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**Cover photos**: Dave and Heidi Morgan camping with their family (top right); Dave Morgan dancing with his daughter at her wedding (bottom left); Russ and Judy Breit (bottom right); Russ and Judy Breit polka dancing (top left).

The mission of the Wisconsin Parkinson Association is to expand medical professional and public awareness and understanding about Parkinson disease that will lead to maximum support, the best individual health care, assistance for caregivers and families, and increased funding for research.
Dear Friends of the WPA,

The Wisconsin Parkinson Association is undergoing several changes, and with my past experience as WPA’s board president, the board of directors has asked me to serve as acting president and interim director. I am delighted to fulfill these roles as we move forward. The board and I want you to know that, foremost, we value you — our members and friends — and assure you that we will preserve stability in our organization as well as continue to provide the services and information you need.

I must emphasize that the board and I couldn’t be doing this without the good work of the staff of the Wisconsin Parkinson Association, the Parkinson Research Institute, and the Regional Parkinson Center. Please allow me to introduce them so that you can put faces to names:

**Raven Hamilton**, program coordinator, has been working with the WPA for eight years. Any time you attend the annual Kenton Kilmer Parkinson Disease Symposium, an “Understanding PD” session, one of the “Living Well” conferences, or a newly diagnosed workshop, you are participating in Raven’s efforts. Among her numerous duties, Raven processes multiple mailings to more than 60 support groups, maintains our 7,800-member/donor database, organizes the WPA resource library (please come in for a visit — it is now located in Suite 4602), and responds to phone calls and website enquiries about PD information.

The main focus of WPA’s communications manager, **Juliette Hayes**, is writing and producing what you read in _The Network_ magazine, information brochures, the annual report, the WPA website and Facebook page, and program books for the symposium and other special events. She spreads our message through advertising efforts, media relations, and community relations. Additionally, she is responsible for the membership program and donation appeals, financial information, human resources, and liaising with the board of directors. She has been with the WPA four years.

Many of you will see **Jeremy Otte**, WPA’s new director of outreach and education, during his visits to the support group network in our service area throughout Wisconsin and neighboring states. Jeremy assists support group facilitators with speakers and materials they need for their meetings; he currently is working with staff of the Regional Parkinson Center to produce a video series for support groups as another option for topics and talking points during meetings. He and Raven collaborate in the planning of WPA education conferences and information materials.

**Thomas Fritsch, Ph.D.**, has been director the Parkinson Research Institute since April 2009. He conducts and publishes original scientific research on PD using the vast LifeSpan Database (10,000 records of clinical data), and **Continued on page 3**
Letter From the President (continued from page 2)

he gathers data from patients in other clinics in the community and across the state. His passion for writing results in articles that appear in professional journals, grants to support new PRI studies, and letters to families of brain bank donors to explain the findings after autopsy. Dr. Fritsch attends professional conferences to present PRI research findings and to network with other scientists in collaborative endeavors.

Also with PRI since April 2009, Associate Director Maggie Wallendal, M.S.W., manages the brain bank donation program, analyzes autopsy results, and works with Dr. Paul Nausieda to compare clinic data with autopsy data from the brain bank. She writes scholarly articles based on knowledge of PD gained through studies and data from the clinic, and she is responsible for data gathering and analysis from various studies. Perhaps most importantly, Maggie talks with patients about their interest in research and answers their questions about what Parkinson’s research is and what we want to answer about PD.

Valerie Brown, as office manager/billing representative, is responsible for managing the clinic’s finances and overseeing day-to-day operations. With six years of experience at the Regional Parkinson Center, Valerie is the go-to person for questions relating to corporate policy, insurance verification, scheduling, and accounts for the clinic.

The first voice you hear when calling the clinic is that of Ann Fuerst, medical receptionist. Ann schedules appointments and places appointment reminder calls, greets patients, responds to medical records requests, and assists clinic staff with charts for appointments, faxes, and filing. Ann completed her first year with the clinic last August.

Jonathon Klein, B.S., C.C.R.C., holds a degree in psychology and is the certified clinical research coordinator for the Regional Parkinson Center. He has worked with Parkinson’s patients for more than six years and runs the clinic’s experimental drug trials, assessing the safety and effectiveness of new medications using controlled experimental studies. With some of the highest recruitment numbers in the world, the Regional Parkinson Center’s clinical trials play a significant role in getting new drugs approved. Jonathon also assesses cognitive function, mood, and behavioral issues in Parkinson disease patients.

The patient care coordinator for the Regional Parkinson Center, Jo Ann Povlich, L.P.N., has been with the clinic since 2008. With her warm, calm manner, Jo Ann accompanies patients to exam rooms and prepares them for their exams. In addition to her other many responsibilities, she works with pharmacies to help patients obtain their medications and with insurance companies to arrange patients’ prior authorizations. Jo Ann previously worked in a nursing home for thirteen years, three of which were on an Alzheimer’s unit.

As many of you know, Paul A. Nausieda, M.D., established the WPA almost thirty years ago because he identified a need for patient information and advocacy. Dr. Nausieda, one of the most eminent and successful clinicians for movement disorders in the world, is not only a board-certified neurologist but also a trained psychoanalyst with an
extensive background in pharmacology. He also is the medical director of PRI, which means that PRI scientists are able to exchange ideas about the research with a clinician. Dr. Nausieda’s care is one of the most unique and effective models in the country: He looks at the patient, family dynamics, and the use of medications in creative ways.

Dacy Reimer, A.P.N.P., M.S.N., C.C.R.C., has been with the Regional Parkinson Center for fifteen years. She sees patients as an adult nurse practitioner, and her skills as a clinician are well-known. Dacy has been vitally involved with the brain bank program and the LifeSpan Database, both of which she created and developed. She is a founding member of PRI and is a research scientist conducting studies on the cause and treatment of Parkinson disease. Many support group facilitators and members will warmly remember Dacy as the former outreach coordinator for the WPA.

I ask you to join me in supporting this talented staff as we all work together to improve the lives of people with Parkinson disease.

Sincerely,

Richard Schumann

Membership

Would You Like to Receive The Network?

If you enjoy reading The Network, find it to be a valuable resource, and would like to receive future magazines, act now! See the donation envelope included in this issue for details.

WPA Business Partners

When you become a member donor of the WPA, we will send to you information about discounts with the various providers in our Business Partners program. The following companies have joined our Business Partners program and have agreed to offer a discount on their products or services to member donors of the Wisconsin Parkinson Association. We are grateful to all these companies for their participation in this program.
On June 28, organizers of the Monticello Fall Parkinson Ride in Memory of LaVern McCarville and Marvin Emberson received the WPA’s 2013 Tulip Award at the Kenton Kilmer Parkinson Disease Symposium, held this year at Chula Vista in the Wisconsin Dells.

The WPA’s Tulip Award was created in 2009 to recognize a worthy individual, couple, or group that has shown through their actions a dedication and commitment toward helping people with Parkinson disease, educating the public about Parkinson’s, and supporting research to discover the cause and better treatment options.

Organizers Brandon Hendrickson, Eric and Heather Emberson, and Rene Nicholson accepted the award.

In 2004, friends Brandon and Eric started a group motorcycle ride in the beautiful Wisconsin farmland around Monticello as a fund-raiser to honor their grandfathers, both of whom had had Parkinson’s. In the past eight years, the ride has attracted anywhere between 75 and 120 cyclists, and participants’ families, friends, and local businesses have generously supported this event. The Fall Parkinson Ride takes place annually on the second Saturday in September and since the ride’s inception has raised more than $40,000 for Parkinson research.

Brandon and Eric say: “The ride holds a special place in our hearts for the memories we have of our grandfathers and how Parkinson’s affected their lives. Our grandfathers, as farmers, lived by the belief of helping family, friends, and neighbors in any time of need. Having instilled that into us, we believe they would be very proud of the effort we are putting forth to help in the fight against Parkinson’s.

“Along with the generous donations raised, we’ve also raised a lot of awareness about the disease... every year we get a lot of riders, near and far, who have lost loved ones to PD, which creates a great opportunity to share stories and memories of those we’ve lost and how dealing with the disease has personally affected our lives. We’ve been very honored and blessed to have such a large, big-hearted, and generous following that continuously supports our efforts to donate toward Parkinson’s research.”
Community Fund-raising Events Benefit the WPA

The Network, summer/fall 2013 Wisconsin Parkinson Association

The WPA is an independent, nonprofit organization that must raise 100% of our revenue through donations, memberships, and events in order to serve more than 10,000 people annually through support groups, conferences and workshops, free information and resources about PD, free community screenings, and much more.

But we are not alone. Individuals, families, businesses, and schools step up with fund-raising events and offer the proceeds to the WPA. They plan, organize, negotiate, publicize, and accomplish raising money and goodwill from members of their community to help us provide services and information about PD to those who need it. The WPA truly, deeply appreciates the work of this amazing volunteer community!

On April 13, Craig High School held its third annual Pace for Parkinson’s 5K run/1-mile family fun walk at Riverside Park in Janesville, Wisconsin. Created to honor its retired principal, Dr. Mike Kuehne, the event drew 317 participants and garnered $14,000 — double last year’s amount! — for the WPA; the funds are being used for support, education, and research. We commend Craig High School, the event organizers, and the community of Janesville for its outpouring of love and support for Dr. Kuehne and others living with PD.

