Dear friends and colleagues,

We are truly thrilled to be hosting this year’s World Parkinson Congress right here in Portland, Oregon! This is a very special conference that is only held every three years, and is unique in that it brings together people from all over the world who are living with Parkinson’s, along with health care providers and researchers who have dedicated their careers to treating this disease and conducting research to improve treatments and find a cure. Prior Congresses were held in Washington, D.C., in 2007; Glasgow, Scotland, in 2010; and Montreal in 2013, so we are honored to have the opportunity to host this very special event right in our own backyard.

We hope you all will very seriously consider attending and taking advantage of this incredible opportunity. There will be educational sessions appropriate for all audiences, whether they be people with Parkinson’s and their caregivers; medical doctors, nurses, physician assistants and basic science researchers; physical, occupational and speech therapists; and students and medical trainees. The Congress will be held at the Oregon Convention Center, September 20–23, 2016. Details about the Congress and how to register can be found at www.wpc2016.org or by calling 800 457-6676.

We hope to see you at the fourth World Parkinson Congress this coming September, and that you will spread the word to others! We hope you all will very seriously consider attending.

Best regards,

Matt Brodsky, M.D., and Jay Nutt, M.D.
Co-chairs, WPC Local Organizing Committee

Collaboration is a force multiplier

Joseph Quinn, M.D. — Medical director, OHSU Parkinson Center

In just a few months, in September 2016, the World Parkinson Congress will be held here in Portland. We will welcome thousands of physicians, scientists, and people with PD to this unique international meeting, which recognizes partnership between patients, clinicians and researchers by including patients in scientific and clinical discussions. This exceptional emphasis on collaboration is a reminder that the OHSU Parkinson Center has several collaborators in our missions, so it strikes me as a good time to reflect on our many partnerships.

For example, Parkinson’s Resources of Oregon (PRO) is a nonprofit organization committed to the care of people with PD and their caregivers, providing a host of services throughout the state (www.parkinsonsresources.org). OHSU collaborates with PRO on many levels, but two examples stand out. First, we have collaborated on an interdisciplinary clinic for patients with advanced Parkinsonism called the “Next Steps” clinic. OHSU clinicians staff the clinic, but there was no OHSU social worker available when the program started, so PRO has generously provided their social worker to this clinic for two half-days per month. We have also collaborated with PRO on a self-care program for newly diagnosed PD patients and their caregivers, called “Strive to Thrive.”

OHSU’s Julie Carter designed this adaptation (for PD) of a proven “disease management” model in concert with PRO staff, and PRO has taken on the administrative responsibilities of sustaining this program in the Portland community and beyond. OHSU staff will continue to be involved as instructors and consultants, with the goal of conducting formal research on the manner in which this program improves the quality of life of PD patients and their families.

Several other partnerships allow us to continue to serve the missions of patient care, education and research. We refer many of our young-onset patients to the Brian Grant Foundation, and several of our faculty serve as scientific advisors to their program. The National Parkinson’s Foundation provides financial support for our education director, and provides feedback on the outcomes of our patients who are participating in the NPF Parkinson’s Outcomes Project. The Michael J. Fox Foundation funds some of our research. Our partnership with the Portland VA Medical Center funds our Movement Disorder fellowship training program, and also provides funding opportunities and educational programs for all of our patients. We also consider non-OHSU neurologists in the community as our partners, collaborating with us to deliver excellent care to patients throughout the Northwest. And as in the World Parkinson Congress, we recognize that our patients are our partners as well, so we have recently convened a “patient advisory panel” to help direct our efforts.

I moved to OHSU many years ago impressed with the capacity for productive collaboration, in contrast to the counterproductive competitions and rivalries that are seen in other institutions and other cities, and I continue to think that Portland and OHSU are special places. We believe that “it takes a village” to care for patients and to do research on a cure for Parkinson’s, so we remain committed to working with, rather than competing against, the many talented people and organizations in our community. The World Parkinson Congress is another great example of this, so I encourage you to consider attending.
Marijuana for Parkinson’s disease

Kathryn Chung, M.D. — OHSU Parkinson Center

An increasingly common question in the clinic is, “Can marijuana benefit my Parkinson's disease?” Likely this is driven by changes in the legal status of cannabis, the recognition that herbal marijuana has been used for thousands of years for medical purposes, and the increasing research into the therapeutic potential of derivatives of marijuana for treatment of neurologic disorders.

