

OCTOBER 2026

Barbara Marquardt, Editor, M.Ed., MCHES, WCP, RYT

October MEETING / Wednesday, October 7, 2026 2:15 p.m.

We welcome back **Fred and Dianne Discenzo** and **Come Dance With Me**. They have provided this movement and dance session for those with Parkinson's and their partners for a good number of years. Come enjoy good music and fellowship while benefiting from movement and dance.

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

NOVEMBER MEETING / Wednesday, November 4, 2026 at 2:15 p.m.

We welcome back **Ellen Walter, CNP, Cleveland Clinic**. Ellen has always been one of our most popular speakers and is consistently one of the highest patient rated medical personnel at the Clinic.

From David Brandt

I recently read that a bipartisan bill was introduced in the House of Representatives called the Paraquat Prevention Act. It would remove the herbicide paraquat from the U.S. market and protect people regardless of where they live.

There is growing scientific evidence that there is a link between PD and exposure to paraquat. Paraquat is already banned in more than 70 countries but it is allowed in the U.S. for agricultural purposes. Several states have recently taken up measures to ban paraquat with Vermont being the first state to ban it just this past May. Although not everyone exposed to paraquat will develop PD, this is a way to reduce the risk. This is an opportunity to protect farmers, farmworkers, rural families and other communities.

One final note, I am sorry to inform you of the passing of Cherry Monegan earlier this month. Cherry was a *PEP* Board member, a past leader of the Portage County Parkinson's support group, and a friend to many. She will be missed dearly.

Upcoming Events

Saturday, October 31, 2026 – 17th Annual University Hospitals Parkinson's Boot Camp at the Cleveland Marriott East in Warrenton Hts. Headline speaker will be **Dr. Sarah Wittingham**, a participant in the 2023 IRONMAN World Championship. More details to follow. Registration is open October 1. The online registration portal is available through the University Hospitals Parkinson's Boot Camp Event Page. Alternatively, updates and shared

event documentation are tracking the event schedules over at the [Ohio Parkinson Foundation Northeast Region Event Portal](#). If you prefer to connect with someone live and sign up over the phone or have trouble navigating the site, you can contact the event coordinators directly at **216-983-5741**.

Global Early-Onset Parkinson's Rates Doubled *Excerpt/Summary: Parkinson's Foundation*

Parkinson's disease (PD) most often affects older adults. However, 5% to 10% of people with Parkinson's are diagnosed before age 50. This is known as **early-onset Parkinson's disease (EOPD)**.

Early-onset Parkinson's carries a distinct set of challenges. PD can affect work, finances, relationships and mental health in ways that differ from a diagnosis later in life. Understanding how many people are affected is the first step toward directing research and resources to address the problem.

A new study published in *npj Parkinson's Disease* assessed how common early-onset Parkinson's is around the world and whether that picture has changed over time. Researchers analyzed three decades of data from a large international project that tracks health conditions across 204 countries and territories.

Study Highlights:

- The global number of people diagnosed with EOPD — between ages 20 and 49 — more than doubled between 1990 and 2021.
- New cases rose from about 28,000 in 1990 to about 81,000 in 2021.
- People living with EOPD grew from about 190,000 to nearly 484,000.
- More than 170 of 204 countries showed rising rates. North America was an exception, with rates declining slightly.
- Higher national pesticide use was associated with higher rates of early-onset PD. Men were diagnosed with early-onset Parkinson's at about 1.5 times the rate of women.

What do these findings mean to the people with PD?

These findings highlight that Parkinson's can affect people at younger ages, reinforcing the importance of **early-onset PD** awareness. Earlier recognition of PD can help people seek care sooner, while studies like this can inform policy decisions that ultimately improve quality of life for people living with PD.

PD Question Corner

Email: barbaramarquardt@outlook.com

Question: What is Deep Transcranial Magnetic Stimulation (Deep TMS™)?

