Spring 2007 · Volume 7 · Issue 1
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ParkinsonPost

A magazine for Canadians living with Parkinson's

Regenerating brain cells:

How Jackalina VanKampen's research could help people with Parkinson's

Tai Chi:

A simple way to stay flexible

SuperWalk 2007:

A new year, a new goal

PLUS

Should you take dietary supplements?

Parkinson Society Canada
Société Parkinson Canada
Ease the Burden; Find a Cure

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THE PARKINSON LEGACY

What if *your* legacy is the one that makes a cure possible?

By making a planned gift through **The Parkinson Legacy**, you will be providing Parkinson Society Canada with the resources to fund research that will ultimately lead to a cure for Parkinson's disease. Your **Legacy Gift** will give hope for those living with Parkinson's today and will lead to a cure tomorrow. This will be your Legacy.

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Parkinson Society Canada
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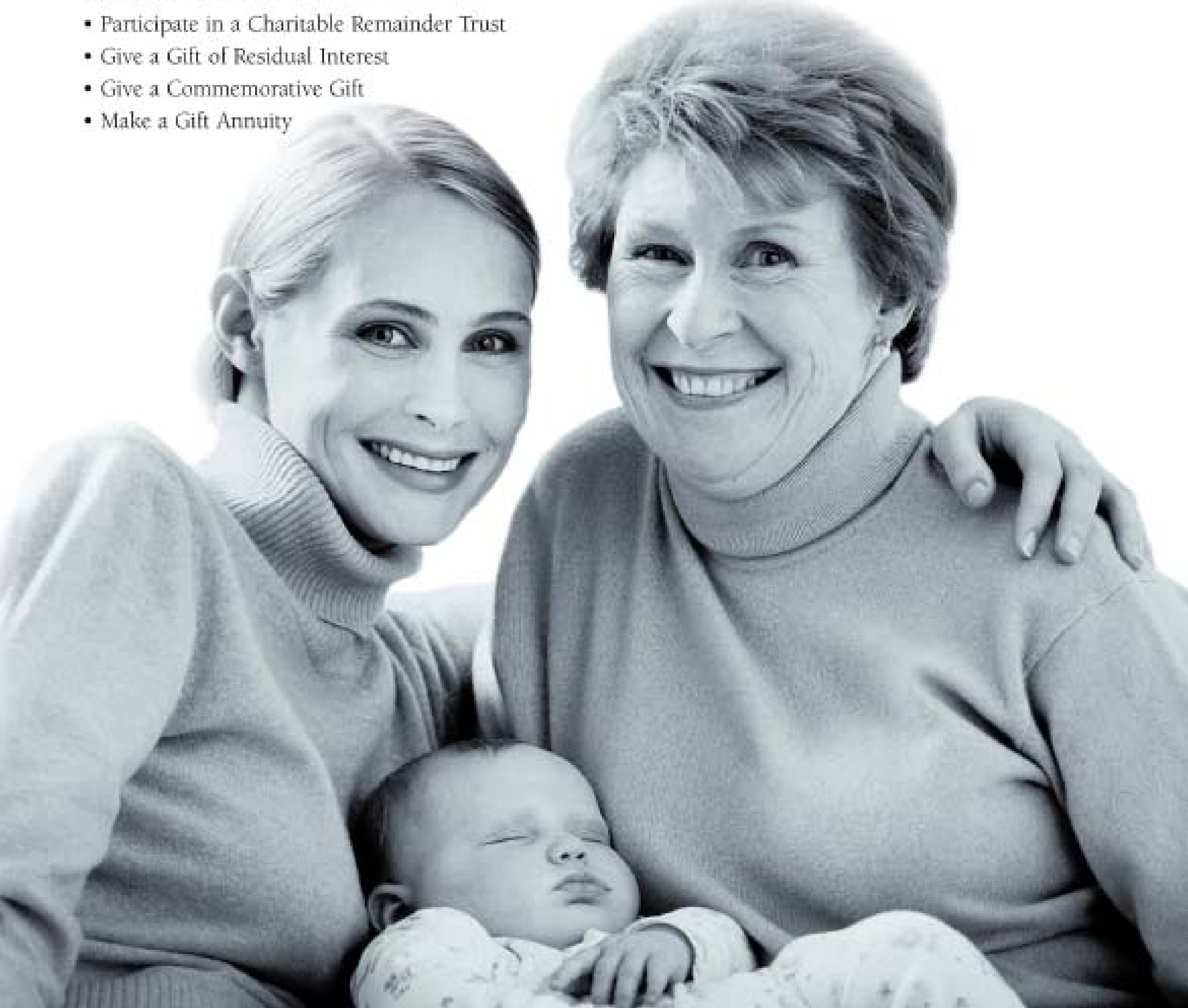

Letter from Parkinson Society Canada

Parkinson Society Canada
Société Parkinson Canada

ON OUR COVER: Jackalina VanKampen, PhD, an associate consultant in the Department of Neuroscience at the Mayo Clinic in Jacksonville, Florida, is researching cell regeneration and how it can help people living with Parkinson's disease. Read about Jackalina's research on page 8.

PSC is poised for progress

Spring is such an exciting time of year for everyone. At Parkinson Society Canada (PSC), this time of year has added meaning because April is National Parkinson's Awareness Month. Throughout April, activities and events are planned from coast-to-coast to raise funds to ease the burden and find a cure, and to increase the awareness and understanding of Parkinson's disease. In many ways, April launches a busy six months of activity for PSC and our Regional Partners, culminating in September with SuperWalk.

In 2005, we asked stakeholders across Canada to identify their top three priorities for action to benefit Canadians with Parkinson's and their families. The responses were almost unanimous: secure increased funding for research; elevate the awareness and understanding of Parkinson's disease across Canada; and improve access to services and supports.

We have taken this feedback to heart and have developed initiatives to address each priority. The National Advocacy Committee is actively working to secure $5 million in new funding from the Government of Canada to support an unprecedented national research study on Parkinson's (see page 7).

The National Communications team is busy creating media opportunities to spread the word about Parkinson's, including a national public-service campaign (radio, TV, web, and print), and national and regional staff and volunteers are working closely to ensure that we share a unified message.

Regional advocacy teams are working tirelessly to raise the issue of access to health care services and supports with their provincial legislators. In British Columbia, PSBC has produced a new Advocacy Handbook for individuals who want to speak out on behalf of people living with Parkinson's. In Ontario, a formal submission requesting the development of a Provincial Parkinson's Strategy was made to the Minister of Health and Long-Term Care. Volunteers are planning to follow up with a lobby day at Queen's Park to advance this request. Similarly, groups across the country are working to engage policy-makers and decision-makers on issues related to Parkinson's disease.

It is an exciting time and we are grateful for the energy and support that Canadians with Parkinson's, and their family members and friends demonstrate every day, whether by writing a letter, selling tulips, assisting with a support group, or volunteering on a committee. We are making progress on all three priority areas, and we couldn't do it without you!

Joyce Gordon,
President and CEO,
Parkinson Society Canada

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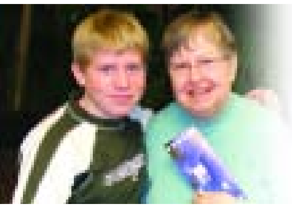

COLUMNS

ParkinsonPost
A magazine for Canadians living with Parkinson's

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Spring 2007

Parkinson Society Canada
4211 Yonge Street, Suite 316,
Toronto, ON M2P 2A9

Editor:
Marjie Zacks

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How to contact *Parkinson Post*:

Parkinson Post
4211 Yonge Street, Suite 316
Toronto, ON M2P 2A9
Phone: (416) 227-9700
Toll Free: (800) 565-3000
Fax: (416) 227-9600
E-mail: editor@parkinson.ca
subscriptions@parkinson.ca
Website: www.parkinson.ca

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Our mission

Parkinson Society Canada/ Société Parkinson Canada is the national voice of Canadians living with Parkinson's. Our purpose is to ease the burden and find a cure through research, education, advocacy and support services.

