

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

M E S S A G E**P R E S I D E N T ' S**

May is the month of Better Speech and Hearing, which we recognize in our article **COMMUNICATION IS KEY AT ALL AGES** on page 4. It is also National Physical Fitness and Sports Month, which we recognize in our article **HOW HAS THE CORONAVIRUS IMPACTED THOSE WITH PARKINSON'S DISEASE AND WHAT YOU CAN DO ABOUT IT** on page 3.

MOTHER'S DAY is celebrated in May, Happy Mother's Day to all. Of course, for me—and perhaps you—celebrating my Mother is important, among other reasons, because she was one of the impetus behind starting PRO. I am taking the liberty of adding her obituary to this Newsletter; however, you can visit her and many others who lost their battle to Parkinson's and Parkinsonisms by clicking on **The Memorial Wall** on our website. I think you will find our article **LOVE AND LOSS** on page 4 inspiring.

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

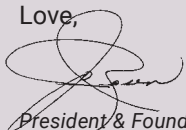
Additionally, PROudly, we present more PROactive, PROvocative articles and informative news items: **BITS AND PIECES "DON'T STOP"** on page 2; **EXERCISE YOUR RIGHT TO LONG-TERM PLANNING** on page 5; **REASONS YOUR STOMACH MAY BE HURTING**, on page 6; and **PARKINSON'S DISEASE SIGNATURES FOUND IN SKIN OIL**, also on page 6; **Mom's Obituary: AMELIA K. LENK SOBOTA** on page 7, and; **LOOK WHAT PRO HAS DONE**, also on page 7.

In addition to donating, join us in becoming a key part of our advocacy efforts, contact us to "Get Involved." Make monthly donations through our secure donations page at ParkinsonsResource.org/donate or mail your donation to our office in Palm Desert, CA.

Until next month, REMEMBER the Kentucky Derby and May Day on the 1st, Cinco de Mayo on the 5th, National Nurses Day on the 6th, Mother's Day on the 9th, Tax Day on the 17th, National Wine Day on the 25th, and Memorial Day on the 31st. The flowers are Lily of the Valley & Hawthorn, and the Birthstone is the Emerald.

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
Ram S. Bhatt, PhD., Chief Science Officer
Is there Gender Difference in the Integrity of the Blood-Brain Barrier (BBB)?

"Should this be the case, estrogen therapy should improve cognition and motor function..."

Blood-Brain Barrier: Let us first dive into understanding what the blood-brain barrier (BBB) is. The BBB is an intricate web of tightly packed endothelial cells held together by strings known as proteins. It plays a critical role in protecting the brain from blood-borne pathogens, viruses, bacteria, chemicals, proteins, and cancer cells, etc. Like a security guard the BBB selects what can go into the brain or not. It allows essential nutrients to enter the brain but blocks nearly 98% of all drugs. While drugs such as L-Dopa, Tylenol, Advil, etc. are permitted to cross the BBB these drugs are incapable of altering the disease course. These drugs merely treat symptoms for a short while and stop working thereafter. Nearly 100% of drugs that can potentially cure brain diseases are not able to cross the BBB; hence our world is facing an epidemic of neurodegenerative diseases. Global estimates are that more than one billion individuals are affected by different forms of neurodegenerative diseases. US alone has about 6 million Alzheimer's (AD) patients, 1.1 million Parkinson's (PD) patients, ~1.0 million multiple sclerosis, and ~63,000 motor neuron disease patients. Unless technologies are immediately developed that can safely and without compromising the BBB and can deliver disease altering/curing drugs across the BBB the world is likely to face epidemics that are far worse than COVID-19 within the next 2-3 decades.

Gender Difference in the Integrity of the BBB: There are some speculations, albeit too early and not validated, that there exists a sex difference in the integrity of the BBB. For example, more men seem to have Parkinson's disease than women; in 3:2 ratios. Speculation is women are protected by estrogen from getting Parkinson's. Should this be the case, estrogen therapy should improve cognition and motor function of treated patients. Unfortunately, clinical trials have shown to have no effect of estrogen replacement therapy on AD [J. Steroid Biochem. Mol. Biol, 142, 99 (2014)]. Although estrogen appears to delay Parkinson's onset in women, there are no clear differences in disease progression of men and women. It, therefore, won't be wise for women or men to start taking estrogen replacement therapy. The wise thing would be to consult the neurologist or Movement Disorder Specialist.