While there are dozens of compounds in marijuana (collectively known as “cannabinoids”), the most famous is psychoactive Δ-9-tetrahydrocannabinol (THC). Psychoactive compounds alter brain function and can impact a person’s perception, mood or level of consciousness. Gaining recent medical and public interest is non-psychoactive cannabidiol (CBD). The ratio of CBD and THC varies in plant strains and marijuana product preparations, and therefore the potential therapeutic versus psychoactive result.

Most strains are derived from two cannabis species, C. sativa and C. indica. Sativa tends to have higher THC concentrations, producing more psychoactivity, whereas indica tends to produce higher CBD, and may be more therapeutic. Therapeutic properties can include sedation, anti-nausea, anti-pain and possibly anti-seizure effects. These effects may be related to the beneficial effects of the endogenous endocannabinoid system discovered in the human nervous system (brain, spinal cord and peripheral nerves). In other words, the human body manufactures substances that are similar to cannabinoids, and receptors for these substances are distributed widely in the nervous system, though the normal function and purpose of this system in the body is not yet fully understood.

The American Academy of Neurology Guideline Development Subcommittee has studied the evidence for treatment of different neurologic conditions with cannabinoids and concluded that effectiveness is demonstrated in other conditions such as multiple sclerosis-related muscle tightness (oral cannabis extract), in two different studies of levodopa-induced dyskinesia (involuntary movements of the body), conflicting results caused the committee to conclude that oral cannabinoids are probably ineffective for treating levodopa-induced dyskinesias in patients with PD.

Most studies in PD have either enrolled a small number of subjects, or not been of high quality — in other words, patients were not “blinded” or randomized to active drug or placebo, so they knew they were getting the drug, and this can skew results. These uncontrolled studies tended to show positive effects. For example, in one survey study in the Czech Republic (N=339), of the 25 percent of respondents who reported using cannabis, 46 percent reported benefit, whether in tremor (31 percent), slowness (45 percent) or dyskinesia (14 percent). Another uncontrolled open-label study reported benefits in various symptoms 30 minutes after smoking marijuana (N=22), including in tremor, slowness, stiffness, pain and sleep. Another study of only six patients suggested improvements in psychosis after escalating doses of CBD over four weeks. A case series of five volunteers saw no benefit in tremor after smoking cannabis. Rigorous blinded trials are needed.

He was brighter and cheerier; he walked faster, was more engaged, smiled more, laughed more, maintained more eye contact.

We also created a chart for his physical therapy goals, which his wife could check off when he completed each exercise, to help with follow-through and to make her feel good about his progress. We even set up a reward system: 15 minutes of PT = 15 minutes of TV!

Following the evaluation, he returned for a follow-up session with his wife. Getting him from the waiting room, I immediately noticed something was different. He was brighter, cheerier, he walked faster, was more engaged, smiled more, laughed more, maintained more eye contact. He even asked me about my life, and gave me advice about kids and how to balance work/life. His wife talked about how different he was at home too — how he talked with her more, was more motivated and engaged.

When we talked about the difference in him, he told me that he followed the recommendations (with his wife’s help) and was feeling much better about “his brain” and about life in general. He still watches TV but has other forms of entertainment as well. And while follow-through on the exercises isn’t perfect, he can see how making some of these small changes can have an effect on his entire life.

I’m not saying that this will be the outcome for all, but I think the idea of setting small realistic goals (TV off times), using some visual cues (checklists) and stimulating your brain with new learning (new puzzles, reading) can be really helpful to many in our community.
Tango dance as therapy for PD: A personal story

Dale Bennett

There has been a lot of research on the benefits of dancing tango. Traditional Argentine tango is a difficult art form, and the music is unlike any North American popular music. So at first my reaction — and this is typical — was not real enthusiastic. But gradually I found myself getting more and more into it. I had been dancing tango several times each week for about four years when I was diagnosed with PD, and over the six years since, I’ve continued to study and dance regularly.

