SAVE THE DATE!

This year we are very excited to welcome Susan Imke, RN, MS as our featured speaker. Ms. Imke is a nurse practitioner specializing in Parkinson’s disease and family caregiving. She is a nationally acclaimed and much sought after speaker on matters regarding caregiving and living with chronic illness. Ms. Imke co-authored The Comfort of Home for Parkinson Disease: A Guide for Caregivers. She has been a frontline family caregiver for more than a decade and has written multiple publications for families living with Parkinson’s disease.

Plan to join us April 14th and hear this acclaimed speaker!

Cost: $20/pp (scholarships available)

Location: OHSU’s Marquam Hill Campus
School of Nursing
3455 SW U.S. Veterans Hospital Road

To register or for more information, go online at www.ohsu.edu/pco or call 503-494-7231.

UPCOMING EVENTS

CAREGIVER CONFERENCE
Thursday, April 14th 5:30pm - 8:30pm

Register online at www.ohsu.edu/pco
More info on back page, B-30-B

Published by the OHSU Parkinson Center of Oregon.

A FRUITFUL PARTNERSHIP: YOU & US AGAINST PARKINSON’S DISEASE

To Our Parkinson’s Community,

A new year at the OHSU Parkinson Center of Oregon (PCO) brings renewed inspiration and commitment to improving the lives of people who live with Parkinson’s disease (PD). In addition, it is also a time to express our gratitude for those of you who have made our efforts possible with your donations of time and money. We’d like to let you know what we have accomplished in the last year and much of it was possible because of you.

EDUCATION & OUTREACH 2010

• Our 27th annual patient and family symposium attended by over 450 participants.
• Patient and family symposia held in Bend and Newport.
• Training of allied health care teams (physical therapists, speech therapists, occupational therapists, social workers, and nurses) around the state. We have now trained 15 teams (103 neuro-rehabilitation specialists) to improve the care of people with PD statewide.
• Held our 5th symposium for young people with Parkinson’s disease and their families.
• Six workshops for newly diagnosed PD and their partners.
• Eight-week caregiver series.
• Two eight-week resiliency training workshops for people with PD coping with depression.
• A statewide training of athletic trainers to improve PD specific exercise in the community.

THANK YOU! All of these activities were funded in part by your generous donations.

RESEARCH 2010

Our program is committed to translating science into improved care. We are nationally recognized in three major areas of research: experimental treatments for PD, investigations of gait and balance in PD, and the science of effective/quality care. This research has led to innovations in clinical care at our center and beyond, resulting in the distinction of being named a Center of Excellence for Research, Care and Education by the National Parkinson Foundation since 1996.

Continued on page 2

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Continued on page 2
A Fruitful Partnership
continued from page 1
In 2010 alone, we have:
• Published 38 articles in scientific and medical journals, sharing our findings throughout the PD medical community.
• Conducted 21 research studies: a quarter (4) of these research studies have benefited from the support of the Michael J. Fox Foundation, the Parkinson Foundation, the Parkinson Study Group (a national consortium for PD research), and pharmaceutical companies.
• An impressive 388 of you participated in PCO research projects as research subjects.

Thank you! Clinical research is not possible without volunteers to participate in studies.

Quality Care 2010
• Interactive team of health care professionals at OHU PCO specialized in Parkinson’s disease who holds the patient and family at the center of their care.
• Clinical team includes: a nurse care coordinator, specialists, social workers, physical therapists, occupational therapists, and speech therapists trained in cognitive therapy and delivered in a Silverman Voice and Language Center, A CRS coach, and a three-move disorder follows (neurologists specializing in the care of PD and related movement disorders).
• Last year we saw 875 patients diagnosed with PD.
• Center reviewed by the National Parkinson Foundation and received high marks for quality of care delivered.

Our year has been busy and productive. It is easy to see how much people with Parkinson’s disease and their families mean to us. We could not do this without your support. We look forward to another year with even greater successes!”

With gratitude,
Judy Nutt, MD
Julie Carter, ANP
Director
Associate Director

Driving Challenges in Parkinson’s Disease

Ergun Y. Uc, M.D.
Associate Professor of Neurology
University of Iowa Movement Disorders Program

Parkinson’s is a degenerative neurological disease that causes Parkinson’s disease. It is a condition that primarily affects the brain, resulting in the amount of dopamine in the brain and the activity of neurons. Dopamine is a neurotransmitter (chemical messenger) that is found in an area called the substantia nigra; it is primarily responsible for stimulating movement. The symptoms of Parkinson’s disease are caused by a decrease in the number of dopamine-producing nerve cells, which results in a decrease in dopamine levels in the brain. This decrease in dopamine levels leads to symptoms such as tremors, stiffness, slowness of movement, and difficulty with balance and coordination.

