



# Parkinson's

## Companion

### Voices of Parkinson's

The Hard Part by Martha Manheim

As I look around the circle at the Parkinson's exercise group, the unique problems of each person's version of the disease is clear as daylight. One man has difficulty moving his feet, another lifting his head, a woman can't make her arms do what the exercise demands without special help. Parkinson's disease strikes differently in each person, and so each person has different problems in movement. All this diverse response supports my long held perception of the absolute individuality of each human being, both the glory and the difficulty of being human. We all live different lives, and we all decay differently.

This diversity leads to what for our family is the most difficult aspect of this particular disease: its unpredictability.

What I have described in the class is by no means the whole story of each patient's experience of Parkinson's. Day to day, hour to hour, differences exist and are different in pattern from those of any other sufferer. The way the medicines discovered so far to treat the problems affect different

individuals differently, and the ability to adjust the correct medicine correctly for each is a major task for the neurologist. Coping with each shift on a daily basis is the necessary task for the caregiver, professional or family. If life itself is fascinating because you never can tell what will happen next, a Parkinson's patient's and a caregiver's chills and thrills are inevitable.

One more unpredictable element is perhaps the most difficult to manage of all. No one knows how to predict the course of the disease on a clear timeline, and most cases last for years. One man in our group has had Parkinson's for seventeen years. Though most develop Parkinson's in their later years, early onset is also comparatively common. Because medicine can delay but not cure, long periods of the inability to live free of its limitations are routine.

This open-ended timeline is one of the frustrations of managing the disease. Most of us like to make clear-cut decisions about our lives, but the ambiguities of Parkinson's turn us into moles



feeling our way along in the dark and nevertheless having to make life decisions without the solid clear facts we need to base them on. The evidence is contradictory enough over a long period to unhinge our confidence in the next step to take.

For example: If Parkinson's takes hold in mid-life, it is generally not, with treatment, immediately debilitating enough to make continuing work impossible, though it may necessitate changes. When is the right time to stop working? What clear clues make it the best decision to quit?

*Continued on Page 2*

#### IN THIS ISSUE

- Voices of Parkinson's..... 1
- A Note from the Coordinator ... 1
- The Lap Quilts for Parkinson's Project.....2
- Symposium Summary-Fall 2010..3
- Hospitalization and the Parkinson's patient.....4
- Sheryl: Consider all treatment options! .....5
- Walk-a-Thon 2010 for Parkinson's Research.....6
- APDA NH Chapter membership form .....7
- Memos from Maureen.....8
- Announcements & Events .....8



National Office:  
135 Parkinson Avenue  
Staten Island, NY 10305  
www.apdaparkinson.org  
(800) 223-2732



#### A Note from the Coordinator Diane L. Church, PhD

The Parkinson's Center is thriving in its new location within the Aging Resource Center at DHMC. Our Parkinson's community enjoys this welcoming space featuring a lending library, internet access on public computers, wellness workshops, caregiver classes and support groups, and access to resource specialists...like me!

This Parkinson's Companion includes a cover article reflecting

on the unpredictability of Parkinson's. An article on hospitalization summarizes wisdom from various sources, including members of the Parkinson's community. I hope that you enjoy reading about a new Lap Quilts for Parkinson's project, and will help us to raise money for research and local programs by joining the APDA NH Chapter and participating in Chapter events, such as the annual Walk-a-Thon.

Naturally we want to delay such a decision as long as possible. For older people, who may already be retired, the problem is when and if to leave their long-time homes for a retirement community with the possibility of long-term care. Is it possible to stay in your home through the course of the disease? (The neurologist who first diagnosed my husband's Parkinson's told us cheerily, "Don't worry. Something else will get you before the Parkinson's does." Can we count on that? Obviously not.) A haunting question for many of the retired among us is the question of how long our resources will hold out. Hard to plan when

hope keeps surfacing that a cure will be found. It's a very tough interplay between the vagaries of the disease, the effects of medication, the financial and personal resources of the patient, and the long but so far inexorable loss of power.

