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American Parkinson Disease Association

APDA Greater St. Louis Chapter

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You had no control over getting PD, but you do have some control over how well you live with it.

I've probably said that thousands of times – it's a slide in our PD101 presentation. This newsletter contains articles on nutrition, communication, wellness classes and many types of exercise classes listed on the calendar pages. I implore you to take part in fighting Parkinson's YOURSELF. No one will be more passionate than YOU! And in doing so, you will certainly improve your quality of life and even your longevity.

Thank you to those who accepted the "bucket challenge" since our last newsletter and participated in the year-end campaign. We raised over \$83,400, and that will enable us to expand our programs and services. Join us in making 2016 the BEST YEAR ever! - Debbie

Programs & Services Offered by the Greater St. Louis APDA

DVDs

– Exercise DVDs are available, as are recordings of the Patient Educational Programs (PEP) presented by the Chapter. A limited number of The Parkinson Journey DVDs are still available at no cost to Missouri and southern Illinois individuals with Parkinson's, family members and professional staff.

Exercise – Special weekly classes for people with Parkinson's that focus on improving balance, posture, functional mobility and self-help skills. Exercise classes are held throughout Missouri, with the majority of them in the greater St. Louis area. People with PD can attend one class per week at no charge, or for a \$20/month donation, they can attend as many classes as they want. Types of exercise classes include: aquatic, Tai Chi, dance, yoga, meditation at a beginning (chair-side level) through intermediate and advanced-level exercise classes. See calendar pages for specific dates, times, and locations.

Fundraisers – The Chapter raises money through tributes, private donations and special events to support patient services, PD research and the Resource Center. In 2016, the Greater St. Louis Chapter of the APDA will once again participate in the GO! St. Louis Marathon & Family Fitness event to be held April 9 and 10.

Our annual Golf Tournament in memory of Jack Buck will be held on Monday, May 16, at Algonquin Golf Club. A special fall fundraiser will be announced later in the year.

Literature – Literature in the form of single booklets and

supplemental brochures are available from our Parkinson Resource Center. Welcome packets are mailed out to those who contact our offices and include a LiNK newsletter, handbooks, brochures, wallet size medicine card and a literature request form. This request form is also available online on our website at www.stlapda.org.

Loud Crowd – This group incorporates practice and role play to preserve skills that people with PD have worked hard to regain. Loud Crowd is sometimes used as a maintenance course for those who have completed the Lee Silverman Voice Treatment (LSVT), though LSVT is not a prerequisite to enroll. Classes are held at The Center for Outpatient Therapy and Wellness at Missouri Baptist Medical Center. Dates for the spring session will include: April 6 & 20, May 4 & 18, June 1 & 15. Call 636.778.3377 to reserve your spot!

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OUR MISSION

Our mission is to enhance the quality of life for people with Parkinson disease, their families, and caregivers in our communities throughout Missouri and southern Illinois, and to provide funding for ongoing Parkinson research.

Disclaimer: The information and reference material contained herein concerning research being done in the field of Parkinson disease and answers to readers' questions are solely for the information of the reader. It should not be used for treatment purposes, rather for discussion with the patient's own physician.

Nutritional Strategies for Living with Parkinson's



By Heather Zwickey, PhD, Dean of Research and Graduate Studies at the National College of Natural Medicine in Portland, OR

For all of us, a balanced diet is a foundation of good health. For people with Parkinson's disease (PD), a balanced diet and good nutrition are even more important. In Parkinson's, there are some foods that may help to ease symptoms and others that can affect the way medications work. There are also foods that may help brain health in general. The good news is this: while there are many things about PD that cannot be changed, the informed choice of diet is one that can, helping people to live better with the disease. If you find it hard to adjust your dietary habits, make changes one at a time. Read the tips that are offered below, and try the ones that make the best sense for you. Small changes can have a big benefit.

Foods That Promote Brain Health

In the science of brain health, we often use the word neuroprotection — the process by which we can support the health of brain cells and their ability to communicate with one another. Over the years, various food groups have been studied — in animals and in large epidemiological studies of human populations — for their potential to promote brain health. Initial research has provided some evidence about possible benefits of certain foods. Although there isn't yet evidence about the specific benefits for Parkinson's disease, what we do know is that these foods are part of a healthy diet.

Neuroprotection

Of all the foods that have been studied for their potential to promote brain health, research into nuts has shown the most promise. (They also are high in calories, so you should limit them to a handful a day.) Here is a summary of what we know.

Walnuts. Walnuts contain an essential fatty

acid called omega 3 (as do fish and fish oil) and a variety of minerals, which early studies associate with a decreased risk for dementia. Try eating just five to 10 each day.

Pistachios. Emerging evidence shows these nuts (the vitamin K and antioxidants in them) may have potential for helping to reestablish lost connections between neurons. They also contain a small amount of lithium, which may help to improve mood. You can eat a few of them two or three times a week.

Macadamia nuts. Oils in these nuts may help increase the production of neurotransmitters. They are also high in calories, but eating a few a day is good for you.

Cashews. Iron, zinc and magnesium in cashews may boost serotonin — a neurotransmitter linked to good mood — and may reduce memory loss.

Almonds. Although they have scant effect on brain health, almonds contain fiber, which helps relieve constipation (a common symptom in PD).



Brazil nuts. These nuts contain selenium, a mineral that may have the potential to counteract environmental toxins like pesticides and herbicides. Eat no more than one or two a day.

Tip: Make a healthy granola out of chopped nuts and dried fruit, with no oatmeal or other grain. If you have difficulty swallowing nuts, try adding a nut butter, like cashew butter, to your diet. Be sure to stir in the oil that tends to separate out of the mixture — it contains lots of minerals.

Herbs make up another food group that may help to keep our brains healthy. Among them:

Turmeric. This is the spice that turns Indian food orange. Its active

ingredient is curcumin. Eat Indian food occasionally, but don't take turmeric as a supplement.

food — but don't mega-dose or seek out dietary supplements that are made up of the same active ingredients as those listed above. Similar to medications, taking high doses of nuts or herbs can lead to negative side effects.

Anti-Inflammatory Foods

Fighting inflammation may be another important strategy for keeping the brain healthy. The types of fats you consume may play a role in reducing inflammation in the body, and those known as “medium-chain triglycerides” may be particularly helpful. Coconut oil contains this fat. You can cook with it just as you would with olive oil. Other anti-inflammatory foods include oily fishes like salmon, tuna and mackerel;

organic. The fruits with the highest pesticide levels are apples, peaches, nectarines, strawberries and grapes.

