

# Indy PD Update

PRODUCED AND DISTRIBUTED BY: PAACI  
Parkinson's Awareness Association of Central Indiana, Inc.

April—July 2017

## Fall Parkinson's Symposium & Health Fair "Debunking Myths"

Saturday, October 28, 2017 (1pm-5pm)

**\*\*\*Special Price if Paid by 9/1/17\*\*\*  
\$10 per person for 2017 dues paying  
members**

2017 Dues are \$25 per person / couple

As of 9/2/17 tickets will be:

\$20 per person for 2017 dues paying members  
\$25 per non-dues paying members

At the Knights of Columbus  
2100 E. 71st St.  
Indpls., IN 46220

For more information contact  
Sheri at 317-255-1993 or  
skauffman@paaci.org

12-1pm—Registration, Open House,  
Silent Auction, Chair Massages and Lunch.

1pm—Program starts

**"Debunking Myths in the Treatment of  
Parkinson's Disease"**

By Albert Espay, M.D.

**"Using Music & Music Therapy to  
improve your health— Mind, Body &  
Spirit"**

By Brenda Kenyon, LCSW & Bongo Boy

**Genetics & Parkinson's Disease**

By Alexe' Engel, BA, BS



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### Big Welcome to our New Board

#### Members:

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### Newsletter

**Published by** the Parkinson's Awareness  
Association of Central Indiana, Inc. (PAACI)

**Funded by** your donations and the  
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**Arranged & Edited by** Sheri Kauffman,  
John Deck & Susan Szep

### Want to Pay Your 2017 PAACI Dues?

**PAACI Dues**  
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[www.paaci.org](http://www.paaci.org) and  
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### Helpful Phone Numbers

#### Movement Disorder Specialists

Ruth Ann Baird, M.D.—317-217-3000  
Joanne Wojcieszek, M.D.—317-944-4000  
Liz Zauber, M.D.—317-944-4000

**PAACI Office**—317-255-1993

American Parkinson's Disease Assoc.-800-223-2732

Aqua/Swim classes—317-547-8349

Caregivers Spt Grp w/Catholic Charities—317-261-3378

CICOA—317-254-5465

Chair exercise classes—317-872-4567

EquiLibrium Yoga Therapy (Bloomington) 812-331-7423

Ft. Wayne exercise classes—260-486-4893

Indiana Parkinson's Foundation & The Climb—317-550-5648

Indiana Reading & Information Services—317-715-2004

National Parkinson's Foundation-1-800-473-4636

Parkinson's Action Network- 800-850-4726

Parkinson's Disease Foundation- 212-923-4700

Rock Steady Boxing—317-205-9198

Rx for Indiana—1-877-793-0765

Shelby County PD Exercise & Support—317-398-7614  
(Currently limited to Shelby County residents and  
Major Health Partners patients)

## Meet our Symposium Speakers



### Alberto J. Espay, MD, MSc, FAAN, FANA

Dr. Alberto Espay is Associate Professor and Endowed Chair of the James J and Joan A Gardner Center for Parkinson's disease at the University of Cincinnati. After neurology training at Indiana University, he completed his clinical and electrophysiology training in Movement Disorders as well as an MSc program in Clinical Epidemiology and Health Care Research (Toronto Western Hospital, University of Toronto, 2001-2005). He has published over 140 peer-reviewed research articles, 25 book chapters, and 5 books, including *Common Movement Disorders Pitfalls* (Cambridge, Highly Commended BMA Medical Book Award, 2013) and *Disorders of Movement* (Springer, 2016). Dr. Espay has received the Dean's Scholar in Clinical

Research Award (2006-09), the Dystonia Coalition Career Development Award (2010-2012), the NIH-funded KL2 Research Scholars Mentored Award (2010-12), and the NIH-funded K23 Career Development Award (2011-17). He currently serves as Chair of the Technology Task Force and as Secretary-Elect of the Pan-American Section of the International Parkinson and Movement Disorders Society (MDS-PAS), as well as in the Executive Committee of the Parkinson Study Group (PSG). He is former Chair of the Movement Disorders Section of the American Academy of Neurology and former Associate Editor of *Movement Disorders*. He became honorary member of the Mexican Academy of Neurology in 2008, has been on the Best Doctors in America list since 2009, and has received several awards including the Business Courier's Forty Under 40 award in 2010, the Patients' Choice and Compassionate Doctor awards in 2011, the Cincinnati Business Courier's Health Care Hero Award in 2016, and the Spanish Society of Neurology's Cotzias Award in 2016. His research efforts have focused on the measurements of motor and behavioral phenomena in, and clinical trials for, Parkinson disease as well as in the understanding and management of functional movement disorders.

