Great news for our patients in this newsletter, as we introduce two new OHSU Movement Disorder Clinic doctors, a new MRI research specialist and three new FDA-approved treatments for Parkinson’s disease. We have added physicians in response to the continuing demand for specialty care. We are delighted to welcome Drs. Ron Pfeiffer and Marian Dale, whose background and training are described in these pages. The addition of these talented clinicians ensures that we will be able to continue to provide excellent clinical service, which is our highest priority. The addition of Dr. Brett Fling, a scientist with expertise in advanced brain MRI methodology, strengthens our ability to conduct cutting-edge clinical research. Dr. Fling is also profiled in this newsletter.

The introduction of new medications (see page 2) is also a good opportunity to comment on the challenges of developing new treatments, and to reflect on the role the OHSU Parkinson Center can serve in the research arena. Each new therapy travels a long road from “idea” to “preclinical research” to “clinical trials,” lasting a decade or more, so the introduction of three new treatments on the heels of one another is remarkable. The clinical trials necessary to convince the FDA to grant approval for a new drug typically require the enrollment of hundreds of subjects, meaning that are “endorsed” by the PSG. We are often asked about how extensively we collaborate scientifically with other physicians and scientists, and all of these multicenter trials are a great example of collaboration on a very broad scale. We will continue with this research program, and, in fact we plan to put more of a focus on research now that the clinical service has been reinforced with new faculty. We are particularly focused on the issue of recruitment into clinical trials, which is the main “bottleneck” slowing the completion of testing. Our goal is to have a study available to everyone who comes in the clinic door. To that end, we are currently recruiting:

1) Parkinson’s patients who are not yet on symptomatic therapy (i.e., not on Sinemet, Mirapex or Requip).
2) Parkinson’s patients about to start Sinemet for the first time.
3) Parkinson’s patients with gait disorders.
4) Parkinson’s patients with dyskinesias.
5) Parkinson’s patients with constipation.
6) Patients with “vascular parkinsonism.”

These trials range in intensity from oral dietary supplements to intravenous antibody therapy and gene therapy, and for the goal of having “something for everyone,” while serving the needs of the broader scientific community. We do recognize that patients with “Parkinson’s Plus” syndromes like progressive supranuclear palsy (PSP) and multiple system atrophy (MSA), and other disorders such as Huntington’s disease would also like to participate in clinical trials, so we are investigating opportunities in these areas as well.

So, if you or a loved one would like to participate in clinical trials, please contact us at 503 418-4387 (see page 4, Research Opportunities). One of our staff will screen you or your loved one over the phone, and if a trial is not available right now, we can record your interest with enrollment in a registry for interested parties.

We are grateful to all of you who have participated in the past. We literally cannot do this important work without you.
New medication options for Parkinson’s disease

In the last six months, the FDA has approved three new drugs for Parkinson’s disease symptoms. Several of our specialists have explained the latest on these new drugs below.

Remember, when you want to make a change in medication, always prepare ahead to communicate with your specialist. This can be done by completing a medication diary spanning two or three days to record how you feel before, in the middle and at the end of each dose throughout the day (and night, if applicable). If you feel one of these new medications might be helpful for you, contact your specialist to discuss further.

Levodopa with a new twist: Rytary

Keiran Tuck, M.B.B.A., fellow, OHSU Parkinson Center and Movement Disorders Clinic

Rytary is a newly approved formulation of carbidopa/levodopa for the treatment of idiopathic Parkinson’s disease (PD). The active ingredients in Rytary are not new. Carbidopa/levodopa has been prescribed for decades in general pharmacologic doses and under various brand names such as Sinemet, Sinemet CR, and Parcopa. However, Rytary is a novel medication as it has been compounded with other components in order to make it available in the bloodstream longer.

In later stages of PD, people often find that their carbidopa/levodopa doesn’t last as long as it used to. The main reason behind this is thought to be the body’s inability to store dopamine in the brain as well as it used to. Therefore, despite large doses of levodopa, the body is unable to use everything that is taken. Rytary attempts to solve this problem by having both an immediate release component to turn people “on” quickly and a slow release component in order to continually release levodopa into the bloodstream. Initial studies have shown that people taking Rytary can reduce how frequently they take medications and reduce “on/off” fluctuations.

