

A MONTHLY PUBLICATION OF  
**PARKINSON'S RESOURCE ORGANIZATION**  
 Working so no one is isolated because of Parkinson's

## MESSAGE

### PRESIDENT'S

*Hearts* seem happier today than they have for nearly a year—vaccinations on their way into the arms of the vulnerable—I think that is all of us.

**Happy Valentine's Day**, one the most awaited days by lovers all over the world. Check out the **BITS AND PIECES** on page 6. Be mindful of the churlish COVID when celebrating. Our hearts are with you on Valentine's day and all of the days of the rest of the year.

This month we bring you the **UPDATE ON THE ROAD TO THE CURE** on this page with its excitement of looking forward.

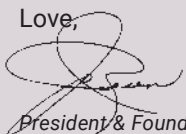
Additionally, we PROudly present the following PROvocative articles and informative news items: **WHAT IS ANTICIPATORY GRIEF?** on page 2; **CAN UTIs CAUSE BEHAVIORAL CHANGES?** and **IS THERE REALLY A DIFFERENCE IN ADULT PROTECTIVE UNDERWEAR?** on page 3; **6 UNUSUAL SIGNS OF DEHYDRATION YOU SHOULD KNOW ABOUT** on page 4; **MEDICATION MISTAKES YOU MAY BE MAKING** on page 5; **A PARKINSON'S VERSE ON WALKING, AND FALLING** on page 7, and; **TIPS FOR MANAGING HEALTH CARE FOR LOVED ONES FROM LONG DISTANCE**, also on page 7.

We are enjoying working with our focus groups, and we would love to have you be a part of them as well. So, in addition to [considering donating](#), join us in becoming a part of our advocacy efforts, and contact us to "Get Involved." Make monthly donations through our safe donation page at [ParkinsonsResource.org/donate](https://ParkinsonsResource.org/donate) or mail your donation to our office in Palm Desert, CA.

Until next month, REMEMBER Ground Hog's Day on the 2nd, National Pizza Day on the 9th, Valentine's Day on the 14th, President's Day on the 15th, and Mardi Gras on the 16th. The flower is the violet, and the Birthstone is the Amethyst.

ALWAYS remember to CELEBRATE YOU and PRAY FOR OUR TROOPS!

Love,



President & Founder

## ICBII UPDATE ON THE ROAD TO THE CURE A REAL-TIME SCIENCE REPORT

### Role of Neuro-inflammation in Parkinson's disease

Caused by the death of dopaminergic neurons in the Substantia Nigra part of the brain, Parkinson's disease (PD) is the second most prevalent neurodegenerative disease worldwide that affects approximately 1% of adults above the age of 50. The onset of cellular neuropathology of PD appears decades before the onset of the motor symptoms. Around 30% of the dopaminergic neurons are already lost when the first symptoms of PD occur.

Our brain is made up of two types of cells. These cells are neurons and non-neuron cells called glia. There are many types of glial cells in the brain but the three important glial cell types are oligodendrocytes, microglial, and astrocytes. Oligodendrocytes is a special type of glial cell known as an oligodendrocyte that wraps around the axons of neurons, making up what is known as the myelin sheath. Like insulation around an electrical wire, oligodendrocytes insulate the axon and help neurons pass electrical signals at incredible speed and over long distances. In simple words, oligodendrocytes are the protectors of myelin sheath of axons. The average adult human brain contains approximately 100 billion neurons, and just as many—if not more—glia. Although neurons are the most famous brain cells, both neurons and glial cells are necessary for proper brain function. While neurons are the cells in the brain that send and receive electrical and chemical signals, glia cells support the well-being and well-function of the neurons. It is best to regard glia cells as the security guards for neurons because they mount an attack in the form of an immune response to an insult to the brain which may be in the form of an infection, injury, or protein aggregation. This immune response results in phagocytosis of the invader molecule, resulting in neuro-inflammation. While short-term immune response is neuroprotective, the chronic microglia immune response is implicated in neurodegenerative diseases. That is why, chronic neuro-inflammation is considered as one of the most important processes involved in the pathogenesis of PD and many other diseases of the CNS, including Alzheimer's, MSA, PSP, ALS, and others.