As my condition has gradually gotten worse I’ve found myself using dance practice more and more as a way to train my body to do all of those things that I used to be able to do without thinking: walking, turning, standing up straight, balancing. All of this has been very helpful, and I recommend tango highly for everyone who thinks they might like it. Nevertheless, tango isn’t for everyone, and lots of people who start tango lessons don’t continue, for legitimate reasons.

GROUP CLASSES & PRIVATE INSTRUCTION

For a listing of tango instructors in Portland, visit the OHSU Parkinson Center video library page for the 2016 Insights and Inspirations conference, where Dale and his partner danced. You may also go to www.portlanddancing.com for everything that’s happening in different styles in the Portland area.

NeuroNext Registry: You can help Parkinson’s disease research at OHSU

That’s a question we hear a lot here at the OHSU Parkinson Center. Many patients and their loved ones understand the importance of research to further Parkinson’s treatment and promote patient care. Unfortunately, not everyone qualifies for every study and it can be discouraging for both our clinicians and our patients when we have to turn eager participants away simply due to a lack of studies. Luckily, we have a way to keep you up to date with all the latest PD clinical trials here at OHSU: the NeuroNext Registry.

Signing up for the NeuroNext registry allows the OHSU Parkinson Center to identify who may qualify for specific projects of interest as they start at OHSU. This allows our research staff to contact you regarding your personal and medical history information and determine your level of interest in participation at your convenience. In addition to Parkinson’s subjects, we are always looking for healthy controls to help with studies as well (spouses, family members and friends welcome to participate).

If you choose to participate, the information that you provide will be entered into a database that is secured and protected within the OHSU Department of Neurology. Only qualified OHSU researchers will have access to your information. You can refuse to participate or you can request your information be deleted from the database at any time. Whether you agree to be a part of this registry or not will not change the level of care you or your loved one receive in our clinics and hospital.

If you have any questions regarding this information registry, or would like to sign up to be a part of this registry or not will not change the level of care you or your loved one can request your information be deleted from the database at any time. Whether you agree to participate or you can refuse to participate or you can request your information be deleted from the database at any time. Whether you agree to be a part of this registry or not will not change the level of care you or your loved one receive in our clinics and hospital. If you have any questions regarding this information registry, or would like to sign up to be a part of this registry or not will not change the level of care you or your loved one receive in our clinics and hospital.

For details about the PRO Family Caregiver Respite Program, please contact Tony at 800 426-6806 or tony@parkinsonresources.org. An application can be mailed or emailed to you.

Caregiver respite:
Needed and accessible

The well-being of family caregivers is an important part of any treatment plan for someone with Parkinson’s disease. Even the most resilient caregivers experience both physical and psychological burdens from their role as caregiver. Therefore, we encourage caregivers to take respite to avoid burnout. Many are reluctant, however, because they don’t understand the importance of caregiver respite or the resources, financial and otherwise, available to support it.

"Why is respite or an occasional ‘rest break’ important?"

Research has shown that caregivers experience higher levels of depression and worse physical health (including higher rates of heart disease and increased mortality) than non-caregivers. Obviously, problems with a caregiver’s physical and psychological health negatively impact the person with PD as well. When caregivers take respite, their burden is reduced, positively impacting the person with PD. Research shows reduced hospitalizations and less need for placement in a facility.

"What resources are available?"

Sometimes caregiver support resources seem the best-kept secret, but they are out there. One of the best places to find them is by working with a social worker. When it comes to family caregiver respite, start with the Parkinson’s Resources of Oregon (PRO) social worker, Tony Borcich, L.C.S.W., and PRO’s Family Caregiver Respite Program. Tony counsels family caregivers about options for respite, its benefits, and community resources specific to their unique needs during and after the grant is completed.

"I can’t afford to be away."

In addition to expert professional advice, the PRO Family Caregiver Respite Program provides a $600 reimbursement grant for short-term care of people with Parkinson’s who cannot be safely left alone while the family caregiver takes a break.

Ultimately, caregivers worry about the person with Parkinson’s, but caring for themselves helps the one being cared for as well: Research indicates that those who have family caregivers who take respite enjoy improved care and are less likely to have their caregiver experience physical and psychological burnout, necessitating short- or long-term placement in a facility of the person with Parkinson’s.