\*\*\* Dr. Espay's biography is courtesy of University of Cincinnati Health.



### **Brenda Kenyon, LCSW**

Ms. Kenyon is a grief counselor currently in practice with St. Vincent Hospice Bereavement Program in Indianapolis. She holds a Masters degree from Hunter School of Social Work in New York City and is also a Creative Arts Therapist with a degree in Music Therapy from Arizona State University. Using an approach that involves accessing the "Creative" to inspire, transform, and support growth in transitions has brought her both International and National attention.

Ms. Kenyon's work spans 29 years in a variety of healthcare settings where she is inspired to bring the power and joy of the creative arts and counseling to those facing physical and psychological challenges to improve their quality of life.

**Disclaimer:** The contents or opinions expressed in this newsletter are those of the individual writers or presenters and do not constitute an endorsement or approval by PAACI Staff/Board. Please consult your personal physician, attorney or therapist regarding your individual medical or legal issues.

## Bongo Boy & Music Therapy

### Group drumming for social, emotional and physical well being



Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program.

Music Therapy is an established health profession in which music is used within a therapeutic relationship to address physical, emotional, cognitive and social needs of individuals. Research in music therapy supports its effectiveness in many areas such as: overall physical rehabilitation and

facilitating movement, increasing people's motivation to become engaged in their treatment, providing emotional support for clients and their families, and providing an outlet for expression of feelings.

The benefits of Recreational Music Making and Drumming directly affect the social, emotional, physical, mental and spiritual well-being of individuals of all ages. Group empowerment drumming for seniors often decreases anxiety, stress and depression, and helps to improve joint mobility, posture, and large and small motor skills. Drum Circles help increase energy levels, encourage creative expression, improve immunity and spread joy while building community.

**\*\*\*Courtesy of Bongo Boy Music School**

## Alexe' Engel, BA, BS



Alexe' Engel is a fifth year student in the Medical Scientist Training Program at Indiana University School of Medicine. She received her B.S in Biological Sciences and B.A. in Psychological Sciences from the University of Missouri. With over a decade in research experience, her research interests include neurodegenerative diseases and structural biology. The objective of her graduate research project in the Department of Biochemical and Molecular Biology is to understand the mechanisms of Parkinson's disease to aid in the development of therapeutics. Parkinson's Disease (PD), a major neurodegenerative disease, affects about one million people in the United States, and the prevalence is

expected to triple by 2050 due to a global increase in life expectancy. Currently, there is no cure or effective therapy, thus there is a desperate need for novel treatment development which will require a detailed understanding of the disease mechanism.

The molecular etiology of PD remains unknown, however, it is associated with the presence of abnormal alpha-synuclein-rich inclusions known as Lewy bodies, which are the pathological hallmark of PD. In addition, oxidative stress has been implicated in the pathogenesis of PD for decades, and chemicals that generate mitochondrial ROS, such as the neurotoxin MPTP (1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine), have been shown to directly cause Parkinson's disease. Moreover, mutations in different mitochondrial proteins are associated with the pathogenesis of familial PD. Nevertheless, the mechanisms by which mitochondrial ROS cause PD and alpha-synuclein aggregation remain unknown, and her project is 1) to investigate inflammation and alpha-synuclein aggregation and 2) to determine the structure of a mitochondrial-associated kinase to isolate which interactions are responsible for disease-associated effects.



## The Pharmacist's Role in the Management of Parkinson's Disease From the Mini-Symposium in April With Leslie Hodge, R.Ph.

Parkinson's Disease is a neurological condition having motor symptoms and non-motor symptoms. These symptoms are commonly treated with prescription medications. The medications may have side effects and the management of these side effects often require additional medications.

Your pharmacist is an easily accessible health care provider and part of your care team, as well as you the patient. The pharmacist dispenses medications prescribed by the physicians, nurse practitioner, or other authorized healthcare professionals. Pharmacists are valued for their knowledge about medications, and are the last medical professional you see prior to taking your medications.

### Bridging the Gap

The pharmacist's role can be to assist you with observation of your symptoms, make recommendations, and collaborate and coordinate with the other healthcare professionals to help you get the best results from your medications.