Rytary can be used by people just starting levodopa therapy; however, as it is a new medication, costs may be prohibitive and insurance companies may want newly diagnosed people to use generic carbidopa/levodopa. More likely candidates include people taking levodopa more than three to four times a day and those experiencing motor functions such as sudden “off” periods or dyskinesias (uncontrollable movements).

Duopa works under the theory that continuous administration of carbidopa-levodopa throughout the waking hours of the day will reduce motor fluctuations and wear-off. Duopa differs from Sinemet (carbidopa-levodopa in pill form) in two main ways. It is delivered directly to the small intestine through a pump, eliminating the need to take any oral carbidopa-levodopa. Compared to taking Sinemet, which is administered orally at various intervals, Duopa is given continuously for 16 hours a day, thus reducing fluctuations in the levels of the drug in the body throughout the day.

Because Duopa is delivered into the small intestine, it requires all patients to go through a surgical procedure to insert a tube through the skin of the abdomen, into the stomach. There is a tube that then extends from the stomach into the small intestine, where the medication comes out. The procedure will leave the patient with a hole in the skin that communicates directly into the stomach, protected by a plastic cap. A pump that delivers the medication is connected to the cap in the stomach by the patient each day and disconnected at the end of a 16-hour period, when the medication runs out. The pump is turned off and disconnected at night while the patient is sleeping. The patient is responsible for loading the pump with medication each day, which is kept in a container called a “cassette” in the refrigerator. If a patient needs to take all of their other oral medications normally, but most would eliminate oral carbidopa-levodopa from their regimen.

The side effects of Duopa are the same as all other drugs that contain carbidopa-levodopa, including the risk of dyskinesia, nausea, sudden sleepiness, confusion, hallucinations and low blood pressure. There is an added risk of complications related to the surgical procedure of inserting the stomach tube. Patients with prior surgeries on the stomach or small intestine may not be able to take this medication. Those with significant problems related to stomach ulcers also may not be good candidates for this procedure. Commonly encountered surgical complications have included skin breakdown around the plastic cap in the skin, blockage or perforation of the intestine, infections of the skin and intestine and abdominal pain.

Patients should consider this medication, among other drug and surgical options, as an option if they have frequent motor fluctuations that are not well treated by adjustments in their oral medications.

Gut reaction: New delivery system for levodopa approved

Victoria Holiday, M.D., fellow, OHSU Parkinson Center and Movement Disorders Clinic

Duopa is a new form of carbidopa-levodopa that became available in the United States in 2015. This is a gel formulation of carbidopa-levodopa that is administered directly into the small intestine through a tube in the stomach. The goal is to provide continuous amounts of carbidopa-levodopa throughout the day. Duopa is ideally suited for patients who have what is called “motor fluctuations.” This refers to symptoms of being “on” or “off” unpredictably and/or frequently throughout the day. It often occurs during the later stages of Parkinson’s disease and can be difficult to treat with oral medications, usually requiring a very complicated medication regimen.

Dizziness addressed: Northera™ (droxidopa)

Nicole Licking, D.O., fellow, OHSU Parkinson Center and Movement Disorders Clinic

Orthostatic hypotension is what happens when you stand up from lying or sitting and develop a dizzy spell due to low blood pressure. It occurs when the blood pools in the legs upon changing position.

When behavioral changes (such as drinking more water, eating more salt and wearing thigh-high pressure stockings) and adjustments to current medications are not enough to treat orthostatic hypotension, other medications may need to be added. Previously, midodrine and fludrocortisone were primarily used to treat orthostatic hypotension. In February 2014, the FDA approved a new medication, Northera™ (droxidopa), to treat orthostatic hypotension.

