

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

## MESSAGE

## PRESIDENT'S

**W**ith the luck of the Irish upon us, here at PRO we not only feel lucky, but we are also so grateful to our Readers, our Donors, our Wellness Villagers, and our incredible growth brought to us along with the COVID-19 pandemic. As you celebrate this month, you may be interested in knowing that *regular beer-drinking could help ward off Alzheimer's and Parkinson's*, say scientists. Just keep your masks on, wash your hands and social distance.

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

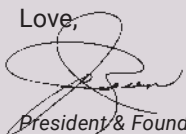
PROudly we present more PROvocative articles and informative news items: **FOCUSED ULTRASOUND** on page 2; **MINDFULNESS PROGRAMS CAN CURB STRESS AND BURNOUT** on page 3; **MORE ABOUT ANTICIPATORY GRIEF** on page 4; three different **BITS AND PIECES**, also on page 4; **DROOLING IN PARKINSON'S DISEASE** on page 5; and a neat **TESTIMONIAL** on page 6.

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. 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 National Oreo Day on the 6th, DAYLIGHT SAVINGS time starts on the 14th, Saint Patrick's Day is on the 17th, Spring starts on the 20th and Passover starts on the 27th. The flower is the Daffodil, and the Birthstones are Aquamarine, Bloodstone and Jade.

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

### CONTINUATION OF THE ROLE OF NEURO-INFLAMMATION IN PARKINSON'S DISEASE

"ICBII" has developed a novel class of antibodies that has been confirmed to very efficiently migrate through the BBB...

Last month we discussed the role of neuro-inflammation in Parkinson's disease. We discussed that microglia is one of the major cell types in the brain, which are involved in the inflammatory responses in the central nervous system (CNS). McGeer et al. showed in 1988 the presence of highly reactive microglia in the *substantia nigra* portion of human post-mortem brain tissues, which was the first unequivocal evidence supporting the involvement of neuro-inflammation in Parkinson's pathogenesis [*Neurology*, 38, 285 (1988)]. Furthermore, positron emission tomography (PET) studies also indicated that there is pronounced activation of microglia in the various regions of Parkinson's disease brain and animal models [*Parkinsonism Related Disorder*, 16, 57 (2010); *Front Cell Neurosci.*, 7, 53, (2013)]. As stated last month, neuro-inflammation in the brain results due to either a physical and/or chemical injury to the brain which may be in the form of striking head against some object or aberrant accumulation of alpha-synuclein in the brain, respectively.

**ICBII Approach to Neutralize Neuro-inflammation** Given the important role of neuro-inflammation in the initiation and progression of Parkinson's disease, it is highly appropriate to develop intervening therapies for this devastating disorder by targeting the inflammatory pathways mediated by activated glial cells. For example, soluble tumor necrosis factor alpha (TNF- $\alpha$ ) is known to contribute to the progressive degeneration of dopamine producing neurons in rodents induced by stereotactic injection of 6-hydroxydopamine (6-OHDA) or LPS. Overexpression of dominant-negative TNF- $\alpha$  specifically inhibits TNF signaling in the *substantia nigra* and attenuates activation of microglia, thereby reducing loss of dopamine producing neurons and improving locomotor ability in 6-OHDA induced rat PD model [*Molecular Ther*, 19, 46 (2011)].

**TNF- $\alpha$ -SMART Molecule (TNF- $\alpha$ -SM)** - The global scientific community has developed classical mouse monoclonal antibodies to inhibit the deleterious effect of soluble TNF- $\alpha$ . Unfortunately, these antibodies did not cross the blood brain barrier (BBB) into the central nervous system, so the patients were not benefitted. However, La Jolla based ICB International, Inc., ("ICBII") has developed a novel class of antibodies that has been confirmed to very efficiently migrate through the BBB into the brain. Plans for developing TNF- $\alpha$ -SM are underway. In fact, our goal is to kill two pathogens with one SMART Molecule carrying an antibody for oligomeric  $\alpha$ -synuclein on one end and TNF- $\alpha$  antibody on the other end of the same SMART Molecule.

In addition to TNF-alpha, there are several other pro-inflammatory mediators that stimulate the activation of glial cells. A handful of them are Interleukin-1 and Interferon-gamma. Attenuation of their activity may also be necessary if it turns out that attenuating the function of TNF- $\alpha$  alone does not provide adequate health benefits to Parkinson's patients.