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WPA Announces to Members its Annual Meeting and Luncheon

The board of directors cordially invites you to attend the Wisconsin Parkinson Association’s annual meeting on:

WEDNESDAY, DECEMBER 11, 2013 • 11:30 A.M.  
SHULLY’S CUISINE  
146 GREEN BAY ROAD  
THIENSVILLE, WI 53092  
$60 PER PERSON

Please register no later than December 2, 2013 by calling Maggie at 414-803-5844.
Community Fund-raising Events (continued from page 6)

On April 20, Wayne and Nancy Kreklow hosted the fifth annual “All Shook Up for Parkinson’s” Elvis tribute at Flannery’s Wilhelm Tell Supper Club in New Glarus, Wisconsin. This event raised an amazing $15,000 for Parkinson research! The WPA and the Parkinson Research Institute thank the Kreklows, their family and friends, and the generous people of New Glarus.

April 27 featured a new event — Bowling for PD, sponsored by the Whitewater Parkinson Support Group and held at Two Seasons Bowl in Elkhorn, Wisconsin. The afternoon included raffles and raised both money and Parkinson disease awareness. A golden ten pin to Julie Hollenbeck for creating and organizing the event!

The sixteenth annual LaVerne Brewer Memorial Golf Outing took place on May 11 at Ironwood Golf Course in Sussex, Wisconsin. The friends-and-family day attracted 91 golfers and featured on-course games and a golf-ball toss during the cocktail hour. The event netted more than $6,200. Since its inception, this outing has raised more than $278,000.

And at the end of June, the WPA received the following remarkable letter, reprinted with permission. Never underestimate what young people can achieve!

We will feature additional community groups — The Bottle Milwaukee’s charity softball tournament, the Nancy Ritzow Tribute and Benefit, the YPPT’s “Punt Parkinson’s with the Packers” event, and the Fall Parkinson Ride in Memory of LaVern McCarville and Marvin Emberson — in the next issue of The Network!
Dear Sir or Madam:

Enclosed is a donation of $1,380.04 to WPA in honor of James Rotar. Allow me to explain the oddity of the amount.

I am a seventh-grade teacher for the School District of Milton, recently retired. Several years ago I taught with Jim Rotar, who now has Parkinson’s Disease. When I brought Jim’s story to my advisory (similar to homeroom), the students were moved and wanted to raise money to purchase him a communication device. This started me on one of the most amazing and rewarding journeys of my teaching career. With their help, I facilitated a fund-raiser that eventually led our school and community to reach out and surpass the goal of getting Mr. Rotar a device that would enable him to communicate.

Students researched Parkinson’s and devices that enhance communication. They brainstormed ways to get the word out and raise money. Two of my students accompanied me to visit Jim at a nursing home on a Saturday. They interviewed him and took video and still shots that they incorporated into a video presented to the student body. There were approximately 500 seventh and eighth graders in a stuffy gym, the third week of April, watching a presentation about a man they had never met, and you could hear a pin drop!

The entire student body really got behind the fund-raising effort. They purchased “Ribbons for Rotar” that were displayed in the hallway with their name, put loose change (and bills) into a jar labeled “Change for a Chance,” bought bags of popcorn on Fridays and Butterfinger® candy bars (Rotar’s favorite) on Wednesdays, put it on Facebook, and went out to family, friends, and neighbors collecting donations. Students and staff really stepped up to help make this a success.

Our local newspapers, The Milton Courier and The (Janesville) Gazette, both did articles about the fund-raiser. These stories can be accessed online. Mr. Rotar had touched thousands of lives in his 37 years of teaching and coaching. Once former students heard that a favorite teacher needed their help, money and notes of appreciation and praise for Jim came in from the community and from far away as California.

In the end, slightly over $4,000 was collected. Jim was evaluated at the Waisman Center, a part of the UW Hospital, so the device would be suited for his specific needs. We were able to purchase an iPad, communication app, apparatus, and equipment to make it all user-friendly. In addition, Jim is receiving training at the Waisman Center, so there is also money to pay for transportation to appointments. The remaining $1,380.04 is our donation to WPA to be used where the need is greatest.

On May 6, Jim came back to the school where he had spent so many years of his life. The Waisman Center had given him a loaner so he could demonstrate its use to the students and thank them for their efforts. He played several pre-set statements for them to hear and see on a screen. Then he painstakingly wrote a message. Students sat at the edge of their seats and patiently watched as he typed out, “I taught for 37 years. I have been retired for 12 years, and this is very emotional.” The audience erupted in applause. Many tears flowed that day: tears of students, staff, guests, and most of all, Jim Rotar.

Parkinson’s is a disease that most of us knew little about until this event. On behalf of my school and myself, I would like to thank you for all you are doing for Wisconsin citizens living with or who are affected by Parkinson’s Disease.

Sincerely,

Janice Delo
When I was in Prague lecturing a few years ago, I was taken on a tour of the city and heard the story of the “Golem,” a creature created by the Rabbi Judah Loew ben Bezalel, a 16th-century leader of the Prague Jewish community. The tradition is that he created a living creature from clay that was to act as his servant. In the story, the Golem ends up getting out of control and is ultimately returned to an inert state by the Rabbi and stored in the attic of the Synagogue that still stands in the Jewish Quarter of Prague. It is another story of a creation that took on a life of its own and became something that the creator had not intended.

The story came to mind in the last few months as the mission of the Wisconsin Parkinson Association became a matter of debate. As one of the founders of the WPA, I found myself confronted with an organization that seemed to have failed in directing its efforts at the problems faced by Parkinson patients and their families. These problems, which include a poor understanding of medical treatments, confusion on how to differentiate drug-related side effects from the disease itself, an inadequate knowledge of the normal progression of the disease, and the various nonmedical options available, are still major issues for patients with this disease. Similarly, the familiarity of health-care professionals with Parkinson disease remains inadequate and leads to many errors in treatment when patients interact with the health-care system in hospitals, rehabilitation facilities, and nursing homes.

The focus of the WPA and the original basis of forming the organization were to better educate patients and families about treatment and treatment-related side effects. This simple goal was the basis of the original educational programs and was the core message that brought people together into what became support groups. The concept was to improve the educational message and then offer training programs for allied health professionals so that local services became more aware of the specific problems involved in treating Parkinsonian patients. The contraindicated drug cards were developed to assist in reducing medication errors in the community and were an innovation of the WPA; these later were adopted by national organizations. As the support network grew, the need for educational materials grew as well. Five years ago, one of the major activities of the WPA was to provide support for a coordinator who travelled to all of our support groups to deliver talks and help local coordinators to develop educational programs of their own.

The advocacy role of the WPA seemed to direct the program, and long-term plans were made to produce more detailed books on medications, physical therapy, speech therapy, and dietary issues as the organization grew.

Given how the organization was formed, it is no surprise that the goals were directed by the experience of taking care of patients in the clinic. The clinic offered a window into the daily lives of patients with Parkinson disease and the challenges faced by families. As a referral Center for Parkinson Disease and a test site for experimental drug trials of new anti-Parkinson medications, educational...
materials mirrored the management problems that brought people to the clinic and shared the insights that came from using experimental treatment strategies in large numbers of people.

The close relationship between the clinic and the WPA was a historical one but clearly was not the only model that existed. There was always a faction that favored having the WPA become a freestanding organization without an associated treatment program. For years, the funding of the WPA coordinator came from grants from national Parkinson organizations, which sponsored regional treatment centers encompassing treatment and education. While the WPA was unique in being a separate nonprofit entity rather than an offshoot of the clinic, the provision of external funding made the affiliation easier to accept from a financial standpoint. In the last three years, external funding from the National Parkinson Foundation ended, as did financial support from Aurora Health Care. With these changes, some individuals within the WPA felt that separating the organization from a treatment center made more sense, since there was no longer a financial support line that depended on the presence of an active treatment program. Over the last four years, talk of autonomy became more vocal. Running an autonomous organization presented considerable challenges, and financial support was the foremost issue to be confronted.

Unfortunately, the cost of developing more extensive fund-raising came at the expense of educational efforts. Creating a “fund raising” organization cost money, and the expenditures of the WPA on community outreach dropped as staff efforts were directed at fund-raising projects. Divorcing the WPA from the clinical program changed the educational focus, and the new message had to be one that could be delivered by nonmedical staff members. Ultimately, this came to sound more like the message that every disease-related fund-raising organization promotes: Donate so we can find a cure and create a world without Parkinson disease.

Many large fund-raising organizations survive with this promotional approach. The WPA came to a crossroads this year in deciding what kind of organization it wanted to be. Ultimately, the decision was made to return to the original goals of the organization and refocus efforts on community services and educational materials. This decision was not made without a lot of heated rhetoric and some fallout at the board level. I think that the correct decision was made, and the WPA has emerged from this episode more focused and more enthusiastic about achieving the goals that were pursued for the first 25 years of the organization. The need for an organization that addresses the medical challenges of treating Parkinson disease and acts as an advocate to improve local services is all too clear from my vantage point as a doctor treating many Parkinsonian patients. Rather than offering empty promises of finding a cure, the WPA addresses the real-life challenges that exist and is trying to improve treatment for every patient with this disease.

I think that this is the justification the WPA needs to maintain the grassroots support that has kept the organization going from its inception. The WPA deserves support because it is actively working to solve treatment problems that confront every person with this disease. Rather than supporting an “organization,” funds are expended on a mission whose impact is felt at the community level and not on advertising one fund-raising effort after another. As an individual, I am excited to be a part of the WPA effort and support its redefined mission. I appreciate all the support you have provided in the past and hope you continue to find the WPA a valuable community program to promote with your time and money. 🌱
In keeping with the theme of this issue, I thought it was worth sharing with patients and caregivers the common situations that we encounter in the office that land patients in a hospital bed — situations that could be averted and for that reason deserve comment.

