

A MONTHLY PUBLICATION OF

## PARKINSON'S RESOURCE ORGANIZATION

Working so no one is isolated because of Parkinson's

### MESSAGE

PRESIDENT'S

There is so much to celebrate in June in addition to the many COVID restrictions being lifted. Please remain vigilant on being safe.

At PRO we are celebrating, among other things, our office move. I cannot keep a secret. Because of our growth we need more space. Almost daily I have been working on the details of our new offices. We'll have more on this next month.

June is Brain Awareness Month, Aphasia Month, Vision Research Month (See our "Wiggly Eyes" article.) Plus, **Happy Father's Day** to our Dads.

Vacations have started and this month the **UPDATE ON THE ROAD TO THE CURE** was lost to them. Watch for the return next month.

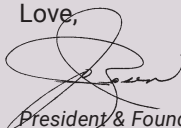
We PROudly present other PROactive, PROvocative articles and informative news items: **END OF LIFE OPTION ACT OF CALIFORNIA (EOLOA OF CA)** on this page; **BITS AND PIECES: TELL ME WHY I HAVE CONSTANT CONSTIPATION** on page 2; **WHAT IS GRIEF?**, which announces PRO's **New SPECIALTY GROUP**, also on page 2; **NYSTAGMUS (WIGGLY EYES)** on page 3; **ABBOTT INTRODUCES NEUROSPHERE™ VIRTUAL CLINIC, FIRST-OF-ITS-KIND REMOTE NEUROMODULATION PATIENT-CARE TECHNOLOGY IN THE U.S.** on page 4; **WHAT IS FACIAL TREMOR?**, also on page 4, and; **DOCTORS INVESTIGATE MYSTERY BRAIN DISEASE IN CANADA** on page 5; **FIND COMMUNITY-CONTRIBUTED SELF-CARE IDEAS FOR PARKINSON'S DISEASE FROM PDCAREBOX.COM: JOIN THE UNIVERSITY OF OULU STUDY** on page 6.

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 D-Day Anniversary on the 6th, Flag Day on the 14th, International Picnic Day on the 18th, Father's Day on the 20th, Summer Solstice starts on the 20th, National Handshake Day on the 24th, and National Camera Day on the 29th. The flower is the Rose, and the Birthstones are Alexandrite, Pearl, & Moonstone.

ALWAYS remember to CELEBRATE YOU and PRAY FOR OUR TROOPS!

Love,



President & Founder

### END OF LIFE OPTION ACT OF CALIFORNIA (EOLOA OF CA)

Howard Cohen, CMD, HMDC

*California's state Law allowing a terminally ill individual to request a medication from their physician to end their life.*

From decades of practicing medicine, I have never lost the belief that every patient/person deserves the ultimate right to choose or not to choose a medical treatment offered to them. My experience has been extremely rewarding and varied.

I was sponsored by the U.S. army to attend medical school followed by my gratified repayment as a practicing general medicine physician which included obstetrics, delivering lots of babies, at an army hospital in Hawaii. Once completing my repayment to the army, and no longer a "soldier", I subsequently specialized in Emergency Medicine allowing me to assist in all levels of patient care, from minor illness and injury to extremely serious and grave conditions. Emergency medicine also taught me that patients with serious conditions, on occasion, requested to stop all aggressive medical treatment and to allow them to go home to die on their own terms in order to remain in control of their choice for care and dignity. This was enlightening to my medical experience...assisting patients to make a final choice of HOW AND WHERE they wish to leave at the end of their life. This experience eventually led me to my current practice in Hospice Care.

I realized that my medical experience has transitioned over the entire circle of life. From initially delivering babies to assisting patients with serious medical and physical conditions to currently assisting patients at the end of their life, per their choice, with dignity and comfort with hospice care.

My experience with terminally ill individuals has been educational on all levels, not typically expected in general medical care. It has led me to participate in assisting patients with terminal illness to choose to die legally under the California state law. These same requests to other physicians across our nation have led ten states, plus Washington, DC, to pass laws allowing individuals who have a medical condition with a life expectancy of six months or less, the ability to receive a legal prescription from their attending physician for medications to end their life.