In vivo evidence of neuro-inflammation comes from the brain of PD animal models. Animals injected with a neurotoxin such as 6-hydroxydopamine (6-OHDA) or 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine (MPTP) has an increase in the levels of pro-inflammatory cytokines TNF- $\alpha$ , IF- $\gamma$ , IL-1 $\beta$ , IL-2, IL-6, and NF-k $\beta$ , in parallel with a decrease in the levels of the anti-inflammatory cytokine IL-10 in the striatum of these mice. Importantly, this was reversed when mice were treated with Chrysin, a natural flavonoid known to have neuroprotective effects. Autopsied performed on Parkinson's patients have likewise shown an increase in the above cytokines.

Thus, there is ample evidence that chronic brain inflammation could be causative for Parkinson's disease. Next month, we will tell what La Jolla-based ICB International is doing to counteract neuro-inflammation.

*WOULD YOU LIKE TO HELP get ICBII's drugs to market faster? The joy of being a part of this historical event can be had by helping ICBII find the funds to bring these trials to fruition through your investing, and by finding others with the financial ability and humanitarian mindset to accomplish the, until now, impossible. Please contact ICBII directly through their website [ICBII.com](https://ICBII.com) or by phone 858-455-9880, or contact Jo Rosen at PRO for a personal introduction to the scientists.*

*IMAGINE the world without Parkinson's, MSA, or Alzheimer's disease.  
 JUST IMAGINE.*

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## WHAT IS ANTICIPATORY GRIEF?

Anticipatory grief is the name given to the tumultuous set of feelings and reactions that occur when someone is expecting the death of a loved one. These emotions can be just as intense as the grief felt after a death. The most important thing to remember is that anticipatory grief is a normal process, even if it's not discussed as often as regular grief.

How do you recognize the signs and symptoms of anticipatory grief?

Anticipatory grief bears many of the same symptoms as conventional grief, which is the emotional response to the loss of a loved one. Although grief generally progresses in stages, every person may experience it differently.

As you grieve, you may experience:

- **Anger**
- **Anxiety**
- **Depression**
- **Desire to talk**
- **Emotional numbness**

- **Fatigue**
- **Fear**
- **Guilt**
- **Loneliness**
- **Poor concentration or forgetfulness**
- **Sadness**

There are some clear differences between anticipatory grief and conventional grief, though. These unique signs and symptoms include:

- Increasing concern for the person dying;
- Imagining or visualizing what the person's death will be like;
- Preparing for what life will be like after a loved one is gone;
- Attending to unfinished business with the dying person.

Get help from a support group. Building a support group or finding an existing caregiver support group can have many benefits. PRO has three (3) Caregiver Support Groups each month, so check out the calendar [ParkinsonsResource.org/news/calendar/](https://www.parkinsonsresource.org/news/calendar/) for dates and times.

## CAN UTIs CAUSE BEHAVIORAL CHANGES?

Two articles by Angel Westerman, *The Dependable Daughter*

If you or your loved one has struggled with a urinary tract infection (UTI) then you know that even with all the modern treatments, UTIs can be stubborn and difficult to treat. In adults with dementia, UTIs can also cause behavioral changes in addition or sometimes, instead of the regular symptoms.

How should one deal with this? Let us go over how you can identify behavioral changes due to a UTI and what you can do about it.

But first, it is important to know which symptoms are associated with a UTI.

1. *An urgent need to urinate.*
2. *A burning sensation during urination - may not be felt by a person with Parkinson's.*
3. *Pain in the pelvis - may not be felt by a person with Parkinson's.*
4. *Fever/high temperature*
5. *Chills*
6. *Urine that has a cloudy or unusual color*
7. *Sometimes, urine will have a bad smell - When a person first passes urine, it is usually odorless. Thus, fresh urine that has a bad or strong odor can point to an infection.*
8. *Nausea*
9. *Vomiting*
10. *Blood in the urine*

If you notice any of these symptoms, chances are that an infection is present. It is best, in this case, to consult with the doctor. Not doing so could lead to the spread of the infection which complicates matters.

**UTIs and behavioral changes** – While this is not a “usual” symptom, older adults with dementia or who are risk for it, may experience behavioral changes with a UTI.

These changes include:

- Confusion
- Social withdrawing
- Hallucinations
- Agitation
- Falling down
- Unusual hyperactive

If you or your loved one is typically not like this and you notice that this has happened for more than 24 hours, it is a cause for concern. Get to an emergency room immediately.