Parkinson Society Canada
Société Parkinson Canada

National Office and Regional Partners

For information, programs and services in your area, or to make a donation, contact the following offices:

PSC National Office

4211 Yonge Street, Suite 316
Toronto, ON M2P 2A9
Ph: (416) 227-9700
Toll Free: (800) 565-3000
Fax: (416) 227-9600
www.parkinson.ca

Parkinson Society British Columbia

890 West Pender Street, Suite 600
Vancouver, BC V6C 1J9
Ph: (604) 662-3240
Toll Free (BC only): (800) 668-3330
Fax: (604) 687-1327
www.parkinson.bc.ca

- John Rice, Board Member and Chair of PSBC's Advocacy Committee, has written the first, most comprehensive *Advocacy Handbook* for individuals who have agreed to be advocates. The *Handbook*, now available, outlines the advocacy goals both provincially and nationally.
- John Rice also secured a multi-layered partnership with the firm of Blakes, Cassels & Graydon, to provide pro-bono legal services for PSBC.
- New Resource Development Coordinator Tara Buchholz joined PSBC in January and is working closely with Associate Director Lori Francisco on all fundraising initiatives.

Victoria Epilepsy and Parkinson Centre

813 Darwin Avenue
Victoria, BC V8X 2X7
Ph: (250) 475-6677
Fax: (250) 475-6619
www.vepc.bc.ca

- The Parkinson's disease stress-management program has become very popular with some clients who are noticing improved sleep and an increased ability to relax and handle freezing episodes.
- A dramatic portrayal of advanced Parkinson's symptoms during Parkinson's disease in-services is having a major impact on college students' training to work as home-support and care-facility attendants.
- In February, the agency hosted a planning session of Parkinson Society Canada national staff and executive directors from across the country.

The Parkinson's Society of Alberta

Edmonton General, Room 3Y18
11111 Jasper Avenue
Edmonton, AB T5K 0L4
Ph: (780) 482-8993
Toll Free: (888) 873-9801
Fax: (780) 482-8969
www.parkinsonalberta.ca

- Members, families and friends had a wonderful time at the 2006 annual Christmas brunch for members. Thank you to our volunteers Judy Williams, Donna McMinn, Sandy Brodie, and Cathy and Cory Watt. Planning is already underway for next year's event.

The Parkinson's Society of Southern Alberta

102-5636 Burbank Crescent SE
Calgary, AB T2H 1Z6
Ph: (403) 243-9901
Toll Free (Alberta): (800) 561-1911
Fax: (403) 243-8283
www.parkinsons-society.org

- A new support group for people living with Parkinson's and their caregivers has recently started in Lethbridge.
- The Reiki Pilot Project was completed in March. Watch for results in an upcoming issue of *Parkinson Post*.
- The Parkinson Society Southern Alberta was saddened by the sudden loss of Bev Winters who was killed in a car accident.
- Other staff changes include Physical Therapist Diane Lynders, who retired in December, and Support Services Director Jan Hansen and Fundraising Coordinator Garry Ankerman who have moved on to pursue new interests.
- Gail Hubbard and Linda Haines are new to the administrative team.

Saskatchewan Parkinson's Disease Foundation

103 Hospital Drive, Box 102
Saskatoon, SK S7N 0W8
Ph: (306) 966-1348
Fax: (306) 966-8030
E-mail: spdf@sasktel.net

- The Regina Curling Classic for Parkinson's Research was held on March 30 and 31.
- "Think Tank," a one-day provincial gathering of people directly involved in the support of Parkinson's disease, will be held in April.
- Movement disorder clinics are being held two days per month in Saskatoon and Regina. Check with SPDF for clinic days in your city.

Parkinson Society Manitoba

171 Donald Street, Suite 302
Winnipeg, MB R3C 1M4
Ph: (204) 786-2637
Toll-Free: (866) 999-5558
Fax: (204) 786-2327

- Parkinson Society Manitoba has a new partnership with the Movement Disorder Clinic in Winnipeg. Joanne Malenko, RN, will now provide education and clinical counselling.
- Join the Circle of Hope Lottery. Only 2,500 tickets are available for $10 each. Win up to $10,000. Draw takes place April 21, 2007, at the Annual Regional Conference.
- The Speaking Out speech-therapy program and Brain Gym may be run again this year. Please call our office if you would like to participate.
- Parkinson Society Manitoba received a $1,000 grant from the Brandon Area Community Foundation to build a Parkinson's Resource Library.
- The Annual Regional Conference 2007 will be held on Saturday, April 21, 2007. The event will include regional awards, a volun-

continued on page 6

Parkinson Society Canada
Société Parkinson Canada

teer-recognition luncheon, speakers, interactive sessions and a chance to re-connect with old friends while making new ones.

PSC Central and Northern Ontario Region

4211 Yonge Street, Suite 321
Toronto, ON M2P 2A9
Ph: (416) 227-1200
Toll Free National: (800) 565-3000
Fax: (416) 227-1520

- Chapter Guidelines were sent out, and discussions took place across the region.
- A large number of advocacy meetings were scheduled at Queen's Park to discuss the role of MPPs with regard to Parkinson Society Canada in Ontario.
- Educational seminars, tulip sales, awareness booths, and a variety of small local events will take place in April for Parkinson Awareness month.

PSC Southwestern Ontario

4500 Blakie Road, Unit #117
London, ON N6L 1G5
Ph: (519) 652-9437
Toll Free Ontario: (888) 851-7376
Fax: (519) 652-9267
www3.sympatico.ca/pf.swo

- SuperWalk revenue of $189,000 was sent to Parkinson Society Canada.
- National research grants totalling $92,000 were awarded to Dr. Quincy Almeida, the director of the Movement Disorders Research & Rehabilitation Centre at Wilfrid Laurier University in Waterloo, and to Dr. Mandar Jog, the director of the Movement Disorders Clinic at London Health Sciences Centre in London.
- $130,000 has been secured to implement community development programs in Kitchener-Waterloo and Windsor.
- We are gearing up to celebrate 10 years as a region.
- Plans are underway for the first PEP for Community Caregivers "train the trainer" workshop.

Parkinson Society Ottawa

1053 Carling Avenue
Ottawa, ON K1Y 4E9
Ph: (613) 722-9238
Fax: (613) 722-3241
www.parkinsons.ca

- A one-day conference on Parkinson's attracted over 200 people from across Canada. Keynote addresses included Ryan Clarke on "Advocacy: Starting to engage" and Dr. David Grimes on "Research in Parkinson's: Is it helping?"
- Education sessions featured two workshops on "Parkinson's disease 101" and "Holistic health" with Dr. Shahram Azoubzadeh.
- In January, over 600 people attended our Third Annual Yuk Yuk's Comedy Night for Parkinson's.
- A third-party "Party for Parkinson's" event raised $45,000.

Parkinson Society Quebec

550 Sherbrooke Street West
Office 1470, Tower West
Montreal, QC H3A 1B9
Ph: (514) 861-4422
Toll Free: (800) 720-1307
National francophone line
Fax: (514) 861-4510
www.infoparkinson.org

- Claude Montmarquette, the new president of the Board of Directors, has launched a new organizational-needs-analysis committee to evaluate Parkinson Society Quebec. The committee will aim to improve relations between the nine Quebec chapters and Parkinson Society Canada in order to obtain greater funding and to position the Society as an important player at the provincial level. The Ministry of Employment and Social Solidarity of Quebec will be financially supporting this initiative.
- Ginette Mayrand, training coordinator, and Drs. Michel Panisset and Sylvain Chouinard have begun training and information sessions with the aid of a grant obtained by Parkinson Society Canada as part of the E. Conner Community Outreach Program. The first training sessions will be conducted with the Joliette chapter.