The California law is named the **END-OF-LIFE OPTION ACT (EOLOA)**. The law is strict and states that only the individual who is diagnosed with a terminal life condition and who is of clear mind can make the request of their physician for the prescription. The law also requires that the request be made twice, currently 15 days apart, before it can be prescribed. The individual must have full ability (mentally and physically) to ingest the medication on their own without any assistance. Additionally, in order to confirm the patient's ability to make the request and meet all requirements, the California law requires a second physician (referred to as consultant) to agree that the patient has a terminal illness of prognosis of six months or less and can make this decision on their own with a clear mind. Both physicians must complete the required documentation per the requirements of the EOLOA of California law prior to obtaining the orders for the EOLOA medications. And lastly and of great understanding, once the individual has received

# Our Wellness Villagers

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- Canine Companions

## AROMA THERAPY

- Renee Gauthier

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- California Phones

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## BEAUTY

- Younger By Tonight

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## BITS AND PIECES

### TELL ME WHY I HAVE CONSTANT CONSTIPATION

David Verdery, a PROadvocate

Constipation  
Has a reputation  
For spoiling everyday  
Your morning constitution.

It sure can be a sign  
For you to bear in mind  
That Parkinson's disease  
Could be on your timeline.

But don't get upset just yet.  
There are other signs that let  
A doctor know you'll get  
Parkinson's, I regret.

Now, back to the problem behind;  
You must always keep this in mind.  
Relief for you we'll find  
It just may take some time.

Milk of Magnesia works for me  
For some a cup of soothing tea  
Extra fiber seems to be  
A cure for people with PD

May your next seating be a happy meeting! — Amen —

PS: Drink more water!

## WHAT IS GRIEF?

### Experiencing Losses

PRO's new *Specialty Group* is launching Thursday, June 17th, facilitated by Glendon Geikie, MSW, IELDA, CGCS. 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".

**STARTS** - June 17th

**CONTINUES** - 1st and 3rd Thursday of each month

**TIME** - 10:00 AM PDT

*Anticipatory Grief*

*Loss of Movement Grief*

*Loss of Relationship Grief*

*Eternal Loss, Forever Loss*

*Thank you Glendon, for this wonderful collaboration!*

## NYSTAGMUS (WIGGLY EYES)

Nystagmus is a vision condition in which the eyes make repetitive, uncontrolled movements.

These movements often result in reduced vision and depth perception and can affect balance and coordination. These involuntary eye movements can occur from side to side, up and down, or in a circular pattern. As a result, both eyes are unable to steadily view objects. People with nystagmus might nod and hold their heads in unusual positions to compensate for the condition. Generally, nystagmus is a symptom of another eye or medical problem. Fatigue and stress can make nystagmus worse. However, the exact cause is often unknown.

The forms of nystagmus include:

- **Infantile.** Most often develops by 2 to 3 months of age. The eyes tend to move in a horizontal swinging fashion. It is often associated with other conditions, such as albinism, congenital absence of the iris (the colored part of the eye), underdeveloped optic nerves and congenital cataract.
- **Spasmus nutans.** It usually occurs between 6 months and 3 years of age and improves on its own between 2 and 8 years of age. Children with this form of nystagmus often nod and tilt their heads. Their eyes may move in any direction. This type of nystagmus usually does not require treatment.
- **Acquired.** Develops later in childhood or adulthood. The cause is often unknown, but it may be due to the central nervous system and metabolic disorders or alcohol and drug toxicity.

**Causes & Risk Factors** - Nystagmus is most caused by a neurological problem that is present at birth or develops in early childhood. Acquired nystagmus, which occurs later in life, can be the symptom of another condition or disease, such as stroke, multiple sclerosis or trauma.

Other causes of nystagmus include:

- Lack of development of normal eye movement control early in life.
- Albinism.
- Very high refractive error, for example, nearsightedness (myopia) or astigmatism.
- Congenital cataracts.
- Inflammation of the inner ear.
- Medications such as anti-epilepsy drugs.
- Central nervous system diseases.

### Symptoms

- Involuntary eye movement.
- Movement can be in one eye or both.
- Objects may appear blurry and shaky.
- Nighttime vision problems or sensitivity to light.
- Balance and dizziness.