Foods for PD Symptoms

Nutrition adjustments can help ease some of PD's most common symptoms, both of a motor and a non-motor nature. For example, if you experience digestive difficulties, especially constipation (which is very common in PD), try to drink more fluids, and increase your fiber intake with fruits and vegetables such as kiwi, apples, prunes, dates, figs, radishes, berries, nuts and beans. In addition, probiotic supplements like Bifidobacterium (B. breve, B. adolentis and B. infantis) that add healthy bacteria to the gut may also be helpful.

If drinking more water leads to urinary incontinence or urgency, increase your fluid intake by eating foods with a high water content in place of beverages. These include tomatoes, cucumbers, radishes, celery, broccoli and grapefruit. If you struggle with weight loss or loss of appetite — both common in PD — try increasing your calorie intake by eating nuts and foods that contain healthy fats, like coconut and avocado. To stimulate your appetite, try bitter greens like collard and beet greens or hot spicy foods. Exercise too can increase muscle mass and hunger.

Fatigue and sleep difficulties are also common symptoms of PD. If either or both of these are a problem, the culprit may be sugar. When eaten during the day, sweets briefly boost energy but make you sleepy later. When eaten in the evening, they may keep you awake.

Another reason to limit sugar is that it causes a spike in blood glucose, which contributes to inflammation. When reaching for a snack, try foods that offer a balance of protein and fat, like nuts or avocado, or whole-grain complex carbohydrates.

How Foods Affect PD Medication

Another benefit of dietary changes can be an improvement in the effectiveness of PD medications. For example, taking medications at mealtime can affect how quickly they are absorbed into your body

Nutritional Strategies

BREAKFAST		LUNCH AND DINNER	
Eat This	Avoid This	Eat This	Avoid This
Eggs: scrambled, poached, fried, quiche, frittata	Pastries, including cinnamon rolls, donuts, coffee cake, and wheat-based muffins	Meat and vegetables, for protein, fiber and complex carbohydrates	Simple carbohydrates, like pasta, pizza and white breads
Nut-based granolas	Processed cereals	Sushi	Cheese
Muffins made with nut and coconut flours	Pancakes	Salad with protein	High fructose corn syrup (sweetener in many packaged foods)
Smoothies made with berries, coconut milk and ice		Curry and rice	High-fat foods
Caffeine, in coffee or tea		Nuts and fruit	

ingredient is curcumin. Eat Indian food occasionally, but don't take turmeric as a supplement.

Ceylon cinnamon. In animal studies, this spice has shown potential for normalizing neurotransmitter levels and other PD brain changes. Look for Ceylon cinnamon, which is grown in Sri Lanka (formerly known as Ceylon) and labeled as such. Organic cinnamon is also preferable. Most of the cinnamon that you find in the grocery store comes from other sources.

Rosemary. Add rosemary to soups, quiches or grilled chicken. Rosemary contains antioxidants and has anti-inflammatory properties, which early animal research shows may be beneficial for brain health.

Tip: Feel free to consume nuts and herbs as

dark leafy green vegetables like kale, collard greens and spinach; and soy products.

Benefits of Purple and Red

Foods that contain antioxidants may also protect brain health. Antioxidants neutralize molecules known as “free radicals,” which can damage healthy cells including neurons. Fruits that are purple and red, like blueberries and raspberries, contain pigments called anthocyanins, which are well-known antioxidants. Some studies suggest that drinking green tea — three cups a day — is neuroprotective, because EGCG, found in green tea, is both an anti-inflammatory agent and an antioxidant.

Tip: Eat more colorful foods and fewer that are white.

Tip: To avoid pesticide residues on fruits and vegetables when you are going to eat the skin, buy

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Improving Communication Skills for Couples with Parkinson's



By Paul Short, PhD, Clinical Psychologist

One of the most common complaints I hear from family members of a person with Parkinson disease (PWP) is that their loved one sometimes seems to struggle in both sending and receiving emotional signals. I often hear that the person with PD “just doesn’t get me,” particularly

in moments of disagreement or tension. A growing body of

research suggests that Parkinson disease (PD) actually can lead to a decline in the emotional intelligence so important to effective social interaction.

The ability to infer and effectively respond to the emotional state of others is known by researchers as emotional intelligence (EI). Think of EI as the collection of “people skills” we all possess to some degree as we interact with family, friends or strangers. And

because EI is a measure of our transactional abilities with people, it is a far more powerful predictor of life success than IQ or personality. For most of us, EI-based skills can be learned through life experience or direct teaching.



Whereas most of us continue to improve our EI over the course of our life, for a variety of reasons beyond the scope of this article, neurological changes are often associated with a decline. Thus, folks with PD may find themselves encumbered with yet another very subtle challenge to their personal presentation. Stagnant or receding EI skills can easily be a source of frustration to both a PWP and those with whom they must interact.

My interest in EI has arisen out of my personal coaching practice because it is a critical part of how I help my clients define and attain their personal goals. Empathy, stress management, interpersonal expression and healthy assertiveness are highly valued, teachable skills for anyone who seeks to maximize the hand life has dealt. Although the goals are more modest when there

is neurological compromise, I have had some success teaching families with PD better communication with a few simple techniques:

Techniques for Better PD Communication

Active listening. Take time once a day for dedicated communication. Each person should share a one-to three-minute thought, observation, request, etc., without interruption. Don’t forget to keep and maintain eye contact. When finished, have the partner repeat back what he or she heard. Provide feedback about how well the response captured what was said (without judgment or negative emotion). Switch roles.

Look in the Mirror: Active mirroring of another’s expression has been shown to activate brain regions associated with the corresponding emotions. In fact, subliminal mimicry of another’s facial displays may play an important part in

everyone’s experience of empathy. I have found it helpful to have a partner think of an experience evoking an extreme emotion like sadness, anger or disgust, then have the person with PD mirror the expression these thoughts produce. The PWP then labels the accompanying emotion without knowing anything about the underlying thought that produces it. Although facial masking sometimes makes expressive modeling difficult for folks with PD, this exercise does help them become better attuned to what is happening in their partner.

Use Words to Express What the Body Can No Longer Say: Masking, reduced spontaneous gestures and monotonic

speech rob a person with PD of an important communication channel. Although human communication occurs through word and gesture, the PWP can no longer count on this medium for full expression. It is important to think of the message one wishes to convey and do it as completely as possible with words. Even saying, “I don’t know how I feel,” is a meaningful statement.

No Mind Reading- Concrete Expressions Only: Even when PD is not part of a relationship, it is always risky to expect another person to read between the lines of dialog to understand what you want or are feeling. State your needs or thoughts precisely as in “I would like..”