Parkinson Society Maritime Region

5991 Spring Garden Road, Suite 830
Halifax, NS B3H 1Y6
Ph: (902) 422-3656
Toll Free (NS, NB & PEI):
(800) 663-2468
Fax: (902) 422-3797
www.parkinsonmaritimes.ca

- One hundred delegates attended the annual conference in Charlottetown featuring keynote speaker Dr. David Grimes from Ottawa.
- HOPE presented its third installment of a three-year $25,000 pledge to the region.
- Tim Hortons SMILE Cookie Program PEI presented a cheque for $12,800 to the region in support of Island programs and services.
- Summerside Chapter raised $5,000 through Sobeys tape-collection program.
- Annual awards were presented to Saint John (Chapter), Sheree Trecartin (Health care professional), Keith McCrory, Shelburne (Volunteer), Medavie BlueCross (Leadership), and Annabel Lewis, Moncton (Lifetime). A special tribute was made to Jean Irving, Truro.

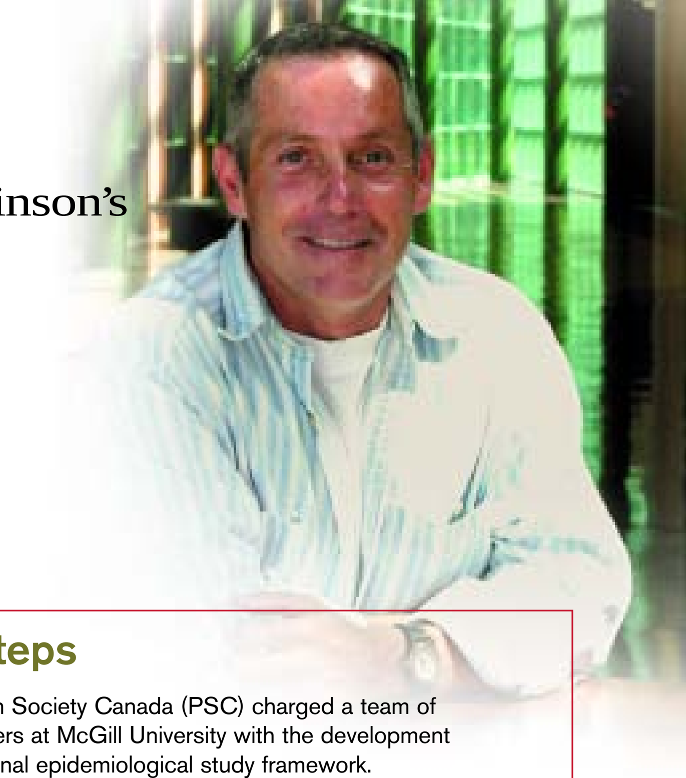
Parkinson Society Newfoundland and Labrador

The Viking Building
136 Crosbie Road, Suite 305
St. John's, NL A1B 3K3
Ph: (709) 754-4428
Toll Free (NL):
(800) 567-7020 Fax: (709) 754-5868

- "Platters & Plates" for Parkinson's will be held at the College of the North Atlantic in St. John's on April 21.
- Our Parkinson's Community Education Program is scheduled to take place in seven sites in the province beginning May 2007.
- The second annual Anne Rutherford award was presented to June Hunt, a volunteer who continues to make a contribution to people living with Parkinson's.
- Speech-education programs will be held in St. John's and Carbonear as a result of funding from United Way of Avalon.

Parkinson Society Canada
Société Parkinson Canada

Issues of interest to people with Parkinson's



Maintaining momentum

By Yvon Trepanier, Chair, National Advocacy Committee

It has been a couple of months since we met with politicians in Ottawa, and our work continues. Our hope is to secure support from the Government of Canada to fund a national epidemiological study of Parkinson's disease in Canada.

PSC's action steps

June 2006:	Parkinson Society Canada (PSC) charged a team of researchers at McGill University with the development of a national epidemiological study framework.
October 2006:	PSC made a formal submission to the Standing Committee on Finance requesting $5 million to fund this study.
November 2006:	Members of the Parkinson's community met with 45 members of Parliament in Ottawa and requested that they demonstrate their support for PSC's funding request by sending a letter to the Minister of Health. Several were sent.
February 2007:	PSC received the final study framework and sent copies to the Minister of Health and members of the Standing Committee on Finance.
April 2007:	PSC conducts ongoing events and activities to keep our need for support top-of-mind with key decision-makers.

What is an epidemiological study?

Epidemiology is the branch of medicine that deals with the study of the causes, distribution and control of a specific disease. In the case of Parkinson's disease, questions about the cause and cure are being studied by scientists in Canada and around the world, and while one can always make the case for more funding, the fact is that work is being done and progress is being made.

Unfortunately, the same cannot be said for our understanding of the incidence, distribution, impact or control of Parkinson's disease. The reality is that Canadian data about Parkinson's simply does not exist—because it has never been studied. Health Canada has called for this work in two reports since 2000, to no avail.

Why do we need this information?

It is very difficult to chart a course if we don't know where we are today. According to scientists, we know that brain disease is on the rise, we know that incidence of Parkinson's increases as the population ages, and we know that we have an aging population in Canada. But we still need to know how many Canadians have Parkinson's today (our statistics are extrapolated from data produced by other countries). We need to know how old they are and where they live. We need to know more about how Parkinson's disease has affected their lives and their family members' lives. We need to know what services and supports they need, thereby reducing the impact on the health care system overall. And we need to know what they presently have access to and what needs to be planned for the future.

A national epidemiological study will provide a clear understanding of the state of Parkinson's disease in Canada today, including valid statistics about incidence, prevalence, geographic distribution, age and gender. This is the information that will guide policymakers in their efforts to make the best investment of health care dollars for all Canadians with Parkinson's.

How you can help

1. **Get involved** by writing or calling your federal Member of Parliament, telling your story, and asking for his or her support of this request.
2. **Write a letter** to the Minister of Health urging him to act on our request.
3. **Volunteer** to become your local area Parkinson's advocate by sending an e-mail to **advocacy@parkinson.ca**. We need your help to be heard.
4. **Visit the advocacy centre** at **www.parkinson.ca** to get more information about our efforts.

Cell regeneration:

Can it help people living with Parkinson's?

By Jackalina VanKampen, PhD

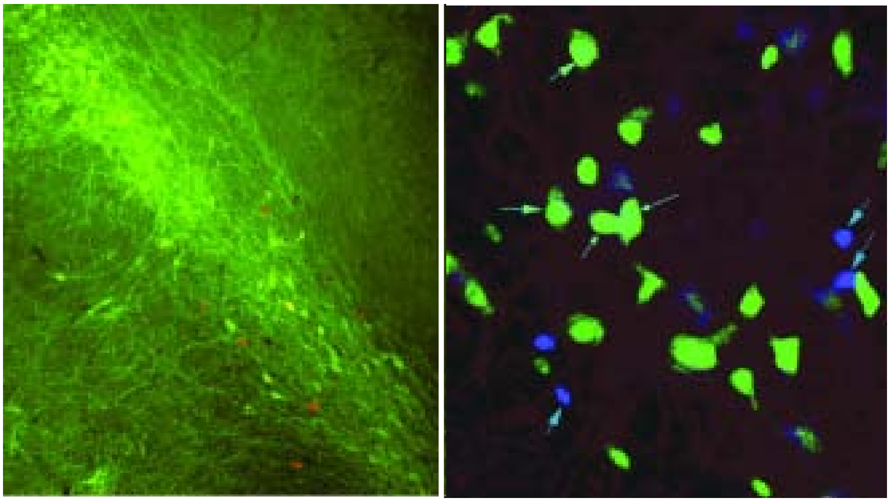
What you're born with is all you get! That is what I was taught in my undergraduate years. Referring to the number of neurons (brain cells) each person has, this dogma of little more than a decade ago dictated that the brain was incapable of generating new cells, leaving one at the mercy of environmental and genetic ravages. Admittedly, this lesson did inspire me to live a reasonably healthy lifestyle, as simple lifestyle choices, including a healthy diet, exercise, and certain nutritional supplements, can affect the rate of brain-cell loss.