Northera™ works to help reduce the lightheadedness, dizziness and sensation of nearly passing out that can occur due to drops in blood pressure upon changing position. Specifically, it helps to increase the levels of norepinephrine and epinephrine (chemicals in the body) in the nervous system to increase the heart rate and blood pressure to help the body maintain blood flow upon changing position and while standing. It is primarily for use in those suffering from orthostatic hypotension in conjunction with Parkinson’s disease (PD), multiple system atrophy (MSA), and pure autonomic failure (PAF). The primary side effect is high blood pressure (supine hypertension) upon lying down, but headaches, dizziness, fatigue and nausea may also occur.

If you have orthostatic hypotension, you already may be taking midodrine and fludrocortisone. Northera™ should not be used in conjunction with these medications. However, if your current treatment for orthostatic hypotension does not seem to be effective, it may be worth considering a medication switch.

It remains unclear if those already receiving treatment for orthostatic hypotension will receive any benefit from Northera™ if their current medications are ineffective. The studies leading to the approval of Northera™ were completed in only two weeks as part of the FDA’s accelerated approval process, so the long-term effectiveness is unknown.
It is a genuine thrill to become a member of the OHSU Parkinson Center, one of the most storied centers for the study and treatment of Parkinson’s disease, not just in the United States, but in the entire world. It has been a long journey to reach this point—one that started for me much earlier in life than I would have wished.

I was born in Wisconsin to a family of teachers. I am sure my family’s expectation was that I, too, would become a Lutheran schoolteacher, just like my parents and before long, also my oldest sister and her husband. Then fate intervened. In 1960, when I was 13 years old, my father was diagnosed with Parkinson’s disease at age 50. This was before the discovery of levodopa and, without any effective available treatment, I watched my father’s disability inexorably progress as I finished high school and while attending the University of Nebraska. But then came 1969 and, one month following my marriage and just as I was entering medical school at the University of Nebraska Medical Center, my father entered the hospital in Omaha and was placed on levodopa simultaneously with the astronaut landing on the moon. My father responded dramatically to the levodopa and went on to live another 18 years, serving as a living case study for his son, who had by then decided to pursue a career in neurology and focus on Parkinson’s disease.

After completing my neurology residency at the Walter Reed Army Medical Center in Washington, D.C. and during the residency was fortunate to be allowed to spend extended periods of time working under the tutelage of Dr. Donald Calne at the National Institutes of Health (NIH) in his groundbreaking research into dopamine agonists as a treatment for Parkinson’s disease. Coincidentally, this was also when I first met Dr. Jay Nutt, who was completing his fellowship at the NIH.

After completing three years of military duty in Germany following residency, I returned to Nebraska and joined the faculty at the University of Nebraska Medical Center (UNMC). It was there that I identified the three areas of research that have defined my career in neurology developed and grew. Clinical trials of experimental medications for Parkinson’s disease became an ongoing area of emphasis that has extended throughout my career.

I was also at UNMC that I began a very eventful collaboration with Dr. Eammon Quigley, a now world-famous gastroenterologist specializing in GI motility disorders. We embarked on an array of studies of gastrointestinal dysfunction in Parkinson’s disease that foreshadowed the explosion of research that is now occurring with regard to GI dysfunction and other non-motor aspects of Parkinson’s disease.

The lure of the Northwest was heightened significantly by the fact that my children both decided to move to Portland shortly after they graduated from college. They have remained in Portland ever since and the chance to watch grandchildren growing up also proved to be an irresistible further lure beyond the considerable lure already offered by OHSU itself. Here at OHSU I will be focusing primarily on the clinical care of people with Parkinson’s disease and on assisting younger faculty members in their clinical trials and other research endeavors. The ability to work and interact with the incredibly impressive collection of experts that form the OHSU Parkinson Center will be the perfect way to close out a career that has been tremendously eventful and satisfying.

Ron Pfeiffer, M.D.
The OHSU Parkinson Center is a national leader in research and recognized as a National Parkinson Foundation Center of Excellence. The OHSU Parkinson Center is involved in many studies that are fully recruited and others that are being planned. For more information, contact our research office at 503 418-4387.

**EARLY PD (NOT ON PD MEDICATIONS)**

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 its progression. The purpose of this study is to see if a new drug is safe, effective, and well-tolerated in 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, were at least age 30 at the time of your diagnosis, are not taking any medication for your symptoms, and do not expect to begin taking medication for your symptoms for at least three months after your first study visit. You also must not have any significant, untreated blood pressure or heart problems.

