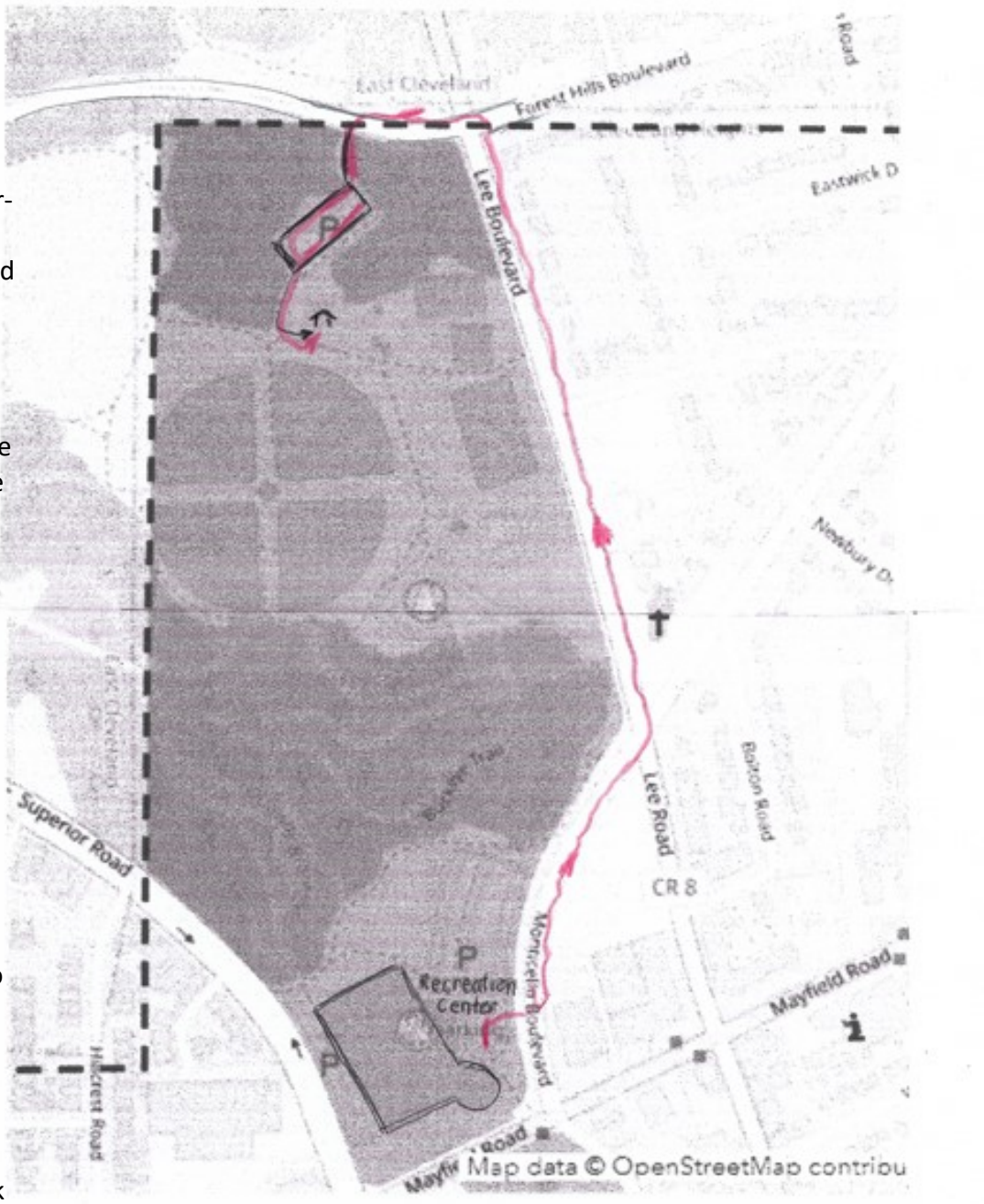
August Meeting—Wednesday, August 2, 2023 / Noon – 2 p.m.
Annual *PEP* Picnic/Ice Cream Social
Cleveland Heights Forest Hills Park Picnic Shelters 2A and 2B

From David Brandt

Once again we will be having our *PEP* Picnic in the Park and it will be located close by to the Cleveland Heights Senior Center where we normally meet. We have reserved picnic shelters 2A and 2B at the Cleveland Heights Forest Hill Park which is located a few short blocks from the Senior Center. A map is provided on this page with the directions from the Senior Center. Please be aware that the time has been moved up from our normal 2:15 time as we will start at noon. We will provide the main course, ice cream and beverages. We ask that you provide a side dish if possible. We hope you can join us and we look forward to seeing you!!