For those with Parkinson's disease (PD), however, the majority of neurons in the substantia nigra (the key region affected in PD) have already been lost by the time the disease is diagnosed. Since these cells produce dopamine, a chemical signal that helps to control movement, drugs are often used to either replace the dopamine that is lost or to mimic its actions by activating dopamine receptors directly. While initially

Photo: Dennis Heslin

At the Mayo Clinic in Jacksonville, Florida, Dr. VanKampen conducts research on cell regeneration to determine if it can help people living with Parkinson's disease.

effective, their long-term use is often associated with complications, including loss of effectiveness and the development of dyskinesias (abnormal involuntary movements). This may be due to the fact that dopamine neurons do far more than just produce dopamine. They seem to be essential for the proper modulation of dopamine levels, a function that cannot be mimicked by traditional drug therapy. For this reason, cell-replacement strategies may provide a better alternative.



Newly generated dopamine-producing neurons (shown as red dots) in the substantia nigra. At right, the neurons shown in close-up.

Generating new cells

Fortunately, there is hope. We now know that the adult brain is capable of generating new cells that can integrate and become fully functional. In discrete regions of the brain are progenitor cells, which are immature cells capable of generating various types of brain cells given the proper stimulation. This could represent a novel source of tissue for the development of cell-replacement strategies designed for PD treatment. Furthermore, these cells already exist in the brain, precluding the need for embryonic or fetal extraction and transplantation.

> In discrete regions of the brain are progenitor cells, which are immature cells capable of generating various types of brain cells given the proper stimulation.

When generating new cells for the treatment of neurodegenerative diseases such as PD, certain criteria must be met. Firstly, the cells generated must be in the appropriate brain region. In the case of PD, this would be the substantia nigra. Secondly, the cells must be the proper cell type. In the brain, there are two general classes of cell: neurons (the communicators) and glia (the support cells). In the case of PD, the cells must be dopamine-producing neurons to replace those lost to the disease. Thirdly, the new cells must integrate and form the proper connections in the brain. While the cells lost in PD reside in the substantia nigra, these cells send long projections to another region of the brain, called the caudate/putamen, which is where they release their dopamine. Thus, new cells designed for the treatment of PD must send projections to this region. Finally, for new cells to be therapeutically effective, they must have some functional impact. In the case of PD, they must influence motor control.

Creating dopamine neurons

Recently, I explored a means of communicating with these progenitor cells in order to encourage them to proliferate and develop into dopamine neurons. Animals with a 75 per cent loss of dopamine neurons in the substantia nigra on one side of the brain (a common model of PD) were treated with a drug designed to selectively activate receptors thought to reside on progenitor cells. Following treatment, cell proliferation more than doubled in the substantia nigra. When these cells were allowed to mature, we found that the majority of these newly-generated cells went on to become neurons. The complement of dopamine neurons in the substantia nigra went from 25 per cent to almost 70 per cent.

In order to determine whether these cells could make the proper connections, we infused a fluorescent tracer into the target region. This tracer is selectively taken up by the terminals of dopamine neurons and runs backward into the originating cell body. By count-

The prospect of using cells already existing in the adult brain is exciting and is perhaps a welcome relief from the controversy surrounding embryonic stem-cell use.

ing the number of fluorescent cells in the substantia nigra, we get a good indication of how many have reached their target. Without treatment, less than 25 per cent of cells had intact projections. However, following extended treatment, this number rose to almost 75 per cent.

Perhaps most striking of all were the behavioural findings. When animals lose dopamine neurons on one side, they respond to certain drugs by turning in one direction. The number of turns correlates with the degree of cell loss and, thus, provides a good assessment of motor impairment. Following treatment and the subsequent reappearance of dopamine neurons, such turning behaviour was reduced by almost 80 per cent, indicating that these newly-generated cells did impact the animals' motor ability.

Developing new treatments

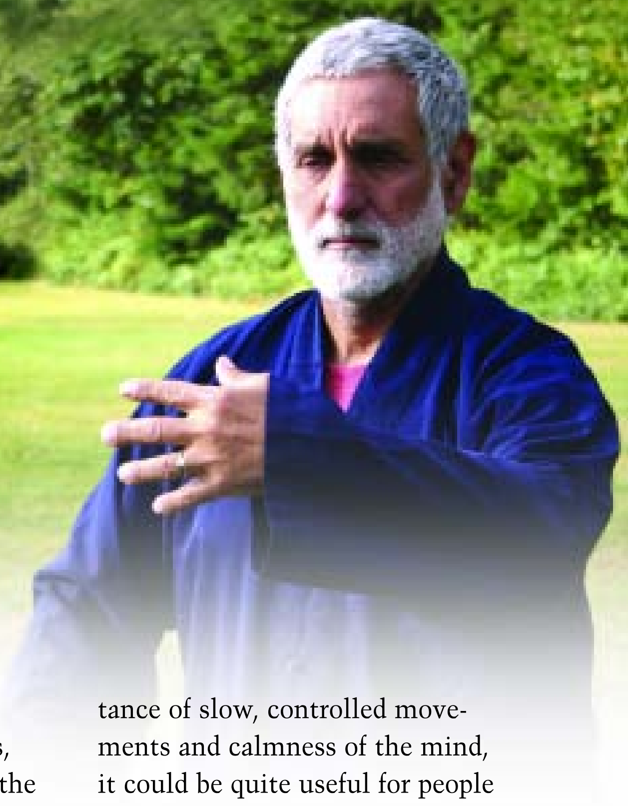
Thus, the adult brain can be encouraged to produce new cells. With continued effort, these findings could result in new therapeutic strategies designed to replace the cells lost in PD. Further, the same principles could be applied to other neurodegenerative disorders such as Alzheimer's disease. The prospect of using cells already existing in the adult brain is exciting and is a welcome relief from the intense controversy surrounding embryonic stem-cell use.

How does all of this research affect people living with PD? The data discussed here represent the culmination of five years' work. There's so much still to be done; for example, trying to figure out how this works in humans and determining the best treatment approach for application. With enough funding, it could happen within 10 years.

Tai Chi and Parkinson's:

Can this Chinese exercise technique help you?

By Ian Corks



While most people with Parkinson's disease (PD) benefit from treatment and medications, these therapies often have their limitations. As a result, many people look for alternative ways to help manage their symptoms and improve their quality of life. Among these, Tai Chi has become particularly popular, and it has helped many people with PD.

Slow, coordinated movement

Tai Chi is a form of exercise developed from Taoism, an ancient Chinese belief system in which the movements of the body are coordinated with the mind and with breathing. The exercises are intended to increase strength and flexibility, and improve balance and circulation. The simple, slow movements and gentle, relaxing workout it offers have made Tai Chi attractive and potentially beneficial for people with Parkinson's.

David Ip, RAc, DTCM, DAc, is a practitioner of traditional Chinese medicine and founder of the West Lake Clinic in Regina, Saskatchewan. As a member of the International Taoist Tai Chi Society, Ip has offered his services as a volunteer instructor for Tai Chi health-recovery classes, which have been promoted by the Regina Parkinson Support Group.

"Health recovery classes are for individuals with chronic or serious conditions who can benefit from Tai Chi, including people with PD," explains Ip. "Essentially, they are Tai Chi classes adapted to meet the needs of the participants. For example, exercises are modified for people who can't stand for the length of the program."

As for the results, he has seen tangible improvement in many who take the classes. "We've noted improved balance, gait and flexibility," he says.

A safe form of exercise

The Parkinson Society British Columbia has also been involved with Tai Chi classes for a number of years. "Given the progressive motor challenges that PD presents, it is important to exercise in a way that safely addresses the rigidity, loss of fine motor control and postural challenges that may take place," explains Carmen Dyck, Director of Support Services. "As Tai Chi stresses the importance of slow, controlled movements and calmness of the mind, it could be quite useful for people with Parkinson's."

Dyck notes that participants have reported benefiting physically, with increased improved posture and balance, flexibility and fine motor control. They have also learned techniques to help them manage stress.