**What is involved:** There will be a total of approximately 13 study visits over three years. The study drug is a pill taken by mouth twice per day. Participants will be randomized (like the flip of a coin) to receive either the study drug or placebo assigned. Subjects will not be able to take other medications for treating constipation during the study. However, there are medications available in the event of a subject going four days or more without a bowel movement during the course of the study. Eligible participants will receive study-related evaluations, laboratory tests, and the study drug at no cost.

**Compensation:** Subjects will be compensated for their time and transportation.

Contact: Kellie Keith at 503 494-9531 or keithkb@ohsu.edu. eIRB #10740

**DOUBLY BLINDED, PLACEBO-CONTROLLED PHASE 2 STUDY OF PRX002 IN EARLY PD**

A randomized, double-blind, placebo-controlled, multiple ascending dose study of PRX002 administered by intravenous infusion in patients with Parkinson’s disease.

**Purpose:** Study PRX002-CL002 is a multicenter study of PRX002, a novel therapeutic agent intended for the treatment of Parkinson’s disease.

**What is involved:** Participants in this study will be randomized to study drug or placebo, as well as to a dose group (1-5). The study is divided into an eight-week screening period, an eight-week study drug administration period, and a 16-week follow-up period. In total you will have about 15 visits to OHSU. During your visits, you may be asked questions about your thinking and memory, medical history, and have physical and neurological examinations. You will also be asked to provide biological samples including blood, urine and cerebrospinal fluid. During the screening period, an MRI is done to produce a full image of your brain. Some participants, depending on the dosing group to which they are assigned and whether you have been previously treated for your Parkinson’s disease, will be asked to complete a DaTscan, which is an examination of the brain that measures the amount of cells in the brain that produce dopamine. During the study drug administration period, participants will receive three one-hour infusions of the study drug PRX002 and will be monitored closely for about four hours following each infusion. Participants will be asked to complete a lumbar puncture before the initial baseline infusion and another one week after the final infusion.

**Compensation:** Each participant will be compensated $50 per infusion completed and $100 per lumbar puncture completed for a total of $350. This is a research study and not future treatment or diagnosis of PD. You may not benefit from participating in this study. However, by serving as a subject, you may help us learn how to benefit patients in the future.

Contact: Genevieve Leineweber at 503 494-0276 or leineweber@ohsu.edu. (OHSU eIRB #110809)

**MIDDLE OR LATE STAGE PARKINSON’S DISEASE (ON PD MEDICATIONS)**

Do you have Parkinson’s disease (PD) and experience chronic constipation?

**Purpose:** There is an important medical need for an effective, well-tolerated treatment for chronic constipation, which occurs in up to 80 percent of people with Parkinson’s disease. The purpose of this study is to see if a new drug is effective, safe, and well-tolerated in treating constipation. Right now the study drug is not approved for treatment of constipation because we don’t know enough about it.

**Participation requirements:** In order to participate in the study, you must have experienced and been treated for chronic constipation (on average, three or fewer bowel movements per week) for the past three months, and be dissatisfied with your treatment. You must also be between the ages of 18 and 80. There will be a total of five study visits over approximately two months.

**What is involved:** The study drug is a self-administered injection given in the abdomen. Subjects will receive the study drug syringes and identical placebo syringes for about two weeks (14 days) each. A placebo is a drug that looks like the study drug but has no active medicine in it. All subjects will receive a placebo for at least one of the two double-blind periods. Some subjects will receive placebo for both dosing periods. This is a randomized study. Neither the subject nor the study doctor can choose whether study drug or placebo is assigned. Subjects will not be able to take other medications for treating constipation during the study. However, there are medications available in the event of a subject going four days or more without a bowel movement during the course of the study.

Eligible participants will receive study-related evaluations, laboratory tests, and the study drug at no cost.