Passing out — a common problem in Parkinson patients. If you lose consciousness in a public setting, you will be taken to an emergency room. This will result in an extensive evaluation for heart disease (at a minimum) and often will include a CT scan or MRI of the head. In almost every instance, the cause is low blood pressure. Parkinson patients tend to run low blood pressures to begin with, and pressures drop when you stand up. In normal people, this drop in pressure triggers an immediate increase in the heart rate to compensate, but this reflex is frequently lost in Parkinson disease, leading to lightheadedness or fainting.

The problem: Most doctors check only lying and sitting blood pressures and are quick to treat even mild elevations in blood pressure. The current trend is to use at least two medications to treat blood pressure, both of which increase the risk of passing out when standing. If you pass out and are taken to an emergency room, the excitement of the situation will usually lead to an elevated blood pressure by the time you get evaluated. Usually, negative findings on tests result in the administration of fluids and a presumptive diagnosis of “dehydration.” The antihypertensives are generally not discontinued (the assumption is that you must have needed them and will need them once you are hydrated). As a result, the situation is likely to be repeated.

The solution: Minimize the treatment of blood pressure in patients with Parkinson disease who have any complaints of feeling faint when they stand. Always measure standing blood pressures. The savings in costs and time from this measure alone would be considerable. Low blood pressure is much more dangerous than an elevated blood pressure.

Swelling in the feet and ankles — not always a sign of heart or kidney disease. Many patients with Parkinson disease have mild fluid retention in the legs, frequently more prominent on the side that has more symptoms. This is due in part to the reduced spontaneous movement in the limb and changes in blood flow that seem to be part of the disease. The problem is often much more dramatic in patients taking synthetic agonists as part of their treatment regimen (Mirapex, Requip, and Neupro) and also occurs in patients taking amantadine. The swelling may not show up when the drug is started but may arise weeks or months later, making the association less obvious. The cause of the fluid retention is a change in the blood flow pattern through the skin and is not due to fluid overload in the body as a whole.

The problem: Most doctors associate swelling in the legs with heart failure or kidney disease. You can diagnose congestive heart failure by examination, and simple lab studies will exclude kidney disease, but often treatment is initiated without considering alternative diagnoses. The treatment is usually a potent diuretic that will cause an immediate increase in urination. This, in turn, results in significant dehydration in a patient who is not suffering from fluid overload (i.e., most Parkinson patients). This
can lead to a catastrophic sequence of complications. At best, the dehydration leads to worsening constipation. Lightheadedness frequently occurs as the blood pressure drops and may lead to episodes of fainting, as we discussed. The biggest problems arise in patients who develop swelling and fluid retention from Mirapex (pramipexole) or amantadine, since both of these agents are eliminated by the kidneys. When dehydrated, the clearance of these agents is dramatically reduced, and blood levels rise. As a result, patients become confused or progressively sleepier. As these agents accumulate, the tendency to cause additional swelling in the legs increases, too, and by the time patients come to medical attention, the presenting symptoms may be difficult to interpret. The profound fluid retention, the low blood pressures, and confusion are often misdiagnosed as evidence for severe heart failure rather than manifestations of drug overdose. The treatment should be discontinuation of the offending drug and hydration of the patient, but many physicians will attempt to treat the problem without altering the anti-Parkinson medications. (Many doctors feel uncomfortable changing anti-Parkinson medications and assume that they should be left alone and adjusted by a neurologist.) The outcome can result in spending time in an intensive care unit, and fatalities can occur.

The solution: Be aware of the fact that anti-Parkinson medications can cause fluid retention, and call this problem to the attention of the physician prescribing these medications. Patients who have heart disease in addition to their Parkinson disease can be a difficult group to treat. Close correspondence between your neurologist and cardiologist is often required to find an appropriate treatment approach.

Confusion — usually attributed to the disease but often due to the medications. Confusion or agitation bring people into hospitals. Because anti-Parkinson medications can cause alterations in thinking and behavior, they should always be suspected as a cause of acute confusion.

The problem: Acute changes in behavior are assumed to reflect a new problem, such as infection, when the medications have been used for prolonged periods without any obvious side effects. When studies do not disclose any source of infection or evidence of a medical problem, the confusion is attributed to the Parkinson disease (Lewy body disease and Parkinson disease with Alzheimer’s changes” are other terms used to describe this condition). This may lead to a decision to place patients onto a hospice unit for terminal care. Mental status changes should never be attributed to the Parkinson disease process unless medications have been transiently withdrawn. This might seem like a self-evident statement, but this is a situation we see unfolded fairly often. There are many patients who have been written off as hopelessly demented who are doing quite well once their medications are stopped and readjusted. Some doctors will cut the dose of the anti-Parkinson medications to see if thinking improves. For many reasons, this is not an adequate assessment of whether the mental changes are due to medication.

The solution: Stopping medications completely is often the only way to identify the problem as a drug side effect, and it may take a few days to see improvement – an approach that requires a hospital stay to accomplish. A few days in the hospital to avoid being placed on a terminal care unit is a pretty good investment. It is too easy to assume that a confused patient is demented, and the consequences of a misdiagnosis are too grave to overlook this potential complication of treatment.

If we could eliminate the above problems, we could greatly reduce the number of emergency consults that we receive. While we don’t expect patients to be their own doctors, these situations are ones every patient and family should be aware of. Alerting your physician to the fact that medications for Parkinson disease can and do cause side effects that mimic other medical conditions can improve your care.
Caregiver Quandary: 
What’s my role?

by: Dacy Reimer, A.P.N.P., M.S.N., C.C.R.C.
Adult Nurse Practitioner
Regional Parkinson Center
Coordinator

Those who frequent the Regional Parkinson Center are familiar with the questionnaire they receive in the waiting room asking them to rate their mood, mobility, and ability to complete activities of daily living. It’s common to witness a minor debate between the individual with Parkinson disease and the caregiver as to how each question should be rated. It has been clear to us for years that the perception of degree of illness varies significantly. A few years ago, this prompted a research study led by Trevor Hyde, Ph.D., which demonstrated that caregivers rate the level of disability higher than the patient. This is an important concept to understand because I believe this is what leads to some of the frustration caregivers feel. During a visit in our office, I would bet 50% of caregivers comment that the way their loved one looks at the time of exam and the report given is not the way things look at home.

What is a caregiver to do? Well, family dynamics vary, that’s for sure. Some caregivers voice opposition and state their views boldly. Others position their chairs to the rear of the room and nod subtly, cover their mouth, or widen their eyes in disagreement. I watch for these cues because assessing the stress level of caregivers is crucial to the wellness of patients. I recently spoke at one of the Parkinson support groups, and a very nice man raised this issue. “How do I respect my wife and her personal relationship with her provider, yet make sure critical issues are being addressed that affect us both?” I congratulated him on sincerely caring about her feelings, being reluctant to diminish her hope, and encouraging her sense of self-worth. We discussed the need for open communication before the visit by prioritizing a list of three goals and concerns that together they needed to address. I suggested he write them down, send them into the office in advance if necessary, but to bring them with him. Continued on page 30
Ask the Doctor

by: Kathryn Gaines, D.O.
Neurologist
Aurora Advanced Healthcare

Disclaimer: Below are brief answers to people’s questions who have written in; however, please note that my advice should not take the place of having a conversation and formulating a treatment plan with one’s own neurologist or treating physician.

As a caregiver, what is my role during doctor’s appointments?

I think a caregiver brings invaluable information to a patient’s appointment. The caregiver often serves as another objective observer and also helps the patient to remember key concerns or problems. The caregiver is able to observe things that occur that the patient isn’t otherwise aware of or may be aware of but doesn’t remember to bring up or doesn’t think it is important enough to mention. A caregiver can help fill in the blanks.

As a care provider, why do I feel guilty when I take time for myself?

Guilt results from some sort of internal conflict in the mind. There are many layers of guilt, and, depending on the severity, Freud might be quite interested to know about it. Although guilt can be a motivator in some, it can also be detrimental. If guilt is keeping one from doing what is necessary to stay fit in “mind, body and spirit,” guilt is useless and counterproductive. In order to be an effective caretaker, it is essential the caretaker have some respite on a regular basis. Both physical and mental respite is important and serves to refresh and rejuvenate. Think of it this way: as a caretaker, your “caretakee” will appreciate a refreshed and rejuvenated you!

In the spring 2013 issue, you gave an answer about melatonin for REM behavior disorder. What is REM behavior disorder?

REM behavior disorder is a sleep disorder that can occur in isolation but frequently can be seen in patients with Parkinson disease or other similar disease states. REM stands for “rapid eye movement” and refers to a stage of sleep in which dreaming occurs and one can often remember his or her dream if awakened in this stage of sleep.

Normally, in the dreaming state, a person is soundly asleep. With the exception of eyes moving back and forth under closed eyelids, it’s hard for an observer to tell that someone is in REM sleep. There is a temporary disconnect, or inhibition, between the brain and the spinal motor neurons that prevents each of us from acting out our dreams when we are in REM sleep.

However, when a person has REM behavior disorder (RBD), often times the person will holler, punch, kick, or even fall out of bed while flailing around. The mechanism that inhibits the muscles in dream state is not functioning properly.

Diagnosis can be confirmed with a sleep study. Treatment is important because RBD can lead to injuries to oneself or one’s bed partner.

Ask the doctor! Send your questions about Parkinson disease by mail to “Ask the Doctor,” Wisconsin Parkinson Association, 945 N. 12th Street, Suite 4602, Milwaukee, WI 53233 or email to mail@wiparkinson.org and put “Ask the Doctor” in the subject line.
There rarely are “best of times” for those with Parkinson disease and their caregivers; for many, the “worst of times” is a common event. Nevertheless, people discover ways to cope, to persevere, and to claim the joy in their lives. Among the most important issues for caregivers is self-care. When PD presents new obstacles, how does a caregiver adapt and stay strong?

