

**NOVEMBER 2025 Barbara Marquardt, Editor, M.Ed., MCHES, WCP, RYT**

**NOVEMBER MEETING / Wednesday, November 5, 2025 2:15 p.m.**

We welcome **Medical Lecturer, Tom Strong** who will talk on Anxiety and Depression and PD.

**Cleveland Heights Senior Activity Center  
One Monticello Blvd., Cleveland Heights, OH 44118**

**DECEMBER MEETING / Wednesday, December 3, 2025 2:15 p.m.**

We welcome back **Carolyn Lookabill, owner of Caring Services**, who will talk on Caregiving During The Holidays which will be positive and upbeat.

### **From David Brandt**

The last of this year's major events is scheduled for Saturday, November 1, 2025 – **University Hospitals** will present their **16th Annual Parkinson's Boot Camp** which will be held at the Cleveland Marriott East, 26300 Harvard Rd., Warrensville Heights, OH 44122 from 8:30 a.m. – 3:00 p.m. As always, this should be a very informative event.

The keynote speaker will be **Dr. Indu Subramanian, Clinical Professor of Neurology at UCLA** and the **Director of the South West PADRECC (Parkinson Disease Research, Education and Clinical Care) Center of Excellence in Parkinson Disease**. Also speaking will be **Tim Hague Sr.**, winner of **The Amazing Race Canada Season #1** and Parkinson's Advocate.

There will be speakers teaching exercise techniques, mind and body wellness practices and invigorating skills that can help people with Parkinson's to better manage their disease.

The event is free and includes a lunch, but preregistration is required. You can register online [https://](https://www.uhhospitals.org/services/neurology-and-neurosurgery-services/conditions-and-treatments/parkinsons-and-movement-disorders/patient-resources/parkinsons-boot-camp)

[www.uhhospitals.org/services/neurology-and-neurosurgery-services/conditions-and-treatments/parkinsons-and-movement-disorders/patient-resources/parkinsons-boot-camp](https://www.uhhospitals.org/services/neurology-and-neurosurgery-services/conditions-and-treatments/parkinsons-and-movement-disorders/patient-resources/parkinsons-boot-camp) or by calling 216-983-MOVE (6683). Space is limited so there is a limit of 2 per group.

Poor sleep may promote chronic inflammation, chronic stress, and anxiety, which are all potential risk factors for tremors. Poor sleep quality may raise your risk for tremors. A 2017 study, published in *Neuropsychiatric Disease and Treatment*, has found that sleep apnea may raise the risk for Parkinson's disease. For more information, please visit PubMed at: <https://pubmed.ncbi.nlm.nih.gov/articles/PMC5473481/>

## **TRIBUTES**

**Carol and Hans Drescher**

**Marlys Bremer**

**Linda Athens**

**Cynthia and Willie Johnston**

## 10 Things We should know about Cognitive change in Parkinson's

(Excerpt from parkinson.org)

**S**ome people with Parkinson's experience changes in thinking or memory—known as cognitive impairment. While some may struggle focusing on a task, others have difficulty remembering information. Cognitive changes can be common when it comes to Parkinson's and aging, but every person's experiences and symptoms are unique to them. Cognitive impairment is related to Parkinson's because people living with PD experience a decrease in the level of dopamine in their brain, the neurotransmitter that is involved in regulating the body's movement and maintaining working memory.

Everyone should know these 10 things about Parkinson's and cognitive changes:

1. **Cognitive decline is common in Parkinson's** – Mental and movement decline tend to happen together for people with Parkinson's. Symptoms of mild cognitive impairment often do not interfere with home and work life. The cognitive changes that accompany Parkinson's early on tend to be limited to one or two mental areas, with severity varying from person to person. Areas most often affected include attention, speed of mental processing, problem-solving and memory issues.
2. **Cognitive changes may occur early** – Doctors used to believe that cognitive changes did not develop until the middle- to late- stages of PD, but recent research suggests that mild changes may be present at the time of diagnosis.
3. **Cognitive Change is different than dementia** – Cognitive impairment is not dementia, which is when cognitive impairments occur in more than one area of cognition. Dementia leads to a more serious loss of intellectual abilities that interferes with daily living. While mild cognitive impairment can affect 20-50% of people with PD, not all lead to a dementia diagnosis.
4. **Executive function changes can be frequent** – One of the most prominent cognitive changes in Parkinson's is impairment of executive function. This can impact planning, organizing, multitasking and decision-making. Loved ones can help the person with PD by providing cues, reminders and greater structure of activity.
5. **Short-term memory problems are associated with cognitive changes** – The basal ganglia and frontal lobes of the brain (both help the brain organize and recall of information) may be damaged in PD. Long-term memory is typically less impacted, however, short-term memory and the ability to recall recent information are often affected. This can result in difficulty with common tasks such as making coffee, checking your emails, etc.
6. **Cognitive Change may alter attention and concentration abilities** – People with Parkinson's may have difficulty sustaining attention or concentrating on tasks for extended periods. This can lead to having issues with mental calculations or concentrating during a task.
7. **People in the early stages of PD may have trouble with depth perception** – Subtle visual-perceptual problems may contribute to visual misperceptions or illusions. During early stages of Parkinson's, people often have trouble measuring distance and depth perception. When PD advances, people with PD face problems with processing information about their surroundings or environment.
8. **Up to 50% of people with PD experience depression** – Up to half of people with PD experience a form of depression. Depression is more likely to occur in people with Parkinson's who face severe cognitive impairment. Those suffering with depression can find it harder to control motor symptoms. However, depression is often treatable. Talk to your PD doctor about this symptom.
9. **Sleep issues are common and can impact cognition** – Problems with falling and staying asleep are very common in people with PD. The effects of sleep problems throughout the night can result in physical and cognitive fatigue throughout the day. To address sleep issues, talk to your PD doctor who may prescribe medication or a sleep specialist. Some natural remedies include creating a sleep ritual, avoiding screen time before bed, running a warm bath and more.