**What you can do to help** – When it comes to UTIs and behavioral changes, quick action is the key to reversing the changes as well as treating the infection. To take it a step further, it is helpful if you can recognize a UTI during the early stages of infection. This can be done using specific “Smart” Pads that detect infections very early on so your loved one can receive the treatment they need.

## IS THERE REALLY A DIFFERENCE IN ADULT PROTECTIVE UNDERWEAR?

Many people have asked me the same question... “Are your adult underwear really better than what I buy at the store?” The answer is **YES!** There is a big difference, especially for those with heavier incontinence issues. The key factors to look at are **absorbency, dryness, and dignity.**

**Absorbency** is the most obvious factor to consider. Most products you find in the stores absorb well for those with light to moderate incontinence, but find that leaks occur with heavier incontinence, especially overnight. There are higher quality products that can handle light, moderate, and even the heaviest levels of incontinence. We help older adults, and the caretakers find products that work for every level of incontinence, even overnight protection.

**Dryness** is not the same as absorbency, and even more important. Just because a product says it has heavy absorbency does not mean it keeps your skin dry. A great product will be able to absorb and lock in the moisture, to keep the skin dry. Most products found in stores do not lock in wetness very well, leaving the skin moist or wet. Moisture causes the skin to be more permeable allowing bacteria to enter the skin and cause rashes, infections, and sores. When urine remains near the urethra it increases the chance of developing a urinary

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## 6 UNUSUAL SIGNS OF DEHYDRATION YOU SHOULD KNOW ABOUT

*Your Breath, Skin, And Body Temperature May Be Telling You You're Running Low On Water*

**Nancie George**

Medically Reviewed by **Lynn Grieger, RDN, CDCES – Everyday Life**

Every living creature needs water to survive. Yet sweating, peeing, vomiting, or having diarrhea can cause a loss of fluid, says MedlinePlus, further increasing your fluid needs, threatening your survival, and, in a complex physiological process described in a May 2018 article in Current Biolethirsty, that's the most obvious sign you're dehydrated, meaning your body doesn't have enough fluid to function properly.

According to MedlinePlus, being dehydrated doesn't just mean your body is losing water ... it also means you're losing electrolytes, such as salt and potassium, which help your body breathe, move, talk, and do all the other things it needs to do to stay up and running.

As MedlinePlus points out, certain health conditions, including diabetes, can put you at an increased risk for dehydration. If you've been sweating too much due to heat or overexertion, throwing up or having diarrhea because of the flu or another acute illness, or urinating frequently, it's important to watch your fluid intake.

People who are especially vulnerable to losing fluid include those who are unable to quench their thirst because of disability or disease, those who are athletes, and those who are simply too young or too old to replace fluids on their own, according to NHS Inform. Men who are middle-aged or elderly may also be at an increased risk of complications from dehydration, according to a small study published in September 2020 in The Journal of Physiology. (*The study did not involve women.*) The researchers found that over time, the body becomes worse at detecting markers of dehydration (such as high levels of salt in the blood), and without these signals, older adults may not realize they are dehydrated or take steps to rehydrate. Untreated dehydration can cause the heart rate to increase, straining your ticker.

Becoming extremely dehydrated—defined by the World Health Organization as losing more than 10% of your body weight in fluid—can lead to injury or fatal complications, and it requires an ER visit. Seizures, cardiac arrhythmia, or hypovolemic shock can occur because your blood volume is too low.

Yet it rarely comes to that. Most of the time, you can easily replenish your fluid stores and fend off dehydration. The truth is you can lose 3 to 4 percent of your body weight through dehydration without feeling any real symptoms, says Alp Arkun, MD, the Chief of Service for Emergency Medicine at the Kaiser Permanente Fontana and Ontario Medical Centers in Southern California. Yet, once you have lost 5 to 6 percent, you'll start to feel the symptoms of mild dehydration, notes MedlinePlus. Thirst, fatigue, dizziness, or constipation are sure signs it's time to reach for water or a sports drink that's low in sugar and high in electrolytes.

But the signs of dehydration aren't always so obvious. Here are six surprising signs and symptoms of dehydration.