**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

cont. on page 7

# Our Wellness Villagers

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## FOCUSED ULTRASOUND

*The US Food and Drug Administration has approved focused ultrasound for Parkinson's. Patients can seek commercial treatment at participating sites,*

**Focused Ultrasound Therapy** - Focused ultrasound is an early-stage, non-invasive, therapeutic technology with the potential to improve the quality of life and decrease the cost of care for patients with Parkinson's disease. This novel technology focuses beams of ultrasonic energy precisely and accurately on targets deep in the brain without damaging surrounding normal tissue.

**How it Works** - Where the beams converge, focused ultrasound produces a variety of therapeutic effects enabling Parkinson's disease to be treated without surgery. For movement disorders, the mechanism is ablation (thermal disruption of the tissue) that can be aimed at several different treatment targets. For the preclinical work in treating the underlying cause, the mechanisms can be temporarily disrupting the blood-brain barrier (BBB), which will allow desired therapeutics the ability to enter the brain. Opening

the BBB also can enable undesired materials to more easily leave the brain.

**Advantages** - Currently, there is no cure for Parkinson's and the major options for treatment of motor symptoms include drug therapy and invasive surgery (e.g. deep brain stimulation, radiofrequency lesioning).

For certain patients, focused ultrasound could provide a noninvasive alternative to surgery with less risk of complications and lower cost. In the long term, focused ultrasound has the potential to treat the underlying disease pathology and prevent progression and/or restore function.

**Relief of Motor Symptoms** - The FDA has approved the use of focused ultrasound for treatment of tremor-dominated Parkinson's disease. See more in the regulation and approval section, below.

Focused ultrasound has the potential to achieve symptomatic relief by making thermal lesions deep in the brain to interrupt circuits involved with tremor and dyskinesia. Symptoms and targets being assessed for treatment using focused ultrasound include:

*cont. on page 7*

## MINDFULNESS PROGRAMS CAN CURB STRESS AND BURNOUT

Parkinson's Resource Organization has started a Mindfulness Focused Group on the third Tuesday of each month, being facilitated by Roger Moore of Palm Desert Hypnosis. The next meeting is March 16, 2021 at 1:30pm PST.

Researchers began collecting data for the recent study years before the COVID-19 pandemic began, tracking outcomes of healthcare workers who participated in Klatt's Mindfulness in Motion program between 2017 and 2019.

The paper also tracked use of stress-reducing, five-to-six minute mindfulness videos, also developed by Klatt, and made available online through OSU at the start of the pandemic. The publicly-available videos were viewed 10,896 times in the first 90 days they were available. "We're at over 20,000 views now," Klatt says.

Study volunteers who took the mindfulness classes also filled out questionnaires before and after the eight-week program that measured burnout, stress, resilience, and engagement at work.

After completing the program, 27% fewer participants met criteria for burnout, which is significant because job burnout is a widespread risk for healthcare workers in high-stress environments. Levels of perceived stress dropped. Scores for resilience and work engagement increased substantially, with the participants reporting more vigor, absorption, and dedication to their work.

The study also tracked views of 30-minute video "mindfulness booster sessions," which were made available to all healthcare practitioners at the medical center during the pandemic. The booster videos got 1,720 views in the first 90 days, while the five to six-minute mindfulness videos Klatt developed in the early days of the pandemic got 8,471 views in 60 days. "These were available to anyone, not just hospital employees, so we don't know who was watching," Klatt says. "But clearly people were interested."

### Why Mindfulness Helps: 'I Notice the Good Moments That Sustain Me'

Interventions that can help with first responder stress and exhaustion are important during a health emergency. Healthcare practitioners are experiencing unprecedented levels of stress, anxiety and exhaustion during the COVID-19 pandemic. In a national survey of emergency medical technicians, nurses, doctors, therapists and other healthcare workers by Mental Health America, 76 percent reported burnout, 75 percent said they were overwhelmed, and more than half reported sleep problems. One in 4 U.K. hospital workers, including doctors and nurses, had signs of post-traumatic stress disorder in a study published December 29, 2020, in *BJPsych Open*.

"When you're dealing with extreme illness all the time, it's hard to see the positives," Black says of her experience treating patients with COVID-19. "The course helped me stay open to what's going on around me. I notice the beautiful interactions between staff members and families, the ways coworkers come together as a team, and the good moments that sustain me."

