LiveWire

PARKINSON SOCIETY CENTRAL & NORTHERN ONTARIO

November 2008

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PSCNO SuperWalk Celebration

If a picture paints a thousand words, this montage speaks volumes about the dedication of everyone involved in 17 SuperWalks across all of Parkinson Society Central and Northern Ontario this September.

Alliston	$8,505
Barrie	$20,294
Bracebridge	$10,033
Burlington	$81,217
Durham	$56,027
Georgetown	$12,438
Guelph	$31,691
Hamilton	$15,717
Kingston	$22,247
Midland/Orillia	$18,167
Newmarket	$23,525
Niagara	$13,464
Peel Region	$71,592
Peterborough	$35,173
Sudbury	$8,022
Thunder Bay	$5,665
Toronto	$275,253
	$709,030

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SuperWalk Across the Region raises Hope and more than $709,000!

The 2008 SuperWalk for Parkinson's was a huge success! Across the country walkers raised more than $2.4 million. The story here in CNOR is stunning. In seventeen places across the region, walkers turned out in the rain and wind and sun raising an astonishing $709,030 (see left for details of each walk's totals). An even prouder achievement is that for all of Canada seven of the top ten walkers and eight of the top ten teams came from PSCNO! That's how to lead the way.

We are grateful for everyone: walk committees, walkers, teams, SuperStar and SuperStar Supreme walkers, sponsors, media supporters and volunteers who gave freely of their time, talent and wallets to make SuperWalk 2008 a tremendous success.

We know your dedication is inspired by your passion to find better treatments and a cure for Parkinson's. We are happy to report that SuperWalk funds will be awarded to Canadian scientists whose research will bring a brighter future for Canadians living with Parkinson's today and a world without Parkinson's tomorrow!

Some stories from the walks:

- Diagnosed with Parkinson's disease at the age of 52, Kenny Bearg has been one of the SuperWalk's top fundraisers in Canada for the last six years. SuperWalk is his passion. Kenny isn't alone. He has a dedicated team of walkers

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Parkinson Society Central & Northern Ontario
Société Parkinson du Centre et du Nord de l'Ontario

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MISSION STATEMENT

Parkinson Society Canada is the national voice of Canadians living with Parkinson's. Its purpose is to ease the burden and find a cure through research, education, advocacy and support services. Parkinson Society Central and Northern Ontario contributes to the national research program while offering support services, information, and specialized programs to ease the burden for those living with this chronic, degenerative neurological disorder in the region.

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SUPPORT AND SERVICES

- Advocacy
- Individual Support (RN on staff)
- Educational Seminars and Conferences
- Resource Lending Library
- Website
- 1-800 Bilingual Information and Referral Line
- Quarterly Newsletter
- Scientific Research Funding
- Newly Diagnosed Education and Information Sessions
- Fundraising Events
- Presence at Health Fairs
- Personalized Information Packages
- Education In-services
- Support Group Network

Thank you to our generous Toronto SuperWalk sponsors who bring us closer to the cure!

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... "SuperWalk" continued from page 1

who support him, including his wife, two daughters, son-in-law, and grandchildren.

- Passing storms kept folks wondering whether they would all be drenched, but nothing could dampen the spirits of the more than 500 enthusiastic walkers at the Jerry Friedman Toronto SuperWalk. But there were no storms and the sun even put in an appearance! Perhaps that's because Global News weatherman Bill Coulter was the Grand Marshall!
- The simple fact is that the Top Walker in Canada comes from right here in Toronto. Thanks to Margot Greenberg for her years of support.
- This year John and Mary Martin were happy to be on a cruise, but sad that it took place at the same time as SuperWalk. The solution – to walk on water! One day Mary put on her SuperWalk T-shirt and SuperStar Supreme hat and went up to the sports track of the ship. In spite of the uncooperative weather, she valiantly did laps until the high winds forced her to stop.
- Hadrian's Wall in England, a world historical site, which runs more than 80 miles near the Scottish border, was Megan Williams SuperWalk track. Megan raised over $3,500, 150 percent more than her goal!

LEADING BY EXAMPLE

By Shannon MacDonald

Reprinted from EPDAPLUS

Parkinson Society Canada (PSC), representing more than 100,000 Canadians with Parkinson's disease and their families, has led the charge in developing an unprecedented level of collaboration with other Canadian neurological health charities.