Route from Cleveland Heights Senior Center

- left/north on Monticello Blvd.
- left/north on Lee Rd.
- becomes Lee Blvd.
- left/west on Forest Hills Blvd.
- left into Forest Hills Park



From David Brandt

Upcoming Events

Saturday, August 19 – **Empower U** put on by the Cleveland Clinic held at the John S Knight Center, 77 E. Mill St in Akron. Event: 9 a.m.—3:30 p.m.
The theme is Taking Control of Parkinson's Disease and this year there will be a flexible schedule as you can choose what time to come and what sessions you want to attend. Please go to clevelandclinic.org/empoweru2023 to view a list of the education sessions and speakers as well as to register.
Free valet parking is provided. Call: 216-444-0998 with further questions.

Sunday, September 10 – Pals in Motion Walk put on by InMotion will be held at Beachwood High School, 21500 Fairmount Blvd in Beachwood begins at 9 a.m. Events include a 5K run, a 5K walk, a 1 mile Family walk, yoga, and an obstacle course. Please register at beinmotion.org/pals

Saturday September 23 – Parkinson's Boot Camp put on by University Hospitals to be held at the Holiday Inn in Independence. More details to follow.

TO REACH US AT *PEP* 440-742-0153 dbrandtpep@gmail.com—
Facebook – Parkinson

Education Program of Greater Cleveland

TRIBUTES

In Memory of Elaine Chryst
Dale and Saundra Chryst

In Memory of Bob Cvelbar, Dick Roberts, Jim Nichols Jr., and Chuck Godale
Barbara Marquardt

Hans and Carol Drescher

Alice Duber

Amy and Vito Gatautis

Parkinson's Disease Question Corner

Email: barbaramarquardt@outlook.com

***Question*: What is the difference between motor and non-motor symptoms of Parkinson's?**

Answer: There are symptoms related to movement ("motor") and symptoms unrelated to movement ("non-motor"). People with PD are often impacted more by their non-motor symptoms than motor symptoms. Each person is unique and will experience the disorder differently; however, these are the most common symptoms among PD patients.

Motor Symptoms

- Loss of smell (this can often be an early sign)
- Tremors, mainly in the hand at rest
- Bradykinesia, or slowness of movement
- Stooped or hunched posture
- Gait and balance difficulties
- Falling
- Freezing of gait (FOG)
- Dystonia (involuntary, repetitive muscle movements)
- Dyskinesia (uncontrolled movement)
- Dizziness
- Facial masking (lack of facial expression)
- Restless Leg Syndrome
- Constipation
- Soft voice
- Breathing problems
- Micrographia (handwriting becomes smaller and cramped)

Non-Motor Symptoms

- Depression
- Anxiety
- Sleep disorders
- Pain
- Fatigue
- Hallucinations
- Apathy or lack of motivation
- Cognitive changes
- Excessive sweating
- Sudden gambling or spending problem

For treating the symptoms of PD holistically, visit top Functional Health Clinic in the World:
LIFEWORKS Wellness Center, 301 Turner Street, Clearwater, FL 33756 / Phone: 727-866-4566
https://www.lifeworkswellnesscenter.com

Ref: https://www.lifeworkswellnesscenter.com

Health Issues Specific to Women May Influence Parkinson's Severity

(Excerpt from parkinsonsnewstoday.com)

Exploratory study suggests pregnancy to menopause weigh on symptoms. Certain experiences particular to women, from a natural childbirth or pregnancy-related depression to a hysterectomy, could cause their PD disease symptoms to be more severe, an exploratory U.S. study suggests. Authors noted the study "sets the groundwork for acknowledging the role [women specific health factors] … may play in PD and the potential benefit the scientific community can gain for therapeutics and clinical guidance if we further investigate the role sex-specific factors have."

Differences by sex in PD course are emerging in research – Research in recent decades has revealed a number of sex differences in PD risk, presentation, and PD than women, some studies indicate that women experience faster disease progression and have a greater burden of certain symptoms than do men with this disease. Exactly how these differences emerge is not fully understood. In general, the contributions of women-specific health factors (WSHF), such as menstruation, birth control, family planning, and menopause have not been comprehensively studied in this context.
These issues also aren't addressed in clinical trials, which often place requirements for contraception use or sterility on female participants, usually for safety reasons.