**Martha Manheim writes:** "What shall I say about myself? At the moment, the 56 years of life with Mike is the dominant theme in my life. We were both professors of literature (he especially in drama, I especially in Russian literature). There is nothing like a life in literature to make your appreciation of life rich, even when

decrepitude in its various forms makes you focus on different aspects of its bounty than those in which you have spent your life. Community in Parkinson's disease was a great new kind of pleasure in our world, thanks to the [Parkinson's Wellness & Exercise] program at Dartmouth-Hitchcock, which understood the power of fellow feeling as a part of health."

The Parkinson's community mourns the loss of Michael Manheim, who passed away on January 5, 2011 of heart failure, not long after Martha had written this article for Parkinson's Companion.

## The Lap Quilts for Parkinson's Project

by Sonja Hakala, Professional Quilter, Author, Editor, Designer, Publisher, and Founder of the Full Circle Press LLC



Sonya Hakala

**My Mom's name is Marcia Luey Hakala. In 2002, she was diagnosed with Parkinsonian syndrome after she followed my Dad into a nursing home.**

My Mom, like all Moms, was many things during her lifetime but she always maintained that Mom was her favorite job. While in the nursing home, she taught everyone who cared for her about her eight children. Whenever I published a book or a magazine article, she showed it off to everyone. Whenever I made her a quilt or a festive table runner, she showed those off as well.

During the last months of her life, the full-sized quilt that I'd made for her bed became too heavy for her to bear. I need something smaller, she said.

So I made her a lap quilt, a size comparable to a rather large bath towel.

As a quilter, I'd never really understood lap quilts—too small for a bed, too large for a wall. But as I sat with Mom last summer during her last days, I became fascinated by how she used that small quilt. At times, it was draped over her shoulders, sometimes her knees. She could move it easily if necessary. Sometimes, she cuddled it in her hands and held it near her face like a child with a "banky."

One night during this time, I was sharing food and talk with my sister and one of my six brothers. While we talked, Mark was leafing through an AARP newsletter and found a small notice from the National Arthritis Foundation asking for donations of small quilts.

"Hey Son," he said, "You could do this for Parkinson's patients."

I'm sure you'll agree with me that Mark had a great idea.

So we've begun. I'm visiting quilt guilds and spreading the word among crafters that there's a need to be filled. The quilts will be, in turn, distributed to those in need via the wonderful Parkinson's support groups in New Hampshire and Vermont.

Sonya has started this project in conjunction with local quilting guilds, the APDA Parkinson's Center at DHMC, and the NH and VT Chapters of the APDA. She is seeking donations of small quilts to be distributed to people with Parkinson's and also plans to publish a calendar featuring this project. Sonja will speak at the April 16, 2011 Parkinson's Symposium at DHMC.

You may contact her at: [Sonja@SonjaHakala.com](mailto:Sonja@SonjaHakala.com) or (802) 295-2142.



**"Her Favorite Color was Pink":** This is the lovely and cozy lap quilt that comforted Sonja's mom.



**"Eight of Marcia's Heart":** Sonja honored her mother's love for her eight children with this beautiful lap quilt.

### PARKINSON'S COMPANION IS A PUBLICATION OF THE PARKINSON'S CENTER AT DHMC

The Parkinson's Center at Dartmouth-Hitchcock Medical Center is an Information & Referral Center of the American Parkinson Disease Association, Inc.

Dartmouth-Hitchcock Medical Center  
Department of Neurology  
One Medical Center Drive  
Lebanon, NH 03756  
(603) 653-6672  
[diane.l.church@hitchcock.org](mailto:diane.l.church@hitchcock.org)  
[dhmc.org/goto/parkinson](http://dhmc.org/goto/parkinson)

Diane L. Church, PhD,  
Coordinator/Editor

**Medical Directors**  
David J. Coffey, MD  
Stephen L. Lee, MD, PhD

**National Affiliation**  
American Parkinson Disease Association, Inc.  
135 Parkinson Ave.  
Staten Island, NY 10305  
(800) 223-2732  
[www.apdaparkinson.org](http://www.apdaparkinson.org)

This newsletter is intended solely to provide you with information on Parkinson's disease. You should not make any changes in your treatment without first discussing them with your healthcare provider.