As described in a 2006 report by the World Health Organization, "a large body of evidence shows that policy makers and healthcare providers may be unprepared to cope with the predicted rise in the prevalence of neurological and other chronic disorders and the disabilities resulting from the extensions of life expectance and aging populations globally".

Despite ongoing efforts to educate Canadian policy makers about the mounting health concerns related to neurological conditions, PSC, as a disease-specific organization, was challenged to demonstrate how new investments and policy change might impact a large number of Canadians.

Consistent feedback from elected representatives and bureaucrats encouraged PSC to bring other like-minded organizations together to work as a collective, on behalf of a large number of people living with neurological diseases, disorders and injuries.

In response, PSC convened a meeting in January, of senior representatives from twelve charities dedicated to different neurological conditions. The result was the establishment of Neurological Health Charities Canada (NHCC), a project-based collaboration focused on improving the quality of life of those living with a neurological disease, disorder or injury through education, advocacy and research.

Formally launched at Parliament Hill on June 2, the NHCC serves as one voice, providing a stronger sense of community and influence for positive change. At initial meetings with Canada's Minister of Health and national health agencies, the NHCC was extremely well received, and next steps for action were clearly identified. Upon learning of the formal establishment of the NHCC, policy makers within the province of Ontario committed to working with the group to develop a provincial neurological strategy within 12 months.

Initial work of NHCC will focus in three key areas:

- National advocacy to garner support for a population-based study of neurological conditions in Canada
- Provincially to develop an Ontario-wide, comprehensive neurological strategy
- Cross-provincially to ensure knowledge transfer across regional volunteer organizations and governments.

See www.neurohealthcharities.ca for more information about the NHCC.

NHCC FOUNDING MEMBERS

Canadian NHCC founding member organizations include: ALS Society, ALS Society of Ontario, Alzheimer Society, Epilepsy Ontario, Huntington Society, Multiple Sclerosis Society, Muscular Dystrophy, NeuroScience Canada, Ontario Federation for Cerebral Palsy, Ontario Neurotrauma Foundation, Parkinson Society Canada, Spina Bifida & Hydrocephalus Association of Ontario, and the Tourette Syndrome Foundation.

Mainstream Parkinson's Drugs 101 - From a GP's standpoint

Dr. G. Hardacre

In previous columns, a number of my drug references might have been confusing to some readers, so here's a simplification.

We Parkinsonians lack the brain-derived chemical Dopamine, which belongs to a group of molecules called neurotransmitters. These transmit signals from one nerve cell or part of the brain to another, in order to affect specific body functions. Neuroscientists are researching the complex reasons behind the dopamine loss or absence that leads to our familiar core group of muscular features – tremor, movement slowness, stiffness or rigidity, and difficulty maintaining balance.

Currently, the main, but not the only, treatment strategy is to replace one's deficient dopamine –preferably via a simple pill. But orally taken dopamine is unable to enter the brain because it cannot cross what is called the blood-brain barrier. Dopamine is delivered to its target only in the form of Levo-DOPA (L-DOPA), the main ingredient of **Sinemet**, which can traverse the barrier. Dopamine is the "gold standard," and L-DOPA is its best "alias," you could say. Unfortunately, L-DOPA's effectiveness may potentially, over time, be partially offset by significant side-effects that can include nausea, a low erect blood pressure with lightheadedness, or a "wearing-off" effect that then requires higher or more frequent doses. "Dyskinesias" (abnormal involuntary movements not to be confused with one's original tremor) can appear at the times of L-DOPA's peak level in the blood. Assessment at intervals of one's need for Levo-DOPA is critical to Parkinson's management. Enough should be prescribed to be symptomatically effective, but not so much as to lead to dyskinesias. This balance often takes quite some tinkering with the L-DOPA dose. Or your doctor may prescribe the drug Amantadine for dyskinesias. Sinemet comes as a yellow "regular" tablet, or in a "CR" (controlled-release, meaning slower but less-predictable release) form. Ask your doctor about the advantages of each for you. (As an aside, we lack an effective drug for balance problems.)