1. *Bad Breath Is a Possible Warning Sign of Dehydration*
2. *Dry or Flushed Skin Could Be a Symptom of Dehydration*
3. *Muscle Cramps Are a Dehydration Symptom, Likely from Heat Illness*
4. *Fever and Chills Are Symptoms of Heat Illness, Which Causes Dehydration*
5. *Food Cravings, Especially for Sweets, May Just Mean You're Thirsty*
6. *Headaches Could Be a Sign You Need to Drink More Water*

Parkinson's Resource Organization (PRO), through its WELLNESS VILLAGE ([ParkinsonsResource.org/the-wellness-village](https://ParkinsonsResource.org/the-wellness-village)) has begun its campaign to populate all categories of professionals that provide services or products to people with Parkinson's or their caregivers. If you refer a professional into the WELLNESS VILLAGE that has helped you or your family gain "quality of life," alleviate symptoms, helped you through the Parkinson's Journey in some fashion and therefore wants to and can help others, and if that professional becomes a subscriber, we will thank you with tokens of our gratitude.

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## MEDICATION MISTAKES YOU MAY BE MAKING

Alexis Farah

Medically Reviewed by Sanjai Sinha, MD / *Everyday Life*

Get the full dose of reality on why your prescription may not be working.

Taking multiple prescriptions? Filling them all at the same pharmacy can ensure you get a heads up about any possible drug interactions.

Getting prescribed the right medication from your doctor can mean the difference between feeling run-down or up for anything. The problem is that some people don't take their medications properly (and in some cases, they don't take them at all).

It's estimated that close to half of all patients in the United States don't take their medications as prescribed by their physicians, according to a study published in *The New England Journal of Medicine*.

A national 2013 survey sponsored by the National Community Pharmacists Association found that adults over 40 with chronic conditions earned a C+ when it came to taking their drugs properly—and one in seven were given a grade of F.

If you suspect you're not quite an A student when it comes to taking your prescription drugs, make sure you're avoiding these common medication mistakes.

**1. Mixing Medication With Certain Foods and Beverages** - What you put in your body while on medication matters, so it's important to talk to your pharmacist or doctor about whether you should take your medicine with food or not. "Food can interfere with the way drugs are absorbed and with the extent and rate at which these drugs get into the bloodstream," says Shereen Abou-Gharbia, PharmD.

If the drug concentration changes, the medication could be less effective or cause side effects. Since the extent of these food and beverage interactions varies based on an individual's age, drug dosage, gender, body size, and overall health, check with your doctor about potentially harmful combinations before taking any medication.

**2. Storing Medication Improperly** - The bathroom medicine cabinet may need a name change, since fluctuating temperatures and humidity levels in bathrooms can render pills less effective. Instead, keep them at room temperature, where they'll remain dry, and away from direct sunlight. And most importantly, keep them out of a child's reach, says Abou-Gharbia.

**3. Forgetting to Read the Inserts** - While it can seem labor-intensive to read the lengthy information included with your prescriptions, it's there for a reason. "It is essential to read drug labels and take them as prescribed to avoid any harmful complications and promote a person's well-being," says Abou-Gharbia. If you need a quick translation, ask your pharmacist to summarize key information.

**4. Not Taking Medication as Directed** - Too often, people don't take their medicine as often as they're supposed to, or they decide to stop taking it early. "If you're not taking the medication as prescribed, then you're probably not going to get the benefit that you and your doctor were looking for," says Gerardo Moreno, MD, co-director of the MyMeds program at UCLA Health in Los Angeles. Be sure to follow the correct dosage, timing, and any additional instructions to get the most out of your prescription.

**5. Not Timing Your Medication for Optimal Efficacy** - For some medications, when you take them during the day may be important. Some drugs clearly should be taken before bed, such as those intended to help you sleep, according to a study published in December 2019 in the *Journal of Biological Rhythms*. Long-acting insulin and some statins should also be taken at bedtime.

Other medications are more suited for the morning, including some drugs that treat acid reflux and attention deficit hyperactivity disorder, according to the authors of the study.

Research also shows that blood pressure medication might work better if taken at a specific time. A study published in October 2019 in the *European Heart Journal* found that patients who took at least one of their blood pressure medications at night had a lower risk of heart attack, stroke, heart failure, and overall cardiovascular death.