# SYMPOSIUM SUMMARY

## Nurturing the Brain and the Body

The Conference Center at Lake Opechee Inn, Laconia, NH | September 25, 2010



**David K. Simon, MD, PhD** discussed his cutting-edge research on neuroprotection in his talk, **"Slowing the Progression of Parkinson's Disease."** He provided insights into the mechanisms and biochemical pathways that protect dopaminergic neurons

and other cells in the brain. He also outlined substances that protect neurons in cell cultures and in animal models. This critical research may ultimately lead to treatments that "save" dopamine-producing brain cells and thereby slow or stop Parkinson's disease from progressing. Coupled with very early detection of Parkinson's (another very active research area), these strategies might even prevent the onset of Parkinson's symptoms. Dr. Simon conducts laboratory research and clinical trials and is an Associate Professor at Harvard Medical Center and Beth Israel Deaconess Medical Center in Boston. He was a recipient of the George C. Cotzias (Research) Award from the American Parkinson Disease Association, and receives research funding from various prestigious sources.



**The 'Cuz' We Can Trio** provided a fun, lively and beautiful performance after lunch.

The trio members are Mark Breen, guitar and vocals, E. Ralph Aldrich, tenor (and person with Parkinson's), and Patty Stebbins, harp and vocals.



**Mark Breen is Senior Meteorologist and Planetarium Director at the Fairbanks Museum and Planetarium in St. Johnsbury, VT.** For over 25

years, he has been heard on Vermont Public Radio's "An Eye on the Sky" each weekday morning. He is the author of the award-winning children's book, "The Kid's Book of Weather Forecasting". Mr. Breen writes, "When my head is not in the clouds, I enjoy making music with family and friends, including my lovely wife, Sandi."



**C. Sue Johansen, RD** spoke about nutritional strategies for coping with PD in her presentation, **"Nutrition and Supplements in Parkinson's Disease."** She discussed what is different about the Parkinson's digestive system and how diet and fluid can

affect PD symptoms. She also emphasized food/drug interactions that should be avoided, and listed safe non-pharmaceutical supplements that may be helpful. Ms. Johansen is a registered dietician at Fletcher Allen Health Care, Burlington, VT.



**Ralph Aldrich was an English teacher for 33 years, the last 26 at Lyndon State College.** He was appointed English Professor Emeritus upon his retirement in 1995. He was a tenor with the North Country Chorus, and has sung all over the North Country and on several tours in Europe.

He continues an active performing schedule while fending off his Parkinson's symptoms, and lives in Littleton, NH with his wife Martha-Jane and poodle #5, Zoë Summer-Born.



## Sunset at Lake Opechee



**Patricia Stebbins received her BA in vocal performance from Skidmore College.** She has played harp for 18 years and is a Certified Harp Therapist who has released two recordings. When not harping, Pat enjoys her daughter, granddaughter and many cats, dogs, and

horses. For therapeutic and celebratory harping needs, Pat can be reached at [psh@sover.net](mailto:psh@sover.net)



## When a person with Parkinson's must be hospitalized,

it is typically NOT for PD symptoms but to deal with infections, injuries suffered in a fall, or elective surgeries. But whatever the reason for one's visit to the emergency room or hospital, PD patients are at increased risk of complications. You may need to educate yourself, your family members and friends, and the medical staff about PD symptom fluctuations, the complex timing of PD medication schedules, and drugs to be avoided by PD patients. And it is always best if a trusted family member or friend can stay with the hospitalized person with Parkinson's.

"Hospitalization of a Parkinson Patient", an APDA Educational Supplement by Joseph H. Friedman, MD, is a highly recommended resource; please contact the Parkinson's Center at DHMC if you would like to receive a free copy.