Dopamine replacement is not, as said above, the only strategy; there are at least two others. The first works by taking advantage of the following common drug lifecycle. After being ingested and absorbed, drugs are usually transported by the blood to their site of action. Only there and then do they perform their function. They are subsequently broken down into "waste products" known as metabolites which are excreted by some routes (usually kidney or liver) from the body. If *replacement* is insufficient, it makes sense to try **to inhibit or delay a drug's loss or excretion**, thus raising its level within the body or prolonging its effect. **Comtan** (entacapone) blocks the so-called COMT-elimination pathway of L-DOPA; it therefore belongs to a drug group called COMT-inhibitors. Comtan itself has no direct anti-Parkinson benefit; it works, as above, only in conjunction with L-DOPA already administered. So, never take Comtan alone – always take it with Levo-DOPA. (Stalevo, is a relatively new pill combining L-DOPA and entacapone.) The newest drug Azilect (rasagiline) blocks the so-called MAO-elimination pathway of dopamine; it is known as a MAO-inhibitor. **Azilect** can be taken alone or with L-DOPA, may require caution with foods (see below), and may actually slow the PD process, yielding so-called neuroprotection.

Even a second ingredient of Sinemet (besides L-DOPA) called carbidopa, works in this way. Sinemet (or its equivalent) is itself a treatment of some sophistication.

The second of the strategies other than dopamine replacement demands an understanding that dopamine is not the only neurotransmitter "player" in Parkinson's. Notwithstanding its prominence, dopamine is merely one chemical participating in a complicated sequence of reactions among the brain's Basal Ganglia tissues. **Other Neurotransmitters**, triggered by the presence or absence of dopamine, also play a role in our muscle movements. An important one is named Glutamate, which, by a complex chemistry, de facto, inhibits the actions of dopamine. Therefore, "inhibiting this inhibitor" is a strategy currently being researched. Similar is the cholinergic group of brain compounds and the old anti-cholinergic Parkinson drugs, now less often used because of side effects. Also, the so-called adenosine group of neurotrans-mitters, with their anatomic "receptor" brain sites of action, are under investigation as potential

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Those Parkinson’s Blues: A Bad Day or Depression ?

By Sandie Jones, R.N.

Temporary ups and downs are part of the human experience. It's when a depressed/sad mood persists for several weeks, deepens, and eventually starts interfering with everyday living that professional help is required.

When Dr. James Parkinson described the “shaking palsy” in 1817, he talked about the masked face, resting tremor, slowing of voluntary movement and stooped posture that we all recognize as the common characteristics of Parkinson’s. But he also described his patients as unhappy, dejected, or melancholic, so the recognition that depression can be a part of Parkinson’s is not new.

Several years after diagnosis, people with Parkinson's and physicians alike can often look back and see that depression was one of the initial, presenting symptoms but no one recognized it as such. Why? The Table of Similarities between Parkinson’s and Depression may help to shed some light on this.

Depression falls into two main categories: Reactive and Clinical.

Reactive Depression

Depression brought on by a life event such as death of a loved one, family/marital problems, business difficulties and the diagnosis of a chronic illness such as Parkinson’s. Receiving a diagnosis of Parkinson’s is difficult, and the news often leads to a normal state of dismay and grief over the loss of optimal health. People may be so focused on their concern about their health and their future that they lose interest in other things for a while. Sometimes, people have difficulty seeing ahead to a time when these feeling of loss and sadness will subside, but with time, as people gradually accept their disorder, many of these feelings will pass.

SIMILARITIES BETWEEN PARKINSON’S DISEASE AND DEPRESSION

PARKINSON’S DISEASE	DEPRESSION
Loss of spontaneous facial expression	Loss of spontaneous facial expression
Slowness of movement	Slowness of movement
Stooped posture	Stooped posture
Lack of concentration	Lack of concentration
Agitation / Anxiety	Agitation / Anxiety
Hallucinations/delusions/ paranoia	Hallucinations/delusions/ paranoia
Low & monotone speech	Low & monotone speech
Constipation	Constipation
Sleep disturbance	Sleep disturbance
Fatigue	Fatigue
Inability to pursue hobbies and interests due to physical symptoms	Inability to pursue hobbies and interests due to apathy
Apathy	Apathy
Weakness	Weakness
Decreased sexual activity due to immobility, loss of libido	Decreased sexual activity due to loss of libido and drug therapy
Motor and mental slowing due to bradykinesia and bradyphrenia	Motor and mental slowing due to psychomotor retardation.

Clinical Depression

Severe, persistent depression is quite different from the feelings described above and this type of depression has pervasive feelings of sadness, unstoppable feelings of hopelessness, feelings of being overwhelmed, feeling afraid, being anxious, not being able to make decisions, having little energy, deriving only a little pleasure in things that used to be of interest, sleep disturbances (too much or too little), appetite disturbances (increased or decreased), etc.