Betty Schmidt of Tavistock, Ontario, had already been practising Tai Chi for three years when she was diagnosed with PD four years ago. "I knew about the benefits of Tai Chi, so I felt fortunate that I was already involved," she says. "I know it helps me to keep my life as normal as possible. It helps with my walking, using my hands and so much more."

Many health benefits

The last word, however, goes to Assunta Scaini, who has had Parkinson's for 22 years. "I first learned about Tai Chi at a Parkinson's conference in Montreal," she recalls. "It sounded good, so I started taking a course at a high school back in Toronto.

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Are you a SuperWalker?

Put your best foot forward

SuperWalk for Parkinson's is not just another walk-a-thon to raise money. It's an extraordinary event that unites Canadians in over 80 communities across Canada as they each put their best foot forward to help find a cure for Parkinson's. Together, we've raised millions of dollars to fund innovative research that will one day lead to a cure, and provide support and education for those dealing with the realities of Parkinson's in our communities.

Last year, our dedicated walkers rose to the challenge and raised $1.97 million. This year, we've set our sights even higher. Our goal this year is $2.22 million!

SuperWalk is a way to celebrate those we know who live with Parkinson's every single day and to honour those who have struggled with the daily challenges of this debilitating disease. We all have our reasons for walking. How will you honour yours?

Be a SuperWalk Early Bird!

Get a head start on your fundraising efforts; online registration opens April 1st this year. Visit **www.superwalk.com** and join in the fun, the easy way! When you register online, you can set up your own personal web page to tell your story of why you are walking, send invitations to friends to join, and ask your friends and family to pledge you (they will get an immediate receipt).

And if you register and collect $100 in pledges by May 15, you'll qualify for a draw to win a 32″ AQUOS TV, courtesy of SHARP.

Win a SuperWalk early bird prize from SHARP!

Register on-line for SuperWalk for Parkinson's between April 1st and May 15, 2007, and be eligible to win!

Online registration opens April 1, 2007. Every walker who registers online with a minimum pledge total of $100–either self pledged or from friends–by May 15 will be included in a draw for a **32" AQUOS TV**,* courtesy of **SHARP** (retail value $1,799.95).

*Winner will be announced on the website on May 18. Contest is not open to employees of PSC and its regional partners or to any member of their immediate families.

Do you want to be a SuperSTAR?

"Canadian Idol" isn't the only game in town with stars. Raise $1,000 or more and join our SuperSTAR club! At the walk you will receive a special SuperSTAR hat and a special "2007" recognition pin. Plus, you will be entered into a draw for a 42" AQUOS TV, courtesy of SHARP (retail value $2,999.95).

Winner will be announced on the website on May 18. Contest is not open to employees of PSC and its regional partners or to any member of their immediate families.

Be a SuperSTARWalker!

Some of our walkers go that extra mile in raising money for research and support services. When you raise more than $1,000, you join our club of SuperSTARWalkers and get a special hat and pin that make you stand out as a real star!

You are also eligible for a draw to win a 42″ AQUOS TV courtesy of SHARP in addition to all the regular incentives and prizes.

Join as a team!

We encourage and welcome businesses, sponsors and walkers to involve their co-workers, friends and family to walk as a team. Raise $1,000+ as a team and be eligible for extra prizes!

Visit **www.superwalk.com** for details about the walk closest to you. We need you to "put your best foot forward."

Robert Shaw's road to SuperStar status

Robert Shaw's strategy for raising funds for SuperWalk was a simple one. "I was persistent," he notes. "Relentlessly persistent!"

That persistence, combined with a business-like approach, helped him earn SuperSTARWalker status at the 2006 Halifax SuperWalk. Shaw raised $8,000 in his second year of walking, helping SuperWalk to a record-setting year.

A Halifax native, Shaw has been active in the Maritime Parkinson community for the last few years. Inspired by his wife Sheri, who has been diagnosed with PD, he is Vice Chair of the Parkinson's Society Maritime Region and a National Board Member of PSC.

"We do a lot of things out here, but SuperWalk is our biggest day, and an excellent way to raise awareness among the public as well as raise funds," Shaw notes. "This year's walk was a terrific success. We walked along the scenic Halifax waterfront led by a bagpiper, and the weather cooperated wonderfully. It was a great experience for everyone."

A management consultant by profession, Shaw offers some advice for other SuperWalk fundraisers.

"Sit down and plan your strategy and your approach to potential contributors," he advises. "Set realistic goals. Many people don't have realistic goals, or any goals at all. But I think it's important to have one. For example, I've already set my goal for this year. It's $10,000.

"Then you need to take an organized approach. I sent out e-mails, then followed up with phone calls," Shaw continues. "I know that some of my approaches will get donations, but a certain percentage won't, so I'm prepared for that. But first and foremost, you have to keep at it!"

All in the family

If you don't believe that lightning can strike twice in the same place, just ask Lynden Evers of Sarnia, Ontario and his grandmother Margaret Blake (who has Parkinson's). When Lynden began his fundraising efforts for the 2005 SuperWalk, his goal was to raise at least $100 so he would have a chance at winning the **Cineplex VIP Card**, which would entitle him to one year of free movie-going. With just one ballot in the drum, Lynden's ballot was chosen from among 17,000 other entries. One year later, SuperWalk 2006, one ballot, same odds. This time Lynden was outdone by his grandmother Margaret who had her ballot pulled from among the thousands of entries. What are the odds of two family members winning the same prize two years in a row?

12-year-old Lynden Evers and grandmother Margaret Blake.

Tai Chi and Parkinson's

continued from page 11

Before long I was telling everyone I could how great it was, and that we should start teaching Tai Chi for people with PD. Since I had six months experience, I became the instructor!"

Now 17 years later, Scaini still teaches and practises Tai Chi. "I'm a level-minded person," she concludes. "I still need my medications, and I still need to be treated by a neurologist. But my Tai Chi plays an important role in keeping me going."

Editor's note: For more information on Tai Chi programs, contact your local region of Parkinson Society Canada (see pages 5 and 6). For more information on Taoist Tai Chi, call 1-888-824-2441 or visit www.taoist.org, select "World Directory" and click on "Canada."

Finding your voice:

How creative expression helps people with Parkinson's

By Ian Corks

"I believe everyone is creative," notes Lynda McKenzie, who has found a sense of joy and comfort in creative expression. Lynda is just one example of someone who has used the therapeutic benefits of art and other creative endeavours to help cope with Parkinson's disease. (*Editor's note*: See Lynda's First Person story on page 20). As the following tales from artists, poets and writers show, creativity comes in many forms. The one thing they all share is the ability to provide an outlet and a chance to overcome, at least in some way, the restrictions of Parkinson's.

"Being creative allows me to see all sides of a situation. The anticipation of creating something new gets me out of bed in the morning and gives me a good feeling inside. And that good feeling makes it easier for me to deal with Parkinson's. It makes it easier to dream with my eyes open, to keep the hope alive in my heart and to dream of a future without disease."

Lynda McKenzie, artist and author
Freelton, Ontario

"I have three creative pursuits: writing humour, writing songs, and writing and performing music. I feel liberated when I am in 'creative mode.' It lets me get to know myself and my capabilities a little better. It has helped me discover my 'inside voice,' which I had ignored for over 40 years.

David Simmonds, writer, songwriter, musician
Ottawa, Ontario

Current of Grief

Chorus
Swept by a current of grief, drowned in waves of sorrow.
When what little you have is washed away, how do you face tomorrow?

Earth moves beneath the sea, surf breaks on distant shores.
No one fires a shot, everyone loses a war.
How does fate decide who dies and who is spared?
Who is warned of danger, and who is unprepared?

We live in troubled times/that harden gentle hearts.
But we are at your side/even oceans apart.
We wish we could embrace/we wish we could console.
Wave a magic wand/and somehow make you whole.

We cannot comprehend/how much you have lost.
How much work awaits/And how great the cost.
So let us start to build/Our strengths combined.
A refuge and a home/For all of humankind.

David Simmonds

"I wasn't a particularly creative person in school, though I did like to read poetry. My love of writing has only developed since I was diagnosed.

