

INDY PD UPDATE 2011 SYMPOSIUM EDITION

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PARKINSON'S AWARENESS ASSOCIATION OF CENTRAL INDIANA, INC.

Symposium was great!

On September 10, 2011 we held our annual Symposium. We had two amazing keynote speakers; Dr. Lawrence Elmer, M.D., Ph.D. and Stephanie Combs, PT, Ph.D., NCS. Jeffrey Brodzeller, President of PAACI, and Rebecca Parks, VP of Education for PAACI, welcomed everyone. Members of the Indiana Parkinson's Foundation then presented our exercise break with "The Climb". Our program was concluded with a "Q&A Panel" of local experts.

In this newsletter you will find a brief overview of the talks given by Dr. Elmer and Dr. Combs, along with any handouts given that day, pictures taken and information on our event sponsors and table vendors. It is our hope that those of you who were unable to attend the Symposium enjoy the information and those of you who have never attended one of our Symposiums can see how much great information you can receive and will plan to attend the 2012 Symposium to be held later this year.

PAACI would especially like to thank our event sponsors:
Teva Neuroscience and UCB.

**This Newsletter
courtesy of
Teva Neuroscience.**

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Physical
Therapy
can help
delay
Parkinson's
disease

Parkinson's disease Update 2011:

The Revolution Continues

Presented by: Lawrence Elmer, M.D., Ph.D., Professor, Department of Neurology, University of Toledo College of Medicine

Dr. Elmer began stating that Parkinson's disease is the result of the body's inability to produce dopamine. He cited the UK Parkinson's Disease Society's Brain Bank Clinical Diagnostic Criteria noting there is slowness of the initiation of voluntary movement (bradykinesia) with progressive reduction in the speed and amplitude of repetitive actions and at least one of the following:

- ◆ Muscular rigidity
- ◆ Resting tremor at 4-6 Hz
- ◆ Postural instability not caused by visual, vestibular, cerebellar or proprioceptive dysfunction.

Currently, it is believed that about 1% of Parkinson's disease cases are genetic with the remaining 99% related to environmental risk factors. The two areas of our anatomy demonstrating the earliest PD pathology are the olfactory mucosa (the nose) and the gastrointestinal tract, which is in contact with liquids, solids, medications, toxins and is inhabited by bacteria, fungi, etc. REM sleep behavior disorders have some predictive value for PD also.

Stages of Parkinson's disease:

Early: where there are mild symptoms and no disability and usually no medications are used.

Moderate: where there are moderate symptoms with some disability and multiple treatments available including l-dopa.

Advanced: where the disease progresses with symptoms, levodopa is required, as well as other medications. As the disease progresses the worsening motor disturbances are complicated by non-motor complications (cognitive deficits).

Levodopa therapy has been the gold standard in PD therapy for more than 30 years. It is the most effective drug to improve PD symptoms. Compared to untreated patients, levodopa increases survival and quality of life, however long term use of levodopa may have associated motor complications.

Dopamine agonists such as ropinirole and pramipexole reduce onset of dyskinesia. Dopamine agonists can have some side effects of nausea, somnolence, dizziness, vomiting, syncope, orthostasis, and hallucinations. Dr. Elmer showed a series of slides showing where in the substantia nigra the medications effect, and the benefits of changes as rated by the UPDRS. (The UPDRS is the Unified Parkinson's Disease Rating Scale, a comprehensive measurement tool used to assess and quantify signs and symptoms of PD, along with evaluating new PD treatments.)

Dr. Elmer shared the PROUD Study: Immediate versus Delayed-Start of Pramipexole in early Parkinson's disease and its benefits. He shared some case studies showing benefits of combining medications and the dramatic improvement in some cases.

The American Academy of Neurology Practice Parameters for medications to reduce "off" times include: rasagiline, entacapone, pramipexole, ropinirole, apomorphine and selegiline, while surgical interventions include deep brain stimulation.

*Parkinson's Disease: Update 2011
The Revolution Continues*

Lawrence Elmer, MD, PhD
Professor
Dept. of Neurology
University of Toledo
College of Medicine

Advanced management of PD's non-motor complications can be treated with available medications.

Some non-motor complications include:

- Depression
- Dementia
- Orthostatic hypotension
- REM sleep behavior disorders .

Autonomic symptoms in PD may be:

- ◆ Constipation: use a bowel regimen and avoid strong cathartics
- ◆ Heart Irregularities: avoid amiodarone
- ◆ Blood pressure variability: you may wish to use midodrine, mestinon, or fludricortisone.

Neuropsychiatric and cognitive symptoms may include:

- ◆ Depression
- ◆ Anxiety
- ◆ Psychosis
- ◆ Dementia
- ◆ Apathy
- ◆ Fatigue

There are PD drugs emerging that will act on sites in the brain's striatum, which controls the smoothness and coordination of movement.

Dr. Elmer also noted that physical therapy can help delay Parkinson's disease, citing the "Big Therapy." Regarding nutritional therapy, there is a large study underway to assess clinical benefit of CoQ10. The role of nutritional supplements still needs quality testing.