Many people cling to prejudices toward mental illness and feel their depression can be controlled by willpower, but simply "snapping out of it" is not an option. People freely talk about being treated for diabetes, arthritis and other chronic illnesses, but feel ashamed about being treated for depression.

Depending on what resource literature you read, the number of people with Parkinson’s who experience depression at some point in their journey, ranges from 40 - 70%. Many people living with Parkinson’s find that their emotions are very close to the surface and that the slightest thing - happy or sad - reduces them to tears. It can be very embarrassing. This emotional liability is common, and is a result of changes that occur in the brain, it is not the same as depression.

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It is important to understand that depression in Parkinson’s is largely due to changes in the neurochemistry of the brain. Research has shown that the brain systems that degenerate include not only the ones that affect movement but those that involve emotion as well. We know that loss of the chemical Dopamine results in problems of movement. At the same time the concentrations of other chemicals such as serotonin and norepinephrine are affected as well and they help control our emotional responses.

Tips for patients

- **Stay physically active. It's a major moodbooster for people with Parkinson’s. Try to schedule your exercise for the strongest time of the day.**
- **Socialize. People with strong connections to family, friends and community are less likely to be depressed.**
- **Set yourself do-able challenges and meet them, even if it's just something like going to the grocery store. You'll boost your self-esteem when you meet that challenge.**
- **Reach out for help. Talk to a psychiatrist, nurse, social worker, etc.**

So depression may be an effect of the condition itself. Some people can have depression related to difficulty with adjustment to the diagnosis, for some the depression may be an effect of the disease itself, and for others it is a combination of both.

For some people symptoms of depression may be associated with Sinemet benefit - as a dose wears off and the time for the next dose approaches, you may feel sad or have difficulty concentrating. Once you have taken your Parkinson’s meds your mood and motivation lifts. If this is a factor, optimal dosage and timing of Parkinson’s meds become even more important.

SO NOW WHAT? YOU DON'T HAVE TO SUFFER! The good news is that depression can be successfully treated with a wide range of antidepressant medications but first, you have to talk to your doctor about how you are feeling. No one can help you with your depression if you try to hide it and are embarrassed to admit to anyone how your feel.

Determining which anti-depressants work for which people is not easy. Finding the right medication requires patience because most antidepressants require a four-to-six week period to achieve their full effect. If one drug doesn’t work, it is important to try another as failure of one drug to relieve symptoms does not mean one of the other drugs won’t work. This can be difficult for patients who, once they have agreed to treatment, naturally want a quick result.

Tips for caregivers

- **When in doubt, check it out. If you suspect your spouse or parent is depressed, talk to them and, with permission, consult with their doctor or other healthcare professional.**
- **If the person you are caring for is depressed, try to keep them focused on what is positive.**
- **Try to gently coax the person into doing things, don’t fuss or hover.**
- **Make sure you are getting the support you need; consider joining a support group. Remember, you can't do this alone.**
- **Be aware that you yourself might be suffering from depression or sleep deprivation.**

Care partners for people with Parkinson’s also need to be alert for symptoms of depression. Partners often feel helpless and wonder “Should I push them, or encourage them to do more or do I leave them alone?” They’re walking on eggshells, afraid to say anything. It can make relationships very difficult and that's when someone from the outside needs to step in.

A combination of psychotherapy and drugs are recommended for people with Parkinson’s who struggle with depression. Good communications between yourself, your carepartner and your doctor is essential. The main thing to remember if nothing else is this:

- Depression occurs extremely often in Parkinson’s
- It is a very treatable condition - there is no need for anyone to remain depressed in this day and age!
- Depression is, like diabetes, thyroid disease and Parkinson’s, a condition whose symptoms occur in response to a chemical imbalance in the body.
- It is nothing to be ashamed or embarrassed about
- Depression is the factor that most strongly influences quality of life in Parkinson’s disease (more than stage of illness or medications)

October Conference – a Great Chance to Learn and Grow

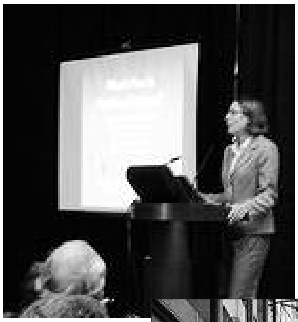
The "Living REALLY Well with Parkinson's" conference took place in Toronto on Saturday October 18, 2008 at the BMO Financial Group Institute for Learning in Toronto, and participants took home equal parts information and inspiration.