Next month we will discuss the effect of aging on the BBB integrity, so please stay tuned.

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, or 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.

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BITS AND PIECES

DON'T STOP

Frank Rumoro, PRO Ambassador, and a Person with Parkinson's

As you are aware, PRO's focus for the month of May is around Physical Fitness and Movement Awareness. It is the perfect time to revisit or recommit to an exercise regimen. Actually, just hearing the word 'exercise' causes me to shut down. I prefer to use 'ACTIVE'.

When I was first diagnosed in 1999 at 36 years of age, my doctor told me to be careful, to not overdo it, going so far as to recommending a walker. Basically, I felt he was suggesting I become a couch potato. That just isn't who I am and in my mind was a horrible recommendation. I felt the need to **keep moving!**

Over the years, I learned that Parkinson's Disease is a roller coaster of ups and downs, periods of good times and challenging times. I found that being 'active' in any form made whatever period I was in considerably easier, adjusting

the activity to my ability level as needed. My activities have ranged from walking to the mailbox and making dinner for my family, to boxing, water aerobics and hiking the mountain trails. I choose to keep 'active' doing things I am interested in and that I like to do.

If you are currently active that is great, but maybe it's time to consider kicking it up. If you haven't been active, start with something you like to do and that fits your ability level. Don't judge or measure your activities against anyone else's. It is all about YOU! I do encourage you to not be afraid and to push yourself a bit.

There are many benefits to keeping yourself active. Physically it helps with keeping fit, and it can improve balance. It also helps mentally with focus, memory and promoting a positive attitude.

It doesn't matter how slow you go... as long as you don't stop.

HOW HAS THE CORONAVIRUS IMPACTED THOSE WITH PARKINSON'S DISEASE AND WHAT YOU CAN DO ABOUT IT?

Dr. Brandon Rosi, DPT, CSCS, Cert. DN, Cert. MSKUS

We know that exercise is good for your heart health, it strengthens our bones, muscles, and reduces tremors in Parkinson's disease. Intensive research has demonstrated for years that those patients with Parkinson's, exercise will improve balance, coordination, reduce falls, improve your mood, strength and maintaining your independence. The National Institute of Health (NIH) says preliminary evidence shows regular intensive exercise slows the progression of the disease. That is, exercise increases blood volume, which improves the neurological connections from within the brain as well as the pathways connecting the brain to the body.

This past year has been incredibly tough for everyone. We have undergone a critical and vital change to our everyday lives. Although I am not here to argue the veracity of the lockdowns, there are crucial negative implications that are a result of this invisible enemy. As healthcare workers and essential personnel work tirelessly to get everyone back to a safe normal that we all crave—we are learning so many important things related to the SAR-CoV-2 (Covid-19). *The Lancet Neurology* has reported three cases of individuals, aged 35, 45 and 58 experiencing Parkinson's-like symptoms, slowed movements, tremors, loss of the sense of smell, muscle stiffness, irregular eye movements have all been reported. All three individuals have shown decreased brain function of the brain's dopamine pathway system, while two are responding well to medication, one has made a spontaneous recovery. None of these individuals had a familial history of Parkinson's. Much like the novel coronavirus we have limited data surrounding the long-term deficits associated with this implication and are stuck to the "wait and see" approach.

As some of the restrictions in each state begin to loosen and gyms re-open many are able to inch their way back to regular exercise. But what should you do if your fitness center is not yet open or maybe you are not personally ready to tackle that adventure? It is important to remember that the world is your playground, and you can truly exercise anywhere and in many cases without expensive gym equipment, thus further reducing your risk to yourself or your loved ones.