For Heidi Morgan, caregiving has been a journey of challenges and devotion. Her husband, Dave, has lived twenty years with Parkinson’s. When diagnosed at age 45, he was a father for the fourth time with a new baby at home. PD has changed their lives, yet they and their family work diligently to retain humor and love.

“Dave needs more help with more things. What I didn’t do before, I am doing now: paying bills, helping him with the bathroom, driving,” Heidi says. “Sleep was a challenge for a while. I was getting up five times a night to help Dave to the bathroom, and I was a wreck. Dr. Nausieda’s office arranged for the Visiting Nurse Association to come out to help and bring suggestions. Now Dave sleeps in a lift chair, I catheterize him externally at night, and we both get sleep.”

Heidi says, “We try to keep our sense of humor. Things that are positive are helpful. For instance, the catheters are notorious for slipping off. We tried different kinds of adhesives. My son, who works for 3M, sent a box of adhesives, including permanent mounting tape — the container said the tape holds up to two pounds and ‘can be used instead of push pins or screws.’ That made us laugh!

“What surprised me about caregiving is the constant change. Something worked one time but doesn’t now, or it didn’t work before but now it does. We are always adjusting.

“I do get exercise. I have wonderful friends who challenge my thinking in political discussion and Bible study groups. During the school year, I teach a class one evening a week for three- to five-year-olds. I do a little math tutoring. Those things give me a break from the day-to-day responsibilities. It’s hard to do, and I will have to do less when there are more demands, but as long as I can do them, I will until … that has to stop.

“I figure that there will be more challenges — I don’t see that as being unique. Our faith is our rock in helping
us through the hard times. We are very grateful for the amazing response by our children, family, friends, and neighbors. We have survived twenty years, and there have been good things that have happened: children getting married, grandchildren being born. Life goes on for us and for other people who experience this.”

Judy and Russ Breit face their challenges with kindness and courage. Judy, diagnosed at age 61, has lived with PD for six years. She doesn’t have much strength to stand or walk but continues to give it her best effort. Her husband, Russ, says with admiration, “Today she walked around the dining room table.”

Russ offers an important distinction. He says, “For me, ‘caregiving’ is giving of oneself, whether it’s a smile, compliment, hug, or story to share about how your day went, or asking if there is something I can do for you. ‘Caretaking’ means doing things to comfort: dealing with the incontinence or bathroom duties, giving a bath — taking care of needs as far as daily chores are concerned.”

Judy needs full care. Russ says, “We are finding ways around all the problems and challenges. I know that Judy would do the same for me.” The Breits have three caretakers, including their daughter, who comes one day a week to spell her father when he participates in his men’s gospel choir. The Breits’ son also lives nearby and helps. Daughter Kimberly says, “Our family wouldn’t be as close if there weren’t this disease.”

Russ says, “This is not easy. Parkinson’s takes away your freedom. Changes affect both of us. You realize how lucky you were when things were normal with no health problems. For me, for both of us, we recognize how strong our wedding vows are. Together we look at ourselves and say, ‘Well, we’ve come a long way, married 48 years.’ I love Judy more now than ever.”

Russ suggests, “Try to put yourself in the patient’s position. If you cause anxiety or depression for the patient, then the PD meds don’t work well. Keep things on the bright side, but be yourself. Be authentic.”

Russ is self-employed and still working. “That’s a big advantage as we adjust to Judy’s needs,” he says. “The caretakers are experienced, which really lightens my load for a chance to be gone three, four, five hours a day. Children, friends, men’s choir, grandchildren, fellow employees, and many customer relationships help a lot. We bought a cottage up north in 1993, so we go when we can to relax. Crying is a good release — you feel much better after you’re done. We take our lives on a day-by-day basis and look forward to tomorrow.”

The Morgans and Breits offer their stories for you to know that you are not alone. They hope their words encourage and comfort those who are caregiving and living with Parkinson’s.

— Juliette Hayes
Caregiver Resources and Tools

by: Jeremy Otte
Director of Outreach and Education
Wisconsin Parkinson Association

A caregiver is defined as “a person who provides direct care.” By definition, many of us are caregivers but do not identify ourselves as such. As a parent, you are a caregiver for your children, and eventually they mature and start families of their own and assume the role of caregiver. You never said, “I am his caregiver” — you identified as his parent. Thus, when your spouse, partner, or loved one is diagnosed with Parkinson disease, you do not label yourself a caregiver. You continue to view yourself as a spouse, partner, or loved one. It is currently estimated that more than 80% of caregivers are family members. Thankfully, we can carry as many titles as we want: wife/husband, mother/father, daughter/son, friend, and caregiver.

As a caregiver, there are a number of tools available to assist you and your loved one with Parkinson disease. First, the WPA has a number of caregiver books available through our resource library. You can borrow these books by calling 414-219-7061 or 800-WPA-5455. They will provide tips and resources to you and your family in caring for someone with Parkinson disease.

The WPA hosts a number of caregiver support groups across the state and is always willing to assist you in the development of new groups in your area to meet your needs. If there is not a specific Parkinson disease caregiver support group in your area, attending a non-caregiver-specific Parkinson support group may allow you to connect with other caregivers at the meeting and allow you to share resources and needs with one another.

There are a number of local agencies specifically designed to assist caregivers:

- Family Caregiver Support Network: 800-449-4481
- The Wisconsin Family Caregiver Support Program: 866-843-9810
- League of Experienced Family Caregivers: 800-410-2586
- The National Alliance for Caregiving: www.caregiving.org
In addition to WPA-sponsored groups, there are a number of caregiver support groups for people with chronic conditions. You can learn about these groups by calling the United Way’s 2-1-1 in your area (simply dial 211 or visit www.impactinc.org for Milwaukee, Racine, Kenosha, Ozaukee, and Washington counties) or contacting your local Aging and Disability Resource Center. Both agencies can discuss respite care options in your community and assist you as a caregiver — but also supply quality care at home for your loved one.

Finally, include your loved one’s medical team when discussing your caregiving needs and concerns. The medical team has a variety of tools and resources at their disposal to assist you in providing the best possible care to your loved one and help your loved one to maintain his or her independence.

Once you acknowledge that you are a caregiver, the resources available to you are quite expansive. You need to assess your needs and those of your loved one. From there, you can develop an extensive support network for you and your loved one.

Please use the tools provided and be sure to incorporate as many of these resources into your caregiving experience as possible. The WPA can be a part of your team — please contact us!

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**Family Caregivers: Help Us Help You**

The Parkinson Research Institute and the Wisconsin Parkinson Association are conducting a study of the needs and challenges faced by family caregivers of persons with **Lewy Body Dementia** or **Alzheimer’s disease**.

Participating family caregivers will:

- complete a few short questionnaires about caregiving and return them to the researchers via US Mail (postage provided) and
- take part in a 45-minute, one-on-one interview at a location of their choosing to discuss caregiving experiences.

If you are caring for someone with Lewy Body Dementia or Alzheimer’s disease who is living at home (not in a nursing home) and would like to learn more about this research study, please call Maggie at **414-219-7485**.

There are no costs to you for participation, and the study has been reviewed and approved by the University of Wisconsin–Milwaukee’s Institutional Review Board.
One of the most intimate social activities is touch. I have been interested in the possible impact of touch on both caregivers and care receivers. Touch has been described as the fifth sense, but scientists have only begun to unravel its possible effects on human health. Many studies suggest that receiving a loving touch has health benefits; other data now suggest that providing touch also has health benefits for the person who touches. I believe this has meaning in the world of PD caregiving and PD care receiving.

**Impacts of Touch on Care Receivers** We know that touch has effects on those being touched. For example, laboratory studies have shown that touch has positive effects on human physiological responses — human touch for “touch receivers” includes decreased blood pressure, decreased heart rate, and healthier hormonal responses. It is good for someone’s health to receive a loving touch. While this may seem obvious, the next question is less so: What about the impact of providing touch?

**The Role of Providing Touch on Caregivers** There are many studies now suggesting that providing touch is good for the toucher. In one study that I find particularly compelling, the authors studied whether and how providing social support in the form of touch, rather than being touched, affects the touch provider’s brain. They used brain-imaging technology to test their ideas.

Twenty women in romantic relationships underwent brain scans while their partners stood just outside the scanner; sometimes the partners received painful but safe electric shocks. When the women gave support to their partners by holding their partner’s arm during shock, the women’s brain scans showed activity in specific brain areas. There was increased activity in brain areas involved in maternal caregiving behavior and reward giving (the ventral septum); another brain area, sometimes referred to as the brain’s “pleasure center” (a different area of the septum); and there was reduced activity in a brain area involved in fear (the amygdala). So, when giving social support through touch to a loved one “in need,” specific brain areas involved in caring responses are activated. By contrast, when the women did not give support to their partners during shock, the same brain areas did not become active.

The authors of this research suggest that the provision of social support may have healthful effects on the brain because activation of the ventral septum has analgesic effects for the supporter; giving support results in a suppression of activity in the amygdala, which ordinarily increases blood pressure, heart rate, and levels...
On the Positive Side of Caregiving: “Uplifts”

If you are a caregiver, you know that providing care can be burdensome. The negative aspects of caregiving, which may emerge when you assist your partner with Parkinson disease, are referred to as “stressors” by many caregiver researchers. The caregiving research shows that stressors are most often associated with care receiver behavioral problems, such as when the care receiver experiences depression and anxiety, exhibits psychotic symptoms, or becomes apathetic, for example.