The day began with a research update from Dr. Susan Fox, neurologist, with her down-to-earth talk about the latest news of Parkinson treatments. She then answered a number of questions from the audience which provided more information with some more specific points about the disease and her work.

Participants then had a choice of attending several workshops. to attend – many people had a hard time making a choice! We were fortunate to have a number of very knowledgeable and talented workshop leaders sharing their expertise for the day:

- Ellen Alban – *Pilates and Staying Positive*
- Dr. Amauri Caversan – *Naturopathy*
- Judy Hazlett and Roger Buxton – *How to Manage your Healthcare*
- Nira Rittenberg – *Home Safe Home: An Occupational Therapy Perspective*
- Sarah Robichaud – *Dancing with Parkinson's*
- Assunta Scaini and friends – *Tai Chi*
- Dr. Bryce Wylde – *Nutrition*
- Dr. Mateusz Zurowski – *Coping with Anxiety*

At lunchtime we enjoyed a sumptuous lunch in the glorious, sun-filled Great Hall of the Institute for Learning. We were treated like, and ate like, royalty!



Dr Susan Fox talks about new treatment information.

Attendees enjoy lunch in The Great Hall.

Planning Chair Susan Graham Walker opens the conference.

The Planning Committee is already working on next year's conference, hoping to make it even bigger and better, and is keen to hear your suggestions. Watch your *LiveWire* for more details about next year's conference.

Many thanks to the Planning Committee: Susan Graham Walker, chair, Ellen Alban, Rosemary Craig, Ary Dotan, Kathy Marlin, Sara Lawson and Robert McNutt, as well as our sponsors Medtronics of Canada, Extendicare, Preferred Healthcare/Leisureworld, and Homewatch CareGivers.

See you next year!

Dr. Hardacre... continued from page 4

future therapeutic agents.

Lastly, you've heard of the "**agonist**" (or dopamine-agonist) drug group, such as Mirapex and Requip. This group qualifies as "replacement" and serves sometimes as an alternative to L-DOPA. I say "alternative" in that these medications are less likely to lead to wearing-off or dyskinesias but, on the other hand, are less potent therapeutically. I say "sometimes" because they are deemed more appropriate initial therapy for the younger Parkinsonian, to be taken until L-DOPA can no longer be deferred. A subgroup of older agonists, including Parlodel and Permax, is now thought to be inferior for reasons of newly discovered potential adverse effects, and is becoming inadvisable or unavailable for use in PD.

A few practical points to conclude. Take your meds on time, and usually on an empty stomach; the presence of recently consumed dietary protein may impair L-DOPA's effectiveness. Secondly, some meds, for example Azilect, may lead to blood-pressure trouble if taken with specific over-the-counter preparations or if you include foods such as red wine or some aged cheeses or meats in your diet. Ask you doctor or pharmacist for a detailed handout sheet. Thirdly and importantly, it may be hard to ascertain whether certain body changes are related to the PD itself, to a new or other underlying medical condition, or to your drugs.

Drug selection strategies will likely become more, not less, complex. Delivery systems such as the skin patch, nasal spray, injection, and even a stomach tube, are being tried; again, ask! Such does the future hold, as research sheds light on the bewildering chemistry of these molecules within our unique brain environment.

A life of accomplishments…with Parkinson's

By John Barclay

> *"Parkinson's only slows down the timing of your accomplishments."*
> D. Moss

Some people give with their whole lives. This is a story of what comes when you give it your all.

Barbara Chisholm has been married for 50 years, has pioneered work in early childhood education, raised a family, written and illustrated children's books and served as a volunteer here at PSCNO for years. Oh yes, and she has had Parkinson's for 18 years.

With a diploma in Early Childhood Education, Barbara worked at Settlement House in Toronto for five years where she learned her child rearing philosophy at the hands of the experts; the children she worked for.

She took time off to raise a family but when her youngest was three she started "Small World", one of the first and best nursery schools in North York. She had a Curious George puppet that she handled so expertly the children thought that he was real!

Barbara had always wanted to write and illustrate for children. A diagnosis of Parkinson's would for some people have been the end of that dream. Tremors are bad enough but Barbara suffered from micrographia (small, cramped handwriting due to impaired fine motor skills) which would seem to mean that drawing was out of the question. Couple it with having such extreme trouble moving around that she had to crawl from her bed to the drawing easel that her family had set up, before being able to start work and the troubles would seem insurmountable. But not for Barbara.