"Without incorporating these WSHFs, the scientific community ignores the basic biology of women and continues to inaccurately represent the clinical manifestations and treatment outcomes for 50% of the population," the researchers wrote. A team led by scientists at the Cleveland Clinic conducted an exploratory study to examine the role of WSHFs in PD severity. The researchers previously developed a questionnaire regarding women's health issues in PD, with questions relating to menstruation, pregnancy, birth control, and menopause.

This questionnaire was sent to women enrolled in the PD Foundation PD GENEration study (NCT04994015), which collects clinical and genetic information from patients in the U.S. Overall, 304 women with a mean age of 64.7 responded to the survey.
They had been living with PD for an average of 6.2 years. Most respondents (73.7%) reported that their PD onset was during menopause, meaning at least one year after their last menstrual cycle. A majority had children (74.3%), but rates of infertility (32.2%) and pregnancy complications (31.2%) were higher than what is reported in women without PD in the U.S., where infertility rates range from ~ 15% to 19%.

PD can be severe in women with perinatal depression, total hysterectomy – Researchers then looked for associations between women's health factors and a person's disease severity, as determined by scores on components of the Movement Disorder Society–Unified PD Disease Rating Scale (MDS-UPDRS). Participants were classified as having either mild or moderate-to-severe symptoms for each of these components. In final statistical analyses, a number of women's health factors were associated with a higher risk of more severe PD. Specifically, giving natural birth linked to a nearly five times greater risk of moderate-to-severe symptoms on the MDS-UPDRS part 1, which measures the effects of PD non-motor symptoms on daily life. With MDS-UPDRS part 2, assessing how disease motor symptoms affect everyday life, pregnancy-related depression was linked to more severe symptoms. Findings, overall, suggest that women's health-specific factors can influence PD outcomes.

Due to the exploratory nature of the study, however, "a causal relationship between sex-specific factors and [PD] cannot be established," the researchers wrote. Larger and more comprehensive studies are needed to understand the role of perinatal depression, type of childbirth delivery, hysterectomy, or other health factors on PD severity."

September 6 Meeting

We welcome back Taylor Rush Ph.D., Director of Behavioral Services and Interdisciplinary Programs | Center for Neurological Restoration/Cleveland Clinic.

***PEP* NEWS**
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Address Service Requested

We try to keep our roster current. If you no longer wish to receive this bulletin or would like to receive it via email instead, notify Katherine.A.Kaminski@gmail.com or call 216-513-8990.

Partial grant support provided by OPFNE

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ohparkinson.com

Common Cleaning Chemical Found Linked to Greater Parkinson's Risk

(Excerpt from www.independent.co.uk)

A chemical widely used in dry cleaning has been linked to an increased risk of PD. Trichloroethylene (TCE), a widely used solvent across numerous industries along with consumer, military and medical applications, and removal of paint, clean engines and anesthetized patients per researchers at Rochester Med. Ctr. Although domestic use has fallen since the 1970s, it's still used for spot dry cleaning and degreasing metal.

Previous studies show TCE could be linked to PD and earlier research in rodents has revealed the chemical can enter the brain at high doses and damage mitochondria in cells. Animal studies also suggest TCE causes selective loss of dopamine-producing nerve cells – a hallmark of PD in humans. A small scale study has also shown that occupational or hobby exposure to the solvent is linked to a 500% increased risk of developing the neurological condition.

A study in *Journal of PD*, scientists said "millions more encounter TCE unknowingly through outdoor air, contaminated groundwater, and indoor air pollution". They warned TCE can contaminate soil and groundwater leading to underground rivers, or plumes, that can extend over long distances and migrate over time. The chemical can readily evaporate and enter homes, schools, work places, often undetected, with the vapor intrusion likely exposing millions near former dry cleaning, military and industrial sites to toxic indoor air.

The study assessed 7 ppl in whom TCE may have contributed to their PD. While the evidence analyzed in these individuals may be circumstantial, researchers said their stories highlight the risks posed. Case studies include that of professional basketball player Brian Grant, who played for 12 years in the NBA (diagnosed with PD at 36) and Amy Lindberg who may have been exposed to drinking water contaminated with the chemical at Camp Lejeune while serving as a Navy Captain (diagnosed with PD).

"TCE has threatened workers, polluted the air we breathe – outside and inside – and contaminated the water we drink. Global use is waxing, not waning," said scientists. They call for contaminated sites to be successfully remediated and indoor air exposure mitigated by vapor remediation systems and for more studies to better understand how TCE is linked to PD and other diseases.