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Anxiety in Parkinson Disease

By Joseph H. Friedman, MD, Stanley Aronson Chair in Neurodegenerative Disorders, Director, Movement Disorders Program at Butler Hospital, Professor and Chief, Division of Movement Disorders at Alpert Medical School of Brown University, Providence, RI

It is normal to feel anxious at times. We worry about our children, our spouses, our friends, our finances and arriving on time for an appointment. There is always something to worry about. But some people worry too much. They worry to the point that it interferes with their lives. An appropriate amount of anxiety is a necessity for a normal life. But where “appropriate” crosses the line to “inappropriate” is not always clear.

We consider a person to suffer from an anxiety disorder if they have excessive fears or concerns that are beyond what is considered reasonable. It is normal to worry about your adult children’s health but not so much that you call them every hour. The psychiatrists divide anxiety into a number of different forms, but for our purposes, we can consider anxiety a disorder in which someone worries too much about a problem; whether a possible problem, like what will I do if my roof caves in, or an actual problem, like how will I pay the mortgage this month.

It is my belief that anxiety is one of the most important and under appreciated behavioral problems in Parkinson Disease (PD). I write this because anxiety is common, affecting about 20-40% of people with PD (PWP) and because it causes a great deal of distress both to the patient and to those who interact with the patient. It impairs memory by distracting the patient’s ability to concentrate and is occasionally misidentified as dementia. It may interfere with sleep. We all have experienced difficulty falling or staying asleep when we are worried, whether the worry is justified or not. Then the problem with sleep itself causes more anxiety, a worry about being able to sleep! It causes patients to amplify the problems caused by their PD symptoms. Every time a PWP experiences an “off” period or problem getting out of a chair may seem like the

end of the world even though the patient has lived through thousands of these spells. It precipitates calls to the doctor and trips to the emergency department. It causes irritability in those around the patient and a great sense of frustration. I believe that it may also cause a sense of restlessness.

Anxiety is relatively common in the general population but generally affects women more than men and it usually begins in young adults.



In PWP, anxiety affects men and women about equally, and starts soon before or with the onset of the motor features of PD. The anxiety in PWP usually falls into one or more of the following three general categories: generalized anxiety, panic attacks or social phobia. People with generalized anxiety are the ones we think of as “nervous.” They are always worried about something, and generally to a level of severity that is unwarranted. Panic attacks are episodes in which the patient suddenly goes into a panicked state, sometimes feeling short of breath, with chest pain and a strong sense of impending doom. Although it is common to think of panic attacks as being exaggerated responses to stressful situations, this is usually not the case. Most panic attacks have no identifiable precipitant. For no apparent reason the patient suddenly has an attack. These usually last about 20 minutes then

pass. They cause innumerable trips to the emergency room. The third common anxiety state in PWP is social phobia. This is a fear of being around other people and having to interact. Much of this is understandable as the PWP may have speech problems or difficulty following the train of thought, being unable to always finish sentences, drooling, or having some problem that makes them embarrassed to interact in public. After a time, having to be in the public eye produces a feeling of dread.

Anxiety occasionally appears as an isolated problem, but a large percentage of PWP who suffer from anxiety often suffer from depression as well. And both anxiety and depression, like all behavioral problems, are increased in people who have memory and cognitive problems.

Anxiety has been poorly studied in PD. We believe that it can be treated either with medications or with talk therapy. There are data that certain psychological approaches, particularly cognitive behavioral therapy, may be successful in treating anxiety, without the use of any medications. We think that the usual drugs given for anxiety in the general population will also work in PWP, but there are few data to support this. Furthermore, some of the most commonly used drugs for anxiety, drugs like diazepam (Valium), lorazepam (Ativan) and alprazolam (Xanax) are considered “relatively contraindicated” in older people because they contribute to reduced balance and an increased risk of falls. In general, most PD specialists use the same drugs used to treat depression, as most of these also treat anxiety. So, drugs like sertraline (Zoloft), fluoxetine (Prozac), citalopram (Celexa), escitalopram (Lexapro) and mirtazapine (Remeron) are frequently used. This list is not complete, and many other drugs probably work equally well. Sometimes

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Mind Your Meds!

By Robert Baldwin

I opened my eyes. Why was I lying on concrete? I recognized my wife's shoes and my 10-year old granddaughter's shoes. Male arms grasped my shoulders and pulled me up. They held me up as I fainted again. My wife reported my eyes were wide open but completely unresponsive – a death stare you sometimes see in movies, she later told me. As I woke up again, I was gently lowered onto the passenger seat of our SUV. "What's going on?" I asked.

"You fainted," my wife, Sandra, said. I listened to the men who helped me up talk among themselves as I slowly recovered.

"Are you ok?" someone kept asking. I examined myself introspectively. No bruised knees or elbows or hands or head which would normally result from a fall. However, I did note abrasions on my arms and some bleeding.



"Yes, I'm fine." To prove it, I stood up and took a step. Everything spun around, my knees wobbled, I felt myself going down. Again hands reached

out and held me up. "Ok, so I'm not ok," I acknowledged. An ambulance arrived. "No, I'm not going to the ER!" But after two more failed attempts to walk I relented.

While lying in the hospital I tried to make sense of my fainting. I remembered taking a prostate tablet at 5 am. Why at that early hour? Because I had missed three days in a row and it had become difficult to void. Back to sleep. Woke up. Took my prostate tablet at my normal time – 10 am. It was a little after 11:30 am when I fainted. I explained my inadvertent overdose to the hospital admission doctor. She had examined all the admissions tests and found no abnormalities. My overdose had almost certainly caused my fainting.

After a stern lecture she sent me home. No overnight stay – yaah!

The next day I laid out all the information that came with my prescription medicines: three dealing with age and three with Parkinson's. I noted the side effects: I was stunned to find that three of the six listed fainting or dizziness as the most frequent side effect. I rearranged my dosage schedule to minimize the dizziness effects, keeping the doctor's orders in mind (i.e. three pills three times a day). I also requested my primary care physician to change the prostrate medicine. These alterations have minimized my episodes of dizziness and lightheadedness.

There remained one mystery – why no injury from the fall? I asked my wife about it. She explained she caught me as I fell. Her 120 lbs couldn't hold up my 185 lbs, but she broke my fall by holding on to me such that we both fell slowly rather than full tilt. She is a wonderful wife, mother, grandmother, and caretaker. What a blessing!