**Diagnosis** - Nystagmus can be diagnosed through a comprehensive eye exam. Testing for nystagmus, with special emphasis on how the eyes move, may include:

- Patient history to determine any symptoms the patient is experiencing and the presence of any general health problems, medications taken, or environmental factors that may be contributing to the symptoms.
- Visual acuity measurements to assess the extent to which vision may be affected.
- A refraction to determine the appropriate lens power needed to compensate for any refractive error (nearsightedness, farsightedness, or astigmatism).
- Testing how the eyes focus, move and work together. In order to obtain a clear, single image of what is being viewed, the eyes must effectively change focus, move and work in unison. This testing will look for problems that affect the control of eye movements or make it difficult to use both eyes together.

Since nystagmus is often the result of other underlying health problems, a Doctor of Optometry may refer the patient to their primary care physician or another medical specialist for further testing. Using the information obtained from testing, a Doctor of Optometry can determine if the patient has nystagmus

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## ABBOTT INTRODUCES NEUROSPHERE™ VIRTUAL CLINIC, FIRST-OF-ITS-KIND REMOTE NEUROMODULATION PATIENT-CARE TECHNOLOGY IN THE U.S.

Newly FDA-approved system allows a patient to both communicate with a physician and remotely receive stimulation settings in real time regardless of location\*

NeuroSphere Virtual Clinic utilizes advancements made in digital technology to optimize care through intuitive tools that enhance therapy management

Virtual clinic technology can change the treatment approach for patients who live far from necessary medical care or who are burdened by visiting the doctor in person

ABBOTT PARK, Ill., March 8, 2021 /Abbott (NYSE: ABT) today announced the U.S. launch of NeuroSphere™ Virtual Clinic, a first-of-its-kind technology that allows patients to communicate with physicians, ensure proper settings and functionality, and receive new treatment settings remotely as needed. Approved by the U.S. Food and Drug Administration, the NeuroSphere Virtual Clinic has the potential to increase access to optimal treatment for patients suffering from chronic pain or movement disorders who don't live close to a care provider, have difficulty accessing care, or are unable to go to the doctor because of circumstances like COVID-19.

Abbott's NeuroSphere Virtual Clinic gives patients the flexibility and comfort of receiving care anywhere\* by connecting with their doctor via secure in-app video chat and an integrated remote programming feature, now available within the proprietary Abbott patient controller app. NeuroSphere Virtual Clinic enables clinicians to prescribe new treatment settings remotely to the patient's neurostimulation device using the clinician programmer app and a new, simple and secure remote care connection. This advancement gives patients confidence in their care and the convenience to manage their therapy in a way that fits their lifestyle.

"With NeuroSphere Virtual Clinic, physicians can communicate and digitally prescribe new stimulation settings remotely, allowing them to extend care beyond their clinic walls and optimize therapy management," said Timothy Deer, M.D., DABPM, president and chief executive officer of The Spine and Nerve Center of the Virginias in Charleston, W.Va. "This is a significant advancement for chronic pain patients."

"NeuroSphere Virtual Clinic solves considerable issues patients with movement disorders, such as Parkinson's disease or essential tremor, can have in obtaining the care they

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## WHAT IS FACIAL TREMOR?

A facial tremor is an involuntary shaking that occurs in parts of the face, jaw or lips. This tremor may worsen during certain types of movement or come and go erratically.

It's important to note that the only way to get a diagnosis for facial tremor is to make an appointment with your healthcare provider. This article is for informational purposes only and is not intended to treat or diagnose any disease or disorder.

**What are the Symptoms of Facial Tremor?** A facial tremor can cause shaking and trembling in different areas of the face including the chin, lips, and facial muscles.

Although a facial tremor might not be life-threatening, it can make certain activities more difficult like applying makeup, eating, or speaking. As a secondary effect, patients with facial tremor may develop anxiety or stress related to being in public with a noticeable tremor.

**What Causes Facial Tremor?** Facial tremor can be caused by many underlying health conditions. Essential tremor, the most common movement disorder, is one of the causes of facial tremor. We'll look more deeply into the topic of essential tremor and other diseases that can cause facial tremor below.

**Essential Tremor** Essential tremor is a common movement disorder that results in rhythmic, involuntary trembling in a person's hands, head, trunk, voice, face, or legs. Essential tremor is most frequently found in adults 65 years of age or older. With that said, it can affect people of any age.