Klatt says her group is currently working on two-minute videos that nurses and other healthcare practitioners can use during very short breaks such as between patients. These new videos are the result of a request for such tools from a critical-care nursing supervisor, Klatt says. "The short videos are like using a rescue inhaler during an asthma attack to help you get through high stress and anxiety. They will include a simple stretch or relaxation move to reduce tension, a breathing exercise, and a reminder to check in with yourself."

John Shepard, RN, a critical care nurse and mindfulness program manager for the Indiana University Health System, says he sees even brief mindfulness moments reduce stress at the 16-hospital system where he works in Indiana. Shepard was not involved with Klatt's work. But he's found similar results from a five-week course he teaches called *Aware* or through the "pop-up" mindfulness sessions he leads for hospital staffers.

"We'll do a few yoga stretches, a mindfulness exercise with breathing, and we often end with laughter yoga," he says. "When a group of people simulate deep belly laughs—just making the sounds and using their breath—pretty soon people find themselves smiling and laughing for real."

Due to the pandemic, nurses and other healthcare workers are strained and stressed, Shepard says. "We care for everyone who comes through the

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## MORE ABOUT ANTICIPATORY 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*

**Ways to cope with anticipatory grief** - While anticipatory grief is normal, it might interfere with your overall well-being. Do not be afraid to let yourself feel the pain of grief. Suppressing or ignoring these feelings is not a solution. Acknowledge your feelings of fear and loss and remind yourself that they are normal in this situation.

If you are having trouble understanding or coping with your feelings Get help from a support group. PRO has three Caregiver Support Groups each month, for dates and times, check [ParkinsonsResource.org/news/calendar/](https://www.parkinsonsresource.org/news/calendar/).

## BITS AND PIECES

### SOME ANTIBIOTICS + DAIRY

Certain antibiotics shouldn't be taken alongside milk, yogurt, or cheese. "Dairy products bind to the medicine and interfere with its absorption in the bloodstream". This goes for fluoroquinolones like Cipro (ciprofloxacin), Levaquin (levofloxacin), Avelox (moxifloxacin), and certain tetracyclines. Avoid eating that bowl of yogurt or ice cream at least two hours before and six hours after taking your antibiotics.

### MAOIs + AGED CHEESES

If you take an antidepressant that's a monoamine oxidase inhibitor (MAOI), such as Marplan (isocarboxazid), Nardil (phenelzine), Emsam (selegiline), or Parnate (tranylcypromine), you'll need to watch high-tyramine foods in your diet. Tyramine is an amino acid involved in blood pressure regulation, according to the Mayo Clinic. "This combination can cause a hypertensive crisis," says Emmel. High-tyramine foods include aged cheeses, specific types of wine, pickled herring, brewer's yeast, and fava beans, he notes. That said, MAOIs are not as frequently prescribed as other types of antidepressants (like selective serotonin reuptake inhibitors, or SSRIs), and if this interaction is a worry for you, talk to your doctor about other options.

### SIGNS AND SYMPTOMS OF SEVERE DEHYDRATION

Includes tremors, weakness, and blurry vision, says Jessica Nuhavandi, PharmD, the co-CEO and cofounder of Honeybee Health, in Culver City, California. In extreme cases, dehydration can be fatal, so it's always important to hydrate appropriately, pay attention to any signs and symptoms of dehydration, and alert your doctor.

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## DROOLING IN PARKINSON'S DISEASE

This article was submitted by and accepted from *Supernus Pharmaceuticals*, a pharmaceutical company focused on developing and commercializing products for the treatment of the Central Nervous System. Proud Members of PRO's Wellness Village since January 2018.

Sialorrhea, or drooling, is a major unmet need that may affect people with Parkinson's over the course of their disease. The average person swallows about 1,000 times a day. And for most of us we do not even know we are doing this. Drooling in Parkinson's occurs when there is excessive saliva in the mouth which leaks out because people with Parkinson's may subconsciously not be swallowing frequently enough. This is important to recognize because not only is drooling uncomfortable and embarrassing but excessive saliva can also occur in the throat and lead to aspiration.