Lessons learned:

- Read the information sheet given when you pick up your medicine from the pharmacy.
- If you take more than one medication, lay them side by side and compare side effects.
- Review your medication needs at least every six months.
- Write down questions about your medications as you think of them, then ask your pharmacist/physician.
- Discuss medication schedules with your support group.

ULTIMATELY you are responsible for your own health care. Your primary care physician is probably taking care of 1,200 patients, it is unrealistic to expect him to warn you of every side effect and drug interaction. Similarly, your pharmacy is probably serving thousands of customers. The pharmacist will check for side effects and medicine interactions, but it is your responsibility to initiate the conversation. ■

Mr. Baldwin was diagnosed with PD in October 2012.

Nutritional Strategies for Living with Parkinson's *continued from page 3*

and the rate at which your body uses or metabolizes them.

If you take carbidopa-levodopa (Sinemet®) for PD symptoms, you may find that protein-rich foods — such as meat, fish or eggs — or high-fat foods lengthen the time it takes for the medicine to kick in or make the medication less effective. The latter result can also be triggered by foods that contain vitamin B6 (e.g., meats, bananas, egg yolks or lima beans).

The solution? Talk to your doctor about taking levodopa 30 to 60 minutes before meals to give it a head start on competing with food. Your doctor or a nutritionist can also give advice on how to distribute the protein you eat to avoid having it interfere with levodopa.

Conclusion

People with PD need to eat a balanced diet in order to feel their best and maintain

energy. Eating more nuts and berries, cutting back on fried food and sweets, and cooking with herbs are all elements of sound nutrition — and they may also help you manage your PD. ■

This article was originally published in the Winter 2016 edition of the newsletter, News & Review. It is reprinted, in its entirety, with permission from PDF.

Dr. Zwickey first presented this topic as a PD Expert Briefing, which is available to view at www.pdf.org, along with other valuable publications.

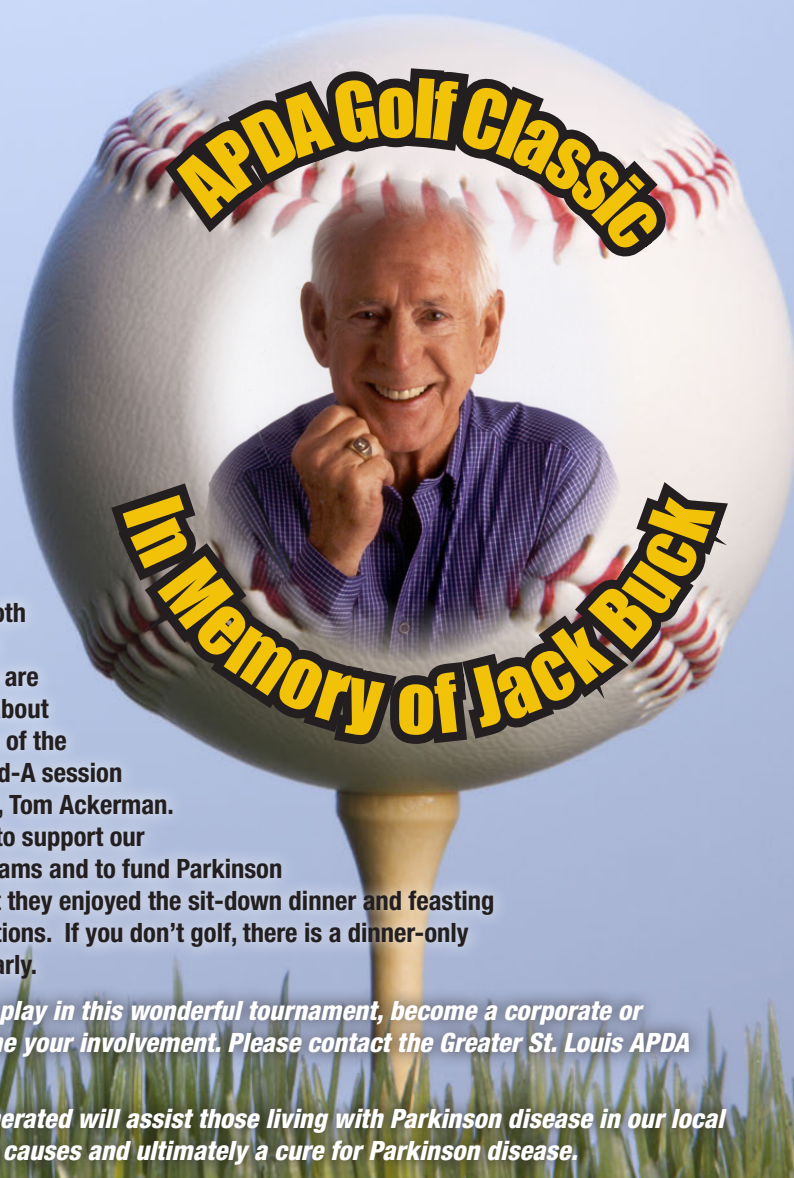
THAT'S A WINNER!

The annual APDA Golf Classic in honor of Jack Buck will take place May 16, 2016, at Algonquin Golf Club in Glendale, MO. Mark your calendars! Invitations will be mailed out soon, so don't delay in returning your registration as this event has completely sold out for the past three years. We hope you'll join us in honoring a man whose own dauntless brand of charity has made him a civic institution in our community.

St. Louis Cardinals GM, John "Mo" Mozeliak, will serve as Honorary Chairperson for the seventh consecutive year.

Mo's Parkinson connection is twofold as both his grandmother and father-in-law were diagnosed with Parkinson disease. We are thrilled that Mo remains passionate about his involvement with our cause. One of the highlights of the evening is the Q-and-A session with John Mozeliak and broadcaster, Tom Ackerman.

Last year, over \$138,000 was raised to support our expanding patient services and programs and to fund Parkinson research. Participants commented that they enjoyed the sit-down dinner and feasting on Chef Brian Bernstein's delicious creations. If you don't golf, there is a dinner-only option, but tickets are limited, so sign up early.



If you or someone you know would like to receive an invitation to play in this wonderful tournament, become a corporate or individual sponsor, and/or donate a gift to the auction, we welcome your involvement. Please contact the Greater St. Louis APDA Chapter at 636.778.3377 or send an email to info@stlapda.org.

Help us honor Jack's memory with another winner! The funds generated will assist those living with Parkinson disease in our local communities as well as the researchers hard at work discovering causes and ultimately a cure for Parkinson disease.

Over-The-Counter Medications – Use With Caution!