**Different treatments can address cognitive changes** – While researchers are still discovering new ways to address cognitive change in people with PD, doctors often recommend a combination of treatments to help with cognitive change.

(Cont'd on pg. 3)

## **PD Question Corner**

**Email:** [barbaramarquardt@outlook.com](mailto:barbaramarquardt@outlook.com)

**Question:** Is guided meditation helpful for Parkinson's?

**Answer:** *A Guided Meditation to Help with Parkinson's Disease*, by Belleruth Naparstek is carefully and expertly designed to encourage balance and good posture; strong and steady movement; alleviate depression, discouragement and fatigue; and increase symptom control over common movement problems such as freezing, cramping, tremors and other side effects. Hence, the affirmations and guided imagery for Parkinson's Disease on this audio program are a natural accompaniment to PD treatment.

Research supports that continued listening will bolster mood and motivation, support energy, promote relaxation, reduce symptoms and boost self-esteem. Additionally, Parkinson's Disease help is offered through guided visualization of cell behavior that is specific to PD. The narrative content and hypnotic suggestions on this Health Journeys meditation for Parkinson's disease was created in collaboration with neurologists, motor disorder rehab specialists, and The Parkinson's Foundation of the National Capitol Area.

Guided imagery is a holistic, mind-body therapy that consists of healing words and images, set to soothing music, to achieve reduction and remediation of challenging symptoms. Repeated listening once or twice a day to this hypnotic, immersive audio program for 2-3 weeks ensures maximum impact. Written and narrated by guided imagery and holistic health expert, Belleruth Naparstek and scored to the exquisitely soothing music of Steven Mark Kohn, this Health Journeys audio resource was produced by the Cleveland Orchestra's noted sound engineer, Bruce Gigax.

Affirmations offer briefer versions of the same positive images and ideas, to help reduce the side effects of Parkinson's Disease, but require less concentration, so they are ideal for those who prefer to listen to their mind-body holistic health tools while engaged in other activities. Listen to a sample and see for yourself why the Mayo Clinic, Johns Hopkins, the Cleveland Clinic, United Healthcare and Kaiser Permanente offer and recommend this Health Journeys guided imagery audio program as a natural complement to Parkinson's Disease treatment.

For additional information, please visit:

<https://www.hayhouse.com/a-guided-meditation-to-help-with-parkinsons-disease-audio-download>

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If you have a Parkinson's question, please email: [barbaramarquardt@outlook.com](mailto:barbaramarquardt@outlook.com)

## **10 Things We should know about Cognitive change in Parkinson's**

*(Excerpt from parkinson.org)*

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They can include:

- ◆ Cognitive remediation therapy: This treatment emphasizes teaching alternative ways to compensate for memory or thinking problems. It involves using information from neuropsychological testing to identify cognitive strengths that can be used to help overcome weaker areas of thinking.
- ◆ Behavioral management: Making changes in the home environment can help minimize memory, visual perceptual or orientation difficulties.
- ◆ Talk to your PD doctor: Your doctor can help you come up with treatments options to address your most bothersome cognitive symptoms. They can also refer a psychiatrist, neuropsychologist, speech or occupational therapist for more assistance.
- ◆ Create a support system: Work on building your own support network. Support groups are often amazing resources.

## **Laughter is Medicine**

**How does a turkey travel?**



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**PEP NEWS**

Parkinson Education Program  
of Greater Cleveland  
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**Involuntary Movements Due to Vitamin B12 Deficiency**

*(Excerpt from <https://pubmed.ncbi.nlm.nih.gov/>)*

**D**eficiency of vitamin B12 produces protean effects on the nervous system, most commonly neuropathy, myelopathy, cognitive and behavioral symptoms, and optic atrophy. Involuntary movements comprise a relatively rare manifestation of this readily treatable disorder. Both adults and infants deficient in vitamin B12 may present with chorea, tremor, myoclonus, Parkinsonism, dystonia, or a combination of these, which may precede diagnosis or become apparent only a few days after parenteral replacement therapy has begun. The pathogenesis of these movement disorders shows interesting parallels to certain neurodegenerative conditions. The clinical syndrome responds well to vitamin B12 supplementation in most cases, and an early diagnosis is essential to reverse the hematological and neurological dysfunction characteristic of this disorder. In this article, we

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ohparkinson.com

elucidate the association of vitamin B12 deficiency with movement disorders in adults and in infants, discuss the pathogenesis of

this association, review previously reported cases, and present a young adult male with severe generalized chorea that showed a salutary response to vitamin B12 supplementation.

To view article, please visit: <https://pubmed.ncbi.nlm.nih.gov/24852503/>

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