Drs. Brandon and Sam have agreed that the lockdowns have resulted in a new challenge to the Parkinson's community from accessing vital services such as regular visits with your movement specialist, cardiologist, neurologist, medication refills, social interaction and regular exercise activity. We need to find a way to help everyone to not feel isolated and gain access to these critical services. With this in mind, Dr. Brandon Rosi, with the help of his wife, Dr. Sam, are in discussions with PRO to begin a YouTube channel to discuss any and all things related to Parkinson's, as well as other conditions. We want to become a resource for you and your loved ones to further advance the mission of PRO.

So how much exercise do I need?

Experts agree that you need a MINIMUM of 2 and a half hours per week of intensive exercise to prevent functional decline.

When should I start?

The sooner the better! The brain loses brain volume flow after just two days of inactivity, this is why it is important to have a regular exercise program that is updated as you get stronger or the disease progresses.

So, what exercise should I do?

Start with a walking program and contact your local trusted physical therapist to establish a plan as soon as possible. Please remember that Medicare is still allowing for telemedicine as a covered service until the end of the year 2021.

Rosi Physiotherapy can and will help you with these issues and more! You can find Rosi Physiotherapy, Drs. Brandon & Samantha Rosi, in the Wellness Village at ParkinsonsResource.org/the-wellness-village/directory/rosi-physiotherapy-provider-of-lsvt-big where they have been members since Jun 7, 2017.

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COMMUNICATION IS KEY AT ALL AGES May is Better Hearing and Speech Month

According to recent data from the National Institute on Deafness and Other Communication Disorders (NIDCD) at least 20 percent of U.S. adults, at some point in their lives, experience significant difficulty in hearing, balance, taste, smell, voice, speech, or language. These challenges can compromise physical and emotional health and affect the social, educational, vocational, and recreational aspects of life.

People with Parkinson's are well aware of the positive impact of programs and services offered by speech-language pathologists and audiologists can have on their activities of daily living.

Speech and language therapists (SLP's) provide life-changing treatment, support and care for people who have difficulties with communication, eating, drinking and swallowing. They are educated in the study of human communication, cognitive-communication, and oral/feeding/swallowing skills. This specific skill set allows them to identify a problem along with the best form of treatment.

Hearing and Balance - Audiologists are also health care professionals who provide patient-centered care in the field of prevention, identification, diagnosis and evidence-based treatment of hearing, balance, and other disorders for people of all ages.

Your balance system helps you to stand, walk and move around your environment without falling. Balance disorders can be the result of many health conditions, so a complete examination by your health professional is always recommended as a first step. A loss of balance can cause uncomfortable symptoms, such as dizziness, thus increasing your risk of falling. An audiologist can help you learn more about your balance system, balance problems and treatment options.

If you are experiencing any challenges with your speech or hearing, especially this month, be sure to take time to contact PRO for resources in your region to follow up with screening and testing.

Easy Speech Therapy Center will help you with these issues and more! You can find Easy Speech Therapy Center in the Wellness Village at [ParkinsonsResource.org/the-wellness-village/directory/easy-speech-communication-center](https://www.parkinsonsresource.org/the-wellness-village/directory/easy-speech-communication-center) where they have been members since Feb 12, 2015.

LOVE AND LOSS

Glendon Geikie, MSW, IELDA, CGCS

Our love for someone or something is crucial to our psychological well-being as humans. Without love, our life can lose its meaning and purpose. But loving also brings peril because who or what we love can be taken from us.

We live in a world where the only consistency is change itself. Yes, change can often be positive, but there are also changes that bring us physical and emotional pain.

Perhaps when you got out of bed this morning you noticed that when you started to walk there was something different in your gait. It is a change that worries you. Is this the start of something serious?

Maybe you notice that your beloved partner of 30 years is forgetting more and more things. You wonder if this is the beginning of a more serious memory issue. What will you do?

Your daughter and her husband have decided to re-locate from the west coast to the east coast. Your only grandchildren will be leaving with them. You wonder if you will ever see them again.

Or you get a telephone call letting you know that your dearest friend of 40 years died during the night. And, because of COVID-19 restrictions there will be no visitation or funeral.