Morvarid Karimi, MD, Department of Neurology, Movement Disorders Section, Washington University School of Medicine

(Article continues from November 2015 LiNK)

Decongestants: They help with congestion and “sinus headache” associated with cold or allergy. Pseudoephedrine (Sudafed) and phenylephrine (Sudafed PE) are very effective. The MAO-B inhibitors rasagiline (Azilect) and selegiline (Eldepryl) are safe to use with decongestants such as pseudoephedrine or phenylephrine. Nasal sprays such as Afrin can also safely be used with any PD medications, but to avoid worsening congestion, you should limit its use to a maximum of three to five consecutive days.

Antipyretics: These are medications that help reduce fever and pain such as acetaminophen (Tylenol) and the family of

NSAIDs (non-steroidal anti-inflammatory drugs) including ibuprofen, naproxen (Aleve), and ASA. Please be aware that there is a limit on daily intake of acetaminophen, and it must not exceed 4000 mg a day. In addition, as you may already know, chronic use of many NSAIDs has been associated with increased risk of cardiovascular disease.

Cough suppressants/expectorants: If you are taking MAO-B inhibitors-selegiline (Eldepryl) or rasagiline (Azilect), please avoid taking medications which contain dextromethorphan. Common brands that often contain dextromethorphan are Delsym, Vicks, Robitussin DM,

Theraflu, and Triaminic, as well as other store brands. Other medications such as guaifenesin (Mucinex) are of no proven benefit. Benzonatate (Tessalon Perles) can reduce the cough by numbing the throat and airways. However, it should be avoided in PD as it can worsen difficulty with swallowing or make you drowsy.

Sleeping Aid: Most of them, especially anything with “PM,” contain diphenhydramine (Benadryl). Melatonin is usually well tolerated but might not be as effective. Please be cautious when using products containing St. John's Wort. They can interact with many medications, in particular with medications commonly

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GO! ST. LOUIS

OPTIMISM WALKS – Get Ready, Get Set for GO! St. Louis

The APDA is once again partnering with GO! St. Louis for our third annual walk/run as an official charity of the GO! St. Louis Marathon & Family Fitness event in St. Louis the weekend of **April 9-10, 2016**. The walk/run is open to anyone who is willing to walk or run—and includes the **mature mile & 5k** (our two most popular events), half-marathon, and marathon races.

Last year, walkers, runners and supporters of this fundraiser helped to raise over \$54,000 to support research looking for causes of and a cure for Parkinson disease. Our goal for the 2016 walk is \$75,000, and proceeds from the 2016 walk/run will benefit an expanded goal this year, encompassing our unique, dual mission. In addition to funding ongoing Parkinson research, funds raised will also support services directed at improving quality of life for the individuals who have the disease, their families and care partners. This includes things such as weekly exercise classes, support groups, wellness courses, information programs for people newly diagnosed with Parkinson's and many, many other services!

The walk/run is **open to anyone**- Team APDA usually walks the distance together, but you are more than welcome to join and run in any of the races if you wish! If you are unable to participate in the event, you can always run virtually by supporting other Team APDA participants at <https://www.crowdrise.com/apda2016/fundraiser/stlapda>. Help us show the St. Louis community who we are- invite your friends, family and neighbors and join us for this family-friendly event. Registration is now easier than ever, featuring a more

**Saturday
April 9, 2016
in Forest Park**
5k Run/Walk (8:00 a.m.)
Children's runs
(11:00 a.m.)
Mature Mile
(11:30 a.m.)

**Sunday
April 10, 2016
in downtown St. Louis**
Marathon (7:00 a.m.)
Half-Marathon
(7:00 a.m.)
Relay
(7:00 a.m.)

streamlined process and simpler pricing compared to last year. This year, the fee for all participants is \$100 and includes:

- Registration in the event of your choice
- A personal webpage on Crowdrise to help you fundraise
- Two free t-shirts (one from GO! St. Louis and one for Team APDA)
- A free training program for the half or full marathon participants, and
- A discounted shopping day at Big River Running

If you would like to go above and beyond, commit to being an **All Star Team Member** by raising additional funds to support the APDA's dual mission. Team members who raise \$500 earn a customized sign at the event to honor or memorialize a loved one, and those who raise \$1,000 or more will receive a premium shirt for race day.

To register, download the form from <http://stlapda.org/services/walkrun/>, send Sarah an email (sschmerber@stlapda.org), or give someone at our office a call at 636.778.3377. ■

Anxiety in Parkinson Disease *continued from page 5*

the side effect profile of a medicine helps make the choice easier. Mirtazepine, for example, is sedating and often increases appetite, so it's a good choice for someone who is anxious, losing weight and has insomnia, but not a good choice for an overweight person who sleeps too much. It is important to understand that the antidepressants take a few weeks to treat the anxiety, just as they take several weeks to treat depression. These drugs cannot be

used on "as needed" basis. The drugs work to reduce anxiety in general and should not be taken only when feeling anxious. They need to be taken every day, as prescribed. This is different than the valium-like anti-anxiety medications, which can be taken daily or only taken when needed as each pill is effective, whereas the antidepressants take weeks to begin to be effective. Anxiety can be severe enough to require psychiatric hospitalization.

Anxiety is yet another problem that is part of the PD spectrum. It has a strong influence on quality of life, and, we believe is treatable using the same medications as used in the general population. The medications that help PWP move better are not helpful for anxiety.

Anxiety is a common and under-appreciated problem, which should be brought to the attention of your movement disorder physicians. ■

or some similar phrasing. A corollary of this exercise is to avoid sarcastic or ironic statements. Many people express anger or disappointment through these techniques, but the truth is many PWP's tend to be somewhat literal because they are not able to actively process the non-verbal signals that communicate the altered intent of a message.

Do Not Let the Sun Set on Your Anger:

This gem reminds us all to address our anger immediately rather than allowing it to fester. Both the partner and PWP need to agree that anger must be made manifest and that this is not a time for defensiveness, justification or recrimination. It is not necessary, and often not possible, to remedy the source of the anger. However, it is important to

acknowledge that something has caused anger and to allow the person feeling the anger to present the grievance. When a PD relationship unravels, it is nearly always because anger has been allowed to grow to a critical mass.

Take a Moment to Communicate Love:

Chronic illness of any kind strains a relationship. To keep strain from becoming a fracture, it is important to regularly renew that bond that first brought you together. Schedule a few minutes sometime in the day to share a hug, a kiss, an affirmation, or a memory from a day when PD had not yet intruded on the relationship.

Touch Is Communication: There is no more direct method of communicating

than touch. The transmission of feelings is typically quite straightforward and therefore less open to misinterpretation. Even the lightest stroke of a finger across the back of a hand speaks volumes because we are biologically predisposed to signal and receive information with direct contact. When nothing else seems to work, the kiss or hug previously described can work miracles.