The symptoms of essential tremor may include (but are not limited to) the following:

- The involuntary shaking and trembling of one or multiple body parts. The tremor typically starts out gradually in the upper extremities, like a hand, before developing in another extremity.
- Tremors that worsen with activities and movement.

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## DOCTORS INVESTIGATE MYSTERY BRAIN DISEASE IN CANADA

Jessica Murphy, *BBC News, Toronto*

**Doctors in Canada have been coming across patients showing symptoms similar to that of Creutzfeldt-Jakob disease, a rare fatal condition that attacks the brain. But when they took a closer look, what they found left them stumped.**

Almost two years ago, Roger Ellis collapsed at home with a seizure on his 40th wedding anniversary.

In his early 60s, Mr. Ellis, who was born and raised around New Brunswick's bucolic Acadian Peninsula, had been healthy until that June, and was enjoying his retirement after decades working as an industrial mechanic.

His son, Steve Ellis, says after that fateful day his father's health rapidly declined. "He had delusions, hallucinations, weight loss, aggression, repetitive speech," he says. "At one point he couldn't even walk. So in the span of three months, we were being brought to a hospital to tell us they believed he was dying - but no one knew why."

Roger Ellis' doctors first suspected Creutzfeldt-Jakob disease [CJD]. CJD is a human prion disease, a fatal and rare degenerative brain disorder that sees patients present with symptoms like failing memory, behavioral changes and difficulties with co-ordination.

One widely known category is Variant CJD, which is linked to eating contaminated meat infected with mad cow disease. CJD also belongs to a wider category of brain disorders like Alzheimer's, Parkinson's and ALS, in which protein in the nervous system become misfolded and aggregated.

But Mr. Ellis' CJD test came back negative, as did the barrage of other tests his doctors put him through as they tried to pinpoint the cause of his illness.

In March of this year, the younger Mr. Ellis came across a possible - if partial - answer. Radio-Canada, the public broadcaster, obtained a copy of a public health memo that had been sent to the province's medical professionals warning of a cluster of patients exhibiting an unknown degenerative brain disease.

"The first thing I said was: 'This is my dad,'" he recalls.

Roger Ellis is now believed to be one of those afflicted with the illness and is under the care of Dr Alier Marrero.

The neurologist with Moncton's Dr Georges-L-Dumont University Hospital Centre says doctors first came across the baffling disease in 2015. At the time it was one patient, an "isolated and atypical case", he says.

But since then, there have been more patients like the first - enough now that doctors have been able to identify the cluster as a different condition or syndrome "not seen before".

The province says it's currently tracking 48 cases, evenly split between men and women, in ages ranging from 18 to 85. Those patients are from the Acadian Peninsula and Moncton areas of New Brunswick. Six people are believed to have died from the illness.

### WIGGLY EYES – cont. from page 3

and advise on treatment options. Other testing may include an ear exam, neurological exam, and/or a brain MRI.

**Treatment** - While eyeglasses and contact lenses do not correct the nystagmus itself, they can sometimes improve vision. Using large-print books, magnifying devices and increased lighting can also be helpful. Some types of nystagmus improve throughout childhood. Rarely, surgery is performed to change the position of the muscles that move the eyes. While this surgery does not cure nystagmus, it may reduce how much a person needs to turn his or her head for better vision. If another health problem is causing the nystagmus, a Doctor of Optometry will often work with a primary care physician or other medical specialists to treat that underlying cause.

If you want to know more about Nystagmus or any other eye disorder that might be caused by Parkinson's or a Parkinsonism, consider contacting Dr. Eric Ikeda, a member of the Wellness Village since May 1, 2020, [ParkinsonsResource.org/the-wellness-village/directory/optometric-vision/](https://www.parkinsonsresource.org/the-wellness-village/directory/optometric-vision/)

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WE INTEND IT TO SERVE AS  
AN INFORMATION GUIDE.

## FIND COMMUNITY-CONTRIBUTED SELF-CARE IDEAS FOR PARKINSON'S DISEASE FROM PDCAREBOX.COM

### Join The University Of Oulu Study

The University of Oulu in Finland is one of the newest PRO Wellness Village members. Their invitation is discussed below and can be accessed through the portal in the Wellness Village. This is an exciting study being conducted by People with Parkinson's and their caregivers.