Observation may include noting evolving symptoms of stooping or hunching posture, a soft or low voice, small writing (micrographia), trouble sleeping, and a masked facial expression. Your pharmacist may help you with medication adherence (taking the medications in the best possible way); medications interactions, and advise you which over the counter medications you may also consider for other symptoms. The pharmacist may make recommendations that will help you accommodate your lifestyle and helping you take your medications considering certain preferences; help you determine the benefits and risks of your medications; and very importantly, which medication adjustments to avoid the worsening of symptoms. They may also have suggestions for referrals for resources to give you additional support. They may make suggestions to help you identify foods that you may need to avoid since they may interfere with the effectiveness of your medications.

Your pharmacist may help you monitor your progress by collaborating with the other providers in the areas of medication adherence, help create a plan to address "wearing off," and "on/off" events, and "freezing." Your pharmacist may be able to advise your prescribers of potential and actual adverse effects of medications, helping providers select medications that may be more advantageous to your lifestyle. They can consider the treatment needs of other health conditions present and currently being treated, as well as help select resources to assure your healthcare is affordable. Your pharmacist may also help with the changes and withdrawal of medications should your needs or treatment plan change.

### Pharmaceuticals and Parkinson's

There have been several myths about Parkinson's:

**Myth 1:** Parkinson's is genetic, whereas only 15% reported cases have a genetic link. There are environmental risk factors of exposure to heavy metals, and viruses that may be the cause.

**Myth 2:** Parkinson's is contagious. Actually Parkinson's is a slow, progressive, unpredictable, neurological disease, but it is not contagious.

**Myth 3:** Parkinson's is only a movement disorder, when in fact there may be invisible symptoms of depression, loss of memory (cognitive abilities), loss of smell, and hallucinations.

**Parkinson's is:** a chronic progressive neurologic disorder of motor function specifically related to the deterioration of dopamine fibers within the substantia nigra. In other words, it is a slow progressive degenerative disease that affects nerve cells in the brain.

The cardinal symptoms of Parkinson's are: tremor, rigidity, akinesia or bradykinesia, and postural difficulties and gait.

Stages of Parkinson's -Hoehn and Yahr is the most commonly used severity staging scale:

Stage 0: No clinical signs evident

Stage I: Unilateral involvement, minimal functional impairment

Stage II: Bilateral involvement, without balance impairment

Stage III: Mild to moderate bilateral disease, but able to functional independently

Stage IV: Bilateral involvement, and substantial assistance required

Stage V: Severe Disease, restricted to bed or wheelchair unless aided.

### **Pharmaceutical Treatments: There are 6 drug classes.**

1. **Amantadine:** considered the dopamine guardian. It increases dopamine levels by reducing re-uptake. It has also been shown to improve tremor, rigidity, and bradykinesia (slowness of movement). It also goes by the name Symmetrel. Side effects include dry mouth, diarrhea, insomnia, dizziness, nervousness, urinary retention, nausea, vomiting, anxiety and difficulty concentration. The benefits of the medication may occur in as little as 48 hours.
2. **Anticholinergics:** “The dopamine balancer.” They are used to improve mild symptoms, primary rigidity, and tremor. They are less effective for postural imbalance. The names of the medications in this class are: Benztropine (Cogentin); Trihexphenidyl (Artane); and Diphenhydramine (Benadryl). Side effects include, dry mouth, constipation, dry eyes, dizziness, drowsiness, urinary retention, decreased perspiration, blurred vision, and elevation in eye pressure. *You cannot abruptly discontinue: the dose must be tapered.*
3. **COMT Inhibitor (Catechol-o-methyltransferase inhibitor):** It is used to prolong the action of levodopa, and is added to carbidopa/levodopa medication therapy. The medications in this category are: Tolcapone (Tasmar); entacapone (Comtan). The side effects of tolcapone are diarrhea, hypotension, hallucinations, rhabdomyolysis (a condition in which damaged skeletal muscle breaks down rapidly), and abdominal cramping. The side effects of entacapone are nausea, urine discoloration, diarrhea, and abdominal pain.
4. **Dopamine Agonists:** They stimulate dopamine receptors and mimic (mock) the effects of dopamine. The drugs in this class include: Bromocriptine (Parlodel); Pramipexole (Mirapex), Ropinerol (Requip) and Roligoline (Neupro). Side effects include GI upset, nausea, vomiting, anorexia, hypotension, seizure, confusion, dizziness, and delusions.
5. **Levodopa-Carbidopa (the gold standard):** used for its ability to convert dopamine, which helps to control movements. The drugs in this class are: Sinemet, Sinemet CR (time release), Rytary, and Duopa. Side effects include headache, dizziness, agitation, psychosis, sleepiness, hallucinations, and vivid dreams. Proteins you eat may compete with the medication and you need to take the medication before the meal. Iron supplements may need to be restricted.
6. **MAO-B Inhibitors (monamine oxidase type B inhibitors):** Used to decrease the breakdown of dopamine. Often used in conjunction with levodopa/carbidopa. The drugs in this class include: Selegiline (Eldepryl); and Rasagiline (Azilect). Side effects include vivid dreams, behavioral and mood changes, hallucinations, headache, slow urination, increased sweating, weight loss, dry mouth, and GI bleeding.
7. **New Developments:** A new medication is Nuplazid which is an oral tablet used to treat Parkinson’s psychosis: it reduces hallucination and delusions. It is currently only available through a Specialty Pharmacy.