## Several organ systems are affected by Parkinson's

The attending physician or hospitalist (a medical doctor who handles your care while you are in the hospital) must assess the following prior to treatment and/or surgery to understand your "baseline status". The following may result from PD, and need to be considered:

- Impaired lung function
- Swallowing difficulties/drooling
- Slow digestion and bowel function
- Difficulty with various types of movements
- Difficulty speaking
- Difficulty opening the eyelids

## Common complications and how to assist the hospital staff

Many complications can be avoided by minimizing interruptions in the patient's PD drug regimen during the hospital stay.

- Dr. Friedman advises, "**Be sure that the drug schedule, with time and dose, is understood and copied into the hospital orders.**" An example of why this is important: For the Parkinson's patient, taking a medication three times daily ("TID") may mean 30 minutes before each meal. But for the medical staff, TID typically translates to "every 8 hours", and the medication may be given, inappropriately, at 8 a.m., 4 p.m. and midnight.

- If you are undergoing planned surgery, the surgical team will likely want you to be optimally medicated for your PD prior to surgery, and standard admission advice, "absolutely nothing by mouth after midnight", may not be in your best interest. Schedule a pre-admission appointment with your anesthesiologist and surgeon to discuss how soon before and after surgery you can take PD drugs.

- You may be taking medications not available in the hospital pharmacy (eg if you are participating in a clinical trial). Be sure to bring your medications to the hospital in their original bottles with instructions so that you do not miss any doses.

- Medical personnel frequently do not understand the sudden "ons" and "offs" and dyskinesias that the person with Parkinson's may experience. Provide a written summary of Parkinson's symptoms that will likely occur if you are over- or under-medicated. The hospital staff will need to know, for example, that your ability to swallow food and drink, or to get yourself to the restroom, will be impaired if you do not receive your Parkinson's medications at the appropriate time.

Dr. Friedman writes that confusion, caused by anesthesia, pain medication, and/or the stress of surgery, "...is so common that it is to be expected. I tell my patients and their families that this problem may occur and not to worry."

- Mental changes, if they do occur, are almost always temporary.
- Comforting the patient often gives the best result
- If the confusion causes difficult/dangerous behaviors, antipsychotic medications

may be used: quetiapine (Seroquel®), clozapine (Clozaril®). *These are the only antipsychotic drugs that do not worsen Parkinson's symptoms.*

- ANTIPSYCHOTIC DRUGS TO BE AVOIDED because they worsen PD symptoms: haldol, olanzepine (Zyprexa®) risperidone (Risperdal®), and aripiprazole (Abilify®)

Other medications to be avoided by PD patients:

- For gut mobility and nausea:
  - Avoid metoclopramide (Reglan®) and prochlorperazine (Compazine®)
  - Substitute: ondansetron (Zofran®)
- For pain: Meperidine (Demerol®) should not be given to patients taking selegiline (Eldepryl®) due to potential drug interaction.

## Parkinsonism hyperpyrexia syndrome: rare but potentially fatal

*"The message should be clear: **complete** and **abrupt** cessation of established antiparkinson medication in a PD patient should almost always be avoided."* (Newman et al)

Parkinsonism-hyperpyrexia syndrome (PHS) is a rare but potentially fatal complication observed in PD patients. PHS is characterized by rigidity, extremely high fever, and reduced consciousness, ranging from confusion to coma.

Causes of PHS:

- Sudden withdrawal of antiparkinson medications (especially levodopa)
- Infection
- Dehydration
- Inactivity of the bowel

## "Living well" with Parkinson's requires we consider all available treatment options by Sheryl Jedlinski



PHS develops between 18 hours and 7 days following the trigger. It is important that PHS be prevented if possible, and that PHS is considered if a PD patient deteriorates rapidly. Early diagnosis and prompt treatment of PHS (by re-starting PD medications; treatment with antibiotics; and/or rehydration) and resulting complications (such as kidney failure, aspiration pneumonia, and disrupted regulation of blood coagulation and inflammation) are essential.

### References:

Friedman, JH, "Hospitalization of a Parkinson Patient", Educational Supplement #5 (2009), The American Parkinson Disease Association, Inc, <http://www.apdaparkinson.org> (Click on "Publications", then sign onto "Download Publications". Or request a copy by emailing or phoning Diane L. Church.)