If we love, we can lose. The pain and devastation of the losses is what we call grief. It is a normal and necessary experience. Grief is the other side of love.

We invite you to visit Glendon Geikie in the Wellness Village at [ParkinsonsResource.org/the-wellness-village/directory/end-of-life-doula-palm-springs](https://www.parkinsonsresource.org/the-wellness-village/directory/end-of-life-doula-palm-springs) where he has been a member since June 6, 2020.

PRO is launching another specialty support group, a Grief Support Group this summer,

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ParkinsonsResourceOrganization



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EXERCISE YOUR RIGHT TO LONG-TERM PLANNING

Jim Lawless, MBA

Your Parkinson's family needs YOU to consider planning for Long Term Care. Long Term Care is a subject that is top of mind for many people in America today. While it may be something you are considering for yourselves, another reason to consider it could be right in front of you and quite simple: your Parkinson's "family". History has shown that Parkinson's families who DO NOT plan adequately for their long-term care needs can ultimately end up sacrificing their income, assets, and financial promises that they have made—perhaps irrevocably in order to pay for the caregiver partner's care. One thing perhaps not considered by the Parkinson's family is the potential physical, emotional, and financial damage that is done to Parkinson's family members if they have to become personally involved in delivering the Person with Parkinson's long-term care. If you are a member of a Parkinson's family and you do not have a long-term care plan and the caregiver needs the services that are associated with long term care, prior experience has demonstrated that **your children and family become the caregiver Long Term Care plan**. After all, what choice will you have given them?

There are a myriad of issues to consider when a family gets involved in their parent's or partner's long-term care plan; among them: time management, geography and funding. Think about how pressed for time your children and family already are, balancing families, careers and child activities. Also ponder the challenges that could ensue from a caregiving perspective, geographically speaking, if you do not all live in the same city. There are funding issues to consider because someone has to pay for the care. Further, multiple polls have taught us that most children do **not** want to take care of their parents, but when faced with these circumstances—they can and almost always do care for their parents... **even if their relationship is not strong**.

Long Term Care and the challenges associated with it can often require more and more of family members' involvement as time passes. The collateral damage that can be associated with being directly involved in a family member's long-term care plan can often involve irreversible damage to relationships, and there can also be profound resentment toward the folks that the care is being delivered to. Keep in mind also the opportunity costs that your family could be experiencing as it relates to their career, children, church, synagogue or mosque because the time that is usually allocated to these aforementioned items has now been allocated to you.

There may remain several methods for possibly removing these potential burdens from your Parkinson's family. Speak with your Certified Long-Term Care Insurance broker. Someone who understands all the policies available, who is eligible, who is not, what combinations of insurance and annuities that might work, etc.,

Median Costs: National (2020) Source: Genworth

	Monthly	Annual
In-Home Care		
Homemaker Services	\$4,481	\$ 53,772
Home Health Aide	\$4,576	\$ 54,912
Community & Assisted Living		
Adult Day Health Care	\$1,603	\$ 19,236
Assisted Living Facility	\$4,300	\$ 51,600
Nursing Home Facility		
Semi-Private Room	\$7,756	\$ 93,072
Private Room	\$8,821	\$105,852

Unless you already have a Certified Long-Term Care broker, PRO suggests you start by speaking to Jim Lawless, MBA ,CLTC in the Wellness Village [ParkinsonsResource.org/the-wellness-village/directory/lawless-mba](https://www.ParkinsonsResource.org/the-wellness-village/directory/lawless-mba) where he has been a member since August 2019. He can educate and inform you about what your Long-Term Care Planning Options may be.

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PARKINSON'S DISEASE SIGNATURES FOUND IN SKIN OIL

Changes to lipid profiles in sebum of people with Parkinson's offers new way to track disease

by Celia Henry Arnaud / Chemical & Engineering News
American Chemical Society

Skin oils from people with Parkinson's disease show different levels of these classes of lipids than those from people without the disease.

The oily secretions from skin could carry the signatures of Parkinson's disease.