One of the challenges in researching whether a medication is helpful in treating early symptoms of Parkinson’s disease is that people with Parkinson’s disease often experience fluctuations in their motor symptoms. These fluctuations, known as “on-off” periods, can make it difficult to determine the effectiveness of a medication. For example, a medication that works well for a patient during the “on” period may not work as well during the “off” period, and vice versa. This can make it difficult to determine whether a medication is effective for treating Parkinson’s disease.

There are several medications that are prescribed to help manage the symptoms of Parkinson’s disease. One of the most commonly used medications is levodopa (L-dopa), which is a dopamine precursor that is converted to dopamine in the brain. Another common medication is carbidopa, which is a dopamine deactivator that is often used in combination with levodopa to improve its effectiveness.

Unfortunately, these medications are not always sufficient to control the symptoms of Parkinson’s disease. In cases where levodopa is ineffective or has become less effective, other medications may be prescribed, such as dopamine agonists, MAO-B inhibitors, and other drugs that target different aspects of the disease.

Despite the challenges, there has been significant progress in the treatment of Parkinson’s disease over the years. Researchers have conducted numerous studies to identify new medications and treatment options that can help improve the quality of life for people with Parkinson’s disease. These efforts have led to the development of new medications, surgical treatments, and other interventions that can help manage the symptoms of the disease. However, there is still much work to be done to fully understand the disease and develop effective treatments for it.

In conclusion, a neurologist is a doctor who specializes in the diagnosis and treatment of neurological disorders, including Parkinson’s disease. These disorders can cause a range of symptoms, including movement problems, cognitive changes, and mood disturbances. A neurologist may work in a variety of settings, such as hospitals, clinics, and research centers, and may provide diagnostic and treatment services to help people manage their symptoms and improve their quality of life.

The Parkinson’s Foundation provides support and education for people with Parkinson’s disease and their caregivers. They offer a variety of resources, including support groups, online communities, and educational programs, to help people with Parkinson’s disease and their caregivers navigate the challenges of the disease and improve their quality of life.

Our goal is to enhance therapeutic care in outlying areas for people with Parkinson’s who can’t attend regularly to our center. Physical, occupational, speech therapists, nutritionists and nurses have a great deal to add to your care when known clinically trained.

Team-PD, formerly known as PARKNET, expanded into 12 regional care centers, sites including several on the coast. A large deal to add to your care when known clinically trained.

Our network now consists of 133 individuals from the following hospital-based outpatient centers:

• Providence Portland Medical Center
• Providence Newberg Medical Center
• Providence St. Vincent’s Medical Center
• Providence Milwaukie Hospital
• Providence Cruces Medical Center
• Providence Clackamas Hospital
• Providence St. Joseph Hospital
• Providence Willamette Medical Center
• Providence Centre at ProHealth • Providence Newberg Medical Center
• Providence St. Vincent’s Medical Center
• Providence Milwaukie Hospital
• Providence Cruces Medical Center
• Providence Clackamas Hospital
• Providence St. Joseph Hospital
• Providence Willamette Medical Center

If you are interested in learning more about the clinical trials, you can call 503-494-3171 for therapists specializing in PD. For details, visit our website for more information in our summernated edition.

Dr. Ergun Y. Uc, M.D.
Associate Professor of Neurology
University of Iowa Movement Disorders Program

With more than 25 years of experience in Parkinson's disease research, Dr. Ergun Y. Uc is recognized for his expertise in understanding the complex pathophysiology of this disease and developing innovative therapeutic approaches. His research has contributed to the development of new medications and treatment strategies that have improved the quality of life for people with Parkinson's disease. Dr. Uc is dedicated to advancing the field of Parkinson's disease research to benefit those affected by this debilitating condition.
Neuroplasticity typically refers to the brain’s ability to reorganize in response to an insult, such as a trauma or a disease. A commonly used example of neuroplasticity is when a child suffers a lesion to one part of their brain, other parts of the brain can ‘pick up the slack’ and take over the injured brain’s function. This is described mostly in younger individuals; however, it is not limited to children. Research is currently underway to discover different ways to increase the brains ability to adapt to injury, such as what occurs in Parkinson’s disease (PD).