Although it is typically treated as a movement disorder, Parkinson's effect on communication in relationships can be as devastating as tremor or rigidity. On the other hand, identifying and working through the roadblocks neurological change brings to interpersonal interactions can make living life with PD so much more meaningful. ■

Over-The-Counter Medications – Use With Caution! *continued from page 7*

prescribed for depression/anxiety in PD. Please discuss it with your physician prior to taking any products with St. John's Wort.

Zinc, high-dose vitamin C and echinacea:

These over the counters are sold with the claim to boost the immune system. In addition to lack of independent studies confirming these claims, high doses of zinc and echinacea can be harmful. Please keep in mind that a balanced diet with fruit and vegetables along with regular exercise and a good night's sleep are far more effective tools to boost your immune system.

Non-cold related supplements

Please note that the Food and Drug Administration (FDA) has no oversight over claims and safety of supplements. Hence, before you try any supplements, always check with your physician first.

ON A RELATED NOTE... the editor of the LiNK found a very interesting article in her AAA Midwest Traveler magazine, November/December 2015, called *Legitimately DANGEROUS*. The article deals with the need for drivers to know the risks of prescription and over-the-counter (OTC) medications. Many drivers may not realize that the medications they are

taking can seriously impact safety behind the wheel. And it's not just prescription medications but OTC products as well.

To help educate the public about these risks, the AAA Foundation for Traffic Safety has developed Roadwise Rx, a free tool drivers can use to see the potential effects of medications and interactions with other medications, supplements, and common foods. Simply launch the website www.roadwiserx.com and type in the name of your medications – prescription and OTC - by its brand or generic name. Roadwise Rx will provide you with a list of matching medications from which you can select. Roadwise Rx will list your medications' side effects, in addition to showing you potential interactions the medications may have and how these could affect your ability to drive safely. Of course, side effects vary between individuals, but by being aware of any possible issues, you can remain safe behind the wheel and on the road.

If you are taking a medication that affects your driving ability, talk with your physician about alternative medications or dosage adjustments. Staying safe behind the wheel shouldn't be a bitter pill to swallow! ■

Focus on Wellness – You're in Charge!

The APDA- Greater St. Louis Chapter will be offering a wellness course for people with Parkinson's and their care partners/family members in the spring of 2016. The course is an education and support program that is designed to help participants foster their self-management skills and enhance their quality of life. The class consists of a two-hour session that meets weekly for six consecutive weeks. The spring session will begin on March 10, 2016, and will be held from 10:30 am to 12:30 pm at the Parkinson Resource Center in Chesterfield. The wellness course allows couples to collaboratively select the weekly discussions and actively participate, and encourages interaction between group members. The cost of the course is \$25 per couple, which will help cover materials, including a participant binder. Class size is limited, so if you are interested, please call the Chapter office at 636.778.3377 as soon as possible to reserve your spot! ■

TRIBUTES & DONATIONS 10/01/2015-12/31/2015

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Programs & Services Offered by the Greater St. Louis APDA *continued from page 1*

Newsletter – The Chapter publishes a quarterly newsletter, the LiNK, which is mailed to over 9,500 households and doctors' offices. Included in the newsletter are PD-related articles, a listing of tributes and donations and updated listings of support group and exercise classes in Missouri and Southern Illinois.

Optimism Events – An optimism event is a great way for an individual or company to fundraise on behalf of the Greater St. Louis APDA. Examples of these include a jeans day at your place of employment, ticket sales from a local theater production, dining at restaurants, and a bowling party for APDA.

PD 101 – Newly diagnosed people with PD meet one-on-one with Debbie Guyer, Executive Director of the Greater St. Louis APDA, for an informational session that includes a PowerPoint presentation and opportunity to ask questions specific to their diagnosis.

Role Reversal – For caregivers who find it hard to manage their new role and chores around the house, the Greater St. Louis Chapter of the APDA, along with the assistance of Washington University occupational therapy students, offer a series of classes to help caregivers with role reversal. Classes may include money management, cooking, sewing, car maintenance, hair care, home repairs, etc.

Support Groups – Monthly support groups offer people with PD and

their caregivers the opportunity to exchange thoughts and share concerns and solutions to problems. The Greater St. Louis APDA sponsors over 30 support groups throughout Missouri and Southern Illinois, including Caregiver Only, Young-Onset and DBS specific support groups.

Tremble Clefs – This is a nation-wide program for people with Parkinson's, their family members and care partners. The goal of this group is to be a participant-led, musical experience. Through vocal exercises, singing as a group and playing instruments, members will come together and bond over a shared joy of making music. Tremble Clefs meet on Saturday afternoons.

Tributes – Tributes are a wonderful way to acknowledge the memory of a loved one as well as honor those who mean so much to you. Tribute envelopes can be obtained from the Resource Center or contributions can be made directly on the Greater St. Louis APDA website (www.stlapda.org).

Wellness Classes – A series of six-week classes will be held this spring for a small group of people with PD and their family members. The class helps develop skills and confidence in managing everyday activities and relationships that can be challenging when living with Parkinson's. The wellness class begins on March 10 and runs through April 14. Registration is required as class is limited to six couples per session. ■

Missouri Support Group Calendar

Our support groups meet once a month or as noted. Support group day and time may change periodically. For current updates on support groups and exercise classes, check our website, www.stlapda.org, or call the APDA Information & Referral Center or the facilitator. Information that has changed since the last **LINK** appears in **bold**.