For details about the PRO Family Caregiver Respite Program, please contact Tony at 800 426-6806 or tony@parkinsonresources.org. An application can be mailed or emailed to you.
The OHSU Parkinson Center, a national leader in research and recognized as a National Parkinson Foundation Center of Excellence, is involved in many research studies.

For more information, contact our research office at 503 418-4387.

Do you have Parkinson’s disease and experience problems with balance and gait?

Purpose: There is an important medical need for an effective, well-tolerated treatment for improving gait and balance for people with Parkinson’s disease. Gait and balance problems in Parkinson’s disease typically appear within three years of diagnosis and progress throughout the course of the disease. Impaired mobility produces disability and reduces quality of life. The purpose of this study is to see if the drug donepezil (commercially known as Aricept) improves balance and some other measures of balance in those experiencing Parkinson’s disease. Right now the study drug donepezil is approved for treatment of Alzheimer’s disease and dementia-related memory loss, but has not been approved for treatment of balance and gait problems in Parkinson’s disease. Participation requirements: In order to participate in the study you must be at least 30 years old, have been diagnosed with idiopathic Parkinson’s disease and experienced problems with balance and gait. Additionally, you will need to be able to walk unassisted for at least two minutes. This is a double-blind study (meaning that neither you nor the study personnel will know whether you are taking the donepezil or placebo (dummy or sugar pill) medication). The first treatment phase is six weeks long. During this period you will take one pill (either study drug or placebo) in the evenings. You will follow this initial treatment period with a six-week “washout,” during which you will not take any study medication. You will then begin your second six-week treatment period in which you will take the other pill (either the placebo or donepezil, whichever was not taken during the initial treatment period). The total duration of the study is 20 weeks and will require four in-person clinic visits along with weekly phone visits. Eligible participants will receive study-related evaluations, laboratory tests and the investigational drug at no cost. Subjects will be compensated for their time and transportation costs. For more information, please contact Anne Gendreau at 503-418-4387 or gendreau@ohsu.edu. (OHSU eIRB #10754).

Exercise and Education for Parkinson’s Disease

Exercise and Education for Parkinson’s Disease is a research study on the effects of exercise and education for people with Parkinsonism. The objective is to investigate effects of exercise and education on posture/ gait and cognitive function in people with idiopathic Parkinson’s disease or frontal gait disorder (otherwise known as vascular or lower-body Parkinsonism). It involves attending six weeks of exercise (90 minutes, three times a week) and six weeks of educational (90 minutes, one day a week) classes. There are pre- post- and midpoint testing of your cognition and balance/ walking, as well as MRI brain imaging. We are looking for people with a diagnosis of idiopathic Parkinson’s disease or other types of Parkinsonism with balance or walking problems. The next intervention will be held before this year, starting in July and ending in October of 2016. Subjects will receive $25 per test session and $5 for each class attended. Healthy control subjects are needed for the study, but only for a two-day baseline assessment (balance/walking, cognition, and MRI brain imaging). For more information, contact Graham Harker, Study Coordinator, at 503-418-2601 or harker@ohsu.edu; Ph. Fay Horak, Ph.D., P.T. (OHSU eIRB #4311).

Have you been diagnosed with Parkinson’s disease (PD) in the last three years and have not started any medication for your symptoms?

Purpose: While there are many treatments available for the symptoms of Parkinson’s disease, there is currently not any medication known to slow the progression of PD. The purpose of this study is to see if a new drug is safe, effective, and well-tolerated in slowing the progression of PD in people who have been recently diagnosed. Right now the study drug is not approved for treatment of PD because we don’t know enough about it. Participation Requirements: In order to participate in the study you must have been diagnosed with PD in the past three years and were at least age 30 at the time of your diagnosis. With the exception of a stable dose of rasagiline/Aldactone or selegiline/Edepryl/Zelapar, you must not be taking any medication for your PD symptoms and do not expect to begin taking medication for your symptoms for at least 3 months after your first study visit. You also must not have a history of gut, heart, or liver attack, or stroke. There will be a total of approximately 15 study visits over 2½ years. The study drug is a pill taken by mouth between one and six times daily. At most, two capsules are taken three times per day. The Participants will be randomized (like the flip of a coin) to receive either the study drug or identical placebo for the entire length of the study. A placebo is a drug that looks like the study drug but has no real medicine in it. Neither the participant nor the study doctor can choose whether study drug or placebo is assigned. While in the study, participants will be able to begin taking medication for their PD symptoms. You can continue in the study even after these medications are started. Eligible participants will receive study-related evaluations, laboratory tests, and the study drug at no cost. Participants will be compensated for their time and transportation. For more information please contact Eric Serres at 503 494-0276 or serres@ohsu.edu. eIRB #115480.