In PD, looking for an intervention to improve the brain’s ability to ‘pick up the slack’ (neuroplasticity) is particularly challenging given it is a chronic progressive disorder. We know that in general the main part of the brain that is affected in PD is the basal ganglia. It is a series of connected nuclei which communicate with each other in order to coordinate complex movements in the body. We know that one particular nucleus, the substantia nigra, is severely affected in PD. Neuroplasticity research in PD is, therefore, trying to find an intervention that can improve the communication between the nuclei of the basal ganglia given that one of them is damaged. The hope is that these complex connections of the basal ganglia will be able to change or reorganize and thus improve overall function of this part of the brain. Thus, preserve or improve body movement.

At this time, there is no medication that has been shown to increase neuroplasticity in PD. Currently, researchers are looking at trans-cranial magnetic stimulation as both a measure of neuroplasticity and as a possible intervention. However, these studies are currently in their infancy. One intervention, which shows great promise and possibly appears to increase neuroplasticity in PD, is exercise. The mechanism in which exercise may increase neuroplasticity is still unknown. Exercise in PD is currently a big area of research here at the OHSU Parkinson Center. [See Dr. King’s article below.]

So, what can you do now? We recommend our patients exercise to the best of their ability and with the assistance of their physician (an evaluation by a physical therapist familiar with PD is recommended to identify an appropriate program for fit each person’s level of ability). Also, for those who are able, participating in research to determine the best exercise methods for people with PD and help determine if exercise does promote neuroplasticity in PD.

Maximizing, preserving, and even restoring function for people with PD is the goal of the OHSU Parkinson’s research in our research focus and in our comprehensive approach to treatment. As we discover and validate new therapies, we incorporate them into our management plans to educate others—people with PD and healthcare professionals—to utilize them. Understanding the brain and it’s ability to adapt and overcome injury in PD—in other words, discovering how to promote neuroplasticity in people with PD, is an exciting area of research that we will continue to pursue.

Exercise and Neuroplasticity in Parkinson’s Disease

Laurie King, PhD, PT

The major cause of disability in individuals with Parkinson’s disease (PD) is impaired mobility. It is important to understand that some critical aspects of mobility in PD are not fully explained by PD itself but are generally unresponsive to pharmacological and surgical therapeutic strategies. Exciting new findings in neuroscience research regarding the effects of exercise on both mobility as well as actual changes in the brain suggests that an intense exercise program can improve both physical function and brain function in patients with neurological disorders. Specifically, animal studies have shown that exercise can help reverse changes in the brain after acute bouts of exercise, including increased levels of dopamine in areas commonly affected by PD and neurogenesis (increase in new neurons) in the brain. These changes in the brain may improve mobility for people with PD, both as a result of neuroplasticity, (the brain’s ability to make new connections) and neuroprotection (the body’s natural ability to protect existing neurons).

Studies with Parkinsonian rats have shown that the chronic exercise may help reverse motor deficits in animals by changing brain function. Specifically, the rats that ran on a treadmill showed preservation of dopaminergic cell bodies and terminals associated with improved running distance at a constant speed, indicating a neuroprotective effect of exercise. Conversely, non-use of a limb induced by casting in Parkinsonian rats increased the motor deficits as well as loss of dopaminergic terminals.

Aerobic exercise, such as treadmill training and walking programs, have been tested in individuals with PD and has been shown to improve their walking and balance, quality of life, and levodopa (medication) efficacy. However, it is not certain that aerobic training, by itself, is the best approach to improving mobility, which depends upon dynamic balance, dual tasking (doing two things at once, such as walking and holding a tray with a glass of water on it), negotiating complex environments, quick changes in movement direction, and other complex tasks which are affected by PD. It is possible that treadmill training, for example, could be more effective for addressing complex mobility if the exercise program could incorporate tasks which are often difficult for people with PD (such as dual tasking) into a walking program. Such specific training is called ‘task specific training’ and some studies have demonstrated that task-specific training results in larger improvements in motor skills than as simple, repetitive aerobic training such as running on treadmills. Research is currently underway to determine guidelines or the most effective type of exercise for people with PD. OHSU has several ongoing studies to test these theories about exercise for people with PD.

People with PD who are interested in exercise should talk with their neurologist and physical therapist before initiating an exercise program.