But in the early 1990s, researchers recognized that caregiving can bring with it small satisfactions, which they called “uplifts.” It seems that uplifts help buffer against caregiving stressors. So if you can cultivate more uplifts, your sense of burden may decrease.

Uplifts seem to be most frequently associated with successes in assisting the care receiver with activities of daily living: things like doing housework, handling the bills, taking public transportation. Uplifts even benefit the caregiver when he or she helps with more basic functions such as bathing, dressing, and eating.

Existing data show that having a close social network is beneficial to many domains of health. But I also believe the research data strongly suggest that social connections, in the form of touch, cause physiological reactions in the brains of caregivers. These reactions are associated with enhanced brain and body health.

So I give this easy-to-follow recommendation to caregivers for their own health: Spend more time with your partners with PD, and hold them. Touch their arms when they are having a tremor. Rub their backs after a difficult day. Hold hands and give loving hugs. Because when a caregiver touches the care receiver, it seems to benefit the health of both.

of anxiety; and giving social support increases release of oxytocin, a hormone which “dampens” responses to stress. Stress, as we know, is bad for the brain.

Another study showed that human beings are remarkably adept at “decoding” the emotional intentions of touch — such as anger, fear, disgust, love, gratitude, and sympathy — even without being able to see the touchers’ faces. The touch receivers were able to interpret these communicated emotions at better-than-chance levels. Since other studies have shown that expressing positive emotions, such as compassion, has positive health effects on the person expressing them, we might infer that, when a caregiver provides a compassionate touch, he or she may also accrue health benefits.

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Fifteen years ago, a group of well-regarded researchers published a book titled “Profiles in Caregiving: The Unexpected Career.” They felt it aptly described the situation of millions of family members throughout the U.S. and elsewhere who had gradually found it necessary to start doing things for their spouses, parents, siblings, or close friends who, due to neurological conditions such as Alzheimer’s and Parkinson disease, could no longer do for themselves. At first, the tasks may have been small and easily incorporated into day-to-day life without much change in routine. But as the disease progressed, these family helpers found it necessary to rearrange their responsibilities and activities substantially to provide the kind of care their relatives needed — in a whole new, full-time career of caregiving. Unlike other careers that people train for and seek out, this career found them, and they were rarely prepared to take it on.

In the early days of research on caregiving, the goal was to describe this unexpected career and its impacts: What kinds of tasks were family caregivers doing? How much time were they spending on caregiving? What kinds of changes had they made in other areas of their lives to make room for caregiving? And perhaps most importantly, what effect was caregiving having on their mental, emotional, and physical health?

The answers were found to vary considerably from caregiver to caregiver. It became very clear, however, that for many, caregiving often required family members to take on tasks far outside their comfort zones, spend large amounts of time and energy, and take time away from family, work, and social life. Many caregivers found what they did rewarding and a source of enhanced self-esteem. Nonetheless, many also identified significant burdens of caregiving that had taken a toll on their well-being.

Armed with these findings, caregiving researchers now focus almost exclusively on developing and testing interventions to support family caregivers so that they can continue to provide the help their family members need but, at the same time, take care of themselves. Evidence is mounting that several types of interventions really do make a difference for caregivers. Among these are support groups made up of other caregivers, group and individual counseling from professionals, respite services designed to give family members a break from caregiving, and “psychoeducational” programs that provide information and coaching for caregivers to help them understand the caregiving role and how to succeed in it while maintaining their own health and well-being. While research shows that caregivers often have difficulty reaching out for help or feel guilty focusing on themselves instead of the person they care for, it also shows that caregivers are likely to do a better job of caregiving if they take care of themselves along the way. Remember that in seeking and accepting help, research supports your efforts.

Dr. Smyth is associate professor of Epidemiology & Biostatistics, Neurology and Sociology, and director of the Neurological Outcomes Center Training and Mentoring Program at Case Western Reserve University.

Physiological Effects of Caregiving on the Brain

by: Thomas Fritsch, Ph.D., PRI, and Marcellus M. Merritt, Ph.D., UWM

Providing care for a person has physiological effects on the caregiver’s brain. In collaborative research with my colleague, Marcellus Merritt (associate professor of psychology, UWM), we found that caregivers and non-caregivers differ in the pattern of daily release of a stress hormone found in the brain: cortisol. Cortisol is a bit like adrenaline; it is released to rev up our system when we are in emergency situations, allowing our bodies and minds to prepare for “fight or flight.” There is a daily rhythm to cortisol release, too. Cortisol levels climb to their highest levels in the morning, quickly after waking, but then they fall the rest of the day — unless some stressful event occurs.

However, people exposed to chronic high stress (such as caregivers) show a different pattern. Upon waking, their cortisol release is lower than in non-caregivers (in the morning) and follows a continuous but low level of release. This can lead to a syndrome called cortisol dysregulation syndrome (CDS). In CDS, the normal, daily rhythms of cortisol release are disrupted. Chronic, low-level release of cortisol has been shown in animals to damage brain cells.

Dr. Merritt, his team, and I found that caregivers were much more likely to have dysregulated cortisol release patterns, whereas non-caregivers had normal patterns. We confirmed what caregivers have been telling us experientially: providing care is stressful, and it takes a toll on the caregiver. That toll even extends to the health of caregivers’ brains.

How do you know if you are suffering from CDS? Unfortunately, blood workups by physicians for CDS are rare, mainly since blood workups are, increasingly, being used to examine the impact of inflammatory mechanisms on stress-related disorders.

However, if you know or suspect that you have CDS, there are treatment options. “Stress triggers” may continue to produce mini-crashes, demanding a regimen of cortisol and traditional medications during crashes. Behavioral therapies such as meditation, deep breathing, touch therapy, and yoga are being used, but they are more controversial due to complexities of brain-body connections.

CDS is a multifaceted condition that usually requires a full blood workup and physical to determine proper treatments. Each patient may manifest CDS in different ways (e.g., hypoglycemia versus fibromyalgia), so treatments should be geared to the unique expression of this stress-related syndrome.

Bottom line: caregiver stress is not just a psychological or physical state. Caregiving encompasses thoughts and behaviors that can directly stress the brain through neurochemical mechanisms.

Marcellus M. Merritt, Ph.D., is associate professor of psychology and experimental and health psychology at UWM. His studies of cortisol release patterns and caregiving have been ongoing for about 15 years.

As many of our patients know, we test lots of experimental medications at the Regional Parkinson Center.

Recently, many patients have been asking about when the next great drug will be made available to patients, or if a new and improved medication is nearing approval. As of late, my response has been a bit bleak. To be honest, it has been a rough couple of months with regard to experimental drugs that have lots of potential.

Let me tell you about three medications that have struggled to make it through the clinical trial process.

1. The best medication that we have tested in years (in my humble opinion) has been indefinitely delayed. This is a new and improved form of carbidopa/levodopa. What happened is that the company who is making/testing this drug has run into some problems with its manufacturing process. Some problems have been identified in how it makes its drugs. So now this new and improved Parkinson medication has been put on hold until the company can solve the manufacturing problems. We hope the solutions will come soon, as this medication could help lots of patients.

2. The most exciting medication that we recently tested was one that had the potential to reverse the disease. This medication was designed to fix the damage caused by Parkinson’s. When we tested it, we got some pretty good feedback from patients. Despite the fact that we saw some significant changes in some of our subjects, this drug has not progressed through the clinical trial process. Apparently other sites around the world did not see some of the improvements that we did. When the pharmaceutical company analyzed the data from the study, it did not see enough of an effect to continue experimental testing.

3. Last but not least is another new form of carbidopa/levodopa. This experimental medication has great potential to provide better symptom control and longer-lasting effects. A recently completed study showed that it did significantly help a number of patients. But apparently a few others who tried it did not respond as well. In some clinical trials, it takes a small number of people who do not improve for a drug to be held back. As a result this drug may have been put on hold for a short while. Despite some sporadic results, there has been talk of continued testing with this medication. I hope the testing of this medication will continue, as I think it could be very successful.

This information is not meant to frustrate. It is simply meant to educate. If I shared only the good news about experimental drugs with Parkinson patients, then I would not be telling the whole truth. And the truth is that the testing and approval of these three medications could have gone much better. But we, and other sites around the world, continue to test new and improved medications every day. And we continue to make progress towards better treatment options. If you have any questions about the clinical trials that we conduct, please feel free to contact me at 414-219-5774.
This list is current as at October 25, 2013. Please contact Raven Hamilton at 414-219-5768 or ravenh@wiparkinson.org with any changes.

To find Lewy body dementia support groups in your area, call the Lewy Body Dementia Association at 800-539-9767.