Why does it matter? Normally, blood pressure is lowest in the overnight hours, according to Jim Liu, MD, a cardiologist and assistant professor of cardiovascular medicine at the Ohio State University Wexner Medical Center in Columbus. Previous research has shown that patients who do not have this normal dipping pattern had worse overall cardiovascular outcomes, says Dr. Liu. "Therefore, one possible explanation for the results of this study

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WE INTEND IT TO SERVE AS  
AN INFORMATION GUIDE.

**MEDICAL MISTAKES** – cont. from page 5

could be that taking blood pressure medications at night would restore a normal dipping overnight blood pressure pattern,” he says.

But this isn't true for everyone. Dr. Liu says that some blood pressure medications contain diuretics, so taking them right before bedtime could force you to make a few middle-of-the-night trips to the bathroom. The best approach: Talk with your doctor or pharmacist about the best time to take any medications.

**6. Not Keeping Your Doctor in the Loop** – If you've seen a specialist or visited the hospital recently, it's crucial to keep your primary care doctor, who knows your medical history, in the loop to reconcile any medications that may have been prescribed.

“Sometimes in the hospital, they don't have an accurate history, or list of the medications that have been tried, or a list of the medications that the patient may be on,” says Dr. Moreno. In some cases, the medical center could even provide the same medication a patient is already on, he says, adding “but if there's a generic version and a brand name, the patient won't know.”

**7. Drinking While on Your Meds** – “Alcohol can affect the way your body metabolizes drugs and can lead to increased side effects like nausea, vomiting, sedation, light-headedness, and even serious consequences up to and including death,” says Abou-Gharbia.

The National Institute on Alcohol Abuse and Alcoholism provides a list of many commonly used medicines that interact with alcohol. If you're going to drink, check with your doctor or pharmacist first.

**8. Skipping Doses** – It goes without saying that it's best to not skip a dose of medication, but on the off chance that you don't take the drugs at the right time, you may experience various effects depending on the medication you're taking. “If you miss a dose of medication, it is important to speak with your doctor or pharmacist to assess the best course of action,” says Abou-Gharbia.

**9. Using Multiple Pharmacies** – Filling prescriptions at one central drugstore allows the pharmacist to monitor drug duplications and interactions. “In general, it's better not to use different pharmacies, but sometimes that's hard to avoid because different pharmacies have better prices — and some have different inventory,” says Moreno.

To avoid any confusion, it's crucial to keep your healthcare provider informed about the different pharmacies you're using, including the name, location, and phone number. If you've seen a specialist or visited the hospital recently, it's crucial to keep your primary care doctor, who knows your medical history, in the loop so they can reconcile any medications that may have been prescribed.

**10. Relying Too Heavily on Dr. Google** – Will researching your drugs on the internet do more harm than good? The answer is yes and no. While experts agree that it's important for patients to educate themselves about the medications they're taking, the internet can be a treasure trove of misinformation. Consulting your doctors and pharmacists about questions or concerns is the best way to stay informed, but if you have to hit the web, use reputable sources. Moreno suggests looking at the manufacturer's website or the Food and Drug Administration's website.

**11. Cutting Corners... and Pills.** – “I see a lot of patients who may be running out of medication, are too busy to come in for a refill, or maybe don't have money for the co-pay start cutting their pills,” explains Moreno.

In some cases, it may be acceptable to split a pill with a pill splitter, according to Harvard Health Publishing. However, medications that are coated to help the formula last longer and time-release medications should not be split. Double-check with your pharmacist or provider before making the cut.

If you have pharmacy questions, you may want to reach out to a proud Wellness Villager since December 2017, Pharmacist, Greg Collins, owner of Cornerstone Pharmacy [ParkinsonsResource.org/the-wellness-village/directory/cornerstone-pharmacy/](https://www.ParkinsonsResource.org/the-wellness-village/directory/cornerstone-pharmacy/)

**BITS AND PIECES****VALENTINES WEEK 2021**

Valentine's Day, which is the most awaited day by lovers all over the world, is here again. All the lovers are eagerly waiting for this day as this day gives them an official opportunity to express their love to their crush. Valentine's Day, which is on February 14th of every year, is preceded by a Valentine's Week. Valentine's Week 2021 starts from the 7th and culminates on the 14th. It is also called Love Week, or Romance Week. The Valentine Week date sheet starts on Sunday, February 7th with the Rose Day. Below is the full list of Valentine's Week, 2021.