In 2019, researchers revealed that Joy Milne, who has a particularly keen sense of smell, was able to identify people with Parkinson's disease by the odor of clothes they had worn. In that work, Perdita Barran of the University of Manchester and coworkers used gas chromatography mass spectrometry to analyze sebum, the oily secretions from sebaceous glands in the skin, and identify the volatile components that recreated the smell (ACS Cent. Sci. 2019, DOI: 10.1021/acscentsci.8b00879). Barran, Milne, and coworkers recently validated that volatile sebum components in people with Parkinson's disease did indeed differ from controls using a larger cohort of people (ACS Cent. Sci. 2021, DOI: 10.1021/acscentsci.0c01028).

But a sniff test is not a particularly practical or quantitative way to detect biomarkers of Parkinson's disease. Today, Parkinson's is diagnosed based on a collection of symptoms, such as tremors. "Parkinson's disease research desperately needs biomarkers," says Ulf Dettmer, who studies Parkinson's disease at Harvard Medical School. The new study suggests "an unexpected, yet compelling and easily available source, for biomarkers," he says.

To come up with an approach more amenable to clinical labs, Barran and her collaborators have now used liquid chromatography mass spectrometry to identify nonvolatile lipids in sebum that are associated with Parkinson's (Nat. Commun. 2021, DOI: 10.1038/s41467-021-21669-4). They used skin swabs from three groups of people: those with Parkinson's who had not yet received Parkinson's medication, others who had received drug treatment, and a control group who did not have Parkinson's. "We wanted to make sure that what we measured was not the effect of medication," Barran says.

The analysis revealed 10 metabolites, including ceramides and fatty acyls, that differed significantly from the control cohort in both the drug-naive and medicated populations. Conclusive identification of the individual metabolites is challenging because many lipids have multiple isomers that differ only in the location of a double bond. However, the findings point to several lipid pathways with altered lipid levels in both drug-naive and drug-treated people with Parkinson's. These pathways include the carnitine shuttle, which is involved in fatty acid oxidation, and sphingolipid metabolism, which is involved in cell signaling.

Variations in lipid pathways between the two groups of people with Parkinson's could be related to disease progression. "This work starts to show that with relatively simple mass spectrometry and definitely simple sampling we're able to learn how the disease is progressing in individuals," Barran says. The sampling is noninvasive, and the swabs can be easily stored. Barran and coworkers are developing a clinical assay in which they target specific lipids rather than doing an untargeted lipid analysis. They think such an assay could help understand disease progression.

Thank you to Bobby and Bill Boberski for forwarding this to us, thank you to Chemical & Engineering News for publishing it.

REASONS YOUR STOMACH MAY BE HURTING

Getting to the root of the problem by knowing some causes

Are you using the word stomach as the area of your body that you think hurts? Could it be your digestive system having issues, not your stomach? The gastrointestinal tract is more than the stomach. Can you identify if the pain is in your upper abdominal area, your small intestine, or your colon? The challenge of defining where the hurt is coming from is why doctors must investigate all possibilities. Keep a journal of when you feel the pain - on an empty stomach, after a meal, when you awaken, before or after a bowel movement, or before or after your medication. Journalize where you feel the pain: in the upper abdominal area, on the left side or the right side, or in the lower abdominal area. Your journal also needs to keep track of how often you are having bowel movements. This will help the doctors understand their detective work to find out where the pain is coming from.

Here are five common reasons why you may be having stomach pain:

- 1. Overeating and/or eating too fast.** If you eat too much, you may experience stomach bloating and distention to the point of discomfort. When you eat too fast, you swallow more air, which can cause bloating and gas. Slowing down to properly chew your food helps to break down larger particles of food into smaller ones, aiding digestion.
- 2. Eating foods that trigger gas production.** Some foods like beans or apricots contain sugars called FODMAPs (fermentable oligosaccharides, disaccharides, monosaccharides and polyols), which are harder to digest and trigger the production of gas and lead to bloating and distention. Abdominal

cont. on next page

LOVE AND LOSS – cont. from page 4

facilitated by Glendon Geikie, and we are so inspired because grief, as he so gracefully stated above is so much more than "The End OF Life". Grief for a person with Parkinson's may happen as they start grieving their losses of movement, Grief for a Partner in Care may start as they start losing the partner relationship they once knew; and grief for a child may start as they witness what appears to be "losing their hero". We will post the information through our emails and through the newsletter just before launch.