She turned her micrographia into a tool for her art. All those fine motor problems were channelled by her into intricate details, the bricks on a house, the strands of a spider web, names on a child's locker or blades of grass. Nothing was too fine for her hands. What a triumph. And then there was the beading on her daughter's Drum Majorette costume. That all needed to be done by hand, and by Mom.

And Carl of course, the love of her life (did I mention 50th wedding anniversary?). He also has Parkinson's. They were each other's carepartners and used to joke about how they had to be careful to trade their "On" and "Off" times so that they could look after each other. A wonderful demonstration of "For better and for worse"?

Barbara volunteered at PSCNO for many years on the peer support line. This meant that she spoke with those people who called looking for help and understanding. She spoke to them about her experiences, about what to expect, and about how to cope.

That's how she met our Sandie Jones, who said of her "she always found a way of continuing to do what she wanted to do."

As her Parkinson's progressed Barbara stopped helping at the Society, but she stays in touch through her family. We are grateful for her hard work and care.

Now, though her hands can't write and draw anymore she still does find a way. Her friends come to hear her talk and tell stories, and they write for her. A lifetime of building relationships has given her one more tool to accomplish (more slowly) her goals.

Her family surrounds her now, all looking after each other with the love and commitment that Barbara taught them, through a life of accomplishment, and coping so gracefully with Parkinson's.

4th Annual Spring Education Evening

April 8th

6:30 p.m – 9 p.m.

Dr. Mandar Jog

Parkinson's Disease from the beginning

FREE

At Royal Botanical Gardens

680 Plains Road Burlington

Info at

1-800-565-3000 ext. 3376

Karen

Around the Region

FOR INFORMATION ABOUT CHAPTERS AND SUPPORT GROUPS CALL 1-800-565-300 EXT. 3372

Barrie Chapter

Our first fall meeting in September began on a sad note in acknowledging the passing in August of Moe Taggert, our jovial Irishman. We extend sincere sympathy to Lynda and family. Lynda has been an outstanding support worker.

The highlight for September was our SuperWalk at Heritage Park with forty plus walkers in spite of the rain, Barrie Mayor Aspen and MP Brown assisted in the launch ceremonies.

Liz Maguire our tireless president and her group of dedicated helpers made the event run smoothly while raising over $19,000 for research.

In the last issue of *LiveWire* Dr. Gordon Hardacre wrote, "Living with the symptoms can be hellish; living with the people can be heavenly." The people in our Barrie group are so supportive and truly caring, both those with PD and our caregivers. It is wonderful to participate in this sharing attitude. Thank you Gordon for your insightful recognition of many dedicated people.

"Dad's Shakers", team is left to right, Greg (Dad) McGinnis, Judy McGinnis, Linda Thompson, Nancy Devlin, Jim McGinnis, Tyler McGinnis, Ciara VanDorsselear. Dogs are Thunder and Takoda. The Bandanas the dogs are wearing were made by Judy McGinnis.

Belleville – Quinte Chapter

Autumn is here and our monthly meetings have resumed. Our September meeting was an uplifting one. We decided on the topic of Positivity and had a group discussion about what keeps us positive while living with PD. The answers were as varied as our group. Physical activity was the top on the list for many. This included everything from swimming to golf to walking with a friend. There were more subtle and yet equally important ways to stay positive including enjoying grandchildren and the companionship of loved ones. Lots of laughter at the meeting proved that being with others and sharing our stories is a positive experience... in other words, support groups work!

We are looking forward to our chapter newsletter this month. Theresa Fitzgibbon, a second-year Social Service Worker student at Loyalist College, produces the newsletter for our group. Theresa, a dynamic young woman in her fifties, was diagnosed with PD a few years ago. The theme of the newsletter this quarter is Positivity! It will be distributed to our group and to local pharmacies, doctor's offices, health centres and anywhere else we think it will be useful.

Burlington support group

Burlington once again participated in the 2008 SuperWalk. We had a wonderful day with family and friends, but most importantly had

The "Nielsen Family" that not only were Burlington's top winner, but were in the top ten teams across Canada.

Artists Wanted!!

If you are an artist living with Parkinson's, we'd love to display your work and have you share your Parkinson's story.