Leader, G and L Leader, "Undergoing Anaesthesia: Nutritional Considerations", in: Parkinson's Disease: Reducing Symptoms with Nutrition & Drugs (2009), p. 126-128

Newman, EJ, DG Grosset, and PGE Kennedy, "The Parkinsonism-Hyperpyrexia Syndrome", *Neurocritical Care* (2009) Vol 10: p. 136-140 <http://www.springerlink.com/content/g510u6x3q1257k51/>

Patel, SG, CR Stickrath, M Anderson, and O Klepitskaya, "How should Parkinson's disease be managed perioperatively?" June 2010, *The Hospitalist* [http://www.the-hospitalist.org/details/article/704937/How\\_should\\_Parkinsons\\_disease\\_be\\_managed\\_perioperatively.html](http://www.the-hospitalist.org/details/article/704937/How_should_Parkinsons_disease_be_managed_perioperatively.html)

Safe Hospitalization for Parkinson's Patients [http://www.pdcaregiver.org/Safe\\_hospitalizations.html](http://www.pdcaregiver.org/Safe_hospitalizations.html)

**I have long been "Levodopa phobic,"** convinced that starting on this "gold standard" treatment would be the beginning of the end, ushering in dyskinesia and motor fluctuations. My doctor assured me that not everyone experiences these side effects, and that those who do are affected to different degrees; but she could offer no guarantees as to how I would respond. Instead, she told me I deserved to feel better and handed me a prescription, expressing confidence that when the time was right I would know it and do what I had to do.

A few months later, 12 years into my journey with Parkinson's, I surrendered... or at least that was how I viewed it. My gait and balance had deteriorated to the point that I was reluctant to go places alone. Getting dressed was laborious, as I pleaded with and then cursed my leg to lift off the ground and slide into its own pants opening. Getting up from a chair and in and out of a car was equally painful. It was time.

I took my first full dose of Levodopa while out to dinner with my husband. As we walked back to our car, I told him I felt surprisingly good. He told me the medicine couldn't possibly work that fast. Inside the car, I fully extended my left arm out in front of me. There was no movement, not even a twitch in my pinky. I didn't want to go to sleep that night, afraid I would awake to find it had all been a dream.

The next day, I met a friend who also has Parkinson's for lunch. She watched me stride confidently from my car to the restaurant and rushed out to greet me.

*Sheryl Jedlinski is a professional writer living in the Chicago suburbs with her husband Tony. When diagnosed with PD in 1998 at the age of 44, she decided to target her writing skills to advance issues important to the Parkinson's community.*

*Sheryl volunteers her time and skills to several different Parkinson's organizations. Most notably, she is on the Board of the Midwest Chapter of the American Parkinson Disease Association (APDA). As Communications Director, she writes, edits, and designs a quarterly newsletter and the chapter web site, and assists in the development of promotional materials.*

*A strong advocate for embryonic stem cell*

"They found a cure for Parkinson's and you're getting it in a clinical trial," she exclaimed excitedly.

"Not exactly," I answered.

Most of the time, now, I forget I even have Parkinson's. I have regained my independence and am again enjoying full days of shopping, eating, and visiting with girl friends. While on vacation, I swam 12, 40-foot laps every other day, eliciting compliments from a personal trainer who looked at me with astonishment when I told him I have had Parkinson's for 12 years. He, like many others I have encountered since beginning Levodopa, said he never would have even suspected I had Parkinson's. I know this "honeymoon" won't last forever, but I am thankful for every good day.

I share my story not to encourage anyone to start on Levodopa or to imply that they will experience what I have. Parkinson's is unpredictable, and no two of us have the exact same symptoms or disease progression. What I have learned and want to share is that living well with this "designer disease" requires we put aside our fears, and with the advice of our doctors, consider all treatment options available to us.

Reprinted from <http://www.pdplan4life.com/consider-all-treatment-options-parkinsons.htm> with permission from the author, Sheryl Jedlinski.