**Compensation:** Subjects will be compensated for their time and transportation.

Contact: Kellie Keith at 503 494-9531 or keithkb@ohsu.edu. eIRB #10740

**DOUBLE-BLIND, PLACEBO-CONTROLLED PHASE 2 STUDY OF PRX002 IN MIDDLE OR LATE STAGE PARKINSON’S DISEASE**

A randomized, double-blind, placebo-controlled, multiple ascending dose study of PRX002 administered by intravenous infusion in patients with Parkinson’s disease.

**Purpose:** Study PRX002-CL002 is a multicenter study of PRX002, a novel therapeutic agent intended for the treatment of Parkinson’s disease.

**What is involved:** Participants in this study will be randomized to study drug or placebo, as well as to a dose group (1-5). The study is divided into an eight-week screening period, an eight-week study drug administration period, and a 16-week follow-up period. In total you will have about 15 visits to OHSU. During your visits, you may be asked questions about your thinking and memory, medical history, and have physical and neurological examinations. You will also be asked to provide biological samples including blood, urine and cerebrospinal fluid. During the screening period, an MRI is done to produce a full image of your brain. Some participants, depending on the dosing group to which they are assigned and whether you have been previously treated for your Parkinson’s disease, will be asked to complete a DaTscan, which is an examination of the brain that measures the amount of cells in the brain that produce dopamine. During the study drug administration period, participants will receive three one-hour infusions of the study drug PRX002 and will be monitored closely for about four hours following each infusion. Participants will be asked to complete a lumbar puncture before the initial baseline infusion and another one week after the final infusion.

**Compensation:** Each participant will be compensated $50 per infusion completed and $100 per lumbar puncture completed for a total of $350. This is a research study and not future treatment or diagnosis of PD. You may not benefit from participating in this study. However, by serving as a subject, you may help us learn how to benefit patients in the future.

Contact: Genevieve Leineweber at 503 494-0276 or leineweber@ohsu.edu. (OHSU eIRB #110809)

**BALANCE AND GAIT STUDIES**

Do you have Parkinson’s disease (PD) and experience balance problems with gait 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) may help improve measures of gait and 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) medication.

**What is involved:** 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, during 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.

**Compensation:** Subjects will be compensated for their time and transportation costs.

Contact: Andrew Fraser at 503 418-4387 or frasean@ohsu.edu. eIRB #110745

**EE FOR PD**

Purpose: Exercise and Education for Parkinson’s Disease is a research study on the effects of exercise and education for people with Parkinson’s disease. 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 (i.e., vascular or lower-body parkinsonism).

**What is involved:** It involves attending six weeks of exercise (90 minutes, three days a week) and six weeks of educational (90-minute, weekly) classes. There are pre-, post- and mid-point tests of your cognition, balance/walking, along with 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.

**Compensation:** Subjects will receive $25 per test session and $55 for each class attended.

Contact: Mike Fleming, 503 346-0842, flenmg@ohsu.edu.

**Parkinson’s disease**
New medications? Team up for optimal care

Lisa Mann

Any time you start a new medication, it will be explained to you and prescribed by your Parkinson’s disease (PD) specialist. But when medications or your symptoms change, your team can help ensure you are doing everything possible for success.

How might other health care professionals help when you are taking new medications or trying new treatments?

Your nurse can help you understand your medication better:
- What the medication does and what it can’t do
- The side effects that might occur
- How to best take the pill
- How to assess the medication’s impact on your symptoms

Your rehabilitation therapists can help you adjust if a new medication makes your condition better or worse.

Your occupational therapist (OT) can help you:
- Organize complex medication regimens
- Manage fatigue
- Improve your independence and self-care
- Find ways to stay socially engaged

Your speech language pathologist (SLP) can help you:
- If you are having trouble remembering to take your pills
- With any voice or swallowing changes
- Communicate with your loved ones if your voice fails you

Finally, having a social worker on your team is essential, whether you are adjusting your treatment, or just dealing with the challenges of PD.

Your social worker can help you find:
- Financial assistance if drug and medical expenses are high
- Facility or in-home care if you feel the time is right

Strive to Thrive: Self-efficacy program

Self-efficacy is the ability of a person to make positive changes in behavior to achieve beneficial health outcomes. A new seven-week course is in development through a partnership of the OHSU Parkinson Center and the Parkinson’s Resources of Oregon to apply this to those who live with Parkinson’s disease.