"At first I wrote poems for family and friends. Now I write to express myself. Instead of dwelling on my condition, I write. It's like a medicine for me. I don't think about symptoms, or feel sorry for myself when I'm writing.

Joan Fraser (Collier), poet
Enfield, Nova Scotia

From Someone Who Knows

Our face expressions most times look blank with a stare.
A depressed look you're most likely to see there.

Lots of times it's like our bodies are on trial.
On the inside and out for us we have happiness, but not always a smile.

Parkinson's makes our loving faces look down.
Turning them into sadness, worry and frowns.

Moods can change all so quick and fast.
Tears for no reasons will just blast.

We're still the same people you always knew.
We have to take medications to help us through.

We laugh, joke, even try to carry a tune.
We may never be famous, or ever go to the moon.

We have many moments of sadness, forgetfulness and pain.
That we all endure Parkinson's is no game.

There will be stress, fear, worry and lots of hard work.
With shaking, twitching, even body jerks.

There's many Parkinson's groups, fundraisers and events.
One day at a time is how our lives are spent.

Research costs money, Parkinson's costs pain.
To find a cure is one big fighting game.

Young people and elders are both struck down.
Until a cure for Parkinson's is found.

Joan Fraser (Collier)

"Writing was always a part of my life. I remember I was devastated when I was diagnosed with Parkinson's disease. People said 'Why don't you start writing again? Maybe it will do you good.' At first I resisted, but then I did.

"Writing helps me keep my mind calm, and believe me, it's always full of thoughts. It helps me to vent, to tell people how I really feel. I am still coming to terms with Parkinson's, but when people ask me how I am, I always say 'I'm fine, thank you.' Inside, however, my feelings are very different. In other words, I'm not being truthful.

"Does writing help me be more honest? Yes, I think so. I recently wrote a small piece on Parkinson's. At the end, I added that I would be writing more about my experiences in the future. That was a promise to myself to keep writing."

Susan Cooper, Writer
Scarborough, Ontario

"I have always liked poetry. I remember when I was 10, I wrote a poem of 50 stanzas. I developed Parkinson's in my 60s, and as writing got more difficult I simply stopped doing it. Then a lady in my support group encouraged me to start again. When I did, I found out how much I missed it. As I wrote more, I felt my skills coming back."

Ans Muller, Poet and writer
Vancouver, British Columbia

The Challenge of Parkinson's (excerpt)

No matter what...or come what may
I'll keep on trying anyway

I realize the bind I'm in
But I do not know that I can't win.

The challenge? Not to feel bereft
But to make the most of what is left.

Ans Muller

If you'd like to share your creativity with others, please e-mail your work to the editor@parkinson.ca.

Understanding Parkinson's: Where are we?

Dr. Jon Stoessl reports on the state of Parkinson's research

By Ian Corks

Each year, Parkinson Society Canada (PSC) invites a leading international expert to deliver the Donald Calne Lecture at PSC's annual meetings. In 2006, this prestigious lecture was presented by Dr. Jon Stoessl.

As director of the Pacific Parkinson's Research Centre in Vancouver, Dr. Stoessl has made major contributions to the field, both as a clinician and an internationally respected researcher.

Five key questions

Dr. Stoessl informed and entertained a full house with his presentation on the state of Parkinson's disease (PD) research. He began by outlining the key questions facing the international research community: What causes Parkinson's? What causes the disease's complications? How can they be treated? What lessons can be learned from PD about how the brain functions? and finally, How can PD be slowed or prevented?

He indicated that researchers now believe one of the best ways to find answers is to "turn the tables." He explained, "The traditional approach has been to study the brain to try and understand PD. Now we think there are insights to be found in studying Parkinson's to understand the function of the brain."

The usual suspects

Though the cause of PD remains elusive, evidence continues to point towards what Dr. Stoessl calls the usual suspects: genetics and the environment.

"Tremendous progress is being made in our understanding in both areas," Dr. Stoessl noted, proudly rhyming off a long list of Canadians who are among the world leaders in Parkinson's research, often with the help of funding from PSC.

"We are getting close to detecting the disease at the genetic level," he stated. "Understanding these genetic abnormalities is essential to understanding PD."

Environmental factors, specifically occupational risk, represent another area being actively investigated. Dr. Stoessl cited a landfill site at a community college in the Okanagan area of BC where four out of 35 people living in a housing project had been diagnosed with PD.

Parkinson's and the brain

Another "hot" area of Parkinson's research is the link between PD and depression. "As many as 40 per cent of people with PD become depressed," Dr. Stoessl noted. "And it's not just because they have Parkinson's. People with other chronic diseases aren't as susceptible. There's even evidence that depression appears before the PD, almost as a first symptom. There must be a chemical link in the brain."

The good news, according to Dr. Stoessl, is that several ways of slowing or treating PD are being investigated. These include antioxidants, excitatory amino-acid blockade, anti-inflammatory agents, anti-apoptosis agents, neurotrophic factors and stem cells. While not all of these will eventually prove useful, progress is being made in several areas.

"In the meantime, we do know of one thing that does definitely help," Dr. Stoessl pointed out. "Exercise has been shown to slow the disease's progression, promote improved quality of life and prolong longevity."

Dr. Stoessl was the fourth Donald Calne Lecture presenter since the honour was first bestowed in 2003. The Donald Calne lecture is now available on DVD from your local Parkinson Society.

Making life better
for people with Parkinson's

Parkinson Society Ottawa were gracious hosts as Parkinson Society Canada (PSC) held its National Recognition Awards as part of the annual meetings held on November 4, 2006, at the Delta Ottawa Hotel. The awards gala is an opportunity for PSC to recognize the diligent efforts made by volunteers in making life better for people living with Parkinson's. Here are the recipients:

The Pitfield Family, recipients of the Morton Shulman Award

The Pitfield Family was presented with the Morton Shulman award. Speaking on behalf of his father, Senator Michael Pitfield, and his sisters Caroline and Kate, Tom Pitfield (shown) accepted the award presented to the family for their "fearless advocacy" for people living with Parkinson's.

Dan Cooney, recipient of the David Simmonds Award

David Simmonds (left) presented the award in his name to Dan Cooney (right) of Alberta for his exceptional leadership as Chair of the Implementation Team and for helping a group of leaders from across Canada come together to create a better future for people living with Parkinson's.

Sheree Trecartin, recipient of the Mimi Feutl Award

Sheree Trecartin, (left) a VON nurse from Saint John, New Brunswick, received the Mimi Feutl award from Mimi herself (far right) for making life better for people living with Parkinson's.

Janet Millar, recipient of the Mimi Feutl Award

Janet Millar (centre), a physiotherapist who runs a support group in Lunenburgh, Nova Scotia, accepted the Mimi Feutl Award for her compassion and support to people living with Parkinson's disease. Sandie Jones (left) and Mimi Feutl (right) look on. True to her beliefs, Janet led the crowd in a short series of exercises. She not only believes in her work, she walks the talk!

It's an emergency!

What 9-1-1 dispatchers know about Parkinson's

Judy Hazlett remembers quite vividly the time she was escorted out of a high-end fashion store by security. According to the security guard, she was behaving strangely. Judy's slow movement and stooped posture that day caused her to shuffle along as she shopped. This made her appear drunk or high on drugs; as a result, she was denied service at one of her favourite stores. Judy was not drunk that day. Rather, Judy has Parkinson's disease and many of the symptoms that she exhibited are the same symptoms that over 100,000 Canadians deal with on a day-to-day basis.

Educated emergency professionals

Motivated by this experience, Judy Hazlett and her husband, Roger Buxton, began training Toronto Police Services with presentations to educate them on how to correctly respond to the situations that arise for people living with Parkinson's.

Inappropriate reaction by the public has heightened concerns for people living with Parkinson's. One of the related issues is the 9-1-1 emergency call and the potential for being misunderstood, because of communication problems. Many people with Parkinson's also have soft and slurred speech, making them sound inebriated over the phone.