Please visit [www.pdplan4life.com](http://www.pdplan4life.com) for other helpful information and to sign up for update announcements.

*research and clinical trial participants' rights, Sheryl's letters to the editor regularly appear in newspapers across the country. As a member of the Parkinson Pipeline Project, she co-authored "Ethical Issues in Clinical Neuroscience Research: A Patient Perspective," which appears in the July 2007 issue of Neurotherapeutics: The Journal of the American Society for Experimental NeuroTherapeutics.*

*Sheryl has participated in several exercise-related clinical trials and in the original CoQ10 trial.*

*Sheryl will speak at our Parkinson's Symposium in Manchester, NH on October 15, 2011.*

**Save the date!**

**Over \$4,000**  
was raised for  
Parkinson's research.

# WALK-A-THON 2010:

## *A great success in a great location!*



Margie Clark teamed up with family members Sharon and Shelby O'Malley, Julie Chute, and Sue Tufts.



A festive sign greeted participants to A Walk in the Park on September 18, 2010.



Crossing Guards Fred Chamberlain and Paul Stuart kept the walkers safe.



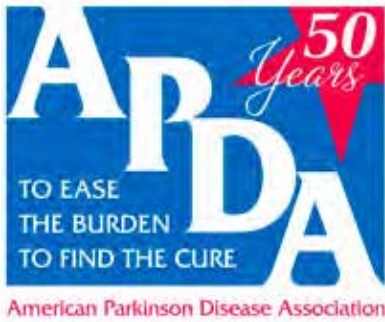
Mary Haynes, Mary Blevins, and Katie Stuart (left to right) greeted walkers at the registration table.



Members of the Walk Organizing Committee (left to right): Mary Haynes, Fred Britton, Maureen Chamberlain

***Please join us on Saturday September 17, 2011***  
for our second Walk in the Park at Greeley Park, Nashua.

See Symposium Summary: David K. Simon, MD, PhD on page 3, for a taste of the critical research our Walk-a-Thons support.



# Join the New Hampshire Chapter of the APDA! Make 2011 Our Banner Year!

We need you to be involved in our chapter! Every voice is heard and every hand that helps makes the work easier. The NH chapter continues to provide updated information about Parkinson's disease through symposia, support groups and the Parkinson's Information and Referral Center at DHMC.

For more information, call Maureen Chamberlain at (603) 434-6252

Individual Membership	\$10.00 yearly_____
Family Membership	\$15.00 yearly_____
Corporate Sponsor	\$25____\$50____\$100____ Other_____

Donations and dues are tax deductible. We are a not-for-profit 501(3) (C) organization.

Please make checks payable to:  
NH CHAPTER APDA

**Mail to the following address:**

American Parkinson Disease Association  
NH Chapter  
PO Box 183  
Londonderry, NH 03053

Name\_\_\_\_\_ Date \_\_\_\_\_

Address\_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

If you belong to a NH Support Group please tell us which group \_\_\_\_\_

How would you like to see your membership dollars used?\_\_\_\_\_

Remember, we need to raise money to support special projects. Please share your ideas for fundraising with us \_\_\_\_\_



## Memos from Maureen



Another year, another season and spring may finally be arriving in New England. April brings us Awareness Month for Parkinson's Disease and an awareness that the long, snowy winter of 2011 is about to end.

*The New Hampshire Chapter of the APDA is growing, as is the amount of information being requested. A Young Onset Support Group meets in the Manchester-Nashua-Derry area and a there is talk of a new group forming in the Lebanon area. Dance classes for people with PD and their caregivers are being held in Keene and the awareness that exercise is essential for everyone is spreading. You don't have to be in a formal exercise class, just keep moving—walk, run, ski, kayak, dance, lift weights, take a hike, swim or ride a bicycle.*

*Our Walk-a-Thon at Greeley Park in Nashua was a success. The park was a beautiful spot and Nashua was a perfect host city. The NH Chapter APDA is planning to expand our walk this September. Our hope is to get an on-line donation program up and running this year to simplify the donation process. All proceeds from the Walk-a-Thon benefit research grants funded by the American Parkinson Disease Association.*