**illinois Support Groups**

**Dixon, IL**
Town Square Center
102 S. Hennepin, 2nd Floor Community Room
2nd Thursday at 1:00 p.m.
Contact: Anne Hilliard at 815-285-5575

**Libertyville, IL**
Lake County Parkinson Support Group
Condell Medical Center/Conference Center
Condell Drive & Milwaukee Avenue (Rt. #21)
4th Wednesday from 7:00 – 9:00 p.m.
Contact: Wayne Zumstein at 847-949-1118 or 847-840-5700

**Northfield, IL**
North Shore Senior Center
161 Northfield
Every Wednesday at 1:00 p.m.
Contact: Michele Corrado at 847-784-6038

**Rockford, IL**
- **support group**
  Wesley Willows
  4141 N. Rockton Avenue
  2nd Wednesday at 10:00 a.m.
  Contact: Faye Ford at 815-885-4897
  or Joyce Reiland at 815-229-3078
- **young-onset group**
  Gloria Dei Lutheran Church
  4700 Augustana Drive
  3rd Tuesday at 7:00 p.m.
  Dinner meetings at 6:30 p.m.
  Contact: Sharon Habing at 815-398-1720

**Roscoe, IL**
- **exercise group — Pedaling for Parkinson’s**
  Stateline Family YMCA, Rosco Branch
  9901 Main Street
  Mondays, Wednesdays, Fridays at 11:00 a.m. (free)
  Contact: Ann Hanks at 608-365-2261

**Washington, IA**
United Presbyterian Home
1203 E. Washington Street
2nd Tuesday at 3:30 p.m.
Contact: Amy Kleese at 319-653-5473

**Waukon, IA**
Veterans Memorial Hospital
404 First Street Southeast
3rd Thursday at 1:00 p.m.
Contact: Dan & Sarah Welsh at 563-568-2049

**iowa Support Groups**

**Bettendorf, IA**
- **Lewy body dementia support group**
  Trinity Medical Center
  4500 Ullica Ridge Road
  Lower Level Classroom A and B
  3rd Tuesday from 7:00 – 8:30 p.m.
  Contact: Elizabeth Saelens at 309-523-3880

**Clinton, IA**
Mercy Medical Center
638 S. Bluff Boulevard
South Campus Board Room
2nd Saturday at 10:00 a.m.
Contact: Don & Rita Schneider at 563-243-5585

**Davenport, IA**
Center for Active Seniors
1035 W. Kimberly Road
3rd Saturday from 10:00 a.m. – Noon
Contact: Eileen Benson at 563-332-6497

**Decorah, IA**
Winnebago Medical Center
901 Montgomery Street
4th Wednesday at 1:30 p.m.
Contact: Linda Klimesh at 563-387-3038
  or Dawn Milligan at 563-387-3146

**Dubuque, IA**
Stonehill Adult Daycare Center
3485 Windsor Avenue
4th Saturday at 10:00 a.m.
Contact: Gerald Osterhaus at 563-582-7313

**Newton, IA**
Wesley Park Center
500 First Street North
Garden Room
3rd Monday at 1:30 p.m.
Contact: Eloise Prater at 641-791-1018
  or Maralyn Stull at 641-791-2299

**Washington, IA**
United Presbyterian Home
1203 E. Washington Street
2nd Tuesday at 3:30 p.m.
Contact: Amy Kleese at 319-653-5473

**Menomonie, WI**
Harbors
1110 Tenth Avenue
3rd Thursday at 1:00 p.m.
Contact: John Racine at 715-822-1978

**Baraboo, WI**
- **support group**
  First Congregational United Church of Christ
  131 Sixth Avenue
  3rd Monday at 2:00 p.m.
  Contact: Sylvia Kriege at 608-356-7096
  or Geri Schoeno at 608-356-3473

**Bayfield–Apostle Islands, WI**
- **support group**
  Location and meeting times vary; call for information
  Contact: Jeff Obst at 715-209-0807

**Wisconsin All Groups**

**Appleton, WI**
- **young-onset group**
  Fox River Assisted Living
  5800 Pennsylvania Avenue
  2nd Thursday at 6:00 p.m.
  Contact: Margaret Foth at 920-735-0477
  or Margaret Kaspar at 920-915-5488

**Bayfield–Apostle Islands, WI**
- **support group**
  Location and meeting times vary; call for information
  Contact: Jeff Obst at 715-209-0807

The Network, summer/fall 2013
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<tr>
<th>Location</th>
<th>Type</th>
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| Brookfield, WI | support group | Brookfield Regency  
777 N. Brookfield Road  
1st Thursday at 2:30 p.m.  
Contact: Jeremy Otte at 414-219-7065 |
| Brown Deer, WI | exercise group| Rite-Hite YMCA  
9250 N. Green Bay Road  
Tuesdays & Thursdays at 1:30 or 2:00 p.m.  
(fee associated)  
Contact: Megan Radowski or Liz Paly, PT, at 414-354-9622 |
| Chippewa Falls, WI | support group | Trinity United Methodist Church  
201 W. Central Street  
1st Wednesday at 1:30 p.m.  
Contact: Ursula Whelan at 715-723-3726 |
| Eau Claire, WI | support group | Sacred Heart Hospital  
900 W. Clairemont Avenue  
Conference Room 15  
3rd Tuesday; call for time  
Contact: Elizabeth Milanowski, RN, at 715-831-1045 |
| Fish Creek, WI | exercise group| Door County YMCA  
Northern Door Program Center  
3866 Gibraltar Road  
Tuesdays & Thursdays at 11:00 a.m.  
(fee associated)  
Contact: Carol Ash, PT, at 920-868-3660 |
| Fitchburg, WI | support group | Fitchburg Senior Center  
5510 Lacy Road  
3rd Friday from 9:30 – 11:00 a.m.  
Contact: Mary Hoffman at 608-249-9109 |
| Fond du Lac, WI | support group | Aurora Health Center  
210 Wisconsin American Drive  
2nd Floor Meeting Room  
Call for meeting day and time  
Contact: Cheryl Leonard or Cathy Foster at 920-477-5222 |
| Fond du Lac, WI | exercise group| The Aquatic Center for CP  
2801 S. Webster Avenue  
Mondays & Wednesdays from 11:00 – 11:45 a.m.  
(fee associated)  
Contact: Kelly Gerl, PT, at 920-288-5400 |
| Green Bay, WI | support group | Aging & Disability Resource Center  
300 S. Adams Street  
2nd Tuesday at 1:00 p.m.  
Contact: Mary Beth Fumelle at 920-655-3715 |
| Green Bay, WI | exercise group| Aurora BayCare Sports Medicine Center  
PWR! Fitness Training  
1160 Kepler Drive  
Tuesdays & Fridays at 10:00 a.m. for PWR! Fitness ($5 per class)  
Contact: Kelly Gerl, PT, at 920-288-5400 |
| Greenfield, WI | exercise group| Southwest YMCA  
11311 W. Howard Avenue  
Mondays & Thursdays at 1:00 p.m.  
(fee associated)  
Contact: J.T. Mathwig, PT, or MaryEllen Kemp, PT, at 414-546-9622 |
| Greenfield, WI | exercise group| Wisconsin Athletic Club  
5020 S. 110th Street  
Tuesdays at 11:00 a.m. (fee associated)  
Contact: Mary Spidell at 414-427-6500 |
| Hartford, WI | exercise group| Aurora Medical Center Washington County  
1032 E. Sumner Street  
Rehab Department  
Tuesdays & Thursdays at 12:30 p.m.  
(gee associated)  
Contact: Kim Beimel, PTA, or Meg Bowen, PTA, at 262-670-7233 |
| Hudson, WI | support group | Hudson Hospital and Clinics  
405 Stageline Road  
2nd Tuesday at 10:00 a.m.  
Contact: Marilyn Schuchman at 715-386-1849 |
| Janesville, WI | support group | Cedar Crest  
1702 S. River Road  
1st Wednesday at 2:00 p.m.  
Contact: Darlene Larson at 608-754-4549 |
| Janesville, WI | exercise group| SOL Fitness  
4113 Whitney Street  
Wednesdays from 9:00 – 9:45 a.m.  
(ree associated)  
Contact: Connie Udell at 608-302-7088 |
| Kenosha, WI | support group | Brookside Care Center  
3506 Washington Road  
Southport Room  
1st Wednesday at 2:00 p.m.  
Contact: Julie Topolovec at 262-657-7276 or Dave Gourdoux at 262-694-6156 |
| King, WI | support group | Wisconsin Veterans Home at King  
422 Bell Avenue  
1st Wednesday at 2:00 p.m.  
Contact: Guy Connor at 715-258-5586 x 2604 |
| La Crosse, WI | support group | Gundersen Lutheran Hospital  
1900 South Avenue  
4th Tuesday at 2:00 p.m.  
Contact: Julie Holzwarth at 608-782-7300 |
### Madison, WI

<table>
<thead>
<tr>
<th>Type</th>
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<tbody>
<tr>
<td><strong>support group</strong></td>
<td>Asbury United Methodist Church</td>
<td>6101 University Avenue 3rd Thursday at 6:00 p.m. Contact: Hannah Wente at 608-229-7628</td>
</tr>
<tr>
<td><strong>support group</strong></td>
<td>Madison Public Library</td>
<td>Sequoya Branch 4340 Tokay Boulevard Meeting Room A Last Monday at 7:00 p.m. Contact: Hilary Blue at 608-298-7520</td>
</tr>
<tr>
<td><strong>support group</strong></td>
<td>Oak Park Place</td>
<td>618 Jupiter Drive 4th Wednesday at 3:00 p.m. Contact: Katie Lowe at 608-663-8600</td>
</tr>
<tr>
<td><strong>caregiver group</strong></td>
<td>East Madison/Monona Coalition on Aging</td>
<td>4142 Monona Drive 1st Tuesday at 4:00 p.m. Contact: Hannah Wente at 608-229-7628</td>
</tr>
<tr>
<td><strong>young-onset group</strong></td>
<td>St. Mary’s Hospital</td>
<td>700 S. Park Street, Bay 4 1st Thursday at 6:00 p.m. Contact: Hannah Wente at 608-229-7628</td>
</tr>
<tr>
<td><strong>exercise group</strong></td>
<td>Bliss Flow Yoga</td>
<td>3527 University Avenue Fridays from 2:00 – 2:45 p.m. (fee associated) Contact: 608-233-2577</td>
</tr>
<tr>
<td><strong>exercise group</strong></td>
<td>Harbor Athletic Club</td>
<td>2529 Allen Boulevard, Middleton Multiple meeting days and times for PD exercise, Zumba, PDLi, PD in Motion (fee associated) Contact: 608-831-6500</td>
</tr>
<tr>
<td><strong>exercise group</strong></td>
<td>Madison Senior Center</td>
<td>330 W. Mitfitt Street Tuesdays at 10:30 a.m. (fee associated) Contact: Hannah Wente at 608-229-7628</td>
</tr>
<tr>
<td><strong>exercise group</strong></td>
<td>UW Health Sports Medicine Center Research Park Fitness Center</td>
<td>621 Science Drive Tuesdays &amp; Thursdays from 12:40 – 2:10 p.m. (fee associated) Contact: Emily Zimmerman, PT at 608-265-8303</td>
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### Manitowoc, WI