People living with Parkinson's and their caretakers are the real experts in dealing with the various and different challenges associated with Parkinson's. Everyone has their own unique self-care techniques; ways of managing work and dealing with the symptoms. We collected these techniques from the global Parkinson's community and built an online repository called the [PDCareBox](#) for discovering these techniques. The techniques are submitted and assessed by people with Parkinson's and their caregivers: more than 300 people with Parkinson's and dozens of their carers have shared their expertise with us so far.

We now invite you to try [PDCareBox!](#) You can find techniques suitable for you using four criteria: sociality, affordability, effectiveness and community familiarity. By using a slider, you can set the preferred level of one or more criteria and the tool provides you with the matching self-care techniques. You can also see what other people think the technique is good for.

We ask your opinion of the tool and the techniques via an online questionnaire. By responding you help us to improve the tool so that the entire community may benefit better from it in the future.

This project is an international research collaboration between University of Oulu, Aalborg University, Fraunhofer University, ULisboa, the University of Melbourne, the University of Pittsburgh and University of Glasgow.

### Explore PDCareBox.com and join the study!

*The University of Oulu in Finland joined the Wellness Village March 24, 2021 and PRO is pleased to be working with them on their collaborative efforts in the above article. Visit them in the Wellness Village at [University of Oulu](#) and see what else you might be able to get involved with.*

## END OF LIFE – cont. from page 1

the medication, it is important to know that they do not have to take the medication. It is and will always be the patient's choice to ingest the medication. They will always remain in control of their destiny as to how and when they choose to leave. This is their decision and only theirs to make, allowing them to remain in complete control of their life, at all times, despite the disease process, even at the end of life.

My direct observation of patients opting for the EOLOA of California never appeared fearful but instead, appeared at peace. Almost every one of them commented upon how grateful they were to have lived a life that they were proud of and were ready to leave with no guilt upon their decision to participate with this option. They were always supported by their loved ones and made amazing plans on where and when they would choose to participate in the EOLOA. At the end of their life, it was amazing how they were now providing the comfort care to those they loved just as they had been receiving from them. To me, that appeared to be a complete 180 degree turn around as to who was caring for who and was, for me, quite inspirational.

Find [Family Hospice Care](#) in the [Wellness Village](#). Members since July 22, 2015. Family Hospice Care believes and promotes that **each of us has the right to die comfortably in our home while receiving the necessary care to maintain dignity.**

## NEUROSPHERE – cont. from page 4

need," said Drew Falconer, M.D., neurologist and director, Inova Parkinson's and Movement Disorders Center in Fairfax, Va. "Often, patients must be off their medication overnight, so that their treatments can be adjusted properly, which can make it difficult for a patient to travel to their specialist. With NeuroSphere Virtual Clinic, patients can receive stimulation settings from their physicians in real time and remotely via cloud and Bluetooth-based technology, which is something we have never been able to do before. This opens up a world in which patients can receive the care they need anytime, anywhere."\*

The NeuroSphere Virtual Clinic can also be helpful for people who live in areas — both rural and urban — with inadequate access to medical services. On average people living with movement disorders will travel over 150 miles to access specialists offering deep brain stimulation (DBS).<sup>1</sup> Without alternative solutions, such as digital and/or telehealth options, these patients are more likely to delay or forego much-needed care.<sup>2</sup> NeuroSphere Virtual Clinic brings the convenience and flexibility of telemedicine to neurostimulation therapy, further benefitting chronic pain and movement disorder patients with Abbott devices. Medicare will cover remote programming services as a telehealth benefit through the duration of the public health emergency.

"A decade ago, we started evaluating the hurdles that patients had to overcome to receive neuromodulation treatment, and we have been working ever since to find a better way to connect providers and patients – with the goal of empowering patients to decide how to access the care they need," said Keith Boettiger, vice president, Neuromodulation, Abbott. "We are continuing to make these kinds of investments and working with regulatory authorities to make these telehealth changes permanent, as we believe that patients should be able to receive the care they need, regardless of whether they can make it physically to the doctor's office."