There are three major salivary glands: in front of the ear lobe (parotid); under the jaw (submandibular); and under the tongue (sublingual). These are the glands that create the saliva which plays an important role for the body including, but not limited to:

- *wetting and softening the food to help start digestion;*
- *cleaning and lubricating inside the mouth;*
- *stimulating taste buds, which is particularly important for people with Parkinson's who may have lost their sense of smell, and;*
- *aiding in swallowing.*

From the website [Researchgate.net/publication/308207907](https://www.researchgate.net/publication/308207907)

**Why does drooling occur?** Drooling in Parkinson's is not because of excessive saliva production but instead because of swallowing issues or decreased swallowing due to a weakening of muscles in the throat. In addition to the decreased swallowing or weakening of muscles, People with Parkinson's may have poor posture or experience excessive daytime sleepiness. Because of these issues People with Parkinson's may sit with their neck in a forward position, with their mouth open, without even realizing it which leads to gravity causing saliva to pool in the mouth and overflow.

Over the course of the disease, drooling occurs in 30%-70% of People with Parkinson's and can be severe in up to 10%. Drooling can also cause impairment in speech which may negatively impact social interactions. Because of this, it's recommended that People with Parkinson's start working with speech language therapists/pathologists (SALT/SLPs) who specialize in Parkinson's early in their diagnosis. Even if the person has no symptoms of speech impairment or swallowing challenges initially, if they work with a SALT/SLP from the start, this expert can help them work on swallowing technique and strengthen throat muscles, possibly helping to delay, minimize, or stop drooling from ever becoming an issue.

Because of the postural challenges, it is recommended that People with Parkinson's also start working with a trained physical or occupational therapist who can work with the person to improve posture. Proper posture can aide in swallowing, by just giving cues to keep the head from tilting forward. The idea is that it's best to train the body ahead of time to prevent challenges, rather than to just treat once they become an issue.

Excessive saliva in the mouth can also lead to other issues that should be addressed such as dental issues, pneumonia due to aspiration, and psychosocial challenges. It is recommended that you speak to your dentist about Parkinson's and discuss a dental care plan that works for you. You may also wish to use an electric toothbrush to aid in dental care since limited fine motor skills may not allow for a thorough cleaning.

If drooling keeps a Person with Parkinson's or care partner from wanting to socialize this could increase depression and anxiety. If this is something you are experiencing, it is recommended that you ask your doctor for a recommendation to speak to a social worker/therapist who can help navigate some of these issues as individuals and as a couple.

**Are certain People with Parkinson's at higher risk for experiencing drooling?** Risk factors for drooling include older age, male gender, longer disease duration, more severe disease, occurrence of hallucinations and dementia, swallowing and speech difficulty, low blood pressure on standing leading to dizziness, and certain medications. While the majority of these factors cannot be changed to reduce drooling, there are things health professionals and People with Parkinson's can do to address this symptom.

**How can drooling be managed?** The first step in managing drooling is to speak to your movement disorder doctor. Certain medications used for memory issues like rivastigmine

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**DROOLING** – cont. from page 5

and medications for hallucinations like quetiapine and clozapine can cause drooling. In some cases, these medications can be changed to ones that do not cause drooling. Your doctor is the best one to work with you on evaluating your medications to see if an adjustment in your treatment plan makes sense.

Your doctor will then look at medical management of the motor symptoms of Parkinson's disease including bradykinesia, rigidity, and OFF time. S/he may have you evaluated and managed by a SALT/SLP to improve mouth muscle coordination and swallowing if you are not already seeing someone. If the Person with Parkinson's is not already seeing a physical therapist, the doctor may have the Person with Parkinson's undergo evaluation and training for improved head and body posture, including the use of neck support collars, education regarding keeping the mouth closed, reminders for frequent swallowing such as chewing gum or sucking on hard candy might also be helpful. With more severe drooling, the use of suction machines may be considered.

The most common medications used for drooling are anticholinergics. Since one of the most common side effects of these medications is memory impairment, they should be used cautiously in People with Parkinson's who may already experience these issues. It is important to note that none of these treatments are FDA approved, but they are things People with Parkinson's can discuss with their doctors and should not be done without medical supervision. Glycopyrrolate tablets can also be helpful for drooling. Some doctors may use atropine eye drops or ipratropium bromide nasal spray used under the tongue which might be helpful but should only be administered with medical supervision.