LOOK WHAT PRO HAS DONE

Hi Jo,

Thank you for meeting up with my parents and myself. That short time that I was there I realized my parents were way over their heads. Their insurance is a mess. My Dad's doctors/medications/help is a mess. I have decided I am going to have to come there and help them out to get things straightened out. I have a nice 5th wheel that I can bring down and hopefully find a reasonable place to park it and stay for a year or so to get them on track.

I just wanted to let you know my brother might contact you. My Dad's neurologist appointment is on April 15th and Danny is going to take him. I had no idea, but my Dad's last appointment with him was in 2018! Can you believe that? So, it will be like his first appointment. I will have a list for my brother of things to ask, to request and to get. If you have a list or suggestions for him to take to the appointment that will be great too. I will also suggest my brother go to The Leaf and see what could help.

I also got an appointment with Dr L on May 17th. Guess what? The doctor is very nearby my parent's home. My mom couldn't drive to Palm Springs and now she doesn't have to. I just picked up a phone from **California Phones** and will get that mailed off to my Dad.

While I was there, I collected medications that my Dad had. He was not taking any of the regular ones. One he thought was for cancer and it was for heartburn! My grandson typed out the list of all of them and said what they were for. Now they will have that to take to Dad's appointments.

I got my other brother David looking for a mini pedal exercise thing to put by his chair so he can put his feet in and pedal. Of course, one of the things on my list is to get a prescription for therapy.

Accepting that my Dad will not recover from this and making his time full of quality is a gift you gave us all. Jo, you pulled him from the crack and put us all on safe ground. If it was not for you and your organization... I just don't know. How I can ever thank you just will be impossible. Thank You.

Always grateful,
Kathy B
No.Cal

Parkinson's Resource Organization would love to tell the world how PRO has helped you too. Please send your testimonials to info@parkinsonsresource.org with your permission to publish it in the Newsletter.

Mom's Obituary

AMELIA K. LENK SOBOTA

July 10, 1910 – January 12, 1992

On January 12, 1992, Amelia K. (Lenk) Sobota entered into eternal rest after an eight-year battle with a Parkinson's like disease called Progressive Supranuclear Palsy (PSP). Although she actually lived with the diagnosis of Parkinson's disease, only after her death and through the donation of her brain to the **Gift of Hope Program**, did the family discover she didn't have Parkinson's disease, she had PSP.

Born in Staples, Minnesota to James and Barbara (Kveton) Lenk, on July 10, 1910, Em, as the family knew her, married the love of her life, Theodore A Sobota on June 12, 1934, and together they moved to their dairy farm in Browerville, Minnesota, a wedding present from their parents. She was the mother of ten children, James, Ann Marie, Barbara, Theodore J., Carolyn, Mary, Joannie, Margaret, Michael & Patrick; She leaves 34 grandchildren, three greatgrandchildren; She also leaves four of her ten siblings, Peter, Louis, Francis Motl, and Mary Brockhouse.

After the children were pretty well raised, Em took a job with Hart Press, a book publishing company in Long Prairie, where she was a proofreader. In 1969 they sold their Browerville farm and moved to St. Paul, Minnesota.

Visitation at Wulff Family Services Crestwood Park Mortuary, 1485 White Bear Ave, Rosary 7:00 pm, Tuesday. Mass of Christian Burial from Presentation Of The Blessed Virgin Mary, 1725 Kennard St, Maplewood, 10:30 am, Wednesday. Interment Resurrection Cemetery.

STOMACH REASONS – cont. from previous page

bloating and gas are among the most common digestive complaints that doctors hear from patients. Not everyone experiences tummy bloating in the same way and symptoms can vary.