The NeuroSphere Virtual Clinic is compatible with Abbott's suite of neuromodulation technologies, including Infinity™ DBS System for patients with Parkinson's disease and tremors of the upper extremities in adults with essential tremors; Proclaim™ XR SCS System for patients living with chronic pain of the trunk and/or limbs; and Proclaim™ DRG Neurostimulation System for patients with chronic pain in the lower limbs caused by complex regional pain syndrome or causalgia. This integration across

cont. on next page

**FACIAL TREMOR** – cont. from previous page

- Tremors brought on by emotional stress. Tremors may start off intermittently, occurring only during these emotional periods, before becoming constant.
- Uncontrollable nodding and shaking of the head.
- Involuntary trembling and shakiness in the lips, face, jaw, or voice.
- Unsteady gait (in rare cases).

**Parkinsonian Tremor Facial tremor** can be an early sign of Parkinson's disease, which is why it's crucial to make an appointment with your doctor if you notice unusual shakiness in your face, head, torso, limbs, hands, or any other part of the body. Parkinson's disease causes shaking due to the death of nerve cells in certain areas of the brain. Patients with Parkinson's have both reduced muscle control and reduced life expectancy.

Parkinsonian tremor most often occurs at rest, as opposed to during a specific movement.

**Multiple Sclerosis** Multiple sclerosis is a disease characterized by lesions in the brain and spinal cord. Between 25% and 58% of patients with MS have tremor symptoms, usually appearing concurrently with coordination and balance issues. Tremor in patients with MS is usually mild but can be severely disabling as well. Facial tremor or eye twitches are caused by the damage caused by brain lesions.

Other causes of abnormal movements of facial muscles include blepharospasm, hemifacial spasm, chorea, tics, myoclonus, thyroid dysfunction, and more. Certain psychiatric disorders, as well as some psychiatric medications, can result in abnormal movements of the face and mouth.

**Facial Tremor Diagnosis** In order to get your facial tremor properly diagnosed, it's important to visit your doctor for evaluation. To get a diagnosis, you will likely need to undergo a series of tests and examinations. Your medical history and any risk factors will also be taken into consideration.

Potential causes for facial tremor like thyroid issues, neurological disorders, and medicines must be ruled out before arriving at a diagnosis of essential tremor (ET).

Through a mix of performance tests, neurological exams, imaging studies, and blood tests, physicians can decide whether a tremor is due to ET, Parkinson's disease, or another cause.

**How is Facial Tremor Treated?** If you're diagnosed with essential tremor, your physician will develop an essential tremor treatment plan to reduce your symptoms.

**Medication** Patients with essential tremor may be able to use pharmaceutical therapies which include blood pressure medications, anticonvulsants, benzodiazepines, and botox injections. The drawbacks of these medications include the potential for a loss of effectiveness as time goes on as well as undesirable side effects. You can read more about essential tremor medications here.

**Surgery Deep brain stimulation (DBS)** is a surgical procedure that involves placing electrodes in the brain to reduce abnormal impulses that cause tremor. DBS is an invasive option that carries a risk of serious side effects.

**Gamma knife radiosurgery** is another procedure utilizing targeted radiation to damage brain tissue thought to be responsible for tremor. Although MR guided focused ultrasound and surgeries may provide relief, they are invasive and may cause unintended side effects.

**Magnetic Resonance (MR) guided focused ultrasound** is another therapy option for essential tremor. MR guided focused ultrasound creates an area of damage in the part of the brain that controls involuntary movements. It can lead to improvement in tremor but also comes with potential serious side effects.

**Lifestyle Changes** If you have facial tremor due to essential tremor, you can make certain lifestyle changes that may help lessen the symptoms and shakiness. Essential tremor symptoms can be triggered by stress, hypoglycemia, fever, strong emotions, anxiety, and caffeine. It's important to keep these triggers in mind to avoid bringing on symptoms when possible.

**NEUROSPHERE** – cont. from page 4

all Abbott neuromodulation technologies highlights Abbott's relentless pursuit of patient-centered research and development methodologies that use neuroscience combined with cutting-edge technology to go beyond physical symptom relief to improve the lives of people with neurological disorders.

\*Anywhere with a cellular or Wi-Fi connection and sufficiently charged patient controller.

For important safety information please visit the websites for Infinity DBS, Proclaim XR and Proclaim DRG devices.