CITY	COUNTY	MEETING SITE	DAY OF MEETING	TIME	LEADER(S)	PHONE
Ballwin	St. Louis	Meramec Bluffs Care Center 40 Meramec Trails Dr., Activities Rm.	4th Tuesday	2:00 PM	Gayle Truesdell	636.923.2364
Cape Girardeau	Cape Girardeau	Cape Girardeau Public Library 711 N Clark Street, Oscar Hirsch Room	3rd Monday	6:00 PM	Desma Reno, RN, MSN	573.651.2939
Chesterfield	St. Louis	APDA Community Resource Center 1415 Elbridge Payne, Suite 150	1st Tuesday	10:30 AM	Mary Buck	636.532.6504
Chesterfield	St. Louis	For Caregivers Only APDA Community Resource Center 1415 Elbridge Payne, Suite 150	2nd Monday	10:30 AM	Dee Jay Hubbard, PhD	636.778.3377
Columbia*	Boone	Lenoir Community Center 1 Hourigan Drive	1st Thursday	4:00 PM	Patsy & David Dalton	573.356.6036 573.434.4569
Creve Coeur	St. Louis	Pre/Post-DBS Group Missouri Baptist Medical Center 3015 N. Ballas, Main Parking Garage 4th fl. CLI Rm. 419	3rd Tuesday	6:30 PM	Joe Vernon	314.614.0182
Creve Coeur	St. Louis	Young Onset Living and Working with PD Missouri Baptist Medical Center 3015 N. Ballas, Main Parking Garage 4th fl., CLI Rm. 419	3rd Tuesday	6:30 PM	Doug Schroeder	314.306.4516
Festus/ Crystal City	Jefferson	Disability Resource Association 130 Brandon Wallace Way	3rd Tuesday	1:00 PM	Penny Roth Laura Sobba	636.931.7696 x129
Florissant	St. Louis	Garden Villas North 4505 Parker Rd.	4th Thursday	11:00 AM	Nancy Robb	314.869.5296
Jefferson City	Cole	Capital Regional Medical Center SW Campus, Cafeteria	3rd Wednesday	3:00 PM	Jennifer Urich, PT David Urich	573.632.5440 573.796.2395
Joplin	Jasper	Mercy Hospital 100 Mercy Way Conference Room	Every Monday	3:00 PM	Nancy Dunaway	417.556.8760
Kansas City	Jackson	VA Medical Center 4801 Linwood Blvd. Hall of Heroes Room	3rd Tuesday	11:00 AM	Jesus Torres Nikki C. Caraveo, RN, BSN, CNRN	816.861.4700 x56765
Kirkwood	St. Louis	Kirkwood United Methodist Church 201 W. Adams, Room 201	4th Tuesday	7:15 PM	Terri Hosto, MSW, LCSW Patty Waller	314.286.2418
Ladue	St. Louis	The Gatesworth 1 McKnight Place	2nd Wednesday	1:00 PM	Maureen Neusel, BSW	314.372.2369
Lake Ozark*	Camden	Lake Ozark Christian Church 1560 Bagnell Dam Blvd.	3rd Thursday	Noon	Patsy & David Dalton	573.356.6036 573.434.4569
Poplar Bluff	Butler	Poplar Bluff Regional Medical Center 3100 Oak Grove Rd. Ground Floor Education Room 3	2nd Monday	6:00 PM	Charles Hibler register with Beryl or Dana	573.785.6222 855.444.7276 573.776.9355
Rolla	Phelps	Phelps County Regional Medical Center, Pulaski Room, 1000 W. 10th St.	4th Thursday	2:30 PM	Sarah Robinson	573.201.7300
South St. Louis	St. Louis	Garden Villas South 13457 Tesson Ferry Rd.	2nd Wednesday	10:00 AM	Jack Strosnider	314.846.5919
Springfield	Greene	Mercy Hospital 1235 E. Cherokee	2nd Thursday	2:00 PM	Valerie Givens, RN	417.820.3157
Springfield*	Greene	Parkinson's Caregivers Support Group Meyer Orthopedic and Rehabilitation Hospital 3535 S National Ave. Administrative Classroom	1st Wednesday	5:00 PM		417.269.3616
Springfield*	Greene	Parkinson's Young Onset Support Group Cox Medical Center 1423 N Jefferson Ave Meyer Center Conference Room C	4th Thursday	7:00 PM		417.269.3616



continued from previous page

Missouri Support Group Calendar

CITY	COUNTY	MEETING SITE	DAY OF MEETING	TIME	LEADER(S)	PHONE
Springfield*	Greene	Parkinson's Senior Support Group Cox Medical Center 1423 N Jefferson Ave Meyer Center Conference Room C	Last Wednesday	2:30 PM		417.269.3616
St. Peters	St. Charles	Spencer Road Library 427 Spencer Rd., Room 259	1st Tuesday	1:00 PM	Sherrie Rieves Ann Groomes, RN	636.926.3722
Ste. Genevieve	Ste. Genevieve	Ste. Genevieve County Mem. Hospital Education Conf. Room, Hwy. 61 & 32	2nd Wednesday	10:00 AM	Jean Griffard, RN	573.543.2162
Trenton	Grundy	Royal Inn 1410 E. 9th Street	1st Thursday	10:00 AM	Novy & Mary Ellen Foland Gloria Koon	660.357.2283 660.485.6558
Washington	Franklin	Washington Public Library 410 Lafayette Avenue	2nd Monday	6:30 PM	Carol Weber	314.713.4820
Webster Groves	St. Louis	Bethesda Institute 8175 Big Bend Blvd., Suite 210	Last Friday	10:30 AM	Laurel Willis, MSG	314.373.7036
Webster Groves	St. Louis	Laclede Groves 723 S. Laclede Station Rd.	3rd Wednesday	3:00 PM	Dina Spies	314.446.2594



Illinois Support Group Calendar

Our support groups meet once a month or as noted. Support group day and time may change periodically. For current updates on support groups and exercise classes, check our website, www.stlapda.org, or call the APDA Information & Referral Center or the facilitator. Information that has changed since the last **LINK** appears in **bold**.

CITY	COUNTY	MEETING SITE	DAY OF MEETING	TIME	LEADER(S)	PHONE
Alton	Madison	Senior Services Plus 2603 N. Rodgers Ave.	2nd Tuesday	9:30 AM	Kim Campbell	618.465.3298 x146
Belleville	St. Clair	Southwestern Illinois College (PSOP) 201 N. Church St., Rm 106	2nd Monday	1:30 PM	Jodi Gardner, MSW, LCSW	618.234.4410 x7031
Carbondale	Jackson	Southern IL Healthcare Headquarters University Mall	1st Wednesday	1:00 PM	Bill Hamilton, MD	618.549.7507
Centralia	Washington	Heritage Woods of Centralia 2049 E. McCord St.	2nd Wednesday	2:00 PM	Betty Evans Helena Quaid	618.533.0224 618.493.6064
Champaign	Champaign	Savoy United Methodist Church 3002 W. Old Church Road	Every Monday	10:00 AM	Charles Rohn Chuck Arbuckle	217.549.6167 217.586.3100
Decatur	Macon	Westminster Presbyterian Church 1360 West Main Street	3rd Thursday	1:30 PM	John Kileen	217.620.8702
Glen Carbon	Madison	The Senior Community Center 157 N. Main St.	3rd Wednesday	10:30 AM	Nancy Goodson Mary DeLong Rich Rogier	618.670.7707 618.288.3297
Greenville	Bond	Bond County Sr. Center 1001 E. Harris Ave.	4th Monday	10:30 AM	Anna Oestreich	618.664.1465
Greenville	Bond	Bond County Sr. Center Baumberger Comm. Rm. CAREGIVERS ONLY	4th Friday	1:00 PM	Anna Oestreich	618.664.1465
Jacksonville	Morgan	Passavant Area Hospital 1600 W. Walnut—Meeting Room 2	1st Wednesday March-December	6:00 PM	Karen Ladd	217.377.4973
Mattoon	Coles	First General Baptist Church 708 S. 9th St.	Last Tuesday	1:30 PM	Roy and Kay Johnson	217.268.4428
McLeansboro	Hamilton	Heritage Woods – Fox Meadows 605 S. Marshall Ave., Dining Room	1st Wednesday	1:00 PM	Paula K. Mason	618.643.3868
Springfield	Sangamon	St. John's Rehab. @ Fit Club South 3631 S. 6th. Street #C	3rd Sunday Odd numbered months: 1,3,5,7,9,11	2:00 PM	Kelly Neumann, PT	217.483.4300
Quincy	Adams	Quincy Public Library 526 Jersey St.	1st or 2nd Saturday- Please contact leader	10:30 AM	Terri and Dave May	217.653.7027