<b>Rose Day</b>	<b>Sunday, 2/7</b>
<b>Propose Day</b>	<b>Monday, 2/8</b>
<b>Chocolate Day</b>	<b>Tuesday, 2/9</b>
<b>Teddy Day</b>	<b>Wednesday, 2/10</b>
<b>Promise Day</b>	<b>Thursday, 2/11</b>
<b>Hug Day</b>	<b>Friday, 2/12</b>
<b>Kiss Day</b>	<b>Saturday, 2/13</b>
<b>Valentine's Day</b>	<b>Sunday, 2/14</b>

**ADULT UNDERWEAR** – cont. from page 3

tract infection (UTI). The products we recommend are designed with materials that are gentle on the skin, that absorb quickly, and lock in moisture. This is going to help reduce the chance of embarrassing leaks and keep the skin dry and healthy.

**Dignity** is just as important. The goal is to eliminate embarrassing leaks, reduce odors and painful skin issues, and regain confidence allowing you or your loved one to retain dignity.

*Angel Westerman is the owner of Dependable Daughter and is a proud member of the Wellness Village since September 2020. You can find her at [ParkinsonsResource.org/the-wellness-village/directory/dependable-daughter/](https://www.ParkinsonsResource.org/the-wellness-village/directory/dependable-daughter/) check out her interview with Jo Rosen on Things to Know Right Now. You can view this at [YouTube.com/user/ParkinsonsPRO/videos](https://www.YouTube.com/user/ParkinsonsPRO/videos).*



## A PARKINSON'S VERSE ON WALKING... AND FALLING

I'm walking,  
when suddenly I'm falling  
And the falling felt like felling  
A redwood tree.

I was shuffling in a stupor,  
And I knew that it was stupid  
To think that stooping over  
helped my gravity.

When you suggested "walk upright",  
My body felt so tight  
That my muscles wanted to fight  
The will to show I know you're right.

For us with our disease  
We always want to please  
Those who care for these  
Whose love's a driving force.

But who knows what to give  
It's not known how long we'll live  
And we always seem to be zooming down  
The curse of PD's course.

Yet to all of us I say  
There's 'ere a brand-new day  
So please don't give up hope  
We're still learning how to cope  
With all the unexpected PD maladies

Curtis, bless you for your service.  
When my love's beneath the surface,  
I assure you that I love you;  
Couldn't do it all without you.

And if there's no "tomorrow", dears,  
Weather together the sorrow.  
Please allow me now to borrow  
From a book that I have loved for many years.

"May you live as long as you want,  
And never want as long as you live". \*  
To you, my friends, these loving words I give.  
My life with you has always been "bon vivant"!

Composed by David N Verdery,  
January, 2021, marking 14 years with PD

\*from "A Book of Irish Toasts" by unknown

## TIPS FOR MANAGING HEALTH CARE FOR LOVED ONES FROM LONG DISTANCE

Cindy Johnson, BCPA, CSA

As an adult child whose parents lived 3,000 miles across the country from me, I understand and know all too well what it is like to get a call that one of them is in the hospital. Trying to get a clear understanding of the situation at hand, making sense of what friends or family are trying to tell you about the health condition of your loved one can be at best frustrating, if not deeply concerning.

It is difficult enough to see the doctor who is treating your loved at the hospital when you are physically there, let alone trying to reach them on the phone to obtain updates and treatment plans when distance and other obligations (*family, work*) make it almost impossible.

In situations like this, a Board-Certified Patient Advocate can be very helpful by providing critically needed patient advocate services that will bring a peace of mind and assurance to the family who is living a long distance away from their loved one.

A Board-Certified Patient Advocate can:

- **Provide bedside service while your loved one is in the hospital or rehabilitation center.**
- **Communicate with you and other family members regarding the plan of care and provide updates of treatments being prescribed.**
- **Help you understand your loved one's diagnosis, prognosis, treatments, medications, and procedures being ordered.**
- **Research and identify other treatment options and help family members obtain second opinions when requested.**
- **Research and identify appropriate care facilities, home health care agencies, caregivers and the costs and insurance coverage options.**
- **Coordinate and attend doctor appointments with your loved and take comprehensive notes during the appointment.**
- **Coordinate transition from hospital discharge to home or to an appropriate care facility.**

If you or someone you know finds yourself living a long distance away from a loved one who is having health issues, a Board-Certified Patient Advocate is here to help.