Botulinum toxin injections in the parotid and submandibular salivary glands are increasingly being used to treat drooling. Rimabotulinumtoxin B (Myobloc) and incobotulinumtoxin A (Xeomin) are approved by the FDA and EMA for the treatment of drooling in the US and Europe. Incobotulinumtoxin A (Xeomin) is the only approved botox treatment in Europe. Rimabotulinumtoxin B is the most commonly used toxin for drooling. Patients usually receive 2-6 injections with small needles in front of the ear and below the jaw. These injections are performed through the skin and not through the mouth. These injections reduce the production of saliva for 8-12 weeks and consequently reduce drooling. The injections are repeated approximately every three months. The most common side effects include pain at the site of the injection, dry mouth, and rarely swallowing difficulty. Due to reduced saliva production, there may be increased risk of dental decay or cavities.

In rare cases, radiation to the salivary glands and surgical intervention such as tying the salivary duct or removal of the salivary glands has been attempted but is not usually recommended.

In summary, drooling in People with Parkinson's occurs due to swallowing difficulties. Drooling can lead to social isolation and reduced quality of life for both the person with Parkinson's and the care partner. It occurs with advancing disease and can be a challenge to manage but it is important to know that health professionals can help and that different members of the health care team can play a role, including the physical and/or occupational therapist and speech language pathologist. Ideal

cont. on next page

**TESTIMONIAL**

Dear PRO Team,

*I want you to know how much my husband and I appreciate your concern, your good advice and your many helpful referrals as we struggled with his recent healthcare emergency.*

*You have been the only ones we could turn to when it comes to specific advice for Parkinson's patients.*

*We are so grateful that you are here.*

*Sincerely,  
KKraut*

**STRESS AND BURNOUT** – cont. from page 3

door, whether they wore a mask and practiced social-distancing or not, whether they're in favor of the new COVID-19 vaccines or not. We have to rise above our personal feelings. It can take a toll."

**What Makes a Mindfulness Intervention Successful at Scale: Connection and Investment**  
In Klatt's classes and Shepard's pop-up sessions, group support plays a quietly important roll.

Klatt, who leads the virtual Mindfulness in Motion classes, says sessions begin with participants asking one another questions and sharing responses. "It's good to know you're not in this alone. To see that other people have different responses to situations is so valuable. And we hear new ideas about resilience and mindfulness every week from participants."

Having time with colleagues to acknowledge emotions and vulnerability is also important, Shepard says. "It's a place where you don't have to be tough," he says.

Klatt and Shepard also note that their programs are successful because the institutions where they work support them. The investment of money and staff to develop programs is important; so is giving staff permission to work on mindfulness while they're at work, right on the frontlines of medicine.

"People take Mindfulness in Motion during the workday," Klatt says. "They have the support to leave their job for an hour a week, turn off their cell phones, and focus on this. That makes a big difference for them in the moment — with long-term benefits for their own health and for the care of patients".

This article was published in *Patch*, February 17, 2021.

**ULTRASOUND** – cont. from page 2

- **Parkinsonian tremor – target in the thalamus (thalamotomy)**
- **Parkinsonian dyskinesia – target in the globus pallidus (pallidotomy) or subthalamic nucleus**
- **Parkinsonian tremor or akinesia – target in the pallidothalamic tract**

At this time, focused ultrasound is only being assessed to treat one side of the brain, so it will affect tremor or dyskinesia unilaterally. Studies are being organized to assess the possibility of treating patients bilaterally, and one is included below.

**Advantages**

- **Focused ultrasound is non-invasive—no incisions, holes in the skull, electrodes in the brain—and therefore has reduced risk for infection and blood clots.**
- **Precise targeting minimizes damage to non-targeted healthy brain.**
- **Compared to deep brain stimulation, focused ultrasound is a single procedure, and does not require subsequent procedures/visits to replace batteries, repair broken wires, or adjust simulator settings. It also does not involve the collateral damage to healthy tissue or the risk of infections associated with implanting a foreign body.**

**Treating Underlying Pathology**

Preclinical studies suggest focused ultrasound's potential to restore function in Parkinson's models. Focused ultrasound can temporarily open the blood-brain barrier (BBB) to improve the delivery of:

- **Genes, growth factors, stem cells, other neuroprotective and/or neurorestorative drugs**
- **Anti-alpha synuclein antibodies**

In October 2018, the Foundation had a multi-disciplinary workshop that aimed at using BBB opening in conjunction with potentially curative agents, to decide what research approaches have the most potential.