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<tbody>
<tr>
<td><strong>support group</strong></td>
<td>Manitowoc United Methodist Church</td>
<td>3330 Custer Street 4th Thursday at 1:30 p.m. No meeting July or August Contact: Vicki Rathpack at 920-726-4626</td>
</tr>
<tr>
<td><strong>exercise group</strong></td>
<td>Aquatic Exercises, YMCA</td>
<td>205 Maritime Drive Call for meeting times (fee associated) Contact: 920-682-0341</td>
</tr>
<tr>
<td><strong>exercise group</strong></td>
<td>Holy Family Memorial Wellness Center</td>
<td>1650 S. 41st Street Tuesdays &amp; Thursdays at 1:00 or 2:00 p.m. (fee associated) Contact: Rachel Speel, PT at 920-320-4600</td>
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### Marshfield, WI

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<tbody>
<tr>
<td><strong>support group</strong></td>
<td>Wesley United Methodist Church 205 S. Maple Street</td>
<td>3rd Thursday at 1:00 p.m. Contact: Marilyn Seid-Kramer at 715-305-8224</td>
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### Menomonie Falls, WI

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<tbody>
<tr>
<td><strong>support group</strong></td>
<td>Arboretum Retirement Community W180 N7890 Town Hall Road Multipurpose Room</td>
<td>1st Thursday at 10:00 a.m. Contact: Pamela Derse at 262-253-0909</td>
</tr>
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### Milwaukee, WI

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<tbody>
<tr>
<td><strong>social group</strong></td>
<td>YPPT: Young Parkinson Professionals Together</td>
<td>Meeting dates and places vary; for the latest information, go to meetup.com/young-parkinson-professionals-together/ or contact Bob Norman at 414-550-1031 or <a href="mailto:ypptbob@gmail.com">ypptbob@gmail.com</a></td>
</tr>
<tr>
<td><strong>exercise group</strong></td>
<td>Group Yoga Therapy (safe for those with PD) Invivo Wellness</td>
<td>2060 N. Humboldt Avenue Wednesdays from 9:00 - 10:30 a.m. (fee associated) Contact: Tina Romenesko, PYT, RYT at 414-265-5606</td>
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### Manitowoc, WI

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<tr>
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<tbody>
<tr>
<td><strong>yoga group</strong></td>
<td>Yoga for Parkinson’s Milwaukee Yoga Center</td>
<td>3514 N. Oakland Avenue Fridays from 1:30 – 3:00 p.m. (fee associated) Contact: Susan Goulet at 414-332-3551</td>
</tr>
<tr>
<td><strong>veterans’ support group</strong></td>
<td>Clement J. Zablocki VA Medical Center</td>
<td>5000 W. National, 3rd Floor Rec Hall/Gym, Room #3454 1st Thursday from 11:30 a.m. - 1:00 p.m. Contact: 414-805-8326</td>
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### Minocqua, WI

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<tr>
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<tbody>
<tr>
<td><strong>support group</strong></td>
<td>Ascension Lutheran Church Highway 51 South</td>
<td>2nd Tuesday at 10:00 a.m. Contact: Dennis Leith at 715-358-2207 or Norma Semling at 715-545-3414</td>
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### Monroe, WI

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<tbody>
<tr>
<td><strong>support group</strong></td>
<td>Monroe Clinic 515 – 22nd Avenue</td>
<td>3rd Saturday; call for time Contact: Shelley Kimble-Welch and Steve Welch at 608-966-1398</td>
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### Mount Horeb, WI

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<tr>
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<tbody>
<tr>
<td><strong>support group</strong></td>
<td>Mount Horeb Public Library 105 Perimeter Street</td>
<td>3rd Tuesday from 10:00 a.m. – Noon Contact: Rita Stanton at 608-437-6959</td>
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### Neenah, WI

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<tr>
<td><strong>support group</strong></td>
<td>Neuroscience Group 1305 W. American Drive</td>
<td>2nd Floor Classroom 4th Thursday at 2:00 p.m. Contact: Patrick Pelkey at 920-538-0144</td>
</tr>
<tr>
<td><strong>exercise group</strong></td>
<td>Pilates for Parkinson’s Neuroscience Group</td>
<td>1305 W. American Drive Mondays &amp; Wednesdays at 4:15 p.m. (fee associated) Contact: Kathy Hergert at 920-720-1617</td>
</tr>
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### New Berlin, WI

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<tr>
<td><strong>support group</strong></td>
<td>Steeple View Senior Community</td>
<td>12455 W. Janesville Road 3rd Wednesday at 6:30 p.m. Contact: Debra Haight at 262-989-9278</td>
</tr>
</tbody>
</table>
support groups • exercise groups

Oconomowoc, WI
support group
Oconomowoc Memorial Hospital
791 Summit Avenue
3rd Friday at 2:00 p.m.
Contact: Peg Theder at 920-261-9805

eExercise group
Pabst Farms YMCA
1750 E. Valley Road
Wednesdays & Fridays at 1:00 p.m.
(fee associated)
Contact: Amanda Borneman, Cathy Cauley, Diane Lorenz, PTs, at 262-567-7251

Oshkosh, WI
support group
Oshkosh Seniors Center
200 N. Campbell Road
South Facility
3rd Tuesday at 2:00 p.m.
Contact: Paula Seeley at 920-232-5305

Richland Center, WI
support group
Richland Center Community/ Senior Center
1050 Orange Street
4th Wednesday at 10:00 a.m.
Contact: Maureen Smith, PT, at 608-647-2623
or Jo Wenzler at 608-553-0200

eExercise group
Music 'n Motion
The Richland Hospital
333 E. Second Street
Fridays at 1:00 p.m. (fee associated)
Contact: Maureen Smith, PT, or Maria Bohl, DPT, at 608-647-6321 x 2402

St. Francis, WI
support group
St. Ann Center for Intergenerational Care
Adult Day Services Unit
2801 E. Morgan Avenue
3rd Tuesday at 1:30 p.m.
Contact: Hattie Goodman at 414-744-5654

Seymour, WI
support group
Good Shepherd Services
607 E. Bronson Road, Community Center
1st Tuesday at 1:30 p.m.
Contact: Lori Tesch-Janke at 920-538-2017
or Carol Janke at 715-752-4247

Shawano, WI
support group
Shawano United Methodist Church
1000 Engel Drive
3rd Tuesday at 1:30 p.m.
Contact: Joyce Hagen at 715-526-5104

eExercise group
Total Fitness
212 E. Green Bay Street
Mondays & Wednesdays at 1:00 p.m.
(fee associated)
Contact: Jean Darling, PT, at 715-526-2899

Sturgeon Bay, WI
support group
Door County YMCA, Sturgeon Bay
1900 Michigan Street
Tuesdays & Thursdays at 2:15 p.m. (fee associated)
Contact: Carl Grota, PT, or Shawn Hanrahan, PTA, at 920-743-4949

Sheboygan, WI
support group
Aurora Sheboygan Memorial Medical Center
2629 N. 7th Street, Conference Room C
3rd Tuesday at 2:00 p.m.
Contact: Louis Borth at 920-400-1336,
Bill Bahr at 920-452-2444, or Barb Perlewitz at 262-285-3513

eExercise group
Aurora Sheboygan Memorial Medical Center
2629 N. 7th Street
Tuesdays & Thursdays from
11:30 a.m. – 1:00 p.m. (fee associated)
Contact: Susan Senti, PT, or Stacey Vollbrecht, PT, at 920-451-5550

Wisconsin Parkinson Association

The Network, summer/fall 2013
Summit, WI

exercise group
Aurora Medical Center Summit
36500 Aurora Drive
Outpatient Rehabilitation Gym
Every Monday at 6:00 p.m.
Contact: Amanda Borneman, PT, DPT, at 262-434-2600

Sun Prairie, WI

support group
Colonial Club Senior Center
301 Blankenheim Lane
Therapy Room
4th Monday at 1:00 p.m.
Contact: Hannah Wente at 608-229-7628

exercise group
YMCA of Dane County
1470 Don Simon Drive
Wednesdays at 11:00 a.m.
(fee associated)
Contact: 608-837-8221

Walworth, WI

support group
Inspirational Ministries – Pederson Center
Highway 67 and F
3rd Wednesday at 2:00 p.m.
Contact: Audrey Yakes at 262-723-1288

Waukesha, WI

exercise group
Waukesha Family YMCA
320 E. Broadway
Mondays & Thursdays at 1:00 or 1:30 p.m.
(fee associated)
Contact: Kristine DeKarske, PT, at 262-542-2557

Waunakee, WI

support group
Village Center of Waunakee
Senior Center Stage
333 S. Madison Street
4th Tuesday at 2:00 p.m.
Contact: Hannah Wente at 608-229-7628

exercise group
Waunakee Senior Center
333 S. Madison Street
Tuesdays from 1:30 – 2:15 p.m.
(fee associated)
Contact: 608-849-8385