Topiramate as an adjunct to amantadine in the treatment of dyskinesia in Parkinson’s disease

The purpose of this research study is to measure the effect of amantadine and topiramate on dyskinesia in Parkinson’s disease (PD). Dyskinesias are involuntary, abnormal movements, and can be caused by the drug Sinemet. In order to take part in the study, participants must: (1) be between 30 and 80 years old, (2) have Parkinson’s disease, (3) have mild to severe dyskinesias, and (4) also be taking at least 200 mg of amantadine per day. There are seven in-person visits to the VA Portland Health Care System and six phone call visits for this study. This is a drug study. You have a 50/50 chance of receiving the study drug (topiramate) or the placebo (sugar pill). You will be taking the study medications along with your current Parkinson’s medications for a total of 14 weeks. The total length of this study is 18 weeks. This is a research study and not part of the treatment or diagnosis of Parkinson’s disease. You will not benefit by participating in this study but you may learn more about your disease and the medications used to treat your disease. There is no compensation for this study. Dr. Kathryn Chung is the clinical investigator responsible for this study and Susan O’Connor is the study coordinator. If you are interested in participating, please call Susan O’Connor, R.N., at 503 220-8262, ext. 55334. (OHSU IRB #2391).

Evaluation of buspirone and amantadine for dyskinesia in Parkinson’s disease

This research study looks at the effect and safety of buspirone in combination with amantadine on abnormal involuntary movements (dyskinesia) in Parkinson’s disease (PD). In order to take part in this study, participants must: (1) have PD, (2) take at least 200 mg of amantadine a day, and (3) have started taking levodopa more than three years ago. This study will last for six weeks, with four of those weeks taking the study drug and will require three visits to the Portland VA. The first visit lasts approximately two to three hours and involves general physical, neurological and Parkinson’s disease-specific examinations and assessments of abnormal movements. If you do not meet the criteria for abnormal movements in the study, you may not be randomized or receive the study drug. All participants will take the study drug (buspirone) or placebo for six weeks. At each treatment period, all participants will have another visit to assess the effect of the drug on their symptoms. This is a double-blind study, which means that neither you nor the research staff will know which study treatment you are taking at any point. You will not be compensated for participation in this study. This is a research study and not for treatment or diagnosis of PD. You may not benefit from participating in this study but will have a no-cost neurological exam. However, by serving as a subject, you may help us learn how to benefit patients in the future. For more information on how to participate, please contact Brenna Lob, Research Coordinator, at 503 220-8262, ext. 51871, or by mail at 3710 SW US Veterans Road, P3-PADRECC, Portland, OR 97239.

Pain in Parkinson’s disease

The Parkinson’s Center at Oregon Health & Sciences University (OHSU) is conducting a study to better understand pain in people with Parkinson’s disease (PD). We are recruiting both people with idiopathic PD and people with PD who have another medical condition (comorbid) that affects pain. The purpose of the study is to identify pain triggers and to examine how pain affects people with PD. This study is a research study and not for treatment or diagnosis of PD. You may not benefit from participating in this study but will have a no-cost neurological exam. However, by serving as a subject, you may help us learn how to benefit patients in the future. For more information on how to participate, please contact Brenna Lob, Research Coordinator, at 503 220-8262, ext. 51871, or by mail at 3710 SW US Veterans Road, P3-PADRECC, Portland, OR 97239.