This article can be seen in its entirety at [FusFoundation.org/](https://www.fusfoundation.org/)

**DROOLING** – cont. from page 6

management of the motor symptoms of Parkinson's would include consultation with a movement disorder doctor to ensure the medication dosage is optimal and to explore best treatment options if experiencing drooling.

In addition to this, working on improved posture with a physical therapist can help train the Person with Parkinson's on proper sitting techniques and the team can also help educate on cues to remind the Person with Parkinson's to swallow and tilt their head back. Consultation with a SLP/SALT who specializes in Parkinson's is recommended for training on swallowing and exercises to strengthen throat muscles. Oral medications are often limited in the management of drooling due to side effects. Botulinum toxin injections into the parotid and submandibular glands may also be considered.

**Take away tips for addressing drooling in Parkinson's...**

- *Consult with your movement disorder doctor about your concerns, challenges, and discuss treatment options, and possible medication adjustment.*
- *Ask for a recommendation to see a qualified physical or occupational therapist who has experience with Parkinson's.*
- *Ask for a recommendation to see a qualified SLP/SALT who has experience with Parkinson's.*
- *Keep hard candies on hand to suck on, as this will help remind you to swallow. Best to make them sugar free candies to decrease risk of cavities.*
- *Drink more fluids, ideally water, to help "wash" down the saliva. This is also recommended since water can help lessen the chance of constipation.*

It is important to remember that if you are experiencing drooling that you speak to your doctor. You are not alone and there are options for treating this symptom.

**Resources:**

Blog post by Frank Church, PhD, WPC 2019 Program Committee member;  
 Blog post by Maria de Leon, MD, WPC 2022 Parkinson Advocates Committee member;  
 Parkinson's Foundation's Fitness Friday video on posture.

Rajesh Pahwa, MD is a member of the World Parkinson Coalition Board of Directors. He has spoken at past World Parkinson Congresses and chaired the WPC Fundraising Committee for WPC 2016 and WPC 2019. He is currently the Laverne & Joyce Rider Professor of Neurology, Chief of the Parkinson and Movement Disorder Division and Director of the Parkinson's Foundation Center of Excellence at University of Kansas Medical Center in Kansas, USA.

*Ideas and opinions expressed in this post reflect that of the authors solely. They do not reflect the opinions or positions of the World Parkinson Coalition® nor Parkinson's Resource Organization.*

**ROAD TO THE CURE** – cont. from page 1

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 ICBI directly through their website [ICBI.com/](https://www.icbi.com/), by phone at **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.**

# PRO CALENDAR FOR MARCH 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 11:00 AM MST 12:00 PM CST 1:00 PM EST	2	3 VIRTUAL Round Table 6:00 PM PST 7:00 PM MST 8:00 PM CST 9:00 PM EST	4	5	6 NATIONAL OREO DAY
7	8 VIRTUAL Round Table 6:00 PM PST 7:00 PM MST 8:00 PM CST 9:00 PM EST	9	10 VIRTUAL Village Meeting 4:00 PM PST 5:00 PM MST 6:00 PM CST 7:00 PM EST	11	12	13
14 DAYLIGHT SAVINGS TIME STARTS	15 VIRTUAL Partner in Care ONLY Meeting 10:00 AM PDT 11:00 AM MDT 12:00 PM CDT 1:00 PM EDT	16 Mindfulness Focused Group 1:30 PM PDT 2:30 PM MDT 3:30 PM CDT 4:30 PM EDT	17 ST PATRICK'S DAY VIRTUAL Partner in Care Meeting 6:00 PM PDT 7:00 PM MDT 8:00 PM CDT 9:00 PM EDT	18	19	20 SPRING EQUINOX
21	22 VIRTUAL Village Meeting 6:00 PM PDT 7:00 PM MDT 8:00 PM CDT 9:00 PM EDT	23	24	25 VIRTUAL Round Table 1:00 PM PDT 2:00 PM MDT 3:00 PM CDT 4:00 PM EDT	26	27 PASSOVER BEGINS
28	29	30	31			

**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  
74-090 El Paseo, Suite 104 • Palm Desert, CA 92260

760-773-5628 • 310-476-7030 • 877-775-4111 • fax: 760-773-9803

Email: [info@ParkinsonsResource.org](mailto:info@ParkinsonsResource.org) • web: [ParkinsonsResource.org](http://ParkinsonsResource.org)

501(C)(3)#95-4304276

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