Hope On Display started in 2007 with one show in Toronto and in April 2009 we hope to expand to four locations across the region.

If you are a musician, painter, jewelry maker, photographer, card designer etc. and interested in sharing your creative efforts with others, please call the Community Development Coordinator about Hope on Display in the follow areas:

Simcoe Area – Amanda Stanton
1-800-565-3000 ext. 3370
April 21st at Barrie City Hall Rotunda

Toronto & Cobourg/Peterborough area – Sara Lawson
1-800-565-3000 ext. 3377
Date and location TBA

Halton/Wellington area – Karen Dowell
1-800-565-3000 ext. 3376
April 21st at the Y in Oakville

The Pancakes for Parkinson's crowd line up to enjoy a good time!

another great year of raising funds and awareness in our community. At the time of this article, our total is approximately $81,217 and it continues to flow in. We were excited to find out that seven local Shoppers Drug Marts have chosen our group to be their local charity for their Tree of Life program. We will be receiving 100% of the funds raised, which will be split between SuperWalk and April Awareness Month in 2009. We want to thank our walk committee: Jane Langlotz, Chair, Allison Nielsen, Maureen Thun, Lynne Armstrong and Michel Lacavalier and all the volunteers for another great year.

Hamilton & Halton Early Onset Pancakes for Parkinson's

What do walking and pancakes have in common? For members of the Hamilton Halton Early Onset Parkinson Support Group (HHEOPSG)… these are fundraising words. Shari Fraser, a member with Early Onset PD, was watching Michael J. Fox on TV when she had an idea. Lynda McKenzie, a friend and another member who has dealt with PD for many years, heard about the idea and agreed to help turn it into a fundraiser… Pancakes for Parkinson's.

On September 21st from 8:00 am to11:00 am in their Freelton 55+ community, they and their volunteers, hosted the second annual outdoor pancake breakfast in Shari's backyard. For $6, customers feasted on an "all-you-can-eat pancake breakfast." At the end of the morning, the girls and their support team raised over $1,500. Way to go Lynda and Shari and all your supporters!

Hoping to expand this fundraising idea to spread to other communities, the owners of Waterdown's "Froot To Go Farm," Bert and Willi Hekman got involved. Bert also deals with Parkinson's daily. The Hekmans gave our Early Onset Group the opportunity to have "An All-You-Can-Eat Pancake Breakfast" on their farm Sunday, October 5th. Realizing that this was the first time for this locale, the Early Onset members who volunteered their time are very happy that their efforts raised $800.

But wait! They are not finished! On September 14, members of The Early Onset Group participated in Burlington's SuperWalk by forming or joining a team or by individually fundraising. Member Debbie Lecavalier registered a team called DEBBIE'S DREAMERS. The team has participated for five years and has raised $28,000 since 2004. Wow! Imagine what could happen if everyone got involved to do what they could. Every contribution counts!

North Simcoe Chapter

Our members were invited to bowl at the beautiful Midland Lawn Bowling Club. The event was a great success, thanks to Brian Walser. Despite the challenges of Parkinson's, those attending had a great time learning how to play this game.

Our 2nd annual Midland-Orillia SuperWalk at the Midland Town Docks was very successful, raising $16,000+ for Parkinson's.

There are a variety of experts willing to share their specialties, as they relate to Parkinson's. At our group meeting in September, Chiropodist Erin Fairbanks dealt with foot care and in October, Lawyer Peter Thompson shared using creativity to battle his PD. In February, Tax Services Officer Allan Lloyd will discuss Medical/Disability-related Information.

Thunder Bay Support Group

September was a very busy month for Thunder Bay. The board met, then our first fall support group meeting saw about 50 people come, anxious to chat, and get reacquainted after the summer break. Some of the group meet most Thursday mornings for a mall walk, then coffee. If it's anyone's birthday, then Larralee Hotson buys a cake so we can regain all that weight we walked off!

We had a great turnout for our SuperWalk. Pouring rain did little to dampen our enthusiasm and we raised over $5,000. We're very proud of our group. The next night, our local Italian Hall put on a spaghetti fund raiser and it was a sell-out. They even ran out of meatballs...a first! We have $900 from that event to use locally.

We will be putting on a workshop for senior home staff and have had lots of help with good info and giveaways from PSCNO's John Barclay... thanks John.

We've seen our group interact socially, sharing life stories and learning how to make dealing with Parkinson's a little easier. That's absolutely the main reason for our meetings.