Measuring cortisol levels in persons with Parkinson’s

Dr. Amie Hiller is conducting a research study looking at cortisol levels in persons with Parkinson’s disease (PD). Cortisol is a hormone that is normally released in response to events and circumstances such as waking up in the morning, exercising and stress. We are recruiting both Parkinson’s disease patients and healthy controls for a study. Participants will complete several questionnaires about their medical history and symptoms of pain, followed by a one-time visit to our testing center lasting about two to three hours, which involves delivery of mildy hot and cold stimuli to the arms. Subjects who complete the study will receive $80 reimbursement for their time. There is no obligation to participate and participation will not affect your medical care in any way. This study has been approved by the OHSU Institutional Review Board. If you are interested in participating or have further questions, please contact Sjirin Tuck, M.D., or Eric Serres, R.A., at 503 494-0276.

Pain in Parkinson’s disease

For more information on how to participate, please contact Brenna Lob, Research Coordinator, at 503 220-8262, ext. 51871, or by mail at 3710 SW US Veterans Road, P3-PADRECC, Portland, OR 97239.
Insights & Inspirations

It was a busy day for people with young-onset Parkinson’s disease and their families on March 5, when they gathered to hear a variety of speakers at the OHSU Parkinson Center Insights & Inspirations conference. This conference is held every other year for those with PD under 60 to address issues around work, family and health. This year’s keynote, PD specialist Dr. Matthew Brodsky, presented a whirlwind tour of what is currently happening with treatments and research. The rest of the day was filled with workshops targeting topics in emotional, physical and financial well-being. The following presentations were filmed and you can see them on our website: www.bit.ly/pdinspire2016.

Today and Beyond: Treatment and Research in PD — Matt Brodsky, M.D.

Optimizing Diet for PD Wellness — Christa Knox, M.S.c.N.

Planning for the Future Now — Tim Nay, J.D., M.S.W.

Tapping Into Social Security Disability When the Time Is Right — Melissa Haggerty, J.D.

Donation Bonus! Class for $1

A big thank you to the Academy of Modern Martial Arts in Lake Oswego for their fundraising and awareness of Parkinson’s disease! For any $100 or more donation to the OHSU Parkinson Center, they will offer the donor their first month of classes for $1. In addition to the variety of classes for kids and adults, they also offer a tai chi class specifically for those with Parkinson’s disease. More on their classes: http://www.martialarts-fitness.com/Donation information: http://sosdad.com/

Cancer drug: Miracle cure for Parkinson’s ... or not

A.C. Woolnough

If one believes recent headlines and media reports, a cure for Parkinson’s disease using an approved cancer drug, nilotinib, is just around the corner. It was widely reported that 12 Parkinson’s patients all showed remarkable improvement after taking the drug. As a PWP (person with Parkinson’s), I wish the hype was true. Unfortunately, it is not.

There are a host of issues involved with taking mass media explanations of complex medical and scientific issues at face value and many are worth exploring. What first comes to mind is how the media came to this conclusion. It turns out there was a 15-minute presentation describing a very limited and short-term study given by the researchers’ own institution. It was not a published study; it was not even a complete synopsis or abstract of the study. The publication and review process can take months, if not a year or two. A published study includes all of the protocols and methods so it can be duplicated or taken to the next level. The next level, a Phase II study, would include more people over a longer period of time to determine efficacy, safety and appropriate dosage.

In fact, the type of study reported is called an open-label study — everyone got the drug and both the subjects and the doctors knew it.

The gold standard for a drug study is double-blind: neither the subject nor the researcher knows who is getting the drug or a placebo (inert substance that looks like the study drug) until the project is complete. One of the primary reasons for a double-blind study is the placebo effect. If a subject believes they are getting a helpful drug, oftentimes they report improvement in their symptoms. This is especially pronounced with Parkinson’s disease: The positive expectation increases the amount of dopamine in the brain — essentially what the study drug is trying to do. Oftentimes, the placebo group matches (and occasionally exceeds) the improvement, if any, of the group taking the actual drug.

Remember, the PD patients using nilotinib had positive expectations. Another issue is the limited number of patients and the inclusion/exclusion criteria. There were some very specific exclusion factors related to potential drug interactions, stage of Parkinson’s and cognitive impairment. Heart attacks and death have occurred while taking nilotinib (although not to the 12 PD subjects). Clearly, much additional research will need to be done.