If you live in the Portland/Vancouver metro area and are interested in being part of an exercise study (eIRB 84402), please contact Kelsey Priest at 503-575-8401 and priest@ohsu.edu for more information.

OHSU Joins Effort to Find Clues to Progression of Parkinson’s Disease

Landmark five-year clinical study is sponsored by the Michael J. Fox Foundation.

OHSU Parkinson Center of Oregon (PCO) is joining a select group of research institutions led by Michael J. Fox to begin clinical trials that may indicate the presence or progression of Parkinson’s disease. The landmark clinical study will use a combination of brain imaging studies, lab tests and behavioral assessments to identify key markers of the disease. Modeled on a similar initiative in Alzheimer’s disease, the research has the potential to dramatically change treatment of this troubling disease.

“We need more sensitive tools to detect and measure Parkinson’s disease, especially early in its course,” says Penelope Hogarth, M.D., associate professor of neurology in the OHSU School of Medicine and clinical research director of the Parkinson Center of Oregon at OHSU. “The availability of reliable biomarkers is critical to the development of treatments that could delay the progression of Parkinson’s disease or even prevent its onset.”

OHSU PCO is one of only 18 centers in the United States and Europe selected to participate in the five-year study. The project is sponsored by The Michael J. Fox Foundation.

The study will enroll 400 research participants who have recently been diagnosed with Parkinson’s but are not yet taking medication for the disease. Another 200 adults without Parkinson’s also will be enrolled in the study for comparison purposes. Participants will undergo tests including motor, neuropsychiatric and cognitive examinations; brain imaging; blood, spinal fluid, urine and DNA sampling. Participant enrollment began in September.

“This is an ambitious undertaking, no doubt,” Michael J. Fox said. “But nothing worth having comes easily. Everything we’ve learned up to now, the partnerships we’ve worked to forge, the results of research we’ve funded — it’s all put us in position to launch this effort. We’re ready to roll up our sleeves and, hopefully, get this done.”

For more information about this and other current Parkinson disease studies, see Research Opportunities on page 4 or contact site coordinator Rebecca Connolly at 503 494-9531 or connolly@ohsu.edu, eIRB84459.
Do you have early Parkinson’s disease (PD) that you aren’t currently treating with any PD medications? Are you healthy and interested in volunteering in PD Research? Purpose: The Parkinson’s Progression Markers Initiative (PPMI) is an observational research study to identify biomarkers of PD progression. A biomarker is a substance or characteristic in the body that is associated with a specific disease, or that changes over time in a way that can be linked to the progression of disease. The purpose of this study is to identify one or more biomarkers of PD. The discovery of a biomarker of PD is critical to the development of new and better treatments for PD, particularly treatments that slow or stop the progression of the disease, something no currently available treatment can do. Participation Requirements: The study is actively recruiting healthy volunteer subjects. In order to participate in this study as a PD subject you must have a diagnosis of PD with PD for at least two years. You must have been 30 years or older at the time of the screening appointment and you must not have a current or active neurological disorder. The study will cover the cost of imaging techniques, collection of blood, urine and spinal fluid and clinical tests. If enrolled subjects will undergo MRI scans for one year, with visits twice a year thereafter. Subjects will be enrolled in the study for 3-5 years depending on their PD status. For more information please contact Rebecca Conroy at 503-494-9531 or conroy@ohsu.edu. eIRB #5029

Do you have trouble walking (dyskinesia) or freezing of gait (due to your Parkinson’s disease medication or other treatments)? Purpose: The purpose of this study is to measure the effect of Amantadine and Trihexyphenidyl on levodopa induced dyskinesia. Participation Requirements: In this study we will include one screening visit and three overnight inpatient visits at OHSU. Study drugs will be taken for two weeks. We will test the subjects on the UPDRS 4 days after the study drug visits. To qualify, you must have Parkinson’s disease and be taking oral levodopa (Sinemet) for no longer than 15 years. You must also be willing to learn how to operate an infusion pump and to insert a subcutaneous (SQ) needle into your abdomen, as well as how to give yourself SQ injections. If you are interested in this study contact April Wilson at the Parkinson Center of Oregon, phone: 503-418-4387 or wilsonap@ohsu.edu. eIRB #1917