**Currently in phase 3 of SPAN-PD trial: CVT-301:** an inhaled dry powder formulation of levodopa, used to manage the off periods in patients already taking oral levodopa/carbidopa.

### **Memorials Donations:**

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# Agent Orange and Toxins

**Sponsored by:** Vietnam Veterans of America, Chapter 295, Vietnam Veterans Indiana State Council & Indiana Department of Veterans Affairs

On April 29, 2017, PAACI attended an informational town meeting held at the Fort Harrison Veterans Center. Several government officials were represented by staff including Congressman Andre Carson, 7th District; Senator Joe Donnelly; Susan Brooks, 5<sup>th</sup> District; and Todd Rokita, 4th District; Leonard Wallace, of the VHA Regional Office; Ric Whiteman of the Vietnam Veterans of America; and Tom Berger, Ph. D., member of the Vietnam Veterans of America.

The Department of Veterans Affairs has recognized certain cancers and other health problems as presumptive diseases associated with exposure to Agent Orange and other herbicides, during active military service. Parkinson’s disease is among these presumptive disorders.

Definition: AL Amyloidosis is a bone marrow disorder.

The speakers acknowledged that some claims that are filed are not awarded service connection. There is an appeals process. Unfortunately, there is a backlog of appeals. Currently, the appeals process can take 12 to 18 months and acknowledged there is a definite need for modernization of the process. Hopefully our current Congress will consider addressing this issue.

If you disagree with the rating decision after you applied for benefits, then you can file a document to disagree. Mr. Michael Hamm of the Indiana Department of Veteran Affairs, advised that when applying for benefits you should seek the advice of an advocate (service officer) and ask for a pre-decisional hearing if you need to file an appeal. He said that 90% of service officers for the Indiana Department of Veterans Affairs are accredited in the 92 Indiana counties. He recommends that you seek the assistance of a service officer and not file for benefits using the e-file software available on the website. **You should have a service officer help you!** Claims may be processed as fast as 90 days.

**How does the VHA make decisions?** The VHA does a peer review by compiling information that is divided into categories. The reviews are then forwarded with recommendation to the Secretary of DVA, who makes the final decision regarding service connections. These review committees are appointed every two years.

The question and answer session disclosed that nationwide 117 Agent Orange exposed veterans pass daily.

## From the PAACI Office...I’d like to sign up for Sheri’s Paper Route

As many of you may know, Sheri (our Executive Secretary) sends out a weekly e-blast on Fridays with upcoming Parkinson’s or caregiver related information. Some things included in this weekly e-blast are: links to the latest information about PD education and treatment options, local Parkinson’s events & seminars, opportunities to participate in studies and webinars and anything else Parkinson’s or caregiver related that seems relevant to our community. We realize, for some of you, it is not convenient to access this information through the internet (via a computer or smart phone). For this reason, we are now extending you the opportunity to have these messages printed and mailed to you on a weekly basis. If you or someone you know would like to receive a copy of our e-blasts by mail please contact Sheri Kauffman at 317-255-1993 or mail your completed request (below) to PAACI, P.O. Box 19575, Indpls., IN 46219.

Cut Here -----

Yes, I would really like to receive the e-blasts by mail. Please sign me up for Sheri’s Paper Route.