Answer: Deep Transcranial Magnetic Stimulation (Deep TMS™) in studies could be used to treat Parkinson's disease. The treatment includes magnetic stimulation of brain structures and networks connected to Parkinson's. It would be an outpatient procedure that does not require hospitalization or anesthesia. To learn more about Deep TMS™ please view the article:

Front Hum Neurosci. 2024 Jan 24;17:1336027. doi: [10.3389/fnhum.2023.1336027](https://doi.org/10.3389/fnhum.2023.1336027)

Bilateral Deep Transcranial Magnetic Stimulation of Motor and Prefrontal Cortices in Parkinson's disease: A Comprehensive Review
[Colleen A Hanlon](#)^{1,2}, [Daniel H Lench](#)³, [Gaby Pell](#)², [Yiftach Roth](#)^{2,4}, [Abraham Zangen](#)⁴, [Aron Tendler](#)^{2,4,*} PMCID: PMC10847590 PMID: [38328677](#)

Ref.: <https://pmc.ncbi.nlm.nih.gov/articles/PMC10847590/>

Cleveland Researchers Discover Potential New Treatment for Parkinson's Disease and Other Neurodegenerative Conditions

Excerpt/Summary: eurekalert.org – [Click here for full article](#)

Cleveland's medical research community is again at the forefront of Parkinson's disease research. Scientists from **University Hospitals, Case Western Reserve University, and the Louis Stokes Cleveland VA Medical Center** have identified a promising new treatment strategy that could someday help slow or prevent the brain-cell damage associated with Parkinson's disease.

The research focuses on an enzyme called **15-PGDH**, which was found at unusually high levels in brain tissue from people with Parkinson's disease as well as in several laboratory models of the disease. Researchers found that blocking this enzyme helped restore a healthier chemical balance in the brain and protected against inflammation, nerve-cell death and movement problems in three different Parkinson's models.

An especially encouraging aspect of the work is that drugs designed to inhibit 15-PGDH are **already being**

developed for other medical conditions. One such inhibitor has completed a Phase 1 clinical trial, giving researchers a potential head start in determining whether this approach could eventually be adapted for people with Parkinson's disease. However, the Parkinson's findings remain **preclinical**, so additional research and human clinical trials will be necessary before this could become an available treatment.

The findings also suggest that protecting the brain may not require directly eliminating abnormal alpha-synuclein proteins. Instead, researchers may be able to reduce the damaging inflammatory and oxidative response that contributes to the loss of dopamine-producing brain cells.

For Northeast Ohio readers, this study is another reminder of the extraordinary depth of neurological and biomedical research taking place **right here in Cleveland**. University Hospitals alone reports more than **3,400 active clinical trials and research studies**, while its partnership with Case Western Reserve University and the Cleveland VA brings together major academic, clinical and research expertise.

Bottom line: This is not yet a new Parkinson's treatment for patients, but it is a significant and encouraging avenue of research — and it is being driven in large part by researchers here in Cleveland.

Oh, How I Wish We'd Prepared Better for Advanced Parkinson's

Excerpt/Summary: ParkinsonsNewsToday.com

Advanced Parkinson's affects not only the person diagnosed, but also the care partner and the entire household. One couple, Eric and Jill, learned this gradually as Eric's Parkinson's progressed years after his 2014 diagnosis.

For a long time, Eric managed his symptoms with medication and a walking stick. As his mobility became more difficult, he began using a rollator and later underwent deep brain stimulation (DBS), which initially improved his strength and flexibility. Over

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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.

B Vitamins and PD

Excerpt/Summary: lifeextension.com – [Click here to read the full article](#)

B vitamins have long been studied for their possible role in neurological health, including PD. Of particular interest are **vitamins B6, B12 and folate**, which help regulate homocysteine, an amino acid in the blood. Elevated homocysteine levels have been associated with cardiovascular, neurological and psychiatric conditions.

This is especially relevant for people with PD because **L-DOPA (levodopa) treatment can increase homocysteine levels**. Research has shown that supplementation with folate and vitamin B12 can lower homocysteine in people taking L-DOPA, while some studies have also suggested that B-vitamin supplementation may benefit neurological and cognitive function.

Vitamin B6 – Vitamin B6 has received particular attention. In one study, PD patients who were already taking a stable dose of L-DOPA were given pyridoxine, a common form of vitamin B6. Their motor function and ability to perform activities of daily living improved during supplementation and worsened again after supplementation was discontinued. Researchers have also studied **pyridoxal-5'-phosphate (P5P)**, the active form of vitamin B6, for its potential role in neurological disorders. Together, these findings have increased interest in maintaining adequate levels of B6, B12 and folate in people with PD, particularly those receiving L-DOPA therapy.