*It would be wonderful to have representation on the NH Chapter Board from other areas of NH. Please come to a meeting and contribute to the discussion of our plans and dreams. We meet about six times a year for 1 ½ hours, on the 2nd Wednesday of the month at 6:00 p.m. in North Manchester at the Elliot Senior Health Center (Interstate 93, Exit 9). We cancel in bad weather but keep the second Wednesday of each month available in case we need to add an additional meeting. Call before you come to be sure our meeting is being held.*

*Join our New Hampshire Chapter. Together we can make a difference. We can ease the burden for caregivers and those diagnosed with PD and help to find a cure.*

**Maureen M. Chamberlain**  
NH Chapter President, APDA

*Annual Membership in the NH Chapter of the APDA is renewable each calendar year. This is a change. If you renewed in the autumn of 2010 it is good for the calendar year 2011.*

*To renew or become a member, please complete the form on page 7.*

### **Interested in Lifetime or Corporate Memberships?**

Contact Maureen at the (603) 434-6252  
or email: [mchamberlain.apdanh@gmail.com](mailto:mchamberlain.apdanh@gmail.com)

## Announcements and Events

### From the APDA Parkinson's Information and Referral Center at DHMC

For information, please contact Diane L. Church at (603) 653-6672 or send email to [Diane.L.Church@hitchcock.org](mailto:Diane.L.Church@hitchcock.org)

#### **SATURDAY, APRIL 16, 2011**

**A Parkinson's Sampler** - A symposium in honor of Parkinson's Disease Awareness Month, DHMC, Lebanon, NH. Presentations by Robert B. Santulli, MD; Solomon G. Diamond, PhD; and Sonja Hakala. A charge of \$15 per person includes continental breakfast and box lunch. Space is limited. Pre-registration must be received by April 1.

#### **SATURDAY, APRIL 16, 2011**

**17th Parkinson's Unity Walk** - Central Park, NYC, [www.unitywalk.org](http://www.unitywalk.org)

#### **THURSDAY, APRIL 28, 2011**

**Candle Light Vigil** - Parkinson's Awareness Month, Concord, NH, 6:30 p.m. on the Capitol steps. Contact: Maureen Chamberlain at (603) 434-6252 or email [mchamberlain.apdanh@gmail.com](mailto:mchamberlain.apdanh@gmail.com).

#### **TUESDAYS AND FRIDAYS, MAY 3 - JUNE 10, 2011, 11:30 A.M. - 1:00 P.M.**

**Parkinson's Wellness Program** - A six-week program with pre- and post-assessments the weeks before and after at DHMC in Lebanon, NH. Exercise, balance, gait training, and education program to help those with PD achieve a better quality of life. "Medical Eligibility Form" is required to ensure that the program is appropriate and safe for you. Fee of \$250 per person; partial scholarships are available.

#### **TUESDAYS AND THURSDAYS, MAY 3 - JUNE 16, 2011, 4:00 - 5:30 P.M.**

**Parkinson's Disease Community Exercise Group** - Northeast Rehabilitation Hospital Network, Salem, NH. Exercise and education to help you in your fight against Parkinson's disease. Fee of \$245 per person. Please call (603) 681-3210 to schedule a free screening on April 19 or to request more information.

#### **SAVE THE DATE! SATURDAY, SEPTEMBER 17, 2011**

**APDA New Hampshire Chapter Walk-a-Thon** - Greeley Park, Nashua, NH. All proceeds benefit APDA research grants; see 2010 Walk-a-Thon 2010 photos on page 6.

#### **SAVE THE DATE! SATURDAY, OCTOBER 15, 2011**

**Symposium for People with Parkinson's, Caregivers, and the Community** - Radisson Hotel, Manchester, NH. Details in the next Parkinson's Companion.

**Thank You to Our Donors**  
We thank all who have made donations in honor and in memory of their beloved family and friends with Parkinson's.