Giving Up Locks for a Good Cause

Rocio Korytkowski braces herself for her new do, compliments of husband Lucas.

For most people, birthdays are a time to gather friends and family for a night of celebration. As Rocio Korytkowski approached her 40th birthday, however, she thought about what was important to her and made the surprising choice to shave her head – for Parkinson’s!

From the initial kick-off meeting at a local diner, friends and family eagerly supported Rocio in achieving her goal – which she soon surpassed. In the end she raised more than $8,000!

For Rocio, the choice to support Parkinson Society Central and Northern Ontario was a very personal one. Her mother, Bertha Guevara, was diagnosed with Parkinson’s 18 years ago. Shaving her head was Rocio’s way of letting people know how important it was for her to honour her mother and to increase awareness of the disease.

Her family and friends were essential to her success. “It was quite exciting that everyone said yes so eagerly,” Rocio claims. “It was amazing!”

She even spent three weekends raising money at a local market. People stopped to ask about Parkinson’s, tell her that they too knew someone with the disease, and even to ask where they themselves could get help. And, of course, people stopped to remark on her courage for going bald!

Even her children, aged four and seven, helped out, joining Rocio as she went door-to-door in her community. “I wanted my kids to know how important it is to not only help your family, but also to help the community and everyone with Parkinson’s now and everyone who will be diagnosed in the future,” Rocio says. “I wanted them to know that we – the family members – can make a difference.”

For more information about Rocio’s fundraising event, visit her website, www.berthasparkinsonawareness.weebly.com.

If you are interested in planning an event with proceeds benefiting Parkinson Society, please contact us at 1-800-565-3000 ext. 3378 or 416-227-3378, or by email at info.cnor@parkinson.ca.

☑ ***Yes,*** I will help support the people affected by Parkinson’s in the community.

I’ve enclosed my gift of: ☐ $35 ☐ $50 ☐ $100 ☐ $250 ☐ Other $____

☐ Cheque (payable to Parkinson Society Canada) or ☐ Visa ☐ MasterCard ☐ Amex

Card No.: ______________________________ Expiry Date: _____ / ______ Signature: ______________________________

Please complete the following information:

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other:_________ First Name: ______________________ Last Name: ______________________

Address: ____ City: ______________________ Province: _____________

Postal Code: _____________________ Telephone: ________________________ E-mail: ______________________________________

☐ **Please sign me up as a monthly donor. I have completed the information above and understand the amount indicated will be charged to my credit card or deducted from my bank account on the 15th of each month (please enclose a void cheque for monthly direct withdrawals).**

☐ I would like to receive e-mail updates about Parkinson Society Canada activities

☐ Please contact me about how I can make a gift in my Will

Please return your reply form with your gift today in the enclosed prepaid envelope.

Tax receipts are issued for donations of $10 or more, or upon request.

Thank you for your support!

From time to time, we trade our mailing list with like-minded charities in order to find new donors to support our work. However, if you still prefer not to have your name traded, please tick here: ☐

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Livewire is published three times a year to provide people affected by Parkinson's in Central and Northern Ontario with helpful information. It is not meant to be medical advice and does not necessarily reflect the views of the Parkinson Society or the *Livewire* Editorial committee. Readers should contact their doctors in all matters relating to health concerns and/or your medication.

The *LiveWire* Editorial Committee is made up of volunteers and staff. The Committee welcomes feedback on current and past issues as well as suggestions and submissions for future issues.

Contact the Regional Office at
416-227-3372 or
1-800-565-3000ext 3372
or email to livewire@parkinson.ca

	Submissions by
April Issue	January 23
August Issue	June 23
November Issue	October 23

Rollin' Thunder Fundraiser

As if winter in Thunder Bay doesn't come soon enough, a local business man trucked in snow last month to host a snowboard/ski competition in the parking lot of his Algoma Street store. Brian Coutts approached the local support group with an offer. He said his father, who lives in Calgary, was a person with Parkinson's and he wanted to initiate an annual event he dubbed "Rollin' Thunder Rail Jam for Parkinson's". The snow is actually what is dumped behind the local arenas after they shave the ice surface. Brian used bales of straw and a few sections of scaffolding to create a hill and runoff where the stunts were attempted. The event attracted almost four dozen young men whose pants were about to fall off, which is the current fashion for snowboarders. $350.00 was donated to Parkinson's Society in honour of Brian's father.

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