Cost is another issue. Apparently, nilotinib can exceed $100,000 a year. Another worry is that patients may try to coerce their doctor into prescribing this drug — essentially performing an experiment without the protection of a review board, informed consent or approved methodology. All PD organizations and foundations agree there needs to be further research but no clinical use until more is known about long-term effects, appropriate dosage, drug interactions and efficacy.

Was the media premature with their reporting? Were they irresponsible? Those are loaded questions. Perhaps the easy answer is to not believe everything you read or hear. Ask questions, be skeptical and investigate further.

That’s what we need with nilotinib. I’m cautiously optimistic that with further research we can determine if it lives up to early hype. Believe me, I sincerely hope it does.

A.C. Woolnough, a second-generation person with Parkinson’s, was diagnosed in 2013 and is helping others with PD through his work as a PDF Research Associate, a member of the PDF People With Parkinson’s Advisory Council, and as Assistant Idaho State Director for the Parkinson’s Action Network. He is also on the OHSU Parkinson Center Advisory Committee. He writes and speaks about PD regularly. He may be reached at acwooly@gmail.com.

New social worker

Angelie Healy, M.S.W.

I have 12 years of experience working in the field of medical social work. Most of my experience came from working in a hospital setting providing social work services to a variety of inpatient units, including general medicine, psychiatry, neurology, oncology, cardiac surgery, and advanced care for the elderly.

For six years I volunteered on the ethics consult team at Sacred Heart Medical Center, where I grew an appreciation for advanced care planning and palliative care. I also have experience in home health, elder care, behavioral health, and working with youth and families. I am excited to join the OHSU Department of Neurology, where I can continue to grow and expand social work services to this particular population.

In my free time, I can be found enjoying a number of activities outdoors, playing chess, spending time with family and friends, listening to music, reading, and learning about culture.

Donation information:

http://sosdad.com/

Tapping Into Social Security Disability When the Time Is Right — Melissa Haggerty, J.D.

More on their classes: http://www.martialarts-fitness.com/
OHSU Parkinson Center events
Researching a cure, better treatments, and offering cutting-edge medical management for people with PD.

EVERY SECOND THURSDAY OF THE MONTH NEWLY DIAGNOSED WITH PD?
Each month the OHSU Parkinson Center offers a three-hour session for people recently diagnosed with PD and their spouse or family members. Participants may ask any and all questions of a PD specialist and long-time patient and caregiver.
$20/person; refreshments served.
Register online at tinyurl.com/NewParkinson or call 503 494-9054 with questions.

CALENDAR ITEMS
In the Parkinson’s community
Parkinson’s Resources of Oregon (PRO)
www.parkinsonsresources.com
503 594-0901 or 800 426-6806
Serving the PD community through education and advocacy.

Sole Support for Parkinson’s
Awareness and Fundraising Walk for PRO.
Registration is open! www.solesupport.org
Portland: Saturday, September 17
Eugene: Saturday, October 1
Vancouver: Saturday, October 8

DBS Support in Eugene and Portland
Curious about DBS, or wanting to connect with others who have also had the surgery? DBS panels now meet quarterly in Portland and Eugene. Call PRO (800 426-6806) for information and to register for the next opportunity.

FRI, JULY 22, 2016 — NEUPT, ORE.
Lunchtime Lecture in Newport
Samaritan Center for Health Education
Education program for PWP, care partners and interested community members.
www.pro.eventbrite.com

WED, AUG 17, 2016 — WEBINAR
Lunchtime Laboratory Webinar
Coming to the WPC? Learn from experienced experts how to make the most of your time at the World Parkinson Congress.
www.pro.eventbrite.com

Samaritan Center for Health Education
www.pro.eventbrite.com

Brian Grant Foundation
Helping people with PD live active, fulfilling lives through wellness and community.

SUN, JUN 26 – LEBANON, ORE.
Powering Forward Wellness Retreat
This retreat offers interactive exercise, nutrition, and mindfulness workshops, as well as direct access to experts in these fields for people living with Parkinson's and their care partners. Registration is $50 per person and space is limited. For more information or to register visit: www.briangrant.org/wellness/wellness-retreat.