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Newsletter

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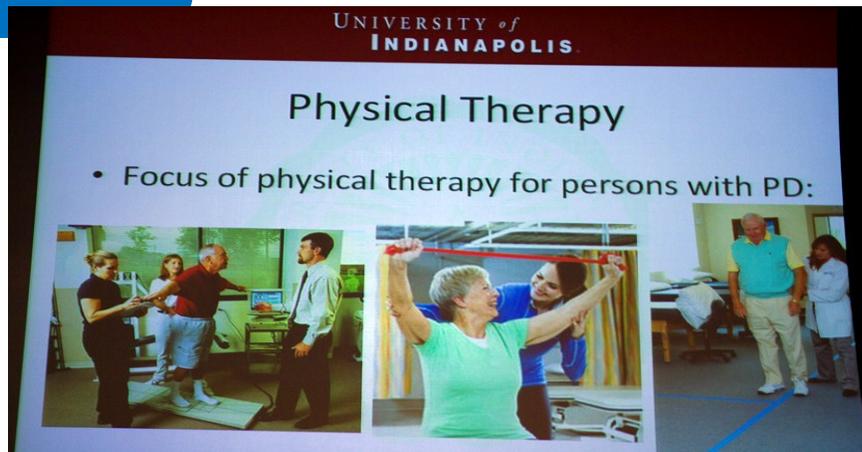
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Community Based Group Exercises for Person with Parkinson’s Disease: A Random Controlled Trial

Stephanie Combs, PT, Ph.D., NCS, Krannert School of Physical Therapy, University of Indianapolis.

Research has shown that physical therapy is effective in improving the ability to perform functional tasks in those with Parkinson’s disease, but that the improvements do not always last. It was the intent of this research to explore community-based group exercise programs as an option for long-term exercises benefits to the Parkinson’s community. Traditional and non-traditional community based programs exist. One type of non-traditional exercise is boxing training, and in a previous study by Dr. Combs all 6 participants in the study improved their function after participating in the boxing training. The current study was to compare group boxing training to traditional group exercise with respect to changes in balance, mobility, and quality of life among persons with PD.

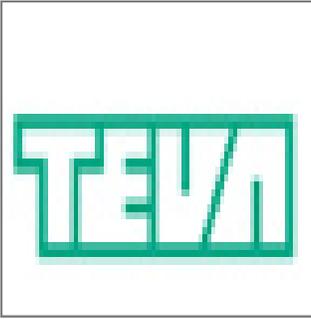
Thirty-one adults with PD participated in the study and they were randomly placed in either the boxing training group or the traditional exercise group. The training programs consisted of 24 to 36 sessions, each lasting 90 minutes, over a 12 week period. Boxing activities included: stretching, boxing, resistance exercises, and aerobic/fitness training. Traditional exercise activities included: stretching, resistance exercises, aerobic training, and standing balance activities. Participants were tested immediately before and after completion of the training program. Outcomes were assessed on the measure of balance (Berg balance scale), balance confidence, (activities-specific balance confidence scale), mobility (timed up and go and dual-task timed-up and –go) walking speed and distance (6-minute walk test), and the Parkinson’s disease quality of life scale.

Findings: The traditional exercise group demonstrated significantly greater gain and a larger treatment effect in balance confidence on the activities-specific balance confidence scale than the boxing group. Only the boxing group demonstrated a significant improvement in distance walked on the six-minute walk test. There was a medium treatment effect between the two groups indicating a trend toward the boxing group making greater gains in gait endurance. The boxing group also demonstrated a significant improvement in gait velocity after training. Both group demonstrated significant improvement and changes in balance, mobility and quality of life after their respective training programs.

Both groups demonstrated improvement in most measures after training. Group boxing training appears to be a promising non-traditional alternative to long-term community based exercise for improving gait endurance in persons with Parkinson’s disease.

Recommendations:

- * Regardless of the type of exercise, participating in a long-term exercise program can improve function over time for persons with Parkinson’s disease.
- * Finding an exercise program that is convenient and enjoyable may be the key to adhering to an exercise program over the long run.



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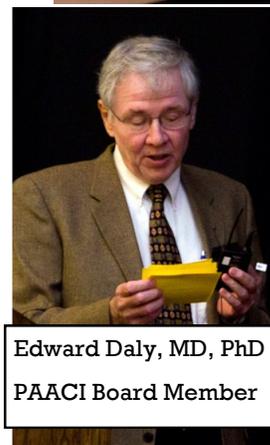
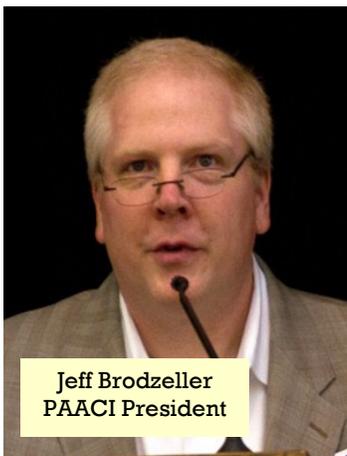
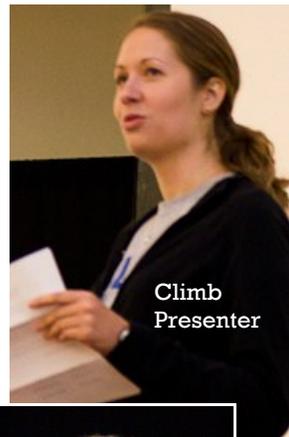
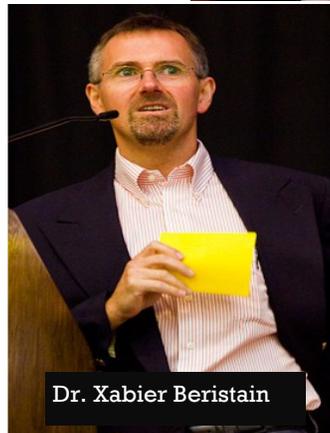
Photos by Bryan Pressner

Symposium Table Vendors:

Catholic Charities of Indianapolis, Crestwood Village East, Freedom Senior Services, Relay InTRAC, Riverview Acute Rehab, Senior Health Insurance Information Program, Visiting Angels & Westside Garden Plaza



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Registration Tables



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PAACI
4755 Kingsway Dr., #333
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Phone: 317-255-1993
or
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