Wausau, WI

support group
Aging and Disability Resource Center
1000 Lakeview Drive, Wellness Room
3rd Tuesday at 12:30 p.m.
Contact: Dona Boodle at 715-675-2040
or Lucy Harvey at 715-849-3545

Wauwatosa, WI

young-onset group
Community Conference Center
8700 Watertown Plank Road
Lower Level, east side of WAC
3rd Wednesday from 6:30 – 8:00 p.m.
Contact: 414-805-8326

caregiver group
Community Conference Center
8700 Watertown Plank Road
Lower Level, east side of WAC
2nd Saturday from 1:00 – 2:30 p.m.
Contact: 414-805-8326

men’s group
San Camillo, 10200 W. Bluemound Road
2nd Monday at 1:30 p.m.
Contact: Mitchell Smith at 262-796-1935

women’s group
San Camillo, 10200 W. Bluemound Road
4th Monday at 1:30 p.m.
Contact: Gail Mellingier at 414-988-5262
or Pat Mueller at 414-545-1487

exercise group
Group Yoga Therapy (safe for those with PD)
Haleybird Yoga Studios
9207 W. Center Street
Fridays from Noon – 1:15 p.m.
(fee associated)
Elevator access is not available in this building.
Contact: Biz Casmer at 612-801-0188

West Allis, WI

support group
Aurora West Allis Medical Center
8901 W. Lincoln Avenue
Meeting Room 1
4th Tuesday at 7:00 p.m.
Contact: Dale & Ellen Jante at 262-492-2439

caregiver group
Village at Manor Park
3023 S. 84th Street (enter at blue canopy)
Assisted Care area – G Lounge
4th Tuesday at 2:00 p.m.
Contact: Kate Olszewski at 262-672-0041

West Bend, WI

support group
Cedar Ridge Retirement Campus
113 Cedar Ridge Drive
3rd Monday at 1:00 p.m.
Contact: Kathy Stultz at 262-338-2821

exercise group
Kettle Moraine YMCA at River Shores
705 Village Green Way, Suite 201
Tuesdays & Fridays at 2:00 or 2:30 p.m.
(fee associated)
Contact: Beth Dieringer, PT, or Anne Langenfeld Smith, PT, at 262-247-1050

Whitefish Bay, WI

support group
Jewish Community Center
6255 N. Santa Monica Boulevard
Room 1M50
2nd Wednesday from 3:00 – 4:30 p.m.
Contact: 414-805-8326

caregiver group
Jewish Community Center
6255 N. Santa Monica Boulevard
Room 3J15
2nd Monday from 10:30 a.m. – Noon
Contact: Miriam Oliensis-Torres at 414-963-2600

eexercise group
Dancing Through Life
Jewish Community Center, Studio B
6255 N. Santa Monica Boulevard
Every Friday from 2:15 – 3:30 p.m.
(fee associated)
Contact: Susanne Carter at 262-241-3822, ext. 6

Whitewater, WI

support group
Fairhaven Retirement Community
435 W. Starin Road
Lower Level Conference Room
2nd Monday at 1:00 p.m.
Contact: Julie Holmenbeck at 262-431-4772

exercise group
Mercy Fitness & Aquatic Center
580 S. Elizabeth
Call for meeting days and times
(fee associated)
Contact: 262-473-4900

Wisconsin Rapids, WI

support group
Riverview Hospital Association
410 Dewey Street
4th Monday at 6:00 p.m.
Contact: Randy & Jane Santora at 715-887-3805
We are grateful to the following donors for their support of those living with Parkinson disease. This list reflects gifts received from March 1, 2013, to October 17, 2013; contributions of $250 or more are shown. While space considerations hinder our ability to list all donors, please know that we deeply appreciate every gift. Donors whose names appear in italics have designated their gifts for research. Tribute gifts appear collectively under the name of the honored or memorialized person.

**Tulip Club ($250 or more)**
Andrew Wickert  
Bvature Creative Group  
Community Foundation for the Fox Valley Region, Inc.  
Community Health Charities  
Craig Senior High School/“Pace for Parkinson’s”  
Eric & Heather Emberson  
Greater Milwaukee Foundation  
Brandon Hendrickson  
Estate of Betty R. Hoffman  
Julie Hollenbeck/“Bowling for PD”  
Ralph & Emily Hoffman Family Foundation, Inc.  
Herbert H. Kohl Charities, Inc.  
James Kress  
L. & S. Automotive Truck Service, Inc.  
Derek Luchsinger  
Jennifer Luchsinger  
Denny & Ann Marty  
Paul A. Nausieda, M.D. & Evonne Winston, M.D.  
Rene Nicholson  
William Ott & Robert Ott  
Quaker Steak & Lube  
Carol Richardson  
Daniel & Benita Schmitz  
Steven Spring  
Walmart Stores, Inc.  
West Bend Mutual Insurance Company on behalf of Kathi Cain  
Woodruff Marital Trust  
J.C. Yaun  
David Zarwell, M.D.  
James & Yvonne Ziemer

**Gifts made in memory of:**
Judith Anderson  
Klennes H. Anderson  
Katrina “Kitty” Aveni  
Edwin Babinski  
Kenneth Bare  
Robert E. Bartz  
Jeanette Beaudry  
Jim Bruno  
Betty Cantrell  
Clif Dahl  
Patricia “Patty” Davidson  
Duane Dummer  
Dr. Stanley Englund  
Frances Farrell  
Ned Fischer  
Maney Fegler, Jr.  
Kenneth H. Fitz  
John Foley  
Dr. Robert Fruchtman & Dr. Martin Fruchtman  
Karin Gauthier  
Alice Gerard  
Bernhardt Goldader  
Donna Grossman  
Greg Gueldner  
Don Haegele  
Yolanda Harkins  
Rodney Harris  
Rita Hartman  
Betty Havercamp  
Eldred Heidschmidt  
Erich Helm  
Robert Hinkston  
Dorothy Howard  
Al Hunter  
Howard Jaeger  
Dr. Gordon Jensen  
Don Joachman  
Inez Johannsen  
Jerry Johnson  
Wayne Johnson  
Erwin Kallio  
Shirley Katz  
Mavis W. Kilbourn  
Henry Kobus  
Harold Kreitz  
Darrell Kroll  
Alan Kubicek  
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Roy Lukas  
Dave Lynch  
Gordon Maleu  
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Wesley Meacham II  
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Kristine Miller  
Prudence Miller  
John Owen  
Marilyn Peller  
Kathleen “Kay” Peterburs  
Shirley Peterson  
James Phernetton  
Lois Ann Pierce  
Genevieve Prawdzik  
Tim Puthoff  
Derek Rack  
Frances Ranson  
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Devon Smith  
Tony Spade  
Gerald “Jerry” Stackpole  
Richard Stummer  
Curtis Teetzen  
Bobbie Thurmand  
Dennis Titkowski  
Steve Venus  
Darell Verwiebe  
Margaret Walsh  
Dorothy Weickert  
Velva Weink  
John L. White  
Corinne Wiese  
Paul Will  
Robert J. Williams  
Robert Woida
Caregiver Quandary: What’s my role?

This technique would allow a more streamlined visit and satisfaction in feeling equipped with the education, treatment, and referrals necessary for peace of mind upon return home.

The extent of caregiver responsibility increases with the degree of illness of the patient. The caregiver of a person with concomitant Alzheimer’s disease, severe balance problems, or, in some cases, significant depression or anxiety plays a key role in the office visit. I rely on their insight in order to keep the patient safe. However, the most overlooked topic becomes... how is the caregiver doing? This is where we adopt the airline oxygen mask theory: “Apply to yourself first so you can help others.” Identifying the stress level and respite needs of the caregiver promotes longer independence for everyone. This is very hard for caregivers to practice because they feel nobody else can care for their loved one and understand them better than they can. This may be true, but perhaps someone can clean, cook, or simply play cards or read, so that there is time for caregiver recovery. We have many resources for home assistance as well as comprehensive care and can guide you to those who know Parkinson’s. It is crucial that these resources are identified early and kept handy to avoid acute burnout.

Full-time caregivers often find they take on a parental role with their spouse, mother, or father, which changes the dynamics of a family. I frequently discuss this role change with caregivers who are struggling to accept help in the home or make the decision for assisted living/long-term care. Frustrations of caregiving are evident to everyone involved. Discussions of current events are replaced with reminders to “stand tall, take big steps, and take your medications,” which feels like nagging. Removing some of the caregiver burden opens the door to re-establishing more of the “old relationship” and even a caregiver’s “old self.”

Perhaps you are a spouse or family member of someone with Parkinson’s and wouldn’t qualify yourself as a “caregiver” but wonder what your role is. Research has shown that we all want to be understood. This is a great time to become educated about Parkinson disease. As a nurse practitioner, I emphasize the integration of education with prescribed therapy. Patients and caregivers are always welcome to express questions or concerns openly. At your next visit, ask me about the various literature, DVDs, caregiver support group listings, and workshops we offer in conjunction with the Wisconsin Parkinson Association. There is no caregiver quandary we can’t help solve!
Would you like to become a member of the WPA and receive The Network magazine?

If you do not receive this magazine regularly, please consider joining our membership.

Your becoming a member helps those living with Parkinson disease by allowing us to enhance and expand our services to them and their families. Membership provides you with a subscription to The Network, announcements of our education events, and information about local education and support programs so that you can contact others in your area.

For more information about membership with the Wisconsin Parkinson Association, please call Juliette Hayes at 414-219-7060.