**About Neuromodulation** Neuromodulation is an essential treatment that works by delivering electrical treatment directly to a targeted area to alter nerve activity. Neuromodulation is often recommended for patients who suffer from chronic pain and certain movement disorders, such as Parkinson's disease and essential tremors. Currently, more than 50 million Americans suffer from chronic pain<sup>3</sup>, while almost one million people live with Parkinson's disease<sup>4</sup> and an estimated 7 million people live with an essential tremor<sup>5</sup>.

**About Abbott** Abbott is a global healthcare leader that helps people live more fully at all stages of life. Our portfolio of life-changing technologies spans the spectrum of healthcare, with leading businesses and products in diagnostics, medical devices, nutritionals and branded generic medicines. Our 109,000 colleagues serve people in more than 160 countries.

1. Abbott Data on File.

Deloitte. *Narrowing the rural-urban health divide.* <https://www>

2. [deloitte.com/us/en/insights/industry/public-sector/virtual-health-telemedicine-rural-areas.html](https://deloitte.com/us/en/insights/industry/public-sector/virtual-health-telemedicine-rural-areas.html). Accessed Nov. 8, 2020.

3. Centers for Disease Control and Prevention. *Prevalence of Chronic Pain and High-Impact Chronic Pain Among Adults - United States, 2016.* <https://www.cdc.gov/mmwr/volumes/67/wr/mm6736a2.htm>. Accessed Oct. 7, 2020.

4. Parkinson's Foundation. *Statistics.* <https://www.parkinson.org/Understanding-Parkinsons/Statistics>. Accessed Nov. 13, 2020.

5. National Organization for Rare Diseases. *Essential Tremor.* <https://rarediseases.org/rare-diseases/essential-tremor/>. Accessed Nov. 13, 2020.

To get more information about **Abbott and their Deep Brain Stimulation systems**, please visit them in the Wellness Village where they have been members since November 2019.

# PRO CALENDAR FOR JUNE 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	2 Round Table 6:00 PM PDT 8:00 PM CDT 9:00 PM EDT 3:00 PM HST 7:00 PM MT	3	4	5
6 D-DAY ANNIVERSARY	7 Partner in Care 10:00 AM PDT 12:00 PM CDT 1:00 PM EDT 7:00 AM HST 11:00 AM MT	8	9 Village Meeting 4:00 PM PDT 6:00 PM CDT 7:00 PM EDT 1:00 PM HST 5:00 PM MT	10	11	12
13	14 Round Table 6:00 PM PDT 8:00 PM CDT 9:00 PM EDT 3:00 PM HST 7:00 PM MT	15 Mindfulness Focused Group 1:30 PM PDT 4:30 PM CDT 3:30 PM EDT 10:30 AM HST 2:30 PM MT	16 Partner in Care 6:00 PM PDT 8:00 PM CDT 9:00 PM EDT 3:00 PM HST 7:00 PM MT	17 NEW Grief Group 10:00 AM PDT 12:00 PM CDT 1:00 PM EDT 7:00 AM HST 11:00 AM MT	18 INT'L PICNIC DAY	19
20 FATHER'S DAY SUMMER BEGINS	21 Partner in Care 10:00 AM PDT 12:00 PM CDT 1:00 PM EDT 7:00 AM HST 11:00 AM MT	22	23	24 Round Table 1:00 PM PDT 3:00 PM CDT 4:00 PM EDT 10:00 AM HST 2:00 PM MT	25 NAT'L HANDSHAKE DAY	26
27	28 Village Meeting 6:00 PM PDT 8:00 PM CDT 9:00 PM EDT 3:00 PM HST 7:00 PM MT	29 NAT'L CAMERA DAY	30			

**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.

"TO GET UP WHEN YOU ARE DOWN, TO FIGHT MORE INTENSELY WHEN YOU ARE STRUGGLING; TO PUT IN THE EXTRA EFFORT WHEN YOU ARE IN SHEER PAIN, TO COME BACK WHEN NOBODY EXPECTS YOU TO, AND TO STAND TALL WHEN EVERYONE IS PULLING YOU DOWN ARE WHAT MAKE A CHAMPION."

— APOORVE DUBEY

## NEWSWORTHY NOTES

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### PARKINSON'S RESOURCE ORGANIZATION

Working so no one is isolated because of Parkinson's

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