Trained dispatchers

People living with Parkinson's disease can rest assured that a highly trained 9-1-1 dispatcher will respond to their call without bias. According to Judy Broomfield, E9-1-1 Voice Services Coordinator with Toronto Police Services, "9-1-1 dispatchers are cognizant of the caller's needs, and we deal with everyone accordingly. If the person on the other end of the line sounds drunk, dispatchers are mindful that the person may be diabetic, may be having a stroke, or may have Parkinson's disease."

The best 9-1-1 dispatchers are active listeners and are very patient individuals. These are the qualities that Judy Broomfield looks for when hiring staff. The 9-1-1 screening process is so rigorous that 90 per cent of applicants are rejected. Dispatchers are under pressure, and their intense training prepares them for the strains of the job. Operators go through a 10-week training session that consists of five weeks in the classroom, where they are tested and evaluated on a weekly basis, and five weeks of practical training with a mentor by their side.

Structured questions

Bruce Day, Operations Detail Manager, Calgary Fire Department, has this advice for people living with Parkinson's: when calling 9-1-1, individuals should remain calm and answer the questions asked of them to the best of their abilities. "Dispatchers follow the emergency medical-priority dispatch protocol," said Day. "The questions are posed in a systematic fashion so that the dispatcher may assess the situation and send out the appropriate help."

Both Day and Broomfield suggest that people with Parkinson's disease wear MedicAlert bracelets to make it easier for the police and Emergency Medical Services personnel in an emergency situation. Contact www.medicalert.ca.

Laying a foundation for psychosocial research

By Rayonne Caesar-Chavannes

In our summer issue of *Parkinson Post*, we told you that PSC was expanding our research program to include psychosocial research, which seeks to understand the quality-of-life issues of people living with Parkinson's (PLWP). It deals with the psychological and physical needs of PLWP and their families.

PSC recently conducted a needs assessment to identify funding priorities in psychosocial research. PSC asked PLWP, caregivers, health care providers and related organizations what mattered most to them.

What persons living with Parkinson's said:

About the quality of care

- 40% responded that doctors and medical staff had limited knowledge of PD and lacked sensitivity in diagnosis and treatment. A lack of follow-up information was also cited.
- 35% said wait times to see a neurologist were too long.
- 27% said lack of communication of major symptoms and expectations on first diagnosis were frustrating.
- More neurologists, more aggressive recruiting of specialists to provide better care, and shorter wait times are needed.

About non-traditional therapies

- 62% said they used strategies other than medical treatment such as exercise, alternative medicines, and leaning on spouses for support.

About work, household chores and other activities

- 57% said they had difficulties with day-to-day activities, outings and social engagements.
- 22% said this was due to the physical symptoms of the disease.

About attitude and environment

- Of those who responded, 55% said attitude and environment helped best in coping with emotional challenges, along with positive attitude; loving, caring spouse, partner and/or family; humour and support groups, exercise, counselling, travel and spiritual activities.

About economic impact of PD

- 47% said the financial burden included high medical costs, home care services and treatments; using pensions and savings to cover costs; relying on family members and partners.
- 20 % said they were forced to retire early or reduce their workload due to physical factors.

What health care providers said:

- 45% said specialists and movement disorder clinics were in short supply.
- 26% said we need better education of medical and community professionals.
- 28% said we need more services, a holistic approach to PD management and better access for those in rural areas.
- More information and services at an early stage of the disease for the patient and family.
- Financial support and advocacy.

About what was most important to a person's quality of life

- 100% said research into how to treat depression and anxiety was most important; 52% said psychosocial well-being of PLWP is also important.

What caregivers said:

- 69% had negative experiences with the health care system.
- Almost 50% said more education was needed for physicians and other health professionals and that they were not acknowledged by the physician or listened to.
- 38% mentioned other areas such as stress, guilt, lack of respite care, quantity of housework and reduced income.
- 30% wanted specific training for their role, lectures in lay language and tips for new caregivers from more experienced caregivers.

Where to get a copy of the report

The full report and executive summary are available at www.parkinson.ca.

(Almost) everything I know I learned from Parkinson's

By Lynda McKenzie, Freelton, ON

Lynda McKenzie (right) finds that drawing offers her solace from Parkinson's. Here she shows Joyce Gordon, President and CEO of Parkinson Society Canada, some of her latest works.

Earlier this year I celebrated two anniversaries: my 54th birthday in February and my 20th year since being diagnosed with Parkinson's disease in April. When I was first diagnosed, Parkinson's disease (PD) caught me unaware. To learn about the disease, I started reading up on it. I soon read scary things in dusty, old library medical books and saw the pictures of hunchbacked seniors shuffling along. My neurologist gave me some leaflets on PD and told me to read them. At my next visit he said he would answer my questions.

Questions? I had a million yet I also had none. The leaflets told me everything I needed to know, but they also said nothing about what was really important. Everything I read told me that PD is a neurological, progressive disease that leaves a person shaking and shuffling. Then my neurologist told me the good news: he felt there would be a cure in 10 years. OK, I thought, I could live with this for 10 years. My neurologist also told me that PD is not painful. That I would end up in a wheelchair at best. That I should get my affairs in order and find out whether my medical insurance would cover full disability in the future. I didn't understand why he was so concerned about my future if I was only going to have to live with this marauder for the next decade.

Defying Parkinson's

I decided that I would defy PD. I would not let it hurt me, take away my freedom, or make me dependant on someone else. I truly believed I had these options. I also believed that every new treatment, every new doctor, and every philosophy, from acupuncture to experimental surgery to new drugs to neurofeedback, held the answer. I gave them all my full and optimistic attention. I greeted each new concept with the enthusiasm of a puppy with a new, fuzzy slipper.

However, as the 10th anniversary of my diagnosis approached, I realized someone had not been totally honest with me. I did have pain. I was incapacitated. I shuffled along. I did lose my independence. I was also stared at and pointed to.

Much to learn

Now, 20 years later, I see the disease differently. Even though each therapy had its merits and even though many worked for awhile, I still have Parkinson's. But I also have hope.

I have also learned much. I have learned that to my five grandchildren I am just "grammy" and not a "person with Parkinson's." I just jiggle a lot (which has soothed more than one baby to sleep!). I have learned that people who shy away from me are not friends. I've learned that even though I can't handwrite my stories any more, I can type them on a computer. I know I couldn't have done many things without the support of my husband, Al, who has been my best friend and my comfort for the past 14 years. I know he will always be there for me. I am also fortunate to have friends and family who will love me and stay with me no matter what I am dealing with. Finally, I have learned that I can focus on the dark grey clouds or the sunny blue sky. It's my choice.

What advice would I give to the newly diagnosed?

Get a second opinion. Other diseases have Parkinson-like symptoms. So find a neurologist who is recommended by someone you respect. And when you decide on a doctor, do what the doctor says. Take the medication in the amounts and at the times prescribed. (I find neurologists are much easier to get along with when you follow their instructions.)

Tell people. Tell your children as much or as little as they need to know to explain your stiffness or rigidity. Trying to hide symptoms can be difficult, and you need all the energy you can muster. Also, hiding your condition can be very stressful, something people with Parkinson's can do without. The manner in which you tell them will dictate how they treat you.

Don't become reclusive. Get out in the world. Having Parkinson's is not your fault and it certainly isn't contagious.

Get over it. There will be times when you feel angry or lament, "Why me?" It's okay. Indulge yourself, and then get over it. Parkinson's is your new roommate, at least until someone finds a cure.

Look into your options concerning drug plans, disability insurance and health plans. Are there any provisions for massage therapy, aquafit, or acupuncture? Find out exactly what is covered. If possible, explore these complementary treatments, but remember they go with your medications, not instead of them.


Lynda enjoys spending time with her cat, Sneakers.