3. **Stomach flu.** Symptoms of stomach flu, more correctly known as gastroenteritis – generally refers to an irritation of the stomach or gastrointestinal tract, which can cause diarrhea, vomiting and stomach pain. Many, many viruses, and many bacteria can result in symptoms that someone would describe as a stomach flu. Norovirus and rotavirus are, in medical language, both spread by what is called fecal-oral transmission. They can also be spread through food preparation. In fact, norovirus is a leading cause of foodborne illness.
4. **A perforated ulcer.** An untreated sore on the lining of the stomach (an ulcer). An ulcer can go through all the layers of the digestive tract and form a hole (perforation). A perforated ulcer lets food and digestive juices leak out of the digestive tract. This is a serious health problem. Over time, you may have had minor symptoms, and then suddenly excruciating pain and you feel terrible.
5. **An inflamed organ elsewhere in the digestive tract.** Any time an organ is inflamed, it can hurt, and sometimes the stomach feels it first. For example, inflammation of the pancreas, which sits behind the stomach, may be mistaken for stomach pain; inflammation of an appendix can also be interpreted as stomach pain. A dull discomfort typically starts around the belly button before moving to the lower right part of a person's abdomen, where it turns into a sharp pain. Nausea and vomiting often follow.

When asking, "Why does my stomach hurt?" it helps to consider how much pain you have and how long you have been experiencing it. The severity and duration of your symptoms matter.

PRO CALENDAR FOR MAY 2021

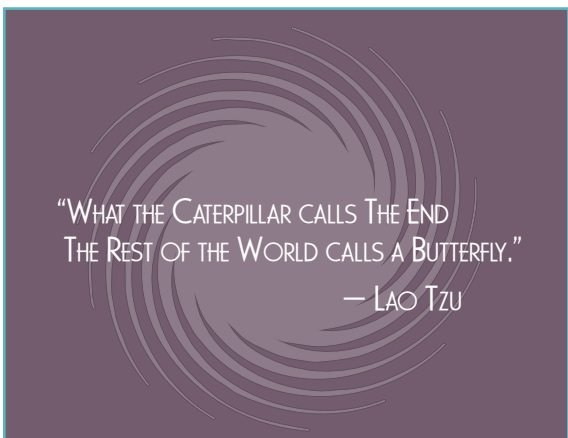
The current, **VIRTUAL ONLY**, support group meetings are listed below. **ALL MEETINGS CLOSE 15 MINUTES AFTER START TIME!**
For any information regarding any of these meetings, please contact the PRO Office at 877-775-4111.

						1 KENTUCKY DERBY MAY DAY
2	3 Partner in Care 10:00 AM PDT 12:00 PM CDT 1:00 PM EDT 7:00 AM HST 11:00 AM MT	4	5 CINCO DE MAYO Round Table 6:00 PM PDT 8:00 PM CDT 9:00 PM EDT 3:00 PM HST 7:00 PM MT	6 NATIONAL NURSES DAY	7	8
9 MOTHER'S DAY	10 Round Table 6:00 PM PDT 8:00 PM CDT 9:00 PM EDT 3:00 PM HST 7:00 PM MT	11	12 Village Meeting 4:00 PM PDT 6:00 PM CDT 7:00 PM EDT 1:00 PM HST 5:00 PM MT	13	14	15
16	17 TAX DAY Partner in Care 10:00 AM PDT 12:00 PM CDT 1:00 PM EDT 7:00 AM HST 11:00 AM MT	18 Mindfulness Focused Group 1:30 PM PDT 4:30 PM CDT 3:30 PM EDT 10:30 AM HST 2:30 PM MT	19 Partner in Care 6:00 PM PDT 8:00 PM CDT 9:00 PM EDT 3:00 PM HST 7:00 PM MT	20	21	22
23	24 Village Meeting 6:00 PM PDT 8:00 PM CDT 9:00 PM EDT 3:00 PM HST 7:00 PM MT	25 NATIONAL WINE DAY	26	27 Round Table 1:00 PM PDT 3:00 PM CDT 4:00 PM EDT 10:00 AM HST 2:00 PM MT	28	29
30	31 MEMORIAL DAY					

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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