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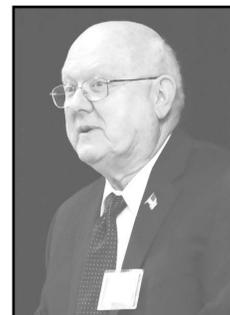
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

## The President's Corner

Dear Friends –

On Saturday, April 29, 2017 PAACI held it's annual Mini-Symposium, so first and foremost I wish to thank our speakers and sponsors that were at this event for their contributions. Our speakers included Leslie Hodge, R.Ph. and Wendy Walker, PT. Our sponsors included Acadia Phamaceuticals, Alpha Home, Impax Laboratories, UCB, The Ransom Family Advised Fund, and US World Meds.

We also had a little bit of fun at the Mini-Symposium with the 3<sup>rd</sup> Annual Parkinson's Jeopardy game that included questions about Dr. James Parkinson who wrote the first essay on the disease two hundred years ago (1817). By the way his birthday was in April: which is Parkinson's Awareness Month.



John Deck

Included in this issue of the Newsletter you will find articles about the Pharmacist's Role in the Management of Parkinson's Disease (Leslie Hodge, RPh), The Facts of Falling (Wendy Walker, PT) who presented a checklist for safety; and of interest to those who have served in the military and were exposed to agent orange: Information about Agent Orange and Toxins shared in a town hall meeting sponsored by the Vietnam Veterans of America, Chapter 295, the Vietnam Veterans Indiana State Council, and the Indiana Department of Veteran Affairs.

PAACI has added three new board members, Dustin Arnheim, Linda Hinkle, and Kathleen Krueger. We welcome them, appreciate their interest, support and look forward to discussing and implementing the new ideas they will bring to PAACI.

We wish to thank one of our loyal volunteers, Jay Cappello, for his many years of service to PAACI. Jay has moved out of state and we wish him well, although he promises to visit us on his vacations.

I have added a few advisors to the PAACI volunteer force to help us plan and conduct events. Welcome to Terry Bayles, Brandy Nirider, and Dr. Deborah Zygmunt.



Jay Capello

If you were unable to attend the Mini-Symposium on Saturday, April 29<sup>th</sup>, please plan to attend our Annual Symposium on October 28<sup>th</sup>. Please honor Parkinson awareness and support us by being a dues paying member. Grants are frequently awarded based on the number of dues paying members, so your dues are important!

Sincerely,  
John Deck, President

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# Fall Prevention

(From the Mini-Symposium in April)

Wendy Walker, PT Clinical Manager of Select Rehab

## The Facts of Falling

According to the Centers for Disease Control and Prevention, each year one out of every three adults aged 65 and older will fall. Falling once doubles your chances of falling again. Older adults who have fallen typically report moderate to severe injuries, including deep bruises, head trauma and hip fractures. Fall-related injuries may alter mobility and limit independent living, requiring both formal and informal caregiving services. Many of these injuries, such as hip fractures, increase the risk of premature death. We need to reduce the risk of falls. Falls may be prevented by making simple changes in your daily life.

In 2011, nearly 23,000 people over 65 died from falls and 2.4 million were treated in emergency rooms because of falls.

## Preventing Falls

1. Take care of your health. Have your eyes and hearing checked regularly. See a healthcare provider if you have foot pain or you can't trim your toenails. Consult a healthcare provider if you feel weak or unsteady on your feet. Let a healthcare provider know if a medication is making you feel dizzy or making you lose your balance. If your healthcare provider wants you to use a cane or walker, learn how to use it correctly, and use it consistently so you can get regular exercise.
2. Six out of every 10 falls happen at home. "Fall proof" your living areas, both inside and outside. This may include wearing shoes with nonskid soles; making sure your home is well lit so you see things, and are less likely to trip; remove throw rugs or fasten them to the floor with carpet tape; don't put electrical cords across pathways; have grab bars put in your bathtub, shower and toilet area; have handrails put on both side of the stairways; and don't climb on stools and stepladders.
3. There are balance/fall management programs where you can learn to develop skills for safe functional mobility with reduced fall risk. You might check with your healthcare facility to see they offer such a program.

## Checklist for fall hazards, and recommended solutions:

1. When you walk through a room, do you have to walk around furniture?  
**Solution:** Ask someone to move the furniture so your path is clear.
2. Do you have throw rugs on the floor?  
**Solution:** Remove the rugs or use double sided tape or non-slip backing so the rugs won't slip.
3. Are there papers, books, shoes, magazines, boxes, blankets or other objects on the floor?  
**Solution:** Pick up things that are on the floor. Keep objects off the floor.
4. Do have to walk over or around wires or cords (from lamps, telephone, or extension cords)?  
**Solution:** Coil or tape cords and wires next to the wall so you can't trip over them. If needed, have an electrician put in additional outlets.