Vitamin B1 (Thiamine) – Thiamine, or vitamin B1, has also been investigated. Researchers have found low levels of free thiamine in the cerebrospinal fluid of some people with PD.

Several small studies have explored high-dose thiamine injections. In one open-label study involving 50 people with PD, twice-weekly injections were associated with significant and sustained improvement on a standardized PD rating scale. Another small study reported improvements in several measures of PD symptoms after similar treatment.

Although these findings are intriguing, the studies were small and did not include placebo-controlled comparison groups. **Additional clinical trials are needed** to determine whether thiamine is an effective treatment and whether oral thiamine or deriva-

tives such as benfotiamine might provide similar benefits.

Vitamin B12 and Brain-Cell Function – Vitamin B12 has two biologically active forms: **methylcobalamin and adenosylcobalamin**. Methylcobalamin participates in processes that include the breakdown of homocysteine, while adenosylcobalamin is involved in specialized pathways within the mitochondria—the structures that help cells produce energy.

Laboratory research has also examined adenosylcobalamin in connection with **LRRK2**, a gene associated with some inherited cases of PD and with increased risk of sporadic PD. In preclinical models, adenosylcobalamin affected LRRK2 activity and helped protect dopamine-producing neurons. These findings are encouraging but remain **preclinical**, meaning they have not yet established B12 as a treatment targeting LRRK2 in people with PD.

The Bottom Line – Research suggests that B vitamins deserve continued attention in PD, particularly because L-DOPA therapy can affect homocysteine levels. B6, B12, folate and thiamine have all been studied for potential neurological benefits, but the strength of the evidence varies and further clinical research is needed.

Anyone with PD should discuss vitamin supplementation with their healthcare provider, particularly when taking L-DOPA or other medications.

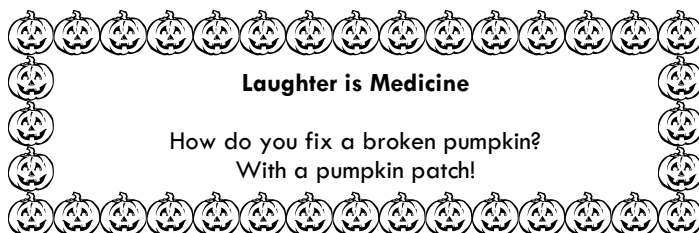
Oh, How I Wish We'd Prepared Better for Advanced Parkinson's (cont'd)

Excerpt/Summary: ParkinsonsNewsToday.com

time, however, advancing symptoms and medication complications made working, driving, household tasks and everyday independence increasingly difficult.

Jill says she wishes someone had explained earlier what full-time caregiving could involve. The role became physically, emotionally and financially demanding, requiring help with transfers, transportation,

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PEP NEWS

Parkinson Education Program
of Greater Cleveland
2785 Edgehill Rd.
Cleveland Heights, OH 44106

Address Service Requested

TO REACH US AT

**PEP 440-742-
0153**

dbrandtpep@gm
ail.com

Facebook – Par-
kinson Education

Program of
Greater
Cleveland

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ohparkinson.com

Wish We'd Prepared Better (cont'd)

Excerpt/Summary: ParkinsonsNewsToday.com

appointments, medications, therapies and household responsibilities. Even routine tasks took more planning and time than expected.

The couple also learned the importance of preparing financially for future care, home modifications and services that may become necessary. Just as important is **caregiver self-care**. Jill relies on walks, meditation, time with other care partners and moments of rest to help manage the strain.

Her advice to others is practical: **become a strong advocate, ask for help, accept help when it is offered and build a support system before you desperately need one**. She also stresses the importance of maintaining humor, music, activities, travel and connection whenever possible.

Perhaps the most important lesson is this: **don't try to navigate Parkinson's alone**. Planning ahead, seeking support and making room for joy can make the difficult stages of the disease more manageable for both the person with Parkinson's and the care partner.

TRIBUTES

Dave and Justine Helm

In Honor of Margaret Poole
Mr. & Mrs. William T. Poole

Arlene Vukcevic

Vicki and Larry Dean

DISCLAIMER: The material contained in this newsletter is intended to inform. PEP makes no recommendations or endorsements in the care and treatment of PD. Always consult your own physician before making any changes. No one involved with the newsletter receives financial benefit from any programs/products listed.

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