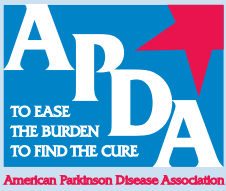
Exercise Classes

The APDA now offers 17 exercise classes that meet weekly. Exercise is essential to managing Parkinson symptoms and slowing the progression of the disease. Our patient services funding comes from donations and is limited, so we encourage those who wish to attend multiple classes to make a \$5 per week donation. This minimal donation helps us defray the cost of the classes which run around \$10 per person to cover the instructors' salaries, room rentals, and equipment. This donation request is on an honor system, and we don't turn anyone away from attending as many classes as they choose. To make a donation for exercise

classes, use the blue envelope in your newsletter and note that it is for exercise class. Many people choose to pay quarterly to reduce the number of checks they write each month. Any amount you can contribute is used exclusively for our patient services to keep these programs free or at little cost to our patients.

Our exercise classes meet once a week or otherwise as noted. Information that has changed since the last **LiNK** appears in **bold**. Attend one class per week at no charge, or for \$20/month attend as many classes as you want. No RSVPs are required. Check our website, www.stlapda.org, or call to find out any changes since publication.

CITY	COUNTY	MEETING SITE	DAY OF MEETING	TIME	LEADER(S)	PHONE
Clayton	St. Louis	The Center of Clayton 50 Gay Ave., Mind/Body Room	Wednesday & Friday	2:00 PM	Mike Scheller, PTA	314.289.4202
Chesterfield	St. Louis	St. Luke's Deslodge Outpatient Center 121 St. Luke's Center Drive Conference Rooms 1 & 2	Monday	10:00 AM	Sarah Farnell, OT	314.205.6934
Chesterfield	St. Louis	Friendship Village 15201 Olive Blvd. Friendship Hall-Door #5	Tuesday	1:30 PM	Jessica Andrews	636.733.0180 x7719
Chesterfield	St. Louis	Parkinson Resource Center 1415 Elbridge Payne, Ste. 150	Monday	1:30-2:15 PM Seated Class 2:30-3:30 PM Standing Class	Tricia Creel, DPT	636.778.3377
Chesterfield	St. Louis	Tai Chi Parkinson Resource Center 1415 Elbridge Payne, Suite 150	Wednesday Thursday Friday	Intermediate- 10:00 AM Advanced- 12:30 PM Beginning- 11:30 AM	Craig Miller	636.778.3377
Chesterfield	St. Louis	Yoga/Meditation Maryville University Walker Hall, Room 132 Reservations Required	Every Thursday Session Beginning Feb. 25	12:00 PM	Pradip Ghosh, PT, Phd	636.778.3377
Florissant	St. Louis	Garden Villas North 4505 Parker Rd.	Tuesday	10:00 AM	Bobby Lautenschleger, PTA	314.355.6100
Joplin	Jasper	Mercy Hospital 100 Mercy Way Conference Room	Monday	2:15 PM	Nancy Dunaway	417.781.2727
Kirkwood	St. Louis	RehabCare 439 S. Kirkwood Rd., Ste.200 Park in rear	Thursday	1:00 PM		314.822.6297
Ladue	St. Louis	Tremble Clefs Singing Salem United Methodist 1200 S. Lindbergh Blvd. Lower Level Choir Room	Saturday	1:30 PM	Linda McNair, MT-BC	636.778.3377
South St. Louis County	St. Louis	Garden Villas South 13457 Tesson Ferry Rd.	Monday	11:30 AM	Mike Scheller, PTA	314.289.4202
St. Peters	St. Charles	Barnes-Jewish St. Peters Hospital Healthwise Center, 6 Jungermann Circle	Tuesday	11:00 AM	Holly Evans, COTA	636.916.9650
St. Peters	St. Charles	Aquatic Exercise St. Charles YMCA 3900 Shady Springs Ln.	Winter Session Jan 4 - March 11 Spring Session April 4 - June 10	1:45 PM Thursdays	Brenda Neumann	636.896.0999 x21
Greenville, IL	Bond	Bond County Sr. Center 1001 E. Harris Ave.	Wednesday	10:30 AM	Anna Oestreich	618.664.1465



American Parkinson Disease Association
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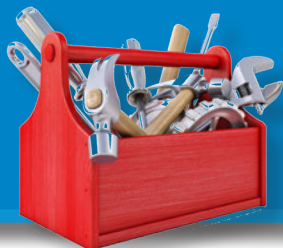
Remember to use your eScrip card every time you check out at Schnucks grocery stores and earn dollars for APDA Greater St. Louis Chapter!

////////// *Save the Dates!* //////////

APRIL 3, 2016

PEP Meeting, Tools in the Toolbox

Comparisons of Candidacy for Treatments-Deep Brain Stimulation and Duopa Gel, presented by Movement Disorder Specialists Dr. Mwiza Ushe (DBS) and Dr. Brent Wright (Duopa Gel) and moderated by Dr. Scott Norris.



APRIL 9 & 10, 2016

Optimism Walks

GO! St. Louis Marathon & Family Fitness weekend. Join a team and register today!



MAY 16, 2016

Annual Golf Tournament

honoring the memory of St. Louis legend, Jack Buck, at Algonquin Golf Club. Reservations required. John Mozeliak, GM St. Louis Cardinals, will be the Honorary Chair and Tom Ackerman, Sports Director at KMOX Radio, will be the emcee.