Cindy Johnson, Patient Advocate Agency just joined the Wellness Village on December 7, 2020. Find her at [ParkinsonsResource.org/the-wellness-village/directory/PatientAdvocateAgency/](https://ParkinsonsResource.org/the-wellness-village/directory/PatientAdvocateAgency/) and check out her "Things To Know Right Now" video with Jo Rosen on YouTube.



### HEARTY DEAL

WATCH RECORDINGS OF OUR  
VILLAGE MEETINGS!

NOW ONLY \$5!

This offer ends February 14th

[parkinsonsresource.org/patreon](https://parkinsonsresource.org/patreon)

# PRO CALENDAR FOR FEBRUARY 2021

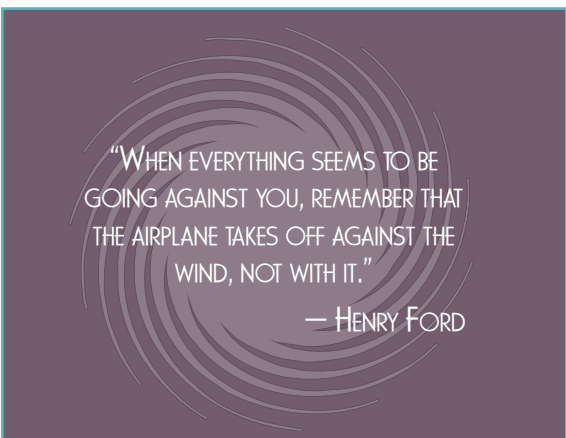
The current, **VIRTUAL ONLY**, support group meetings are listed below. **ALL MEETINGS CLOSE 15 MINUTES AFTER START TIME!**  
For any information regarding any of these meetings, please contact the PRO Office at 877-775-4111.

	1 VIRTUAL Partner in Care ONLY Meeting 10:00 AM PST 12:00 PM CST 1:00 PM EST	2 GROUNDHOG DAY	3 VIRTUAL Round Table 6:00 PM PST 8:00 PM CST 9:00 PM EST	4	5	6
7	8 VIRTUAL Round Table 6:00 PM PST 8:00 PM CST 9:00 PM EST	9 PIZZA DAY	10 VIRTUAL Village Meeting 4:00 PM PST 6:00 PM CST 7:00 PM EST	11	12	13
14 VALENTINE'S DAY	15 PRESIDENTS DAY VIRTUAL Partner in Care ONLY Meeting 10:00 AM PST 12:00 PM CST 1:00 PM EST	16 MARDI GRAS	17 VIRTUAL Partner in Care ONLY Meeting 6:00 PM PST 8:00 PM CST 9:00 PM EST	18	19	20
21	22 VIRTUAL Village Meeting 6:00 PM PST 8:00 PM CST 9:00 PM EST	23	24	25 VIRTUAL Round Table 1:00 PM PST 3:00 PM CST 4:00 PM EST	26	27
28						

**PARTNER IN CARE MEETING:** (Formerly "Caregivers only") Come share the ups and downs of living with someone with Parkinson's. Together there are ways of finding solutions that, when alone, might never be considered. No need to continue with your frustrations because you are not alone. Give yourself a break.

**VILLAGE MEETING:** We invite the community, especially the Person with Parkinson's and their family or friends, to attend. Speaker Meetings usually feature guest speakers who are professionals servicing the Parkinson's Community. Village Meetings are packed with a wealth of amazing information so bring your pencil and notepad!

**"ROSEN ROUND TABLE" MEETING:** Join a loving circle of like-minded individuals including local professionals. Learn what works for others, share what works for you. Find out what doesn't work for certain individuals. Share emotional trials and tribulations. Realize that you are not alone and that others can relate to and learn from your story.



## NEWSWORTHY NOTES

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### PARKINSON'S RESOURCE ORGANIZATION

Working so no one is isolated because of Parkinson's

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We do not intend the PRO Newsletter as legal or medical advice, nor to endorse any product or service; we intend it to serve as an information guide.