Do you have freezing of gait or start hesitation (frozen/immobile gait)? Purpose: To understand what causes freezing of gait. Participation Requirements: One visit to the Balance Disorders Laboratory. Do you have freezing of gait or start hesitation (frozen/immobile gait)? If you do, you may be eligible to participate. To qualify, you must have PD, be taking oral Levodopa or Sinemet, and also have freezing of gait. Dr. Kelsey Priest; 503-575-8401 and priest@ohsu.edu. eIRB #811

Healthy Volunteers Needed for Balance Study. Purpose: OHSU’s Human Balance Disorders Laboratory is seeking healthy individuals to participate in a study to determine the effect of exercise on mobility and balance in Parkinson’s Disease. Participants must be 18–80 years of age, in excellent general health, and free of neurological disorders. They must be able to walk independently for at least 20 minutes. There is no cost to participate in this study. This is a research study and not part of treatment or diagnosis of PD. You will not benefit by participating in this study but you may learn more about your disease and balance. This study entails one-time-only visit to the HBDL at OHSU’s main campus for approximately 4 hours. There will also be a falls tracking diary for 12 months after your visit to the HBDL; a maximum of 20 minutes per month via phone email (“you will still qualify even if you don’t have falls”). In exchange for the sessions participants will be provided with a $50.00. Dr. Fay Horak, Professor of Neurology is the principal investigator. Please contact Kelsey Priest, research assistant at 503-575-8401 or priest@ohsu.edu. eIRB #5029

Are you currently taking a dopamine agonist or a dopamine antagonist medication? If so, you may be interested in a trial of intermittent delivery of the anti-parkinson drug apomorphine. Purpose: To determine if intermittent delivery of the drug apomorphine works best to control some of the symptoms of Parkinson’s disease. The drug apomorphine will be given as either a subcutaneous (SQ) injection or as a subcutaneous (SQ) infusion via an infusion pump for 12 hours a day. The infusion will measure the reductions in dyskinesia and the amount of “off” time subjects experience throughout the trial. Participation Requirements: The study will include 15 subjects. We are looking for volunteers with PD who have experienced dyskinesia or motor fluctuations. If you have already been on study medication or placebo, participants will be randomized into one of three exercise groups. Participation in this study will include 1 clinic visit and 2 randomization periods for 20% of the day. You also must be willing to learn how to operate an infusion pump and to insert a subcutaneous (SQ) needle into your abdomen, as well as how to give yourself SQ injections. If you are interested in this study contact April Wilson at the Parkinson Center of Oregon, phone: 503-418-4387 or wilsonap@ohsu.edu. eIRB #1917

Do you have young Parkinson’s disease (PD) that you aren’t currently treating with any PD medications? Are you healthy volunteer subject you must not have a current or active neurological disorder. The study will measure the reductions in dyskinesia and the amount of “off” time subjects experience throughout the trial. Participation Requirements: The study will include 15 subjects. We are looking for volunteers with PD who have experienced dyskinesia or motor fluctuations. If you have already been on study medication or placebo, participants will be randomized into one of three exercise groups. Participation in this study will include 1 clinic visit and 2 randomization periods for 20% of the day. You also must be willing to learn how to operate an infusion pump and to insert a subcutaneous (SQ) needle into your abdomen, as well as how to give yourself SQ injections. If you are interested in this study contact April Wilson at the Parkinson Center of Oregon, phone: 503-418-4387 or wilsonap@ohsu.edu. eIRB #1917

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A Fruitful Partnership
continued from page 1

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QUALITY CARE 2010

• Interactive team of health care professionals at OHSU PCO specialized in Parkinson’s disease who hold the patients and family at the center of their care.
• Clinical team includes a nurse care coordinator, seven clinician providers, a physical therapist, occupational therapist, and speech therapists trained in cognitive theory and practice, the silvery voice program, a social worker, a DBS coordinator, and a three-movement disorder fellow (neurologists specializing in the care of PD and related movement disorders).
• Last year we saw 875 patients diagnosed with PD.

Our year has been busy and productive. It is easy to see how much people with Parkinson’s disease and their families mean to us. We could not do this without your support. We look forward to another year with even greater successes!

With gratitude,
Julie Nufft, MD
Director
Julie Carter, ANP
Associate Director

Rasagiline Neuroprotective? Elusive, Mysterious Movement Disorders Fellow

The symptoms of Parkinson’s disease (PD) can be disabling and, in the amount of dopamine in the brain responsible for movement, PD is a neurological disorder. Dopamine is a neurotransmitter that, among other things, helps control movement. PD is caused by a loss of dopamine-producing neurons in an area called the substantia nigra; it is the loss of dopamine that causes Parkinson’s disease.