Based upon the Chronic Disease Self-management Program (CDSMP) developed at Stanford University, Strive to Thrive will combine the proven self-efficacy theory of the CDSMP with the synergy of learning with people managing the same diagnosis of Parkinson’s disease.

Recruitment for the first class was so enthusiastic, the class filled up in less than an hour. We will have more offerings in the future, so stay tuned for our next class offering later this year.
Discussions” and “Practical Tips for Daily Caregiving. ” Various questions were asked and answered in the other two presentations as well, highlighting “Difficult Difficult Difficult...”

More than 120 caregivers gathered to relax, learn and share with one another. Elaine Sanchez presented a humorous but realistic review of how grief and depression can challenge caregivers emotionally.

Caregiver Connections

The 4th World Parkinson Congress is a unique international event designed to bring together the full spectrum of people who live with Parkinson’s disease and those who serve the Parkinson’s community. We hope this collaboration helps in finding a cure as well as identifying the best treatment practices for people living with Parkinson’s disease.

Our latest training for allied health care professionals (including physical, occupational and speech therapists) and exercise trainers was a huge success, attracting more than 100 participants from Oregon and Washington. Presenters outlined the intricate connection between cognition and movement. Through dynamic exercises and case studies, participants learned to design and challenge their clients with Parkinson’s disease to higher levels of functionality by challenging the brain and well as the body.

For a list of therapists or exercise trainers in your area who participated in past TEAM-PD workshops, contact the pco@ohsu.edu.

PORTLAND COUNTDOWN TO WORLD PARKINSON CONGRESS

Dates for the first three Portland Countdown monthly podcasts are below, but there are more coming. Visit the World Parkinson Congress website at www.wpc2016.org for full details and links:

- Available June 2, 2015 — Parkinson’s disease: the basics
- Available July 7, 2015 — Stopping disease progression: Alpha synuclein
- Available August 4, 2015 — When in doubt: Exercise!

OHSU Parkinson Center events

Researching a cure, better treatments, and offering cutting-edge medical management for people with PD.

BAKER CITY GREAT SALT LICK CONTEST
SATURDAY, SEPT. 19, 2015

This event was featured on OPBS’s Art Beat! This is the 9th annual Great Salt Lick Contest which continues to grow in notoriety every year. Follow on Facebook “The Great Salt Lick” for more details and plan to join in the fun and hilarity of this unique event.

PORTLAND OPTIONS & OPPORTUNITIES
SATURDAY, SEPT. 26, 2015

Our 32nd annual Parkinson’s disease symposium for people with PD and their families. See details above.

All proceeds from these events fund research and specialized care programs for PD through the OHSU Parkinson Center.

CALENDAR (Non-OHSU Organizations)

OHSU Parkinson Center

Oregon Health & Science University
Department of Neurology
OHSU Parkinson Center, OP2
3181 SW Sam Jackson Park Road
Portland, OR 97239-3008

Charitable Giving

503-494-7731

pco@ohsu.edu

 Helpful Brain” Registration required for keynote speech (limited space). Call 503 721-1420 for registration or more information.

No registration needed to attend the health fair. Visit the VA PADRECC Video Library at www.parkinsons.va.gov/northwest/Videos from past patient education lectures and handouts are available, plus...

My Parkinson Story Videos

A series of videos featuring veterans telling their Parkinson’s stories with explanation and commentary provided by VA medical providers.

THE VETERANS ADMINISTRATION PADRECC (Parkinson’s Disease Education, Research and Clinical Center)

Serving our veterans with PD through research, education, and care.

HEALTH AND WELLNESS FAIR FOR MOVEMENT DISORDERS AND HEALTHY AGING
FRIDAY, JUNE 26, PORTLAND, OR

Keynote speaker: Joseph Quinn, M.D., “Healthy Brain” Registration required for keynote speech (limited space). Call 503 721-1420 for registration or more information.

No registration needed to attend the health fair. Visit the VA PADRECC Video Library at www.parkinsons.va.gov/northwest/Videos from past patient education lectures and handouts are available, plus...

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