Educating the public

Unless they know someone with the condition, the average person may not fully understand Parkinson's. It's up to us to educate them. Here's what we can teach them:

1. The early signs and symptoms of the disease. Remember, early diagnosis equals early treatment.
2. Depression can be an early symptom, and people with Parkinson's tend to become reclusive. Just because you can't see us doesn't mean we aren't there.
3. Our bodies may be slow or uncontrollable, but our minds are still sharp.
4. Parkinson's is not just a disease of the elderly. I was 34 when I was diagnosed. It can affect all adults over the age of 30.

Stay active physically and mentally. Don't quit what you love because you have PD. Do what you can when you can. Be flexible, and always have a plan B and C.

Get out in the world

All these tips will help you, but by far the most important word for people living with Parkinson's is "communication." Talk with Parkinson Society, your friends, people at support groups, and even strangers who might stare at you. Don't become reclusive. Get out in the world. Having Parkinson's is not your fault and it certainly isn't contagious. The general public needs to be aware of the disease. Who better to show them but us?

Announcing a new Novartis fellowship

Antonio Strafella (left), Toronto Western Hospital and Joyce Gordon (right), Parkinson Society Canada, receive a cheque from Kathy Givelas (centre), Novartis Pharmaceuticals Canada, to fund Dr. Rosalind Chuang, this year's fellowship recipient.

Novartis Pharmaceuticals Canada recently announced that it is expanding its support of Parkinson Society Canada by funding the Society's Clinical Movement Disorder Fellowship. At an event held on January 16, 2007, at the Centre for Movement Disorders in Markham, Ontario, Novartis Pharmaceutical Canada and Parkinson Society Canada announced the winner of the 2007–2008 Clinical Movement Disorder Fellowship.

This year's fellowship recipient is **Dr. Rosalind Chuang**, who will be working under the guidance of Dr. Tony Lang in the Department of Neurology, Movement Disorders, at the Toronto Western Hospital. Dr. Chuang's work will focus on the diagnosis and management of Parkinson's disease (PD) related to movement disorders. Her area of concentration will be ataxias, which is the loss of muscular coordination. She will also explore ataxias' clinical manifestations in relation to genetics.

The Clinical Movement Disorder Fellowship encourages promising young clinicians to enter into clinical training in the subspecialty of movement disorders, including PD. The $45,000 Fellowship will fund a one-year clinical-training program. The post-residency training includes diagnosis and management of PD, other movement disorders and some research.

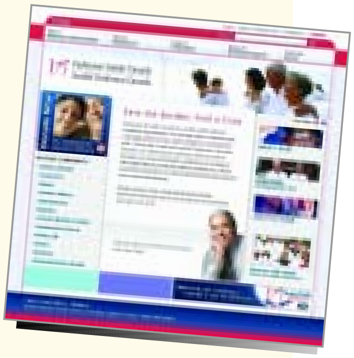
Novartis' funding of this fellowship fills an important gap given that the demand for neurologists with expertise in movement disorders is outpacing the number of Canadians being diagnosed with PD. Novartis' commitment also includes a gold-level sponsorship of SuperWalk 2007 and support for a future educational initiative to provide health care professionals with an interactive Internet site.

WEBSITE HIGHLIGHTS

Visit us on-line: www.parkinson.ca

Our website has a new look and is being updated regularly! Please watch for more changes in the months ahead.

- **Click on the What's New section** and read about the latest events at Parkinson Society Canada.
- **Watch for our new bilingual website** coming soon. It will be easier to read and a breeze to navigate.
- **Visit our Research section** for information on what PSC funds and what's new.
- Early registration for SuperWalk begins in April. **Click on the SuperWalk link** and register on-line before May 15 to be eligible to win a 32" Aquos TV, courtesy of SHARP.



Send your comments and general suggestions for our website to general.info@parkinson.ca.

Ask the Expert

Q Should I be taking dietary supplements?

A Supplements are a hot topic right now, and many consumers are choosing to use them. A few small studies examining supplement use by individuals with Parkinson's have been done in other regions of the world. As with studies of the general population, these studies found that supplement use was quite common and respondents used both vitamin/mineral and other types of supplements (e.g., glucosamine, garlic, various oils, echinacea, gingko biloba and co-enzyme Q10). Unfortunately, these studies did not examine whether people were using these supplements for PD-related issues or other reasons.

From my personal experience, I've observed three key reasons why people with PD have used supplements:

1. To maintain or enhance nutrition

There isn't a standardized recommendation for nutritional supplementation in PD, as the nutritional issues of people with PD vary. If you are having difficulty eating well, a daily multivitamin/mineral supplement may help to ensure adequate intake of various vitamins and minerals. However, supplements cannot completely make up for a poor diet.

People with PD are prone to bone-health issues. Many factors can contribute to this, including genetics, poor diet, low body weight, and lack of weight-bearing exercise. If you aren't able to eat two to three servings of calcium-rich food each day (examples of one serving: one cup milk, 3/4 cup yogourt, two slices cheese), talk to your doctor about taking a supplement of 1000–1500 mg calcium. A vitamin D supplement (600 IU) is a useful addition, particularly since there are few food sources of this vitamin and our Canadian climate offers limited sunshine in the winter months.

As the majority of people with PD are over 50, vitamin B_{12} can be a nutrient of concern. As we age, our bodies lose the ability to extract vitamin B_{12} from foods. Chronic vitamin-B_{12} deficiency can result in serious health issues, ranging from anemia to mental symptoms. Taking a daily supplement of 2.4 mcg is advisable (many general multivitamin/mineral supplements include at least this amount).

2. To promote well-being

This is a primary reason many people take both vitamin/mineral and herbal supplements. In spite of this, there isn't clear evidence on the role of supplements on general well-being. Because this is a very difficult issue to study, the perfect evidence will probably never exist.

3. To delay progression of PD

Although this is a tempting reason to consider using supplements, currently there is inadequate evidence from research to support specific recommendations. Antioxidant vitamin supplement trials have had disappointing results. While there was a somewhat promising preliminary trial involving co-enzyme Q10 supplements, the trial duration was short, the number of participants was limited, and huge (and expensive) doses were required for any effect.

In deciding to use supplements, I follow the Hippocratic oath: "do no harm." Avoid taking supplements in mega-doses. If unexplained symptoms occur, discontinue the supplement and see a physician if symptoms persist. Keep your doctor informed if you take any vitamin/mineral and herbal supplements.

Karol Traviss, MSc, RD,
Registered Dietitian,
University of British Columbia.

Adapted from an article that appeared in the December 2006 issue of Parkinson Society British Columbia's newsletter, Viewpoints.

Natural health products in Canada

A 2005 survey shows that 71 per cent of Canadians regularly take vitamins and minerals, herbal products and homeopathic medicines, products known as natural health products (NHPs).

The Natural Health Products Directorate (NHPD) is the regulating authority for NHPs for sale in Canada. Its role is to ensure that Canadians have ready access to NHPs that are safe, effective and of high quality, while respecting freedom of choice and philosophical and cultural diversity. The NHPD supports a research program and knowledge-based development for NHPs both independently and in partnership with funding agencies such as the Canadian Institutes of Health Research.

The NHPD has developed several info sheets. For more information, visit **http://www.hc-sc.gc.ca/dhp-mps/prodnatur/faq/index_e.html**.

Parkinson Society Canada
Société Parkinson Canada

SuperWalk
for Parkinson's

Get moving!

Join us this September for SuperWalk for Parkinson's!

www.superwalk.com

Be a SuperSTAR! Register online early! Win great prizes from SHARP!

- **Online registration opens April 1st!** Register online and easily collect pledges, send invitations to friends and quickly receive receipts. **Be an early bird**, register online with a minimum online pledge total of $100–either self pledge or from friends– by May 15th and be included in a draw to win a **32" AQUOS TV** courtesy of SHARP (retail value $1,799.95).

- **Raise over $1,000 and become a SuperSTARWalker!** Hundreds of walkers each year receive a SuperSTAR hat and pin for reaching this level. In addition to all other prizes and incentives, these walkers get a ticket for a draw to win a **42" AQUOS TV** courtesy of SHARP (retail value $2,599.95).

For details about prizes and the walk closest to you and to register online visit www.superwalk.com