It would be hard to think of two diseases that are more different than Parkinson’s disease and melanoma, skin cancer. In fact, it has been demonstrated in multiple studies that people with Parkinson’s disease are more likely to develop melanoma, a decreased risk of cancer compared to the general population. In other words, people with Parkinson’s disease are less likely to be diagnosed with melanoma.

Melanoma is the most deadly form of skin cancer and must be caught and treated early. Unfortunately, the prevalence of melanoma is two times greater in people with Parkinson’s disease. It was originally thought that the medication levodopa might be responsible for this increased rate of melanoma. However, more recent research has demonstrated that there is currently no evidence that PD medication, including levodopa, has an increased risk of melanoma

So, what does this mean for someone with Parkinson’s disease and melanoma? People with Parkinson’s disease are more likely to develop melanoma and less likely to be diagnosed with melanoma. Melanoma is the most deadly form of skin cancer and must be caught and treated early.

Rasagiline is a drug that helps slow the progression of Parkinson’s disease. It does this by shutting off an enzyme called MAO-B which is responsible for the breakdown of dopamine in the brain.

Disease progression in Parkinson’s disease is a complex and multifaceted process involving neural, hormonal, and genetic factors. Rasagiline has been shown to slow the progression of Parkinson’s disease, although no drug is as effective as levodopa.

Rasagiline is not a cure for Parkinson’s disease, but it may help delay the need for surgery and programming, research opportunities, and help you do more and manage your PD.

In conclusion, more study is needed to determine whether rasagiline and melanoma are more different than Parkinson’s disease and melanoma. It has also been noted that rasagiline may have a role in improving motor function in patients with Parkinson’s disease.

With that in mind, we encourage you to discuss symptoms such as chest pain or confusion immediately with your doctor. If you have any questions about your care, please call 503-494-6594, and if you would like to speak with someone, you can call 855-550-6500.

We welcome the opportunity to provide you with the information and support you need to live well with Parkinson’s disease.

Driving performance on standardized road tests and driving simulator have shown poorer performance on road tests and driving simulator have shown poorer performance compared to healthy controls.

Clinical teams include a nurse care coordinator, seven clinician providers, a physical therapist, occupational therapist, and speech therapists trained in cognitive theory and practice, the silver voice program, a social worker, a DBS coordinator, and a three-movement disorder fellow (neurologists specializing in the care of PD and related movement disorders).

Center reviewed by the National Parkinson Foundation and received high marks for quality of care delivered.

Our year has been busy and productive. It is easy to see how much people with Parkinson’s disease and their families mean to us. We could not do this without your support. We look forward to another year with even greater successes!

With gratitude,
Julie Nufft, MD
Director
Julie Carter, ANP
Associate Director

In our network now consists of 103 individuals from the following hospital-based outpatient clinics:

Our goal is to enhance therapeutic care in outlying areas for people with Parkinson's and related movement disorders. We strive to have reliable and consistent care throughout these centers, sites, including several on the coast. A large role in increased referrals to our center, from all over the state, and in the community. The necessity of this is clear; we no longer have the ability to monitor and participate in neuroprotective research for Parkinson’s disease.

A Fruitful Partnership
continued from page 1

In 2010 alone, we have:
• Published 38 articles in scientific and medical journals, sharing our findings throughout the PD medical community.
• Conducted 21 research studies: a quarter (5) of these research studies were sponsored by the National Parkinson Foundation, the National Parkinson Foundation, the Parkinson Study Group (a national consortium for PD research), and pharmaceutical companies.
• An impressive 388 of you participated in PCO research projects as research subjects.

Thank You!
Clinical research is not possible without volunteers to participate in studies.

QUALITY CARE 2010

• Interactive team of health care professionals at OHSU PCO specialized in Parkinson’s disease who hold the patients and family at the center of their care.
• Clinical team includes a nurse care coordinator, seven clinician providers, a physical therapist, occupational therapist, and speech therapists trained in cognitive theory and practice, the silver voice program, a social worker, a DBS coordinator, and a three-movement disorder fellow (neurologists specializing in the care of PD and related movement disorders).
• Last year we saw 875 patients diagnosed with PD.