## Steps and Stairs (inside and outside)

1. Are there papers, shoes, books, or other objects on the stairs?  
**Solution:** Pick up things on the stairs. Always keep objects off stairs.
2. Are some steps broken or uneven?  
**Solution:** Fix loose or uneven steps.
3. Are you missing a light over the stairway?  
**Solution:** Have an electrician put in an overhead light at the top and bottom of the stairs.
4. Do you have only one light switch for your stairs (only at the top or at the bottom of the stairs)?  
**Solution:** Have an electrician put in a light switch at the top and bottom of the stairs. You can get light switches that glow.

5. Has the stairway light bulb burned out?  
**Solution:** Have a friend or family member change the light bulb.
6. Is the carpet on the steps loose or torn?  
**Solution:** Make sure the carpet is firmly attached to every step, or remove the carpet and attach non-slip rubber treads to the stairs.
7. Are the handrails loose or broken? Is there a handrail on only one side of the stairs?  
**Solution:** Fix loose handrails or put in new ones. Make sure handrails are on both sides of the stairs and are as long as the stairs.

### **Kitchen**

1. Are the things you use often on high shelves?  
**Solution:** Move items in your cabinets. Keep things you use often on the lower shelves (about waist level).
2. Is your step stool steady?  
**Solution:** If you must use a step stool, get one with a bar to hold on to. Never use a chair as a step stool.

### **Bathrooms:**

1. Is the tub or shower floor slippery?  
**Solution:** Put a nonslip rubber mat or self-stick strips on the floor of the tub or shower.
2. Do you need some support when you get in and out of the tub or up from the toilet?  
**Solution:** Have grab bars put in next to the inside of the tub and next to the toilet.

### **Bedrooms**

1. Is the light near the bed hard to reach?  
**Solution:** Place a lamp close to the bed where it is easy to reach.
2. Is the path from your bed to the bathroom dark?  
**Solution:** Put in a night-light so you can see where you are walking. Some night-lights go on by themselves after dark.

### **Other Safety tips:**

1. Do exercises that improve your balance and make your legs stronger. Exercise also helps you feel better and more confident.
2. Have your doctor or pharmacist look at all the medicines you take, even over the counter medications. Some medicines can make you sleepy or dizzy.
3. Have your eyes checked by an eye doctor at least once a year and update your glasses.
4. Get up slowly after your sit or lie down.
5. Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers.
6. Improve the lighting in your home. Put in brighter light bulbs. Florescent bulbs are bright and cost less to use.
7. It's safest to have uniform lighting in a room. Add lighting to dark areas. Hang lightweight curtains or shades to reduce glare.
8. Paint a contrasting color on the top edge of all steps so you can see the stairs better.
9. Keep emergency numbers in large print near each phone.
10. Put a phone near the floor in case you fall and can't get up.
11. Think about wearing an alarm device that will bring help in case you fall and can't get up.

# Thank you to our dues paying members!

Douglas Babb & Victoria Rose, Tina Brannon, Jeff Brodzeller, Paula Brown, Vera Casper,  
Karen L. Curtis-Rose, Richard & Barbara Dudley, Ahmed ElAntably, Eileen Eubanks,  
John Gross & Rosemary Vania, Linda Hinkle, William & Gayle Howard, Thomas Irwin & Dianne Bradshaw,  
Mridula Jarial, John & Patricia Kellams, Martha Ladd, Jeffrey Lax, Madonna Lookebill, Debra Nackenhorst,  
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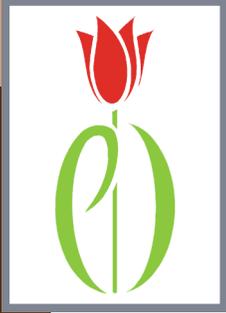
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**www.paaci.org**

**Facebook: Indianapolis Parkinson**

**Email: skauffman@paaci.org**



**Did You Know...** that you, your business, your social group or your family can sponsor part or all of a PAACI Newsletter or the annual Symposium in honor or memory of someone special. Just contact Sheri at 317-255-1993 or skauffman@paaci.org for more details.

## **Tulip Society Members**

*\*\*\*Special thanks to our Tulip society members who've paid their annual dues and made an additional donation to assist PAACI's mission\*\*\**

**Purple Tulip Society Members**  
*(Annual donation of \$500 or more)*

*John Deck*

*Ransom Family Advised Fund*

*Tom & Barbara Stayton Charitable Fund*

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