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Rasagiline Neuroprotective? Elusive, Mysterious Movement Disorders Fellow

The symptoms of Parkinson’s disease (PD) can be disabling and, in the amount of dopamine in the brain responsible for movement, PD is a neurological disorder. Dopamine is a neurotransmitter that, among other things, helps control movement. PD is caused by a loss of dopamine-producing neurons in an area called the substantia nigra; it is the loss of dopamine that causes Parkinson’s disease.

It would be hard to think of two diseases that are more different than Parkinson’s disease and melanoma, skin cancer. In fact, it has been demonstrated in multiple studies that people with Parkinson’s disease are more likely to develop melanoma, a decreased risk of cancer compared to the general population. In other words, people with Parkinson’s disease are less likely to be diagnosed with melanoma.

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In conclusion, more study is needed to determine whether rasagiline actually slows the progression of the disease. While studies have consistently shown that rasagiline is helpful in treating early PD, there are no long-term studies that show that rasagiline is helpful in treating advanced PD.

Moreover, rasagiline may be associated with a higher risk of developing melanoma. However, there is currently no evidence that PD medication, including levodopa, has an increased risk of melanoma

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SAVE THE DATE!
This year we are very excited to welcome Susan Imke, RN, MS as our featured speaker. Ms. Imke is a nurse practitioner specializing in Parkinson’s disease and family caregiving. She is a nationally acclaimed and much sought after speaker on matters regarding caregiving and living with chronic illness. Ms. Imke co-authored The Comfort of Home for Parkinson Disease: A Guide for Caregivers. She has been a frontline family caregiver for more than a decade and has written multiple publications for families living with Parkinson’s disease.

Plan to join us April 14th and hear this acclaimed speaker!

Cost: $20/pp (scholarships available)

Location: OHSU’s Marquam Hill Campus
School of Nursing
3455 SW U.S. Veterans Hospital Road
To register or for more information, go online at www.ohsu.edu/pco or call 503-494-7251.

CALLING ALL DOG LOVERS enjoy a community dog walk, fun dog contests, dog wash, and vendor booths while learning more about Parkinson’s disease.

Your participation will not only raise awareness, but also support care initiatives to help people throughout the state with Parkinson’s disease.

You or your dog (or cat or bird or ...) can start their team online now at www.ohsu.edu/pco.

Paws for a Cause
A Benefit for Parkinson’s Disease
Bring both your furry and human friends to this full event to raise awareness of Parkinson’s disease!

The more the better!

What: Paws for a Cause...a benefit for Parkinson’s Disease

When: Saturday, July 10th, 2011
8 am – noon

Where: Grassy area in front of the OHSU Center for Health & Healing
South Waterfront
3303 SW Bond Ave
Portland, OR 97239

SAVE THE DATE!

July 10th, 2011
Paws for a Cause
OHSU's Marquam Hill Campus
School of Nursing
3455 SW U.S. Veterans Hospital Road

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Published by the OHSU Parkinson Center of Oregon
A National Parkinson Foundation Center of Excellence

A FRUITFUL PARTNERSHIP: YOU & US AGAINST PARKINSON’S DISEASE
To our Parkinson’s Community,

A new year at the OHSU Parkinson Center of Oregon (PCO) brings renewed inspiration and commitment to improving the lives of people who live with Parkinson’s disease (PD).

In addition, it is also a time to express our gratitude for those of you who have made our efforts possible with your donations of time and money. We’d like to let you know what we have accomplished in the last year and much of it was possible because of you.

EDUCATION & OUTREACH 2010
• Our 27th annual patient and family symposium attended by over 450 participants.
• Patient and family symposia held in Bend and Newport.
• Training of allied health care teams (physical therapists, speech therapists, occupational therapists, social workers, and nurses) around the state. We have now trained 15 teams (110) neuro-rehabilitation specialists) to improve the care of people with PD statewide.
• Held our 5th symposium for young people with Parkinson’s disease and their families.
• Six workshops for newly diagnosed PD and their partners.
• Eight-week caregiver series.
• Two eight-week resilience training workshops for people with PD coping with depression.
• A statewide training of athletic trainers to improve PD specific exercise programs.

THANK YOU! All of these activities were funded in part by your generous donations.

RESEARCH 2010
Our program is committed to translating science into improved care. We are nationally recognized in three major areas of research: experimental treatments for PD, investigations of gait and balance in PD, and the science of effective/quality care. This research has led to innovations in clinical care at our center and beyond, resulting in the distinction of being named a Center of Excellence for Research, Care and Education by the